

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

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

**28 November 2013**

**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 28 November 2013 commencing at 9.00am**

**ADMINISTRATION** **9.00am**

- Karakia
- Apologies
- 1. **Interest Register**  
*Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*
- 2. **Confirmation of the Minutes of the Previous Meeting & Matters Arising**  
*10 October 2013.*
- 3. **Carried Forward/ Action Items**

**REPORTS/PRESENTATIONS** **9.10am**

- |    |                                    |   |                    |
|----|------------------------------------|---|--------------------|
| 4  | Community and Public Health Update | Jem Pupich<br><i>Team Leader, Community and Public Health</i>     | 9.10am - 9.25am    |
| 5. | Alliance Update                    | Carolyn Gullery<br><i>General Manager, Planning &amp; Funding</i> | 9.25am -9.40am     |
| 6. | Maori Health Activity Report       | Gary Coghlan<br><i>General Manager, Maori Health</i>              | 9.40am – 9.55am    |
| 7. | Planning & Funding Update          | Carolyn Gullery<br><i>General Manager, Planning &amp; Funding</i> | 9.55am – 10.05am   |
| 8  | General Business                   | Elinor Stratford<br><i>Chair</i>                                  | 10.05 am - 10.50am |

**ESTIMATED FINISH TIME** **10.50am**

**INFORMATION ITEMS**

- Chair’s Report to last Board meeting
- Board Agenda – 13 September 2013
- West Coast CPHAC/DSAC Workplan 2013
- West Coast DHB 2013 Meeting Schedule

**NEXT MEETING**

**Date of Next Meeting:** to be confirmed

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

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

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



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
<b>CHAIR</b> Elinor Stratford <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>• Committee Member, Active West Coast</li> <li>• Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust</li> <li>• Deputy Chair of Victim Support, Greymouth</li> <li>• Committee Member, Abbeyfield Greymouth Incorporated</li> <li>• Trustee, Canterbury Neonatal Trust</li> <li>• Advisor MS/Parkinson West Coast</li> <li>• Disability Resource Trust - contracted to wind up this Organisation</li> <li>• Trustee, Disability Resource Centre, Queenstown</li> <li>• Elected Member, Arthritis New Zealand, Southern Regional Liaison Group</li> </ul>
<b>DEPUTY CHAIR</b> Kevin Brown <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Councillor, Grey District Council</li> <li>• Trustee, West Coast Electric Power Trust</li> <li>• Wife works part time at CAMHS</li> <li>• Member of CCS</li> <li>• Patron and Member of West Coast Diabetes</li> <li>• Trustee, West Coast Juvenile Diabetes Association</li> </ul>
John Ayling	<ul style="list-style-type: none"> <li>• Chair of West Coast Primary Health Organisation</li> <li>• Chair of Access Home Health, a subsidiary of Rural Women New Zealand which has a contract with the West Coast District Health Board</li> <li>• Shareholder/Director in Split Ridge Associates Limited (which provides services to the disability sector).</li> <li>• Chair PHO Alliance</li> </ul>
Lynnette Beirne	<ul style="list-style-type: none"> <li>• President West Coast Stroke Group Incorporated</li> <li>• Member South Island Regional Stroke Foundation Advisory Committee</li> <li>• Partner in Chez Beirne (provider of catering and home stay services for the West Coast DHB and West Coast Primary Health Organisation)</li> <li>• Contract for the Café and Catering at Tai Poutini</li> <li>• Daughter employed as nurse for West Coast DHB</li> <li>• Patron of the West Coast Stroke Group Inc</li> </ul>
Cheryl Brunton	<ul style="list-style-type: none"> <li>• Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board</li> <li>• Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)</li> <li>• Member - Public Health Association of New Zealand</li> <li>• Member - Association of Salaried Medical Specialists</li> <li>• Member - West Coast Primary Health Organisation Clinical Governance Committee</li> <li>• Member – National Influenza Specialist Group</li> </ul>

Member	Disclosure of Interest
	<ul style="list-style-type: none"> <li>• Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation</li> <li>• Member – DISC Trust</li> </ul>
Jenny McGill	<ul style="list-style-type: none"> <li>• Employment with Lifelinks working with Ministry of Health contracted providers, including West Coast DHB.</li> <li>• Husband employed by West Coast DHB</li> </ul>
Mary Molloy <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Director - Molloy Farms South Westland Ltd</li> <li>• Trustee - L.B. &amp; M.E Molloy Family Trust</li> <li>• Spokeswoman - Farmers Against Ten Eighty</li> <li>• Executive Member - Wildlands Biodiversity Management Group Incorporated</li> <li>• Deputy Chair of West Coast Community Trust</li> </ul>
Robyn Moore	<ul style="list-style-type: none"> <li>• Family member is the Clinical Nurse Manager of Accident and Emergency</li> <li>• Member of the West Coast Clinical Board</li> <li>• Consumer Representative on South Island Quality &amp; Safety SLA</li> </ul>
John Vaile <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Director, Vaile Hardware Limited</li> <li>• Member of Community Patrols New Zealand</li> </ul>
Dr Paul McCormack Ex-officio <b>BOARD CHAIR</b>	<ul style="list-style-type: none"> <li>• General Practitioner Member, Pegasus Health</li> </ul>
Peter Ballantyne Ex-officio <b>BOARD DEPUTY CHAIR</b>	<ul style="list-style-type: none"> <li>• Appointed Board Member, Canterbury District Health Board</li> <li>• Chair, Quality, Finance, Audit and Risk Committee, Canterbury DHB</li> <li>• Retired partner now in a consultancy role, Deloitte</li> <li>• Member of Council, University of Canterbury</li> <li>• Trust Board Member, Bishop Julius Hall of Residence</li> <li>• Spouse, Canterbury DHB employee (Ophthalmology Department)</li> <li>• Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board</li> </ul>

**`DRAFT**  
**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH  
AND DISABILITY SUPPORT ADVISORY COMMITTEE**  
**held in the Board Room, Corporate Office, Grey Base Hospital**  
**on Thursday, 10 October 2013 commencing at 9.00am**

**PRESENT**

Elinor Stratford (Chairperson); John Ayling; Lynette Beirne; Kevin Brown; Dr Cheryl Brunton; Mary Molloy; Jenny McGill; Robyn Moore; John Vaile; and Peter Ballantyne (ex-officio).

**APOLOGIES**

An apology for absence was received and accepted from Dr Paul McCormack & Robyn Moore.

**EXECUTIVE SUPPORT**

Michael Frampton (Programme Director); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller Health Services) (via video conference); Ralph La Salle (Acting Operations Manager); Karyn Kelly (Director of Nursing & Midwifery & Acting General Manager, Primary & Community Services); and Kay Jenkins (Minutes).

**WELCOME**

The Chair welcomed everyone and asked Gary Coghlan to lead the Karakia.

**1. INTEREST REGISTER**

**Additions/Alterations to the Interest Register**

Lynette Beirne advised that she is Patron of the West Coast Stroke Group Inc and also wording for South Island Regional Stroke Foundation Committee should be amended to read "Advisory" Committee.

**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 (9/13)**

(Moved: Jenny McGill; Seconded: Cheryl Brunton - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 22 August 2013 be confirmed as a true and correct record.

**3. CARRIED FORWARD/ACTION ITEMS**

Report regarding Disability plan to be added to carried forward list.

#### **4. COMMUNITY & PUBLIC HEALTH UPDATE**

Jem Pupich, Team Leader, Community & Public Health, presented the Community & Public Health Update.

This report provided the Committee with updates on: Liquor Licensing; Psychoactive Substances Act; Smokefree WERO Challenge; Drinking Water Assistance Funding and the Wellbeing Game.

The Community & Public Health six monthly report to the Ministry of Health was included in the information items.

Discussion took place regarding the Hepatitis A outbreak in Ashburton and the ability to contain this to Ashburton and also the readiness capacity on the West Coast should there be an outbreak here. In this regard, the Committee noted that Community & Public Health believe they have the capacity to manage this issue on the West Coast if necessary.

The Report was noted.

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

Ralph La Salle, Planning & Funding and Acting Operations Manager, presented this report which was taken as read.

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.

Discussion took place regarding waiting times at DHB owned General Practices and the Committee noted that there is a high focus with Better Health to ensure the best processes are in place to manage this. The Committee also noted that there are also a range of other things taking place as well with the key being to improve and stabilise the GP workforce.

The Complex Clinical Care Network (CCCN) project continues to make progress. The Community Services Operations Manual has been prepared for the West Coast services, and a date of 14 October 2013 has been set for the separation of responsibility for complex and non-complex assessments to take place. After the split, the CCCN will be responsible for assessments of clients with complex needs and the home-based support providers will take responsibility for the assessments of people with non-complex needs.

The report was noted

#### **6. ALLIANCE UPDATE – QUARTERLY REPORT**

Ralph La Salle also presented this update which was taken as read.

This report provided an update of progress made on the implementation of “Better Sooner More Convenient”.

The Committee noted that the West Coast Alliance Agreement has now been signed by both Alliance partners, the West Coast DHB and the West Coast PHO.



A review has been completed of Allied Health services and reporting structure with a view to improving integration locally and connections with Canterbury. A Report with recommendations for the future is underway.

The update was noted.

## 7. GENERAL BUSINESS

The Chair reminded members about the Disability Network meetings held each month and provided some information regarding the rationalisation of PACT and how this organisation is moving from a funding model based on beds to an FTE model.

### INFORMATION ITEMS

- Chair's report to last Board meeting
- Board Agenda 13 September 2013
- CPH&DSAC 2013 Work Plan
- Health Target Results – Quarter 4
- Community & Public Health 6 Monthly Report to Ministry of Health
- West Coast DHB 2013 Meeting Schedule

There being no further business the meeting concluded at 10.05am.

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 28 NOVEMBER 2013

	<b>DATE RAISED</b>	<b>ACTION</b>	<b>COMMENTARY</b>	<b>STATUS</b>
1.	22 August 2013	Alliance Leadership Team Presentation	The Committee requested a presentation on the role and membership of the Alliance Leadership Team.	To be scheduled in New Year
2	22 August 2013	West Coast Disability Plan	A Disability Plan is to be developed and presented to the Committee.	To be scheduled in New Year

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

**SOURCE:** Community and Public Health

**DATE:** 28 November 2013

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Report Status – For:      Decision          Noting          Information   

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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 Committee;  
i. notes the Community and Public Health Update

## 3. SUMMARY

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

## 4. APPENDICES

Appendix 1:      Community and Public Health Update

Report prepared by:      Jem Pupich, West Coast Team Leader, Community and Public Health

Report approved for release by:    Dr Cheryl Brunton (Public Health Specialist) and  
Derek Benfield (Regional Manager, CPH West Coast)

**REPORT to WCDHB CPHAC/DSAC**  
**COMMUNITY AND PUBLIC HEALTH (CPH)**  
**NOVEMBER 2013**

**West Coast teams lead the way in the Wellbeing Game**

The Wellbeing Game finished on Sunday 3rd November with two West Coast teams topping the wellbeing charts. SPK Koffie Group, representing Solid Energy - Spring Creek finished in pole position nationally, and West is Best from Community and Public Health were the Top Team with over 10 players. Between them these two teams logged nearly 2000 hours of positive action.

252 teams played the game nationally with a total of twenty teams from around the West Coast taking part. Teams were from various workplaces and schools, including Stockton Alliance, Buller High School, Grey District Council, Kokatahi-Kowhitirangi School, KiwiRail and the West Coast District Health Board. The Wellbeing Game was promoted widely around the Coast by CPH and it was a really positive result to see so many teams playing and also winning the game.

**Grey New Food Growers Gardening Group and Fruit Trees at Uniting Church**

CPH has worked with the Uniting Church to plant apple trees on the front lawn of the Church to promote the growing of edible vegetation in public spaces and encourage people to think about growing more produce locally. Once grown, the apples will be distributed to people in need via the church and/or the Salvation Army.



CPH is also working with New Coasters to support local food production. About 20 people attended a meeting to discuss how growing food can be supported in the Grey District. The New Food Gardeners Group was set up in October with members visiting three gardens to view and get ideas from the garden owner. The members have also swapped seedlings, seeds and ideas about what else they would like the group to do to support each other to grow food.

Both the Fruit Trees and our involvement in the Gardening Group assists in achieving the objectives of the Grey District Economic Development Strategy that we were involved in developing. These include:

*To create a District-wide culture where innovation, talent and life-long learning are valued  
To use our region's assets, natural environment and vibrancy to promote and foster the health, happiness and well-being of our people.*

The group will also support newcomers and locals to get to know each other.

**The Westland Wilderness Trail**

CPH has been involved in the development of the Westland Wilderness Trail (the Trail), through its involvement in the West Coastal Pathway section that makes up the northern end of the Trail. The trail will officially open on November the 23<sup>rd</sup>. CPH has supported the development of both the Pathway section and the longer Trail as a means to encourage safe active transport and recreation, develop community capital and create opportunities for economic development. We have provided input into the planning stages, coordinated community clean-up and planting days and submitted our support for a 'clip-on' on the Taramakau Bridge to minimise safety issues for walkers and cyclists.

## Health Promoting Schools (HPS)

CPH's Health Promoting Schools initiative partnered with Runanga School, WestReap and Nurturing the Future: The Hub to bring Celia Lashlie, well known speaker and author, to Runanga to speak to parents. This was in response to the school identifying the need for increased parental involvement (especially dads) in students' learning as one way to improve their educational and social outcomes. Celia's presentation focused on 'Growing Gorgeous Boys into Good Men.'

Approximately 90 people attended (mostly from Runanga and Cobden, thanks to targeted marketing). Just under half were men. Celia used a humorous style to deliver a serious message. After her talk, she was approached by several parents wanting to discuss their own situations while the remainder stayed to enjoy the light supper provided by the school and to talk about the messages they'd heard. The formal and informal feedback indicated an overwhelmingly successful event, as this comment from one attendee captures: *'Learning to acknowledge the communication gaps with our boys and LAUGH more and have fun!! Thanks.'*

CPH will also work with the school on a wider evaluation of the collective effect of the events it held during the year on student engagement, participation and achievement, especially amongst its priority learners

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

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

**DATE:** 28<sup>th</sup> November 2013

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Report Status – For:      Decision          Noting          Information   

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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:**

#### **Buller Integrated Family Health System**

- Work has progressed to physically co-locate Poutini Waioara onto the Buller premises, and this is due to take place in December.
- Following the allocation of project resource to this workstream, a work plan of key activity is under development ready for endorsement by the Alliance Leadership Team.

#### **Complex Clinical Care Network (CCCN)**

- Training has been delivered to both CCCN and community providers (Coasters and Access) in interRAI and goal-based care pathways.
- A revised service model for Home and Community Support Services is continuing with a move towards a casemix model of care.
- Coasters have completed their Certification Audit. This is a requirement from the MoH; each community provider must hold a certificate of conformance with the Sector Standards NZS 8158:2012.
- The CCCN continue to support aged residential care facilities with their use of the interRAI module.
- Work continues with key stakeholders to implement a clinically led falls prevention strategy for a ‘whole system’ approach with primary, community, secondary and aged residential care.
- A Cognitive Impairment Pathway is being fine-tuned for the Coast.

## **Pharmacy**

- Three of the four Coast pharmacies offered have accepted DHB support for working regularly in general practice to assist with the medicines-related care of complex patients.
- Links between community pharmacy and the CCCN are forming, with pharmacists becoming involved in interdisciplinary team discussions on an informal basis. Work is continuing to formalise the processes around pharmacy and the CCCN.

## **Healthy West Coast**

- A \$60,000 underspend from the 2012/13 budget has been endorsed to be shared between three Public Health projects, namely: an extension to the contract for Te Whare Oranga Pai (a physical health and healthy eating programme delivered in Hokitika), an expansion of the 'Appetite for Life' programme to now be delivered in Buller, and the provision of a part-time Community Nutritionist to support Green Prescriptions.
- A number of recommendations have been endorsed regarding improvement to immunisation programmes for the Coast to increase the sustainability of achieving our health targets. The work has included a review of both childhood vaccinations and the seasonal flu immunisation programme.

## **Across the Workstreams**

The Alliance continues to monitor and support the Health System 'Enablers', which are seen as key to the integration of the system as a whole.

- Work is being done across the workstreams to better address Māori Health equity and embed the Māori Health Plan into their work plans and reporting requirements.
- The Poutini Waioara Kaupapa nurses have been provided with training in local Medtech systems across the Coast, and the one new graduate will be joining the DHB's new graduate nursing support programme, NEtP.
- The Alliance continues to support the review and development of new and existing HealthPathways, the online resource for health professionals in primary care.
- The Alliance Coordinator is supporting the facilities design workstreams for both the Grey and Buller Integrated Family Health Centres.

**Report prepared by:** Jenni Stephenson, Planning & Funding

**Report approved for release by:** Stella Ward, Chair, Alliance Leadership Team

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

**SOURCE:** General Manager, Maori Health

**DATE:** 28 November 2013

Report Status – For: Decision Noting  Information

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

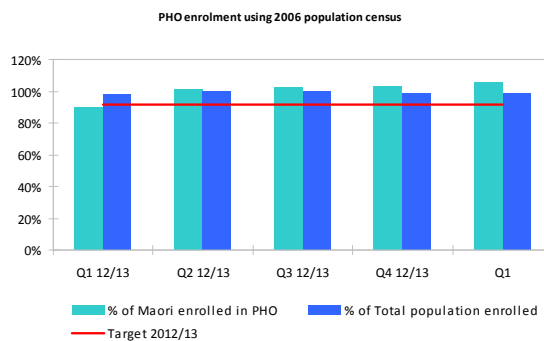
That the Community & Public Health & Disability Support Advisory Committee:  
i notes the Maori Health Activity Update.

## 3. SUMMARY

### Maori Health Quarterly Report – Q4, 2012/13

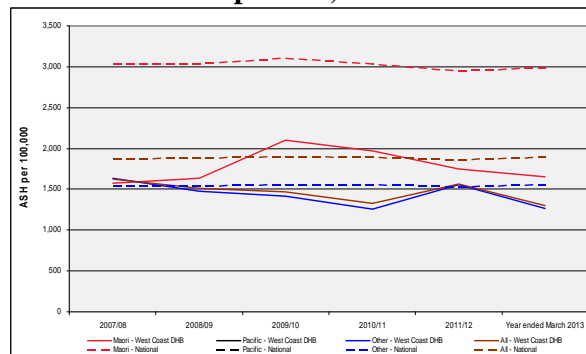
#### Access to care

##### Percentage of Maori enrolled in the PHO



#### Ambulatory Sensitive Hospitalisation

##### Ambulatory Sensitive Hospitalisation per 100,000



#### ACHIEVEMENTS/ISSUES OF NOTE

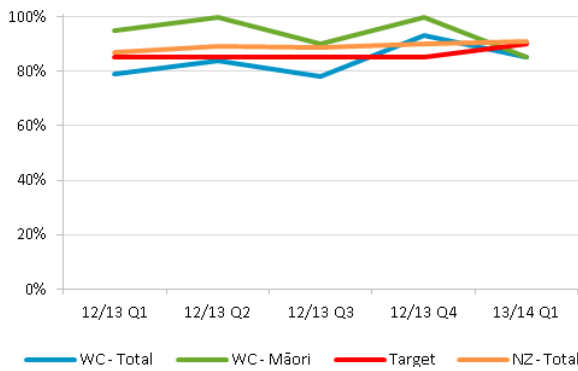
**Enrolment in PHO:** Using the 2006 population census figures 100% of Maori were enrolled with the PHO as at September 30 2013. Please see table below for further breakdown. Enrolments for Maori and Pacific people continue to increase at a faster rate than other ethnicities and exceed that of other ethnicities.

On the 20th June 2013 the Ministry of Health issued a Request for Proposal, to Implement the Primary Care Ethnicity Data Audit Tool'. The West Coast PHO and the DHB have jointly developed the proposal and it was submitted in August. The Audit tool comprises Systems Compliance and Audit Checklist, Implementation of a staff survey, Data matching quality audit with the findings being collated and reported back to practices to enable a level of benchmarking for quality improvement. Any residual funding from the project will be used for ethnicity data collection education.

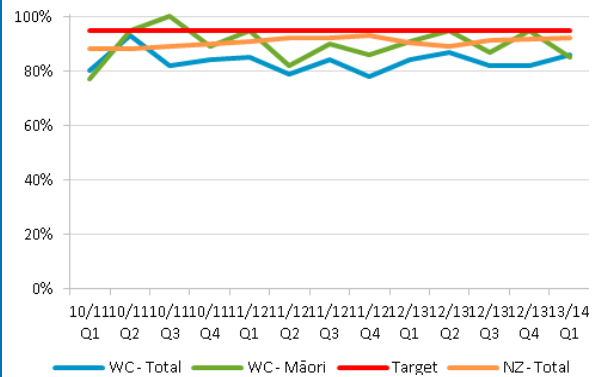


## Child, Youth and Maternity

### NEW Immunisation HT: Eight-month-olds fully immunised



### Immunisation: Two-year-olds fully immunised



## ACHIEVEMENTS/ISSUES OF NOTE

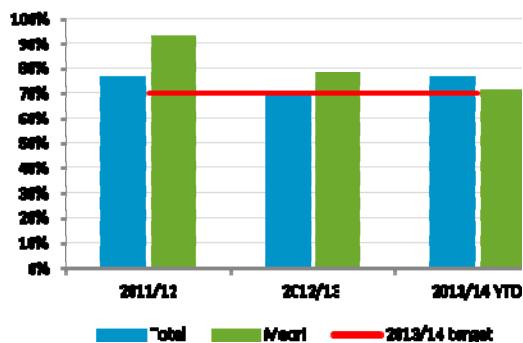
**Eight-month-old immunisation:** 85% of Maori babies have been immunised on time at 8 months of age in quarter 1. This equates to 17 babies out of 20.

**Two-year-old immunisation:** The West Coast DHB's total coverage for Quarter 1 is 84%. - This remains high as was the case in Quarter 4 an indication of the continuous effort of primary care and Outreach Immunisation Services to achieve the highest possible coverage. Coverage for Māori two-year-olds sits at 90% so 17 from 20 eligible Maori babies have been immunised for this age milestone. Work to improve immunisation coverage for both eight-month-olds and two-year-olds includes:

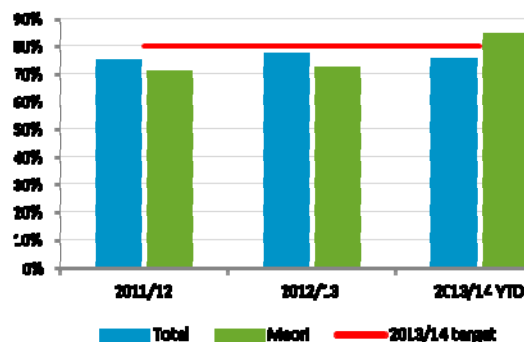
- A process timeline for all practices to use as guidance to ensure timely immunisation by eight months of age;
- NIR Administrator working with a key contact in each practice to identify children due, pending or overdue;
- Timely referral to Outreach Services;
- Collaboration with other Well Child service providers to refer children for immunisation; and
- Improving the enrolment process at birth.

## Cardiovascular and Diabetes

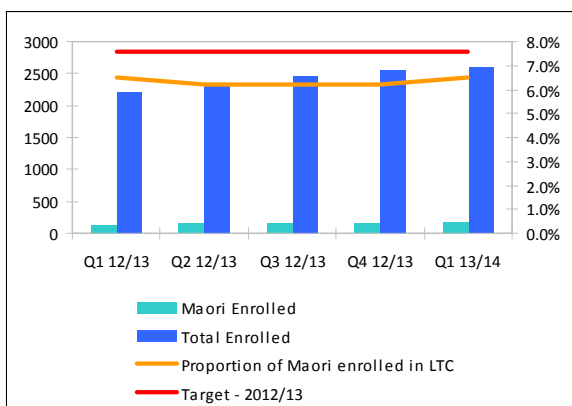
### Diabetes Detection: % of people estimated to have diabetes who have had their annual check during the current year



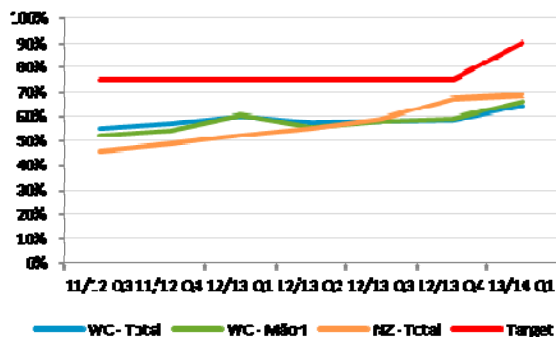
### Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Number of Maori enrolled in LTC management programme



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



## ACHIEVEMENTS/ISSUES OF NOTE

**CVD Health Target:** A joint publicity campaign by West Coast DHB, West Coast PHO and the West Coast Diabetes Society is being run in *The Messenger* newspaper and at general practices in November to encourage people to become more active and to get checked for their cardiovascular disease (CVD) and diabetes risk. The campaign is designed to coincide with nationwide messages for national Diabetes Awareness Week in mid-November and television advertisements on CVD risk.

Performance against the heart checks health target has shown an increase from 58% in the June quarter to 64% of the eligible enrolled West Coast population now having had a cardiovascular risk assessment in the five years to 30 September 2013. Rates for West Coast Māori are slightly higher than our overall total population, with 66.5% having had their CVD risk assessments undertaken. The West Coast PHO is working on increasing the rates during this year, and has set a progress target to reach 78% for this measure by December 2013 and to achieve the national target of 90% of eligible people assessed by 30 June 2014.

Practice teams continue to actively identify and invite eligible people to nurse-led clinics to have their cardiovascular risk assessed, with a special focus on high-need people who haven't been screened.

Collaboration with Rata Te Awhina Trust, the PHO and several practices is enabling better outreach to high-need Māori, including an awareness campaign (which began during Quarter 1) and a tailored package of care from Rata Te Awhina through its Kaupapa Māori Nurses and its Kaiarataki (non-clinical Māori Health Navigators). Greymouth Medical Centre and Rata Te Awhina began working together in Quarter 4 2012/13 to provide support and health care for Māori and Pacific people with long-term conditions, with the Kaupapa nurse working within the practice and 'out-reaching' directly to practice patients. This pilot model expanded to Hokitika during Quarter 1 and is working well.

**Diabetes care:** The West Coast achieved our diabetes annual review target for Quarter 1, with 77% of people with diabetes having had an annual review. Results for Māori dipped to 71%, but still remain above the 70% target set for all population groups.

Among those who had their review during the quarter, 76% had satisfactory or better management of their diabetes, with better rates for Māori (85%). Our annual target for diabetes management is 80%.

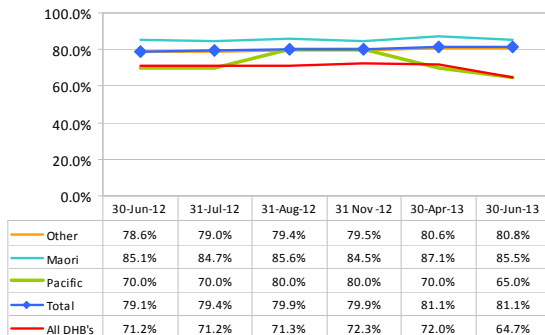
A diabetes retinal screening week of clinics was held in August, with clinics held in Franz Josef, Reefton and Westport. The next series of diabetes retinal screening clinics is scheduled for the week 11-15 November in Greymouth and Hokitika.

**Green Prescription:** As part of the larger 2013 Diabetes Budget package, the Ministry of Health have indicated an increase in funding for Green Prescription referrals over the coming four years. For the 2013/14 year, this is an increase from 360 to 500 referrals on the West Coast. Green Prescription has been identified as a key component to help slow or prevent the progression of pre-diabetes and diabetes, as well as a way to support the active management for those who already have diabetes.

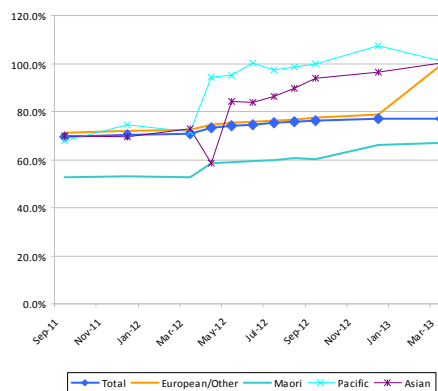
**Long Term Condition Management (LTC): 159 Maori are enrolled in the Long Term Conditions programme as at June 30 2013** Maori enrolment makes up 6.2% of all enrolment in the LTC programme. For comparison Maori make up 5.3% of the enrolled population at the primary practices aged 45 years and above. The target is 7.6%. We are working closely with the CEO and Clinical Manager of the PHO, and Poutini Waiora to identify those Maori who are enrolled in the programme and link them in to the Kaupapa Maori Nurses and Kaiarataki.

## Cancer

### Percentage of eligible Maori women (45-69) receiving breast screening examination in the last 24 months ending



### Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years ending...



## ACHIEVEMENTS/ISSUES OF NOTE

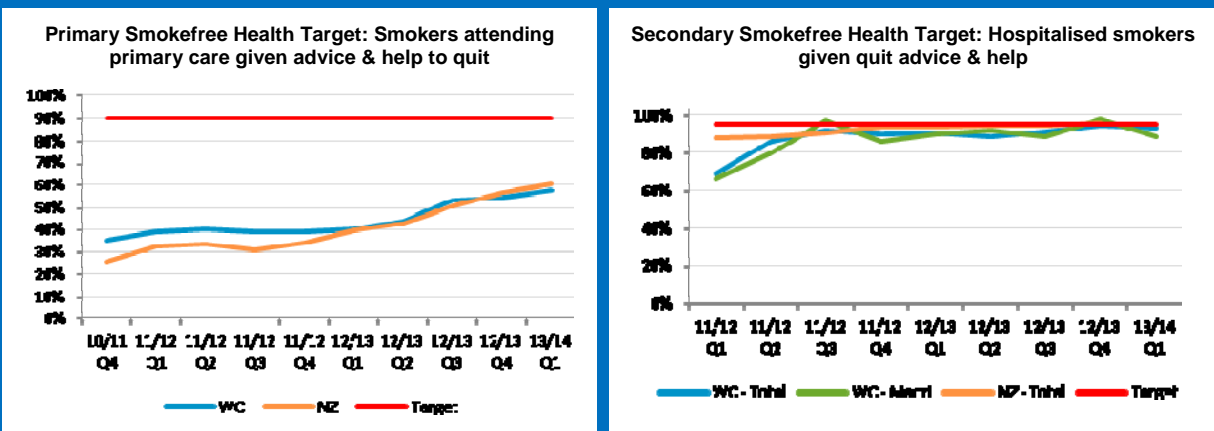
**Breast Cancer Screening:** Approximately 81% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending 30<sup>th</sup> June 2013. The coverage for eligible Maori women (85.5%) is higher compared to other ethnicities on the West Coast.

**Cervical cancer screening:** At the end of June 2013, the three year coverage rate for cervical screening on the West Coast was 76.8% a small drop from last quarter. The coverage rate for Maori eligible women is at 69.4% an increase of 2% from last quarter and an increase of 10% from June 2012. We are closely monitoring the Maori cervical screening service and working with the DHB Screening Unit and the practices to ensure the option for the Maori Screener is offered and is being fully utilized by the practices to assist in engaging those hard to reach clients. The overdue priority lists are now being regularly referred to the Maori screener who is working with the Kaupapa Maori Nurses and Kaiarataki to follow up.

**Cancer Nurse Coordinator:** This role has now been in place for several months and we are working with the Co-ordinator, Andrea Reilly to develop specific objectives for the CNC role when working with Maori. Some of these will be:

- monitoring Faster Cancer Treatment pathways and providing auditable data to review areas of inequality;
- identify Maori patient utilisation of cancer services for cancer diagnosis;
- to identify gaps that may occur in existing care pathways and act as a representative of West Coast DHB to incorporate national initiatives into care delivery in a way that solves problems and closes gaps;
- to be the referral conduit to ensure Kaupapa Maori Nurses and Kaiawhina services are utilised;
- work is occurring with the Southern Cancer Network to host a health promotion hui over on the Coast and they are having their network hui in December.

## Smoking Cessation



### ACHIEVEMENTS/ISSUES OF NOTE

**Primary Smokefree Health Target:** Results for Quarter 1 2013/14 show an increase in performance of 3%, with 58% of smokers attending general practice offered advice and support to quit. The Smokefree Services Coordinator has liaised with individual practices regarding their tracking of performance over time and offered support where required.

**Secondary Smokefree Health Target:** It was disappointing that the West Coast DHB did not reach the hospital smokefree health target of 95%, with a Quarter 1 result of 93% of hospitalised smokers getting help and advice to quit. Small numbers contribute to month-to-month fluctuations. To mitigate this challenge, Clinical Nurse Managers continue to monitor 'missed ABCs' and act upon them to improve the next month's results.

**Aukati Kai Paipa:** For the period 01 July 2013 to 30 September 2013 the AKP service is working with 51 clients, 34 who identify as Maori with 27% validated abstinence rate at 3 months.

**Health scholarships:** The WCDHB will be awarding 20 scholarships of \$500. And 4 studentships of \$5,000 for the 2013 academic year. The scholarships are offered to students pursuing undergraduate health related careers at a New Zealand University or Polytechnic; these are paid in arrears (or on invoice) for agreed and specific interventions – fees, books, software etc. At least 5 scholarships per annum are available to students with Maori or Pacific Island whakapapa. These have now been advertised and three Maori and one Pacific Island person have been successful. In addition one Maori has received a studentship and we have referred the successful candidates on to Mokowhiti to ensure that they receive the support and assistance available to them through the Kia ora Hauora programme.

The studentships are offered to applicants in their second to last year at either a Polytechnic or University in a clinical speciality. The work would be between November 2013 and February 2014, targeting research, primary care, Maori Health, and secondary services. One studentship will be available to students with Maori or Pacific Island whakapapa.

**Poutini Waiora:** On 16 November 2013 there was a day to celebrate the rebranding launch of Poutini Waiora (formally Rata Te Awhina Trust) in Hokitika 17 Sewell Street. There was a full programme for the day; this is a very exciting development for Maori health and social services on Te Tai O Poutini.

It was pleasing to see such a good turnout of support from the community and the West Coast DHB.

**InterRAI:** A hui was held on 19 September in Christchurch to further discussions about the use of interRAI within the Maori community. The hui explored the interRAI training from a Maori perspective. A small reference group was established to progress the work which included General

Manager, Maori Health from West Coast DHB, the Maori representative from interRAI New Zealand Governance Board and Bridgette Meehan interRAI Programme Manager Populations Policy Ministry of Health. The work is intended to relate to interRAI assessors in both DHB's, aged residential care and respite care.

InterRAI is an international collaboration that aims to improve the quality of life of vulnerable persons through a comprehensive assessment system. It is designed to help staff assess the medical, rehabilitation and support requirements of the older person so they can stay at home for as long as possible. This tool will improve the assessment experience and outcomes for older people by identifying what help and support people require against a number of factors including vision, continence, and nutrition and health prevention. While interRAI is an internationally recognised tool it does not specifically take into account the needs of Maori. The question remains what more can be done to ensure Maori have access to assessment that is not only clinically appropriate but culturally appropriate also.

**Te Auahatanga Maori Innovation Fund:** Poutini Waiora has been successful in an application to the Te Auahatanga Maori Fund (Maori Innovation) for our proposal - Mana Tamariki - Mokopuna, Mana Whanau O Te Tai O Poutini. The application was ranked 3rd out of all the proposals that were presented to the Ministry - which numbered over 20. This will be a significant investment in our young Maori hapu wahine, young Maori mothers and their whanau on Te Tai O Poutini. The West Coast DHB helped to support in the development and subsequent presentation of the proposal in Wellington.

Report prepared by: Kylie Parkin, Maori Health Portfolio Manager

Report Approved for Release by: Gary Coghlan, General Manager Maori Health

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

**SOURCE: Planning & Funding**

**DATE: 28 November 2013**

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

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## 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

- The West Coast continues to perform well above the 95% **ED health target**; results for the year to 31 October 2013 show that 99.8% of patients were admitted, discharged or transferred within 6 hours - and 96.7% within just 4 hours.
- The West Coast has continued to achieve the **cancer treatment health target** throughout the first four months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- At the end of Quarter 1, West Coast **B4 School Check coverage** exceeded the year-to-date target of 25% for both the high deprivation group (26%) and for total checks (27%).

### \* Key Issues & Associated Remedies

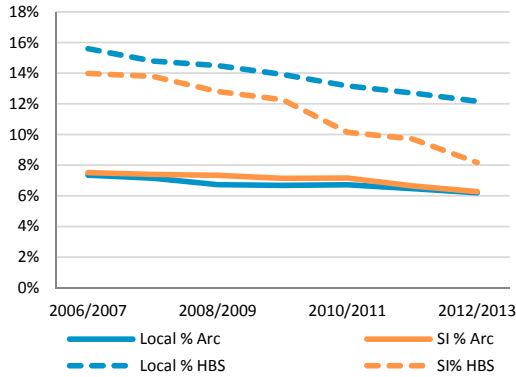
- 85% of eight-month-olds were fully immunised in Quarter 1– missing the new **immunisation health target** (90%) by just four children. A position paper to streamline immunisation events on the West Coast has been approved by the Alliance Leadership Team, and the implementation plan is now being developed.

### ① Upcoming Points of Interest

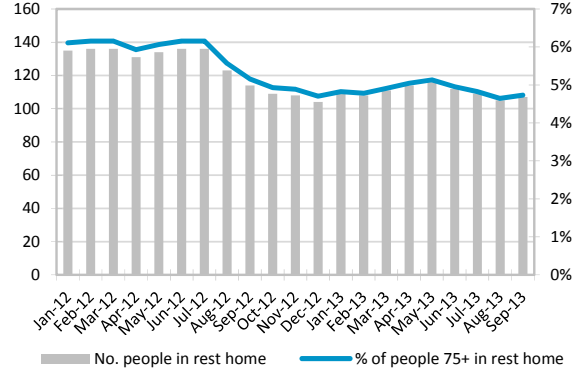
- Implementation of a **restorative homecare model** as part of the Complex Clinical Care Network project continues to make progress. A recent development is the offer of a short period of goal-based rehabilitation to help clients improve their functioning and stay independent at home.
- Work continues on increasing integration to enhance responsiveness and flexibility of **mental health services** across the system. The findings of a recent stock-take against the national Mental Health and Addiction Service Development Plan will support this work.
- A joint publicity campaign by the West Coast DHB, PHO and Diabetes Society is being run in November to encourage people to become more active and to get checked for their **cardiovascular disease (CVD) and diabetes risk**. The campaign is designed to coincide with nationwide messages around national Diabetes Awareness Week and CVD risk.

# Older Persons' Health

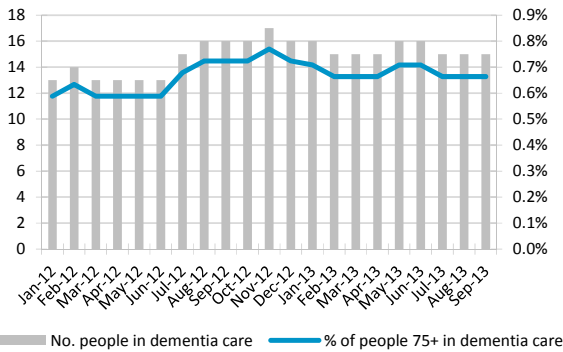
**People 65+ Receiving Home-based support vs. in ARC**



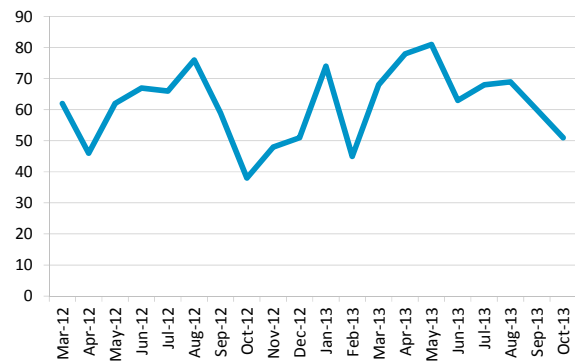
**% of people aged 75+ admitted in Rest Home level care**



**% of people aged 75+ in Specialist Dementia Care**



**Number of interRAI assessments completed**



## ACHIEVEMENTS / ISSUES OF NOTE

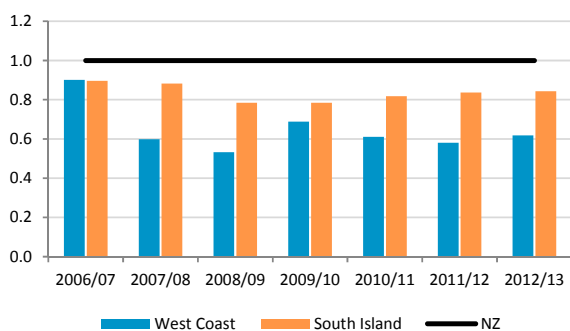
**Maximising independence model for homecare:** The Complex Clinical Care Network (CCCN) is making good progress. Training of staff is close to complete. The planned separation of complex assessments (to be conducted by CCCN) and non-complex assessments (to be conducted by home-based support providers) has been postponed while case mix funding arrangements are finalised. Until then, a small number of non-complex clients will be trialled with each provider to ensure patient flow and reporting processes are established.

To further support older people to regain their independence in their own homes, CCCN clients who fit 'case mix 8' (i.e. show rehabilitative potential) will be offered a short period of goal-based rehabilitation with multidisciplinary team input. The CCCN will work closely with the IDT to establish a goal-based rehabilitation plan that will focus on improving function. This may happen at discharge from hospital or can be used to help prevent admission to hospital altogether.

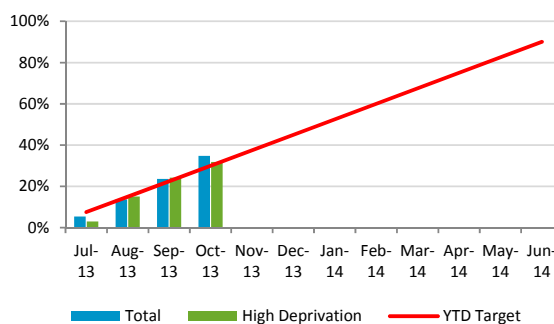


# Child, Youth & Maternity

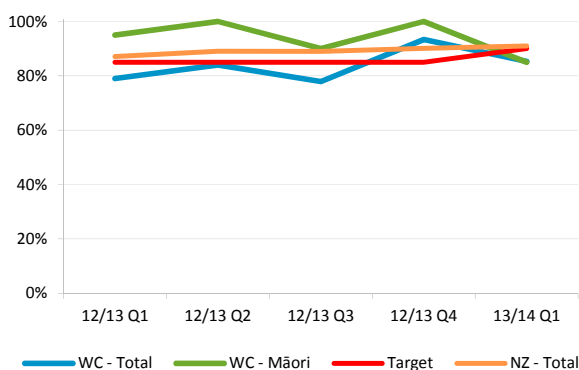
**Acute medical discharge rates for children (age 0-14)**



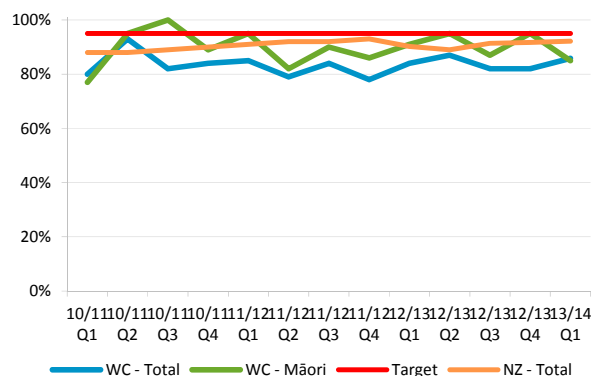
**B4 School Check coverage**



**Immunisation HT: Eight-month-olds fully immunised**



**Two-year-olds fully immunised**



## ACHIEVEMENTS / ISSUES OF NOTE

**Immunisation:** The national immunisation target has increased for the 2013/14 year from 85% to 90% of eight-month-olds fully immunised. In Quarter 1, 85% of eight-month-olds were fully immunised – missing the new target by just four children. There was a combined opt-off and decline rate of 9% for the quarter (up from 5% in Quarter 4 2012/13), making the target difficult to reach.

A position paper to streamline immunisation events on the West Coast was approved by the Alliance Leadership Team at their October meeting. Work is now underway on the development of the implementation plan.

**B4 School Check coverage:** At the end of Quarter 1, the West Coast exceeded the year-to-date target of 25% for both the high deprivation group (26%) and for total checks (27%). This trend has continued for October with 36% of the high deprivation group and 39% for total checks against a target of 33%.

**WellChild/Tamariki Ora (WCTO):** The West Coast DHB will engage with the Ministry and other South Island DHBs to review the new WCTO Quality Improvement Framework at a workshop in mid-November. Lessons and ideas from this group will be shared and developed locally through the new Canterbury/West Coast WCTO Network.

A new reporting tool has been developed and rolled out using the Health Connect South platform to allow DHB Community Nursing staff to capture their WCTO contacts. The new system reduces the amount of time spent recording information in multiple systems and will enable better monitoring of activity.



# Mental Health

Some new graphs are in development for mental health. These will be available for the next report to the Committee.

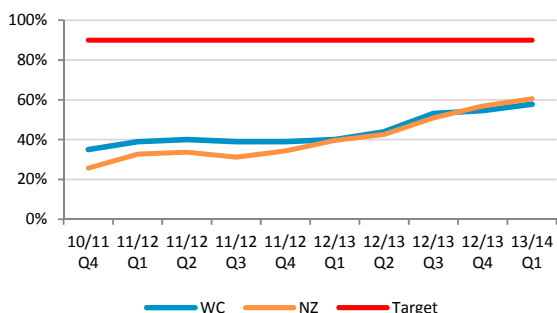
## ACHIEVEMENTS/ISSUES OF NOTE

**System Planning:** A stock-take has been completed against the priorities outlined in the national Mental Health and Addiction Service Development Plan. This will help to identify and endorse focus areas that align with the recommendations from the Mental Health System Review. The revised report is expected to be available in the coming weeks.

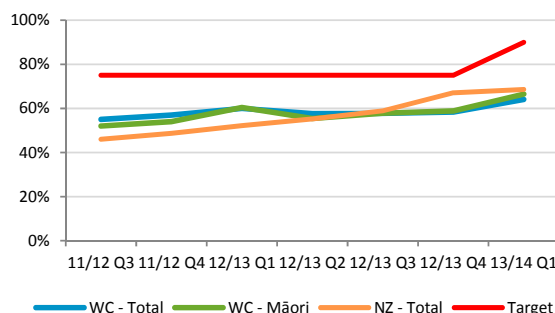
Work is continuing on streamlining pathways with NGOs and the DHB, adopting more of a partnership approach to the development of ongoing care and support. The PACT reconfiguration includes an increase in support for people with alcohol and drug problems, as this has been identified as a gap by stakeholders.

# Primary Care & Long-Term Conditions

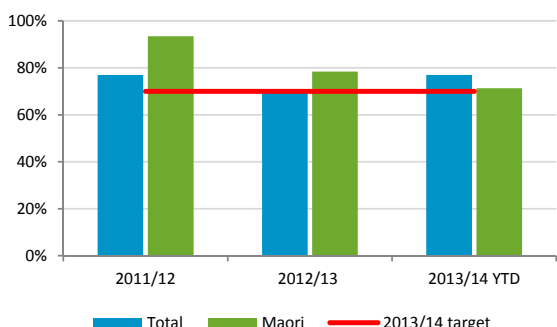
**Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit**



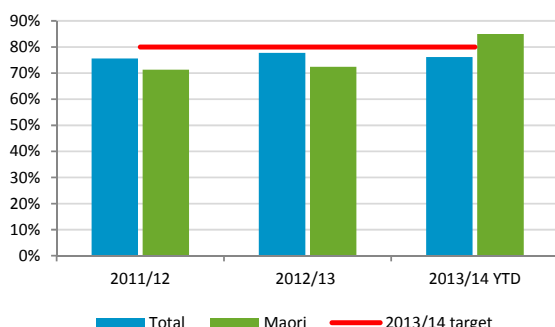
**CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years**



**Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year**



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



## ACHIEVEMENTS / ISSUES OF NOTE

**Primary care smokefree health target:** Results for Quarter 1 2013/14 show an increase in performance of 3%, with 58% of smokers attending general practice offered advice and support to quit. The Smokefree Services Coordinator has liaised with individual practices regarding their tracking of performance over time and offered support where required.

**Heart and Diabetes health publicity campaign:** A joint publicity campaign by West Coast DHB, West Coast PHO and the West Coast Diabetes Society is being run in *The Messenger* newspaper and at general practices in November to encourage people to become more active and to get checked for their cardiovascular disease (CVD) and diabetes risk. The campaign is designed to coincide with nationwide messages for national Diabetes Awareness Week in mid-November and television advertisements on

CVD risk.

**CVD Health Target:** Performance against the heart checks health target has shown an increase from 58% in the June quarter to 64% of the eligible enrolled West Coast population now having had a cardiovascular risk assessment in the five years to 30 September 2013. Rates for West Coast Māori are slightly higher than our overall total population, with 66.5% having had their CVD risk assessments undertaken. The West Coast PHO is working on increasing the rates during this year, and has set a progress target to reach 78% for this measure by December 2013 and to achieve the national target of 90% of eligible people assessed by 30 June 2014.

Practice teams continue to actively identify and invite eligible people to nurse-led clinics to have their cardiovascular risk assessed, with a special focus on high-need people who haven't been screened.

Collaboration with Rata Te Awhina Trust, the PHO and several practices is enabling better outreach to high-need Māori, including an awareness campaign (which began during Quarter 1) and a tailored package of care from Rata Te Awhina through its Kaupapa Māori Nurses and its Kaiarataki (non-clinical Māori Health Navigators). Greymouth Medical Centre and Rata Te Awhina began working together in Quarter 4 2012/13 to provide support and health care for Māori and Pacific people with long-term conditions, with the Kaupapa nurse working within the practice and 'out-reaching' directly to practice patients. This pilot model expanded to Hokitika during Quarter 1 and is working well.

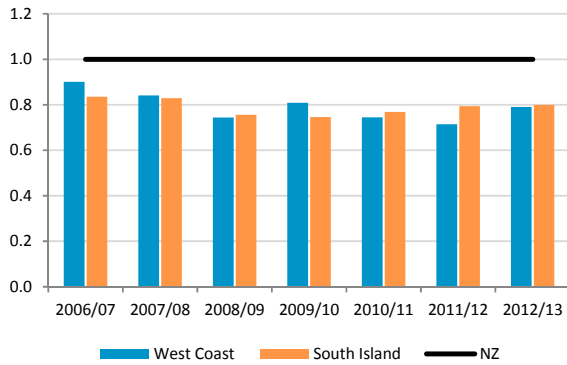
**Diabetes:** The West Coast achieved our diabetes annual review target for Quarter 1, with 77% of people with diabetes having had an annual review. Results for Māori dipped to 71%, but still remain above the 70% target set for all population groups.

Among those who had their review during the quarter, 76% had satisfactory or better management of their diabetes, with better rates for Māori (85%). Our annual target for diabetes management is 80%.

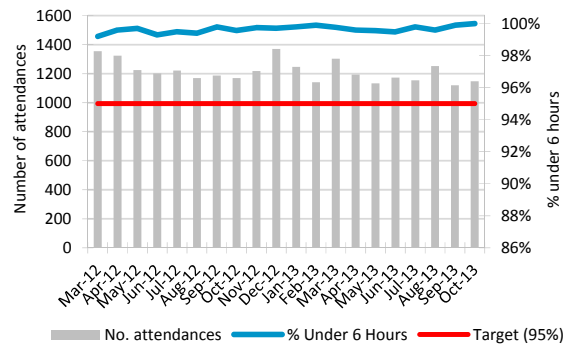
A diabetes retinal screening week of clinics was held in August, with clinics held in Franz Josef, Reefton and Westport. The next series of diabetes retinal screening clinics is scheduled for the week 11-15 November in Greymouth and Hokitika.

# Secondary Care & System Integration

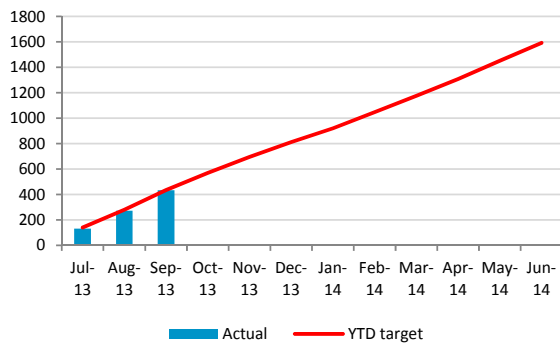
**Acute Medical Discharge Rate**



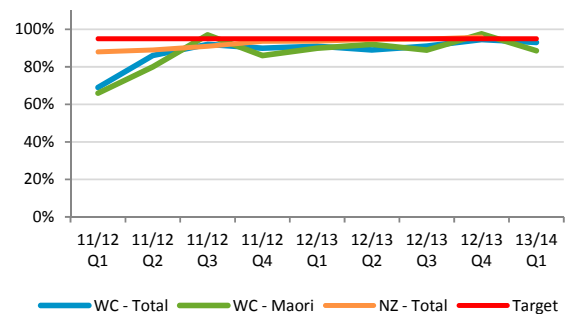
**Emergency Department (ED): Attendances & <6 Hours Health Target**



**Electives Health Target: Elective surgical discharges**



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



## ACHIEVEMENTS / ISSUES OF NOTE

**ED health target:** The West Coast continues to perform well above the 95% ED health target. Results for the year to 31 October 2013 show that 99.8% of patients were admitted, discharged or transferred within 6 hours – with 100% achieved in the month of October. Furthermore, 96.7% were admitted, discharged or transferred within just 4 hours during the four-month period to 31 October 2013.

**Cancer health target:** The West Coast has continued to achieve the cancer treatment health target throughout the first four months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.

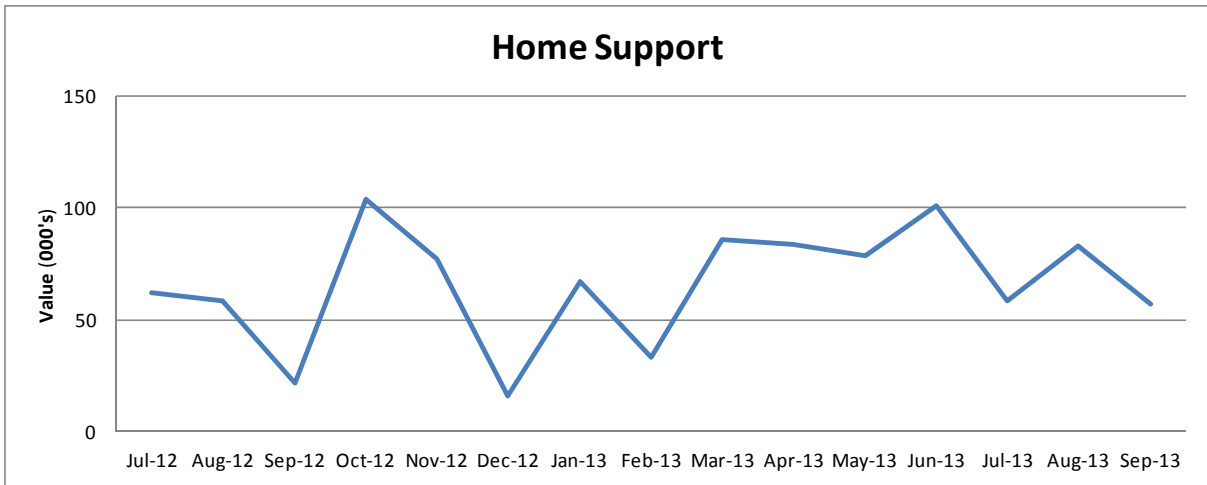
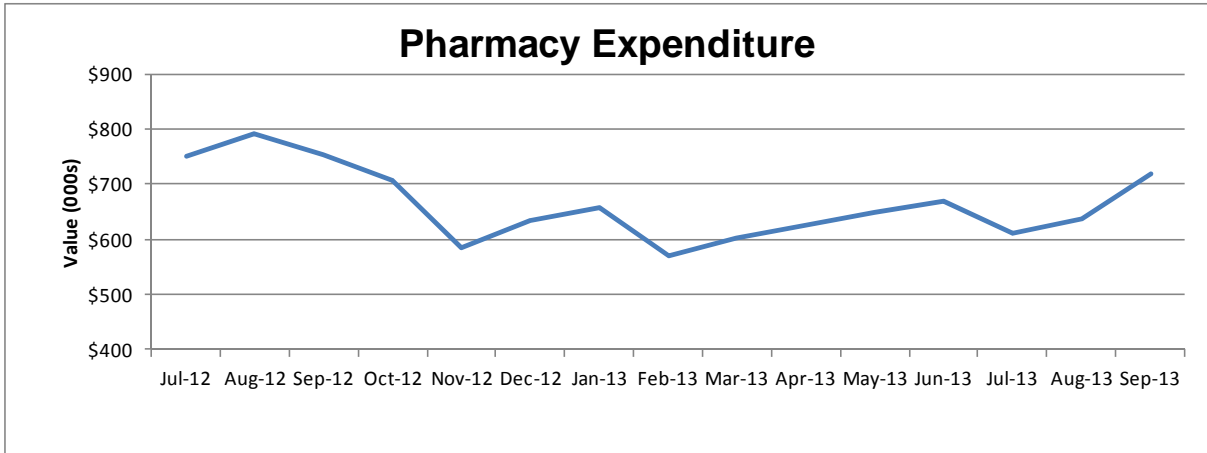
**Secondary care smokefree health target:** It was disappointing that the West Coast DHB did not reach the hospital smokefree health target of 95%, with a Quarter 1 result of 93% of hospitalised smokers getting help and advice to quit. Small numbers contribute to month-to-month fluctuations. To mitigate this challenge, Clinical Nurse Managers continue to monitor ‘missed ABCs’ and act upon them to improve the next month’s results. The Smokefree Services Coordinator also spoke at the senior nurse meeting to raise awareness and promote the value of Nicotine Replacement Therapy (NRT) charting on the wards. The NRT workbook was also revised.

**Electives health target:** West Coast DHB is on track to meet the electives health target, delivering 434 discharges for the year to 30 September 2013. This is 99.8% of the year-to-date target for the three months - just one case behind target, which will be made up in future months.

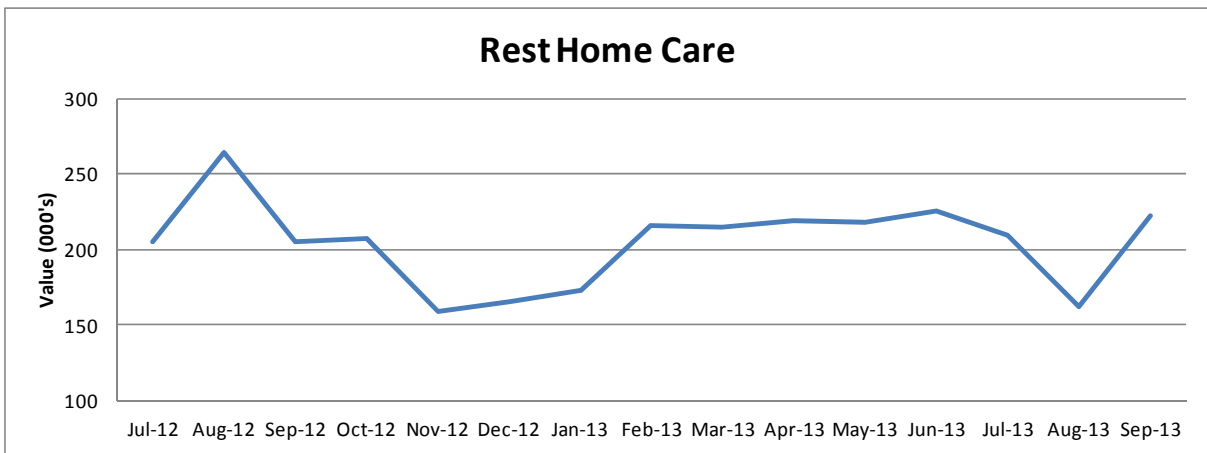
**ESPI compliance:** One patient (plastic surgery) exceeded the new maximum 150 days’ wait time target in September for First Specialist Appointment (ESPI 2). No patients exceeded the 150 days maximum wait for treatment (ESPI 5) at the end of September 2013.

# Financials

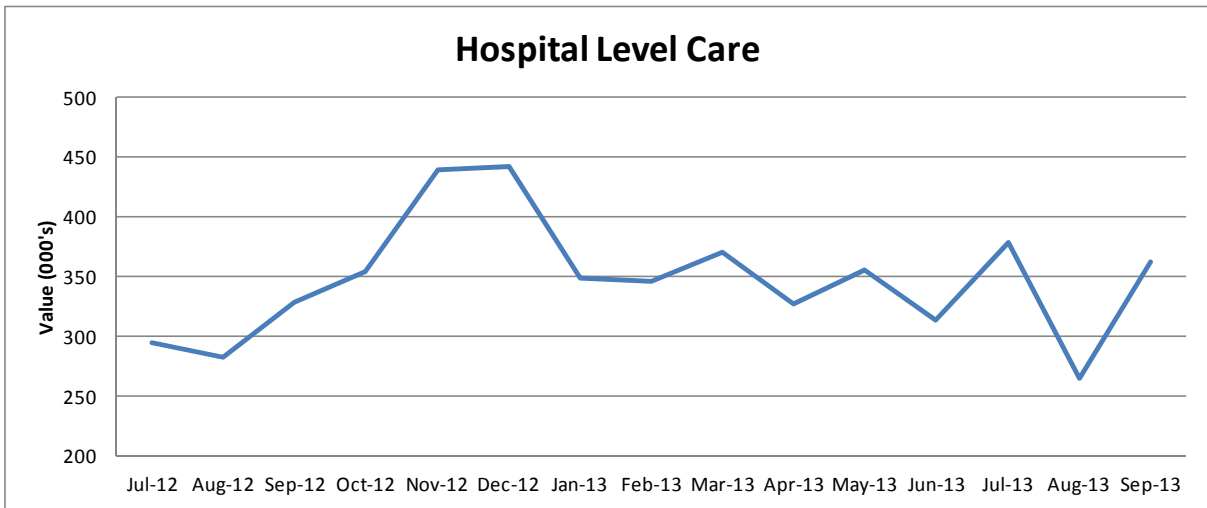
The following graphs are presented to show expenditure trends over time:



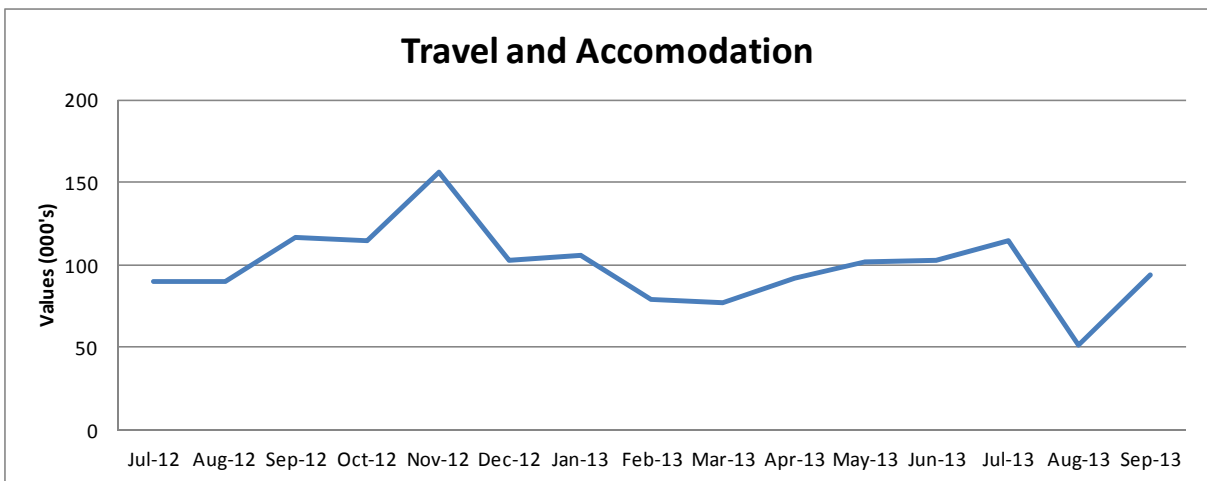
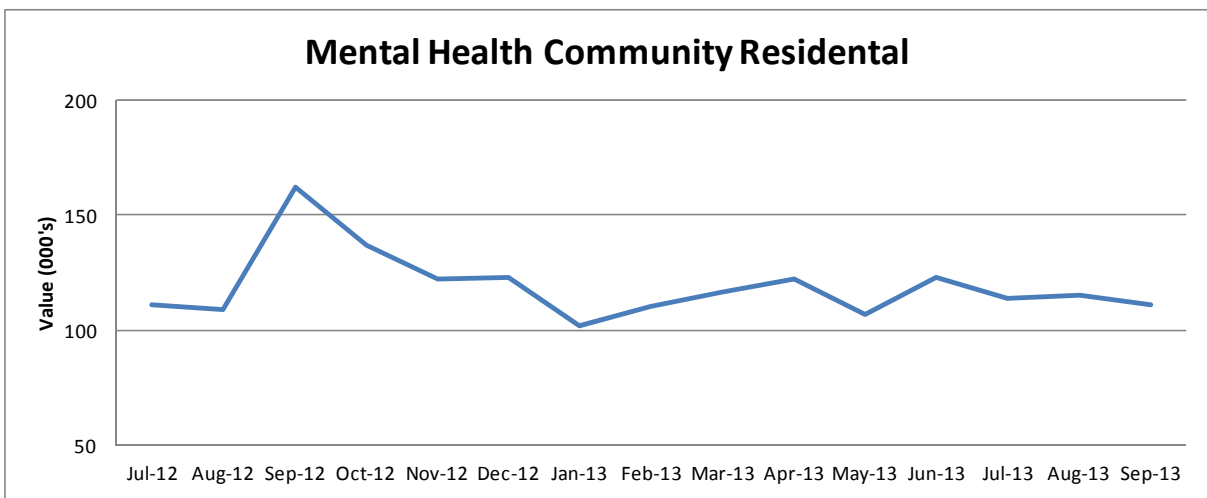
Normal monthly variability.



September has returned to normal claiming compared to August, with the underlying trend flat.



September has returned to normal claiming compared to August, with the underlying trend flat.



Normal claiming variability.

**Planning and Funding Division**  
**Month Ended Oct 2013**

Current Month				Year to Date					2013/14
Actual	Budget	Variance		SERVICES	Actual	Budget	Variance		Annual Budget
\$000	\$000	\$000	%		\$000	\$000	\$000	%	\$000
				<b>Primary Care</b>					
17	43	26	60%	Dental-school and adolescent	138	172	34	20%	512
0	3	3	100%	Maternity	0	11	11	100%	28
74	84	10	12%	PHO non-Capitated Services & Combine	304	336	32	10%	1,013
716	578	-138	-24%	Primary Practice Capitation	2,370	2,312	-58	-3%	6,930
1	5	4	80%	Child and Youth	8	20	12	60%	55
12	4	-8	-200%	Immunisation	26	16	-10	-63%	53
12	12	0	0%	Maori Service Development	49	48	-1	-2%	148
46	45	-1	-2%	Whanua Ora Services	211	180	-31	-17%	536
21	17	-4	-24%	Palliative Care	64	68	4	6%	215
6	8	2	25%	Chronic Disease	30	32	2	6%	87
102	18	-84	-467%	Other Primary	244	72	-172	-239%	215
<b>1,009</b>	<b>817</b>	<b>-192</b>	<b>-24%</b>		<b>3,442</b>	<b>3,267</b>	<b>-175</b>	<b>-5%</b>	<b>9,792</b>
				<b>Referred Services</b>					
-143	56	199	355%	Laboratory	90	224	134	60%	675
793	687	-106	-15%	Pharmaceuticals	2,761	2,748	-13	0%	8,238
<b>650</b>	<b>743</b>	<b>93</b>	<b>14%</b>		<b>2,851</b>	<b>2,972</b>	<b>121</b>	<b>4%</b>	<b>8,913</b>
				<b>Secondary Care</b>					
-214	96	310	323%	Inpatients	266	384	118	31%	1,161
146	66	-80	-121%	Radiology services	456	264	-192	-73%	795
127	112	-15	-13%	Travel & Accommodation	387	448	61	14%	1,344
1,365	1,366	1	0%	IDF Payments Personal Health	5,476	5,464	-12	0%	16,396
<b>1,424</b>	<b>1,640</b>	<b>216</b>	<b>13%</b>		<b>6,585</b>	<b>6,560</b>	<b>-25</b>	<b>0%</b>	<b>19,696</b>
<b>3,083</b>	<b>3,200</b>	<b>117</b>	<b>4%</b>	<b>Primary &amp; Secondary Care Total</b>	<b>12,878</b>	<b>12,799</b>	<b>-79</b>	<b>-1%</b>	<b>38,401</b>
				<b>Public Health</b>					
21	11	-10	-91%	Nutrition & Physical Activity	96	44	-52	-118%	126
0	6	6	100%	Public Health Infrastructure	0	24	24	100%	73
20	12	-8	-67%	Tobacco control	58	48	-10	-21%	137
2	0	-2		Screening programmes	0	0	0		6
<b>43</b>	<b>29</b>	<b>-14</b>	<b>-48%</b>	<b>Public Health Total</b>	<b>154</b>	<b>116</b>	<b>-38</b>	<b>-33%</b>	<b>342</b>
				<b>Mental Health</b>					
47	47	0	0%	Day Activity & Rehab	190	188	-2	-1%	569
11	11	0	0%	Advocacy Family	33	44	11	25%	132
34	15	-19	-127%	Other Mental Health	66	60	-6	-10%	168
132	117	-15	-13%	Community Residential Beds	472	468	-4	-1%	1,408
67	69	2	3%	IDF Payments Mental Health	274	276	2	1%	823
<b>291</b>	<b>259</b>	<b>-32</b>	<b>8%</b>		<b>1,035</b>	<b>1,036</b>	<b>1</b>	<b>0%</b>	<b>3,100</b>
				<b>Older Persons Health</b>					
19	56	37	66%	Home Based Support	217	224	7	3%	665
13	9	-4	-44%	Caregiver Support	28	36	8	22%	111
254	212	-42	-20%	Residential Care-Rest Homes	850	840	-10	-1%	2,495
8	26	18	69%	Residential Care-Community	44	104	60	58%	314
308	370	62	17%	Residential Care-Hospital	1,310	1,467	157	11%	4,346
8	8	0	0%	Day programmes	37	32	-5	-16%	96
-8	8	16	200%	Respite Care	44	32	-12	-38%	99
1	4	3	75%	Community Health	7	16	9	56%	42
94	91	-3	-3%	IDF Payments-DSS	370	364	-6	-2%	1,089
<b>697</b>	<b>784</b>	<b>87</b>	<b>11%</b>		<b>2,904</b>	<b>3,115</b>	<b>211</b>	<b>7%</b>	<b>9,256</b>
<b>988</b>	<b>1,043</b>	<b>55</b>	<b>5%</b>	<b>Mental Health &amp; OPH Total</b>	<b>3,939</b>	<b>4,151</b>	<b>212</b>	<b>5%</b>	<b>12,356</b>
<b>4,114</b>	<b>4,272</b>	<b>158</b>	<b>4%</b>	<b>Total Expenditure</b>	<b>16,971</b>	<b>17,066</b>	<b>95</b>	<b>1%</b>	<b>51,099</b>

Report prepared by:

Planning and Funding

Report approved for release by:

Carolyn Gullery, General Manager, Planning & Funding

**COMMUNITY & PUBLIC HEALTH & DISABILITY  
SUPPORT ADVISORY COMMITTEE MEETING  
UPDATE 10 OCTOBER 2013**



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

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

**DATE: 25 October 2013**

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Report Status – For:      Decision          Noting          Information   

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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 10 October 2013. Following confirmation of the minutes of that meeting at the 28 November 2013 meeting, confirmed minutes of the 10 October 2013 meeting will be provided to the Board at its 13 December 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 – 10 October 2013.

### 3. **SUMMARY**

#### **ITEMS OF INTEREST FOR THE BOARD**

- **Community & Public Health Update.**

This report provided the Committee with updates on: Liquor Licensing; Psychoactive Substances Act; Smokefree WERO Challenge; Drinking Water Assistance Funding and the Wellbeing Game.

The Community & Public Health six monthly report to the Ministry of Health was included in the information items.

Discussion took place regarding the Hepatitis A outbreak in Ashburton and the ability to contain this to Ashburton and also the readiness capacity on the West Coast should there be an outbreak here. In this regard, the Committee noted that Community & Public Health believe they have the capacity to manage this issue on the West Coast if necessary.

- **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.

Discussion took place regarding waiting times at DHB owned General Practices and the Committee noted that there is a high focus with Better Health to ensure the best processes are in place to manage this. The Committee also noted that there are also a range of other things taking place as well with the key being to improve and stabilise the GP workforce.

The Complex Clinical Care Network (CCCN) project continues to make progress. The Community Services Operations Manual has been prepared for the West Coast services, and a date of 14 October 2013 has been set for the separation of responsibility for complex and non-complex assessments to take place. After the split, the CCCN will be responsible for assessments of clients with complex needs and the home-based support providers will take responsibility for the assessments of people with non-complex needs.

- **Alliance Update**

This report provided an update of progress made on the implementation of "Better Sooner More Convenient".

The Committee noted that the West Coast Alliance Agreement has now been signed by both Alliance partners, the West Coast DHB and the West Coast PHO.

A review has been completed of Allied Health services and reporting structure with a view to improving integration locally and connections with Canterbury. A Report with recommendations for the future is underway.

- **General Business**

The Chair reminded members about the Disability Network meetings held each month and provided some information regarding the rationalisation of PACT and how this organisation is moving from a funding model based on beds to an FTE model.



#### 4. **APPENDICES**

Appendix 1:                      Agenda – Community & Public Health & Disability Support Advisory Committee – 10 October 2013.

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

**COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING**  
*To be held in the Board Room, Corporate Office, Greymouth Hospital*  
**Thursday 10 October 2013 commencing at 9.00am**

**ADMINISTRATION 9.00am**

- Karakia
- Apologies
- 1. **Interest Register**  
*Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*
- 2. **Confirmation of the Minutes of the Previous Meeting & Matters Arising**  
*22 August 2013.*
- 3. **Carried Forward/ Action Items**

**REPORTS/PRESENTATIONS 9.10am**

- |    |   |   |                          |
|----|---|---|--------------------------|
| 4  | <b>Community and Public Health Update</b> | Jem Pupich<br><i>Team Leader, Community and Public Health</i>     | <i>9.10am - 9.25am</i>   |
| 5. | <b>Planning &amp; Funding Update</b>      | Carolyn Gullery<br><i>General Manager, Planning &amp; Funding</i> | <i>9.25am -9.40am</i>    |
| 6. | <b>Alliance Update – Quarterly Report</b> | Carolyn Gullery<br><i>General Manager, Planning &amp; Funding</i> | <i>9.40am – 9.55am</i>   |
| 7. | <b>General Business</b>                   | Elinor Stratford<br><i>Chair</i>                                  | <i>10.35am - 10.50am</i> |

**ESTIMATED FINISH TIME 10.50am**

**INFORMATION ITEMS**

- Chair’s Report to last Board meeting
- Board Agenda – 13 September 2013
- West Coast CPHAC/DSAC Workplan 2013
- Health Target Results – Quarter 4
- C&PH 6 Monthly report to Ministry of Health
- West Coast DHB 2013 Meeting Schedule

**NEXT MEETING**

**Date of Next Meeting:** 28 November 2013 Corporate Office, Board Room at Grey Base Hospital.

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**To be held at St John, Waterwalk Road, Greymouth**  
**Friday 25 October 2013 commencing at 10.00am**

<b>KARAKIA</b>		<b>10.00am</b>
<b>ADMINISTRATION</b>		<b>10.05am</b>
Apologies		
1.	<b>Interest Register</b> <i>Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.</i>	
2.	<b>Confirmation of the Minutes of the Previous Meeting</b> ▪ <i>13 September 2013</i>	
3.	<b>Carried Forward/Action List Items</b>	
<b>REPORTS</b>		<b>10.15am</b>
4.	<b>Acting Chair's Update</b> <b>(Verbal Update)</b>	Peter Ballantyne <i>Acting Chairman</i> <i>10.15am – 10.25am</i>
5.	<b>Chief Executive's Update</b>	David Meates <i>Chief Executive</i> <i>10.25am – 10.40am</i>
6.	<b>Clinical Leader's Report</b>	Dr Carol Atmore <i>Chief Medical Officer</i> Karyn Kelly <i>Director of Nursing and Midwifery</i> Stella Ward <i>Executive Director, Allied Health</i> <i>10.40am – 10.50am</i>
7.	<b>Finance Report</b>	Justine White <i>General Manager, Finance</i> <i>10.50am – 11.00am</i>
8.	<b>Proposed 2014 Meeting Schedule</b>	<i>Board Secretariat</i> <i>11.00am – 11.10am</i>
9.	<b>Report from Committee Meetings</b>	
-	CPH&DSAC <i>10 October 2013</i>	Elinor Stratford <i>Chair, CPH&amp;DSAC Committee</i> <i>11.10am – 11.20am</i>
-	Hospital Advisory Committee <i>10 October 2013</i>	Sharon Pugh <i>Chair, Hospital Advisory Committee</i> <i>11.20am – 11.30am</i>
-	Tatau Pomanau <i>No Meeting</i>	
10.	<b>Resolution to Exclude the Public</b>	<i>Board Secretariat</i> <i>11.30am</i>

## **INFORMATION ITEMS**

- Confirmed Minutes
  - CPH&DSAC Meeting – 22 August 2013
  - HAC Meeting – 22 August 2013
- 2013 Meeting Schedule

## **ESTIMATED FINISH TIME**

**11.30am**

## **NEXT MEETING**

*Friday 13 December 2013 commencing at 10.00am*

## 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
<b>STANDING ITEMS</b>	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	
<b>STANDARD REPORTS</b>	Health Target Q1 report Planning & Funding Update Alliance Update	Māori Health Activity Report Planning & Funding Update Community & Public Health Update Alliance Update BSMC Q2	Planning & Funding Update Community & Public Health Update Alliance Update BSMC Q3	Maori Health Activity Report Planning & Funding Update Community & Public Health Update Alliance Update 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	
<b>PRESENTATIONS</b>	As required	As required	Allied Health	As required	As required	As required	As required	As required	
<b>PLANNED ITEMS</b>	Smoke Free Position Statement		2012/13 Draft Maori Health Plan						
<b>GOVERNANCE AND SECRETARIAT</b>	2013 Work Plan							2014 Meeting Dates	
<b>DSAC Reporting</b>	As available	As available	As available	As available	As available	As available	As available	As available	
<b>INFORMATION ITEMS</b>	Latest Board Agenda Chair's Report to Board from last meeting 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 PHO Quarterly Report	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 2012/13 Final Annual Plan	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 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.**