

*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**

**1 May 2014  
9.00am**

**Board Room  
Corporate Office – Grey Base Hospital  
GREYMOUTH**

**AGENDA  
AND  
MEETING PAPERS**

**All information contained in these committee papers is subject to change**

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

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

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

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

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

The aim of the Committee's advice must be:

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

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

**COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING**  
To be held in the Board Room, Corporate Office, Greymouth Hospital  
Thursday 1 May 2014 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**

*20 March 2014*

3. **Carried Forward/ Action Items**

## REPORTS/PRESENTATIONS

9.10am

4. **Community and Public Health Update**

Jem Pupich  
*Team Leader, Community and Public Health*

*9.10am - 9.20am*

5. **Presentation – Active West Coast**

Jem Pupich  
*Team Leader, Community and Public Health*

*9.20am – 9.40am*

6. **Planning & Funding Update**

Ralph La Salle  
*Planning & Funding*

*9.40am – 9.50am*

7. **Alliance Update**

Ralph La Salle  
*Planning & Funding*

*9.50am-10-00am*

8. **General Business**

Elinor Stratford  
*Chair*

*10.00am – 10.15am*

## ESTIMATED FINISH TIME

10.15am

## INFORMATION ITEMS

- Board Agenda – 4 April 2014
- Chair's Report to last Board meeting
- Work Plan 2014
- Community & Public Health six monthly report to Ministry of Health
- West Coast DHB 2014 Meeting Schedule

## NEXT MEETING

**Date of Next Meeting:** Thursday 12 June 2014

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> 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>
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>• Patron of the 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> </ul>
Cheryl Brunton	<ul style="list-style-type: none"> <li>• Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board</li> <li>• Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)</li> <li>• Member - Public Health Association of New Zealand</li> <li>• Member - Association of Salaried Medical Specialists</li> <li>• Member - West Coast Primary Health Organisation Clinical Governance Committee</li> <li>• Member – National Influenza Specialist Group</li> <li>• Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation</li> <li>• Member – DISC Trust</li> </ul>

Jenny McGill	<ul style="list-style-type: none"> <li>• Employment with Lifelinks working with Ministry of Health contracted providers, including West Coast DHB.</li> <li>• Husband employed by West Coast DHB</li> </ul>
Michelle Lomax <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Kawatiri Action Group – Past Member</li> <li>• Autism New Zealand – Member</li> <li>• West Coast Community Trust – Trustee</li> <li>• Buller High School Board of Trustees – Trustee</li> <li>• St John Youth Leader</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>
Joseph Thomas <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Chief Executive, Development West Coast</li> <li>• The Canterbury Community Trust – Chair &amp; Member</li> <li>• Canterbury Direct Investments Limited – Director</li> <li>• The Canterbury Community Trust Charities Limited – Director</li> <li>• Canterbury Trust House Limited – Director</li> <li>• Ngati Mutunga o Wahrekauri Asset Holding Company Limited – Chair</li> <li>• Motuhara Fisheries Limited – Director</li> <li>• Management South Limited – Director</li> <li>• Ngati Mutunga o Wharekauri Iwi Trust – Trustee</li> <li>• New Zealand Institute of Management Inc – Member (Associate Fellow)</li> <li>• New Zealand Institute of Chartered Accountants – C A, Member</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, 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> <li>• Interim Acting Chair, Brackenridge Estate Limited</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, 20 March 2014 commencing at 9.00am

**PRESENT**

Elinor Stratford (Chairperson); Lynette Beirne; Dr Cheryl Brunton (via video conference); Michelle Lomax; Jenny McGill; Robyn Moore; Joseph Thomas (via video conference); John Vaile; and Peter Ballantyne (ex-officio).

**APOLOGIES**

Apologies for absence was received and accepted from John Ayling, Lynette Beirne and Dr Paul McCormack.

**EXECUTIVE SUPPORT**

Michael Frampton (Programme Director); Karen Bousfield (Director of Nursing & Midwifery); Gary Coghlan (General Manager, Maori Health); Ralph La Salle (Planning & Funding); Mark Newsome (General Manager, Grey & Westland); Kathleen Gavigan (General Manager, Buller Health Services – from 9.50am) 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**

Peter Ballantyne advised that he is Interim Acting Chair of Brackenridge Estate Limited.

**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 (1/14)**

(Moved: John Vaile; Seconded: Robyn Moore - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 28 November 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.

Michael Frampton, Programme Director spoke regarding conversations at the last meeting around suicides. He advised regarding the development of a suicide prevention strategy with a

Governance Group and an Action Group being established. Draft Terms of Reference are being prepared for each group. Updates on the direction of the strategy will be provided to this Committee and to QFARC and the Board.

#### **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: The Wildfoods Festival; Tobacco and Alcohol Controlled Purchase Operations; Drinking Water (results of the Annual Report on Drinking Water Quality 2012-13); Capital Assistance Programme Applications for West Coast Drinking Water Supplies; and Appetite for Life.

Discussion took place regarding water quality and the Committee noted that there are currently a lot of “boil water” notices in place. It was also noted this is a long and ongoing problem even though a fair amount of funding has been provided.

Discussion also took place regarding there only being one more round of the government subsidy scheme in this area. It was noted that this funding is for the capital expense and does not cover any maintenance. The Medical Officer of Health advised that this is not just a West Coast problem but a national problem and we are needing to look at alternative ways that drinking water can be improved including improving people’s ability to treat their own water.

The Report was noted.

#### **5. DRAFT COMMUNITY & PUBLIC HEALTH PLAN 2014-15**

Cheryl Brunton, Community & Public Health presented the draft Community & Public Health Plan 2014-15. She commented that this is a high level document and the detail sits in the work plans that sit below this.

Members had the opportunity to comment on the plan and any amendments will be included in the version that will go to the Board meeting on 4 April 2014.

##### **Resolution (2/14)**

(Moved: John Vaile; Seconded: Michelle Lomax - carried)

That the Committee recommend to the Board that:

- i. they endorse the draft WCDHB Public Health Annual Plan, 2014-15

#### **6. PLANNING & FUNDING UPDATE**

Ralph La Salle, Planning and Funding, presented this report which provided the Committee with an update on progress made on the Minister of Health’s health and disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

##### Key Achievements

- The West Coast continues to perform well above the 95% ED health target; results for the year to 28 February 2014 show that 99.8% of patients were admitted, discharged or transferred within 6 hours - and 96.8% within just 4 hours.
- The West Coast has continued to achieve the cancer treatment health target throughout

the first seven 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 2, the West Coast DHB B4 School Checks has exceeded the year to-date target of 50% for both the high deprivation group (59%) and for total checks (51%).
- The West Coast PHO exceeded the year-to-date target for completion of annual diabetes reviews, with 529 people with diabetes having had an annual review by 31 December (104% of year-to-date target). Māori results for the period was 106% of year-to-date target, with 53 checks having been completed. The year-end target is 70% for all population groups.

#### Key Issues & Associated Remedies

- 84% of eight-month-olds were fully immunised in Quarter 2– missing the new immunisation health target of 90% by just four children. With an 11.9% opt-offs or declines rate, this target continues to be challenging to meet. An implementation plan has been approved and work has commenced.
- Secondary care smokefree health target: It was disappointing that the West Coast DHB again did not reach the secondary care smokefree health target of 95%, with a result of 86% for Quarter 2. An action plan is in place and a January result of 94% is promising.

#### Upcoming Points of Interest

- Complex Clinical Care Network's pilot plan to support case mix 8 clients (those that show potential for short term rehab) is about to be rolled out to a limited number of clients.
- The Canterbury West Coast Well Child Network will focus on three indicators: increasing the number of children receiving all Well Child Tamariki Ora checks within their first year; increasing the number of mothers who are smokefree at two weeks postnatal and; increasing the number of children identified as at risk through the "Lift the Lip" program (oral health screening) with these children then being referred to specialist services.
- Mental Health integration across primary, community (NGO) and DHB services is continuing to progress with a similar peer support programme that ran weekly for eight weeks in 2013 being planned for Buller.

The report was noted.

## **7. MAORI HEALTH PLAN UPDATE**

Gary Coghlan, General Manager, Maori Health, presented this report which provided the Committee with an update on progress with the Maori Health Plan.

He advised that the first draft of the Maori Health Plan was sent to the Ministry of Health on 14 March. The plan is a work in progress and, once the initial round of feedback is received back from the Ministry, the first draft will be distributed to Tatau Pounamu and other key groups to ensure sufficient time for constructive feedback to be incorporated before the second draft is due at the Ministry.

Mr Coghlan outlined to the Committee the highlights from his report and the Committee acknowledged the good progress over the last few years.

The report was noted.

## **8. HEALTH TARGET REPORT**

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

Discussion took place regarding smoking cessation and it was clarified that the statistics show the number of people offered the opportunity to quit not those that do quit. Discussion also took place regarding the effectiveness of cessation programmes.

The report was noted

## **9. QUARTERLY PERFORMANCE SUMMARY Q1**

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

The report was noted.

## **10. ALLIANCE UPDATE**

Ralph La Salle, Planning & Funding, also presented this report which was taken as read.

The report provided an update of progress made around the West Coast Alliance and also provided the Committee with information on the Alliance Leadership Team; Annual Planning; Complex Clinical Care Network; Buller Integrated Family Health Service; Grey/Westland Integrated Family Health Service; Pharmacy; Healthy West Coast; and Child and Youth Workstream.

Discussion took place regarding the Complex Clinical Care Network and the Committee noted that this is a re-organisation of the way a whole set of services are delivered and is work in progress.

The update was noted.

## **11. DRAFT 2014 COMMITTEE WORK PLAN**

The Committee discussed the draft work plan and noted this is a working document and will be updated each month and included in the information section of future meetings

## **12. GENERAL BUSINESS**

Discussion took place regarding the Patient Journey and what part of this can be reported to this Committee. A Presentation on the Complex Clinical Care Network will be added to the work plan as a starting point for this.

## **INFORMATION ITEMS**

- Chair's report to last Board meeting
- Board Agenda 13 December 2013
- Health Target Report Q1 (as provided to the Board meeting on 13 December 2013)
- West Coast DHB 2013 Meeting Schedule

There being no further business the meeting concluded at 10.25am.

Confirmed as a true and correct record:

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Elinor Stratford, Chair

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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 1 MAY 2014

	<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.	Scheduled for 12 June 2014 Meeting.
2	22 August 2013	West Coast Disability Plan	A Disability Plan is to be developed and presented to the Committee.	To be scheduled for later in 2014
3	20 March 2014	Complex Clinical Care Network	The Committee requested a presentation on the Complex Clinical Care Network be scheduled.	To be scheduled on work plan

# COMMUNITY AND PUBLIC HEALTH UPDATE



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

**SOURCE:** Community and Public Health

**DATE:** 1 May 2014

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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)**  
**MAY 2014**

**Submissions on Tobacco Plain Packaging**

The Government recently called for submissions on the Smoke-free Environments (Tobacco Plain Packaging) Amendment Bill and over 17,000 submissions were made. Submissions supporting the introduction of plain packaging of tobacco products in New Zealand were made by the West Coast Tobacco Free Coalition, Active West Coast and Community and Public Health. Plain packaging was introduced in Australia for all tobacco products sold from 1 December 2012. Following this, there was a near doubling in the number of people contacting Quitline in Australia. One of the main reasons for plain packaging is to reduce the visibility of tobacco, especially to children and young people. The New Zealand Government has committed to a Smokefree Aotearoa by 2025. Plain packaging will be another step along the road to a Smokefree nation that will benefit the health of all New Zealanders.

**Smokefree May/World Smokefree Day (31 May 2014)**

This year's theme is *'Quit Now. It's about whanau.'* The West Coast Tobacco Free Coalition will be out and about around the West Coast during May promoting Smokefree homes and cars and sharing Smokefree messages. Resources produced by the Health Promotion Agency and the Ministry of Health will be used when talking to people about making (or keeping) their home and car Smokefree for the health of everyone in their whanau.

**Community Resources**

Community and Public Health has a resource room dedicated to the most up-to-date information that we can provide to the West Coast community. We supply resources to GP practices, pharmacies, pre-schools, primary & secondary schools and members of the public. We source these resources from the Ministry of Health, Health Promotion Agency and the Children's Commission to name a few. If we create our own or they are a non Ministry of Health resource they are subject to approval from an internal CPH Resource Approval Panel which consists of a public health specialist and other key public health staff with expertise in the area to ensure the resource is accurate and appropriate to its intended audience. Since the beginning of this year we have distributed 33,522 separate resources from our West Coast office.

**Health Promoting Schools**

CPH's Health Promoting Schools Co-ordinator is working with a local high school to devise a list of health and wellbeing-related topics that could be covered as part of a new teaching approach that involves a weekly two-hour session devoted to non-traditional subjects of documented interest to students. These include health promotion as it pertains to community development, positive sexuality and sexual health, mental wellbeing, nutrition, smoking, changes to the laws about alcohol, and links between socio-economic status and health. The school is interested in starting to use these topics in Term 2, with a view to focussing on mental wellbeing in the last term as exam pressure builds.

### Lifhack West Coast

Lifhack West Coast took place on 29<sup>th</sup> & 30<sup>th</sup> March at Tai Poutini Polytechnic. Lifhack is part of the Social Innovation Fund dedicated to using technology to promote youth wellbeing. Twenty people attended Lifhack sharing their skills & expertise to help develop two local projects: BullerREAP's *My place, your place, our place* and Grey District Youth Trust's *Sound Carving* project. Both projects are focussed on developing community connection and engagement with West Coast young people, both online & offline.



CPH was instrumental in bringing Lifhack to the West Coast, enabling them to connect with interested people in our community, helping to promote the event and connecting Lifhack with the project holders. A local Lifhack chapter may be developed from this event to enable this social enterprise initiative to grow in our community.

### Tai Poutini Polytechnic Health Day



Community and Public Health worked with Tai Poutini Polytechnic to develop a Wellness Warrant of Fitness (WoF) for students as part of their Community Expo day on 31<sup>st</sup> March 2014. With the help of staff from the WCPHO, Grey Medical Centre, Poutini Waiora, the Sexual Health Service and the WCDHB Diabetes Educator, students could get blood pressure, blood sugar, peak flow & STI screening along with Smokefree advice and alcohol awareness.

The aim of the event was to encourage students to look after their wellbeing, to ensure they are registered with a local GP, and that they know where to get access to services. Approximately 60 students completed their WoFs and all agencies involved reported that this event was a great opportunity to talk with young people and to promote their services and health information. The polytech is very keen to run this kind of event again.

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

**DATE:** 1 May 2014

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

- The West Coast continues to perform well above the 95% **ED health target**; results for the year to 31 March 2014 show that 99.7% of patients were admitted, discharged or transferred within 6 hours - and 96.6% within just 4 hours.
- The West Coast has continued to achieve the **cancer treatment health target** throughout the first nine months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- The West Coast remains on track to deliver the **Elective Services health target**; at just four cases behind the year to date target of 1046 operations to 28 February.

### \* Key Issues & Associated Remedies

- 84% of eight-month-olds were fully immunised in Quarter 2– missing the new **immunisation health target** of 90% by just four children. With an 11.9% opt-offs or declines rate, this target continues to be challenging to meet. An implementation plan has been approved and work has commenced. Internal preliminary data bodes well for Quarter 3 results.
- **Secondary care smokefree health target:** It was disappointing that the West Coast DHB again did not reach the secondary care smokefree health target of 95%, with a result of 86% for Quarter 2. An action plan is in place and a January result of 94% is promising.

### ① Upcoming Points of Interest

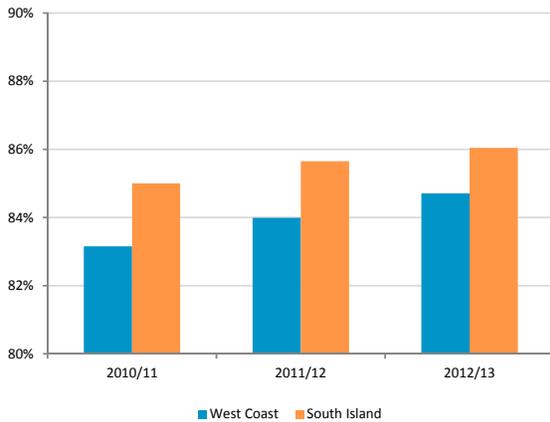
- **Complex Clinical Care Network's** pilot plan to support case mix 8 clients (those that show potential for short term rehab) has been piloted with two clients.
- **Mental Health** integration across primary, community (NGO) and DHB services is continuing to progress with a peer support programme in Buller, similar to one that ran in 2013. This is a cross agency initiative to provide support to people with addiction and other mental health issues with the goals of providing more community based support, building a peer network that is well connected to clinical services and strengthening relationships between agencies through a collaborative initiative.

Report prepared by: Planning & Funding

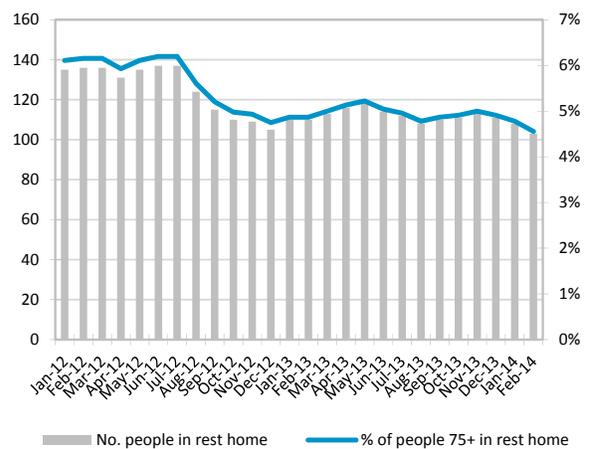
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

# Older Persons' Health

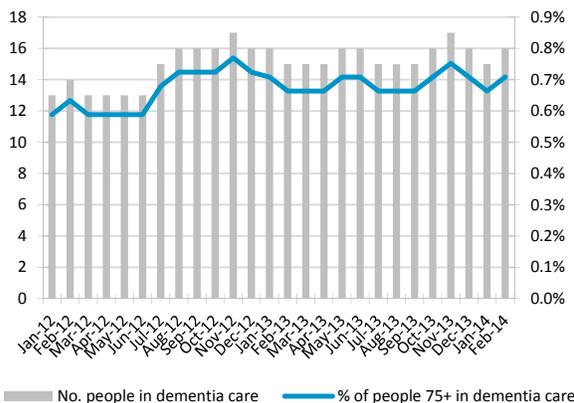
**% of people 75+ living in their own homes**



**% 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

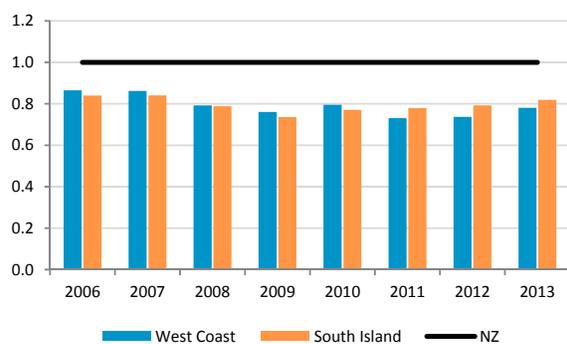
The Complex Clinical Care Network (CCCN) continues to assess clients and work towards the restorative packages of care. The number of clients receiving care in their own home is steadily increasing which is allowing them to remain functionally independent. This shows that the restorative pilot is working and as a result admissions in Aged Residential Care (ARC) is trending downwards. This has caused a slight increase in the number of clients accessing specialist dementia care. Clients having a choice to remain at home longer with a restorative package of care has meant that when their complexity has increased they are going directly into this specialist dementia care instead of being admitted into ARC first.

With some CCCN staff being allocated to assist in other areas there is a backlog of assessments. A workplan has been put in place to address this and all complex clients are discussed at the weekly IDT meetings. Progress notes from IDT for each client will be recorded on Health Connect South to ensure that all IDT members are able to view the client health record.

The pilot for casemix 8 (CREST like model) is underway with two patients being referred to the CCCN. At this time the triage process identified that both patients (one from primary care and one discharged from hospital) were medically stable but required flexible rehab support for up to six weeks—which fits the casemix 8 criteria. These patients will be monitored over the coming weeks to ensure that the process is working.

# Child, Youth & Maternity

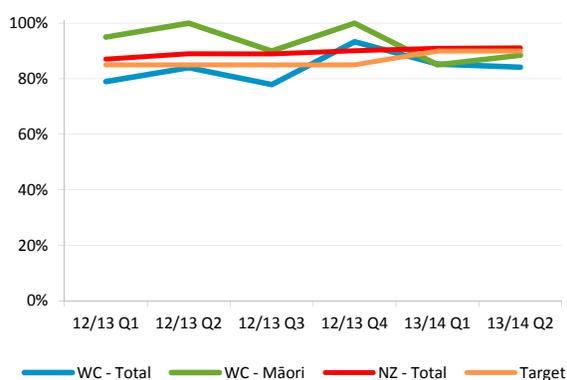
**Acute medical discharge rates for children (age 0-14)**



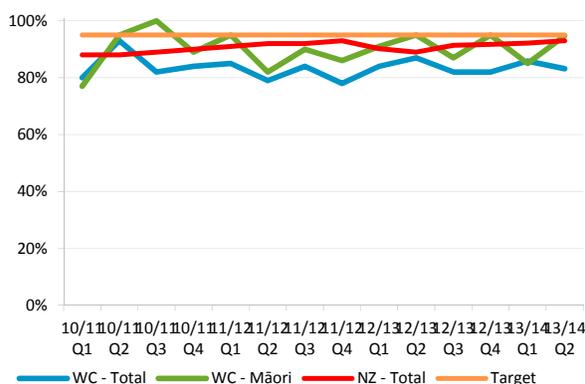
**B4 School Check coverage**



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



**Two-year-olds fully immunised**



## ACHIEVEMENTS / ISSUES OF NOTE

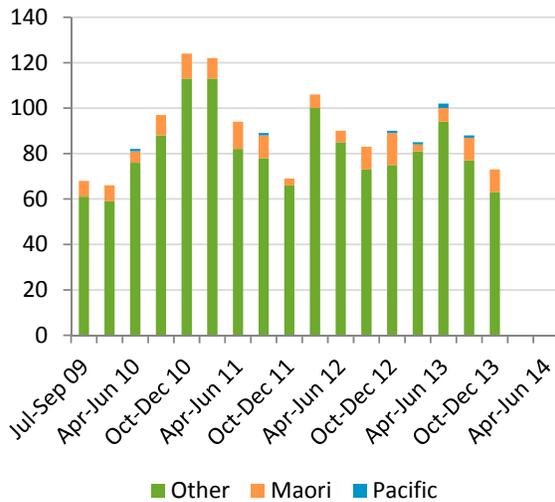
**Immunisation:** While the latest data has not yet been received from the MoH, preliminary internal data indicates that we expect to see an increase in the performance against this target for Quarter 3. During Quarter 2 84% of 8 month olds were fully immunised against the 90% target, missing the target by just four children. Quarter 3 performance data will be provided next reporting period.

**B4 School Check coverage:** As at the end of February 2014, the West Coast DHB has exceeded the year-to-date target of 60% for our high deprivation group by 2%. Disappointingly for the total population we were 4% below target, achieving 56%. It is anticipated that much of this backlog will have been addressed by the end of the Quarter 3 but final data for March is not yet available.

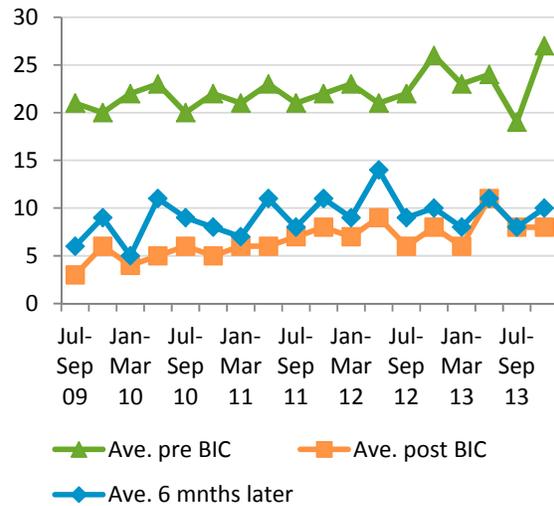
**Well Child Tamariki Ora:** The West Coast DHB continues to work with the Canterbury West Coast Well Child Network on three chosen indicators to improve Well Child Services over the coming year. An implementation plan—which includes PDSA (Plan Do Study Act) cycles for each of the three indicators—has been developed and feedback received from the Ministry. The final plan was presented to MoH in early April with work commencing on the PDSA cycles in late May.

# Mental Health

**Number of patients referred to Brief Intervention Counselling (BIC)**



**Patient outcomes from General Health Questionnaire (GHQ) scores post-intervention**



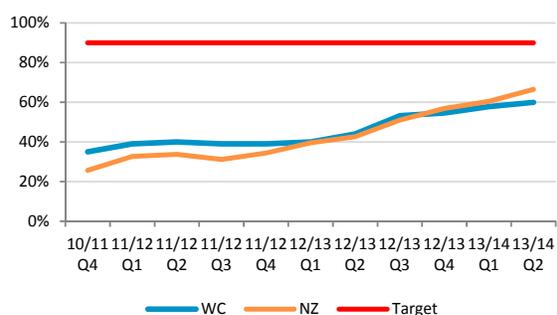
## ACHIEVEMENTS/ISSUES OF NOTE

The proposed recommendations from the Mental Health System review are moving through the approval process. Once finalised they will form the basis for reconfiguration that supports national and local direction.

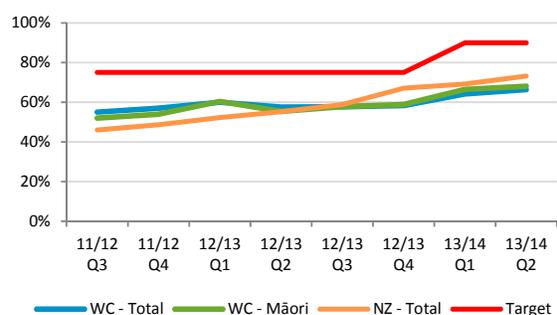
Current work is also supporting the broad direction of an integrated health system with increased emphasis on data to inform decisions, streamlined access pathways and reduced wait times. Examples of this include the development of a cross agency team to increase participation in the national KPI Project and the Suicide Prevention work.

# Primary Care & Long-Term Conditions

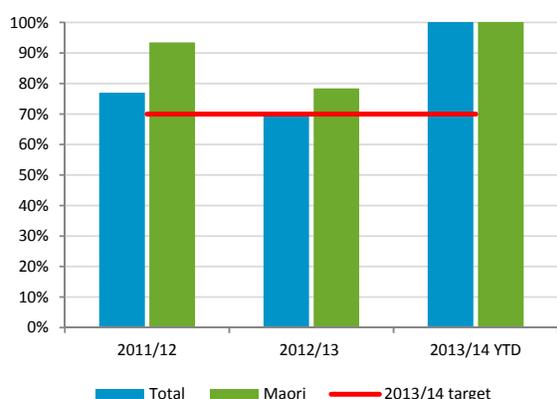
**Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit**



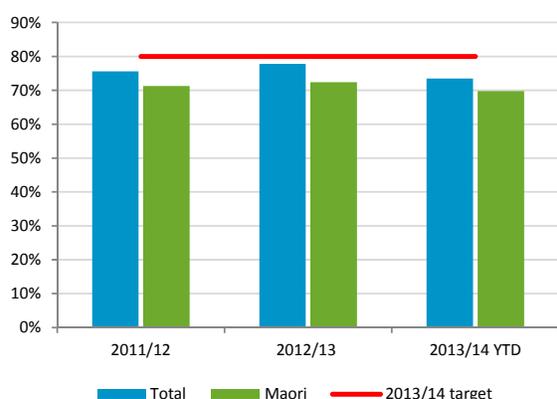
**CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years**



**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 2 showed a 2% increase in performance against health target, with 60% of people who smoke attending general practice offered advice and support to quit. Quarter 3 performance will be reported next reporting period.

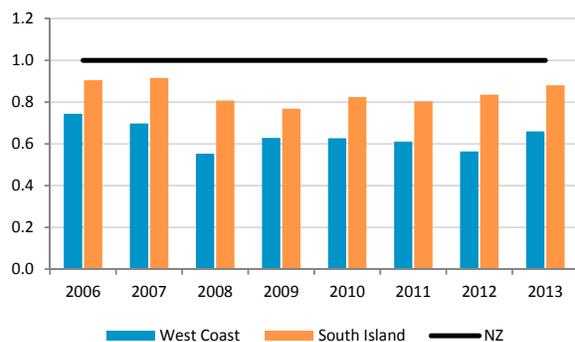
**CVD Health Target:** West Coast did not meet the target in Quarter 2, however results are steadily increasing and we expect to see a continuation of this upward trend in delivery against the CVD Health Target in Quarter 3. The West Coast PHO is working towards achieving the national target of 90% of eligible people assessed by 30 June 2014 with specific actions undertaken in Quarter 3 including:

- on-going support from the West Coast PHO clinical manager to practice nurses/teams to identify eligible patients for screening;
- practice teams actively inviting people in to nurse-led clinics to have their five year cardiovascular risk assessed;
- identifying people with established cardiovascular disease who have not had a CVD Risk Assessment done and entering the cardiovascular risk screening terms for this group;
- liaising with practices to provide resource for extra nurse-led Cardiovascular Risk Assessment clinics. Grey Medical Centre and Buller Medical have conducted several additional and out of hours CVRA clinics;
- sending a monthly CVR report to practices along with the smoking report (from healthstat);
- utilisation of Healthstat (a Quality Improvement (QI) tool) to enable monitoring of practice performance for cardiovascular indicators in relation to the PHO Performance Programme (PPP) for practice QI teams.

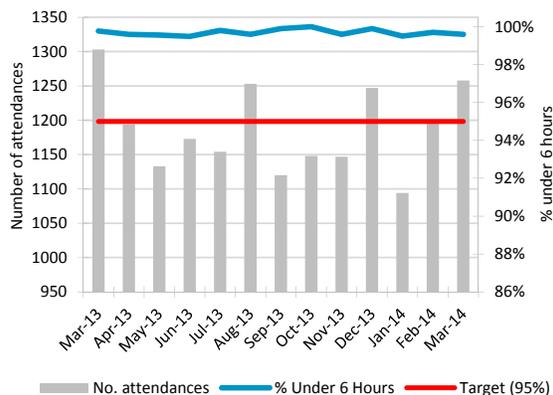
**Diabetes:** The West Coast PHO has exceeded the year-end target for completion of annual diabetes reviews for all population groups (104% of year-to-date target for total population and 106% for Maori). Quarter 3 results will be provided in the next reporting period.

# Secondary Care & System Integration

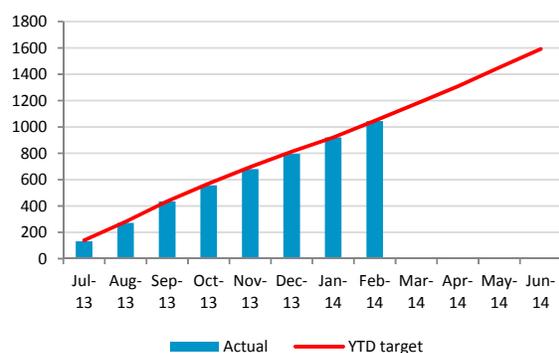
**Acute Medical Discharge Rate**



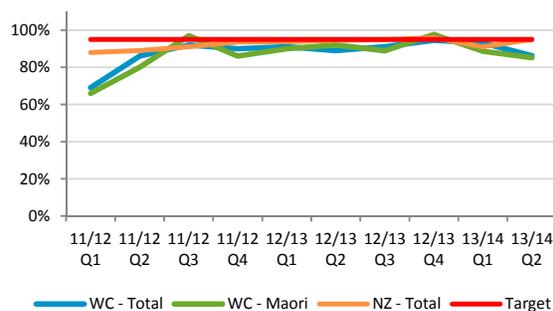
**Emergency Department (ED) Attendances & % ≤ 6 hrs Attendances & <6 Hours Health Target**



**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 March 2014 show that 99.7% of patients were admitted, discharged or transferred within 6 hours. Furthermore, 96.6% were admitted, discharged or transferred within just four hours during the nine-month period to 31<sup>st</sup> March 2014.

**Cancer health target:** The West Coast has continued to achieve the cancer treatment health target throughout the first nine 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:** In **February 2014**, West Coast DHB staff provided **95%** of hospitalised smokers with smoking cessation advice and support –meeting the targeted 95% for the Secondary Care Better Help for Smokers to Quit Health Target. This is a promising increase from the disappointing 86% result for Quarter 2, and bodes well for our forthcoming Quarter 3 results.

**Electives health target:** West Coast DHB remains on track to meeting the Electives Health Target by financial year end. Delivery of elective discharges for the year-to-date to 28 February 2014 is confirmed at 1042 cases (4 cases behind year-to-date target of 1046 for the eight months). West Coast DHB has been funded to provide an additional 95 operations above the Health Target volume of 1592 cases by 30 June 2014. We plan to invest this funding in 60 additional cataract procedures (including 15 for people in the Buller region and 45 in Grey and Westland); with the balance of the 32 cases to be spread among general surgery, gynaecology, urology, plastic surgery, and an introductory trial of a small number of Ear Nose and Throat (ENT) operations.

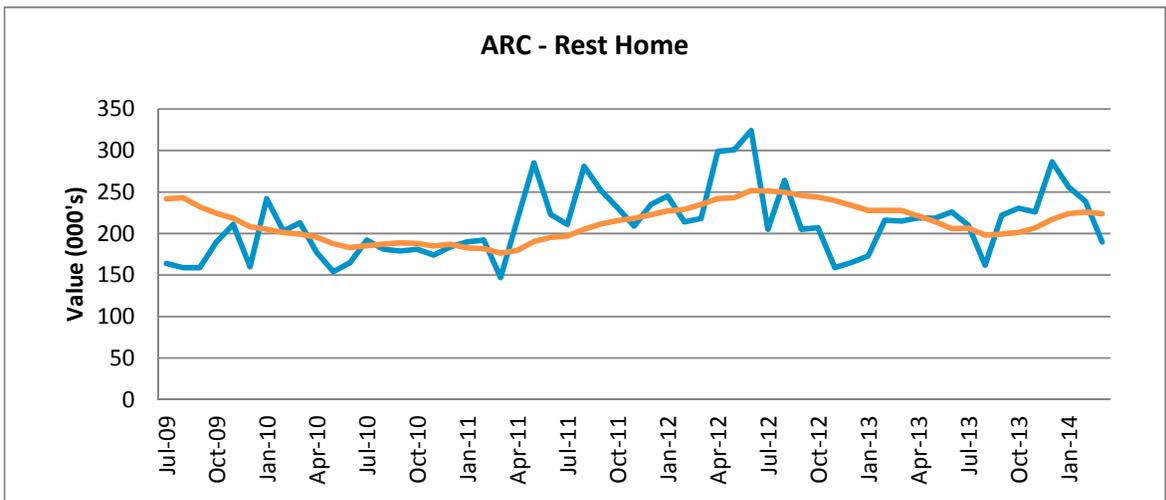
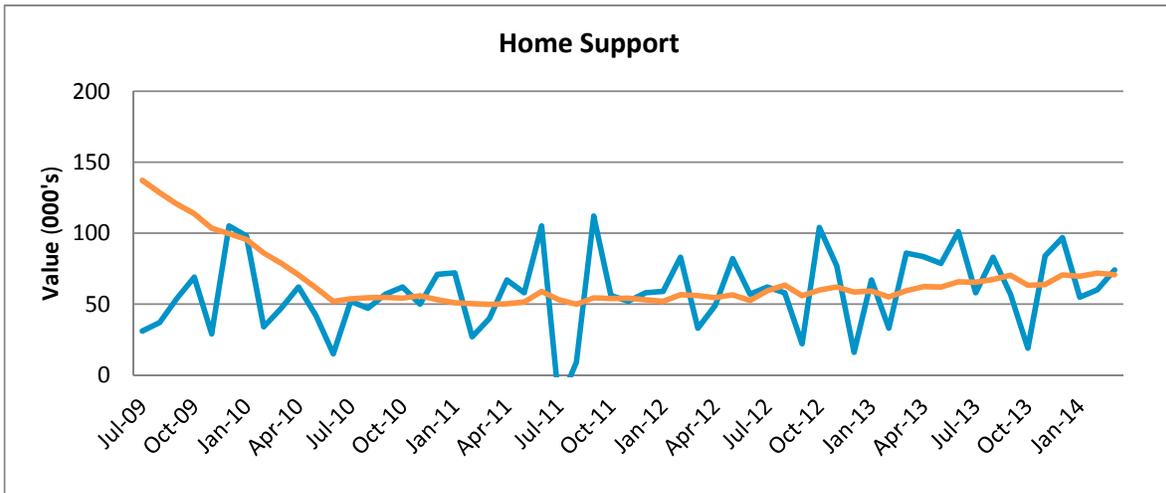
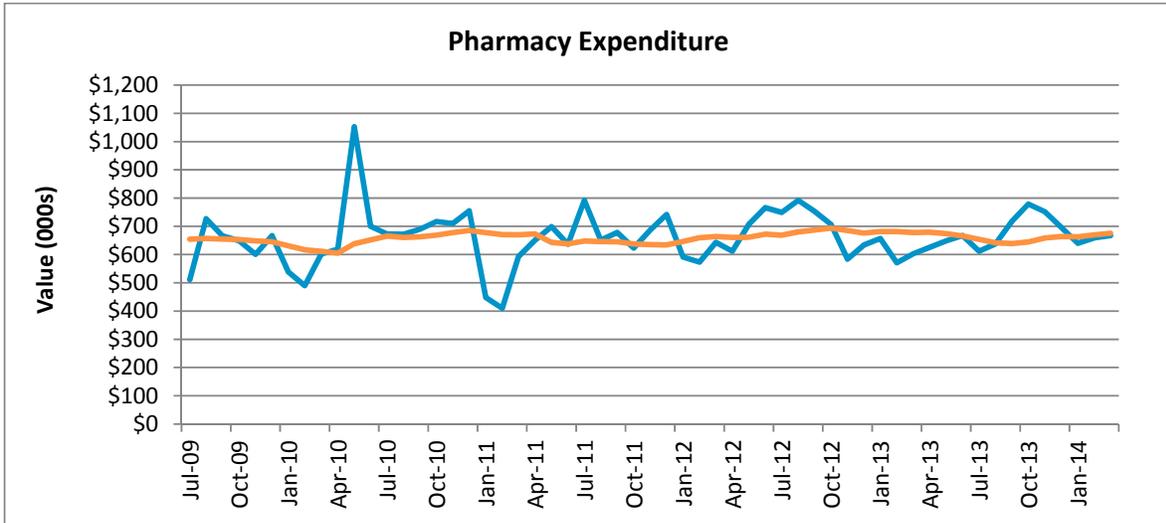
**ESPI compliance:** Two patients (one ophthalmology and one urology patient) exceeded the maximum 150 days' target wait time for First Specialist Appointment (ESPI 2) as at the end of February 2014; with one orthopaedic patient also over the maximum 5-month waiting time target for treatment (ESPI 5). All three have subsequently been attended, and the ESPI targets being met. All DHBs are expected

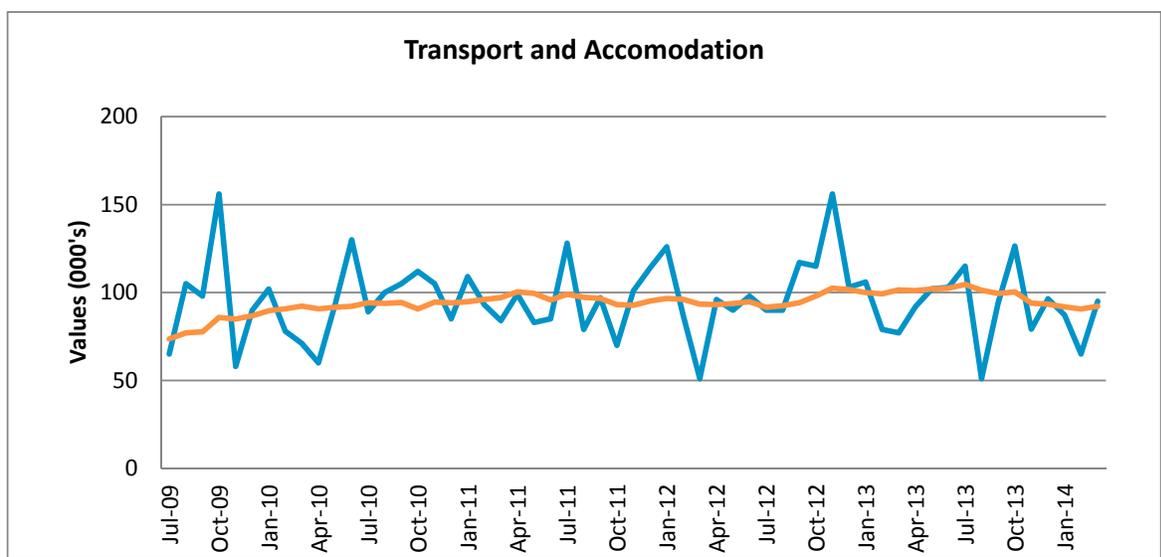
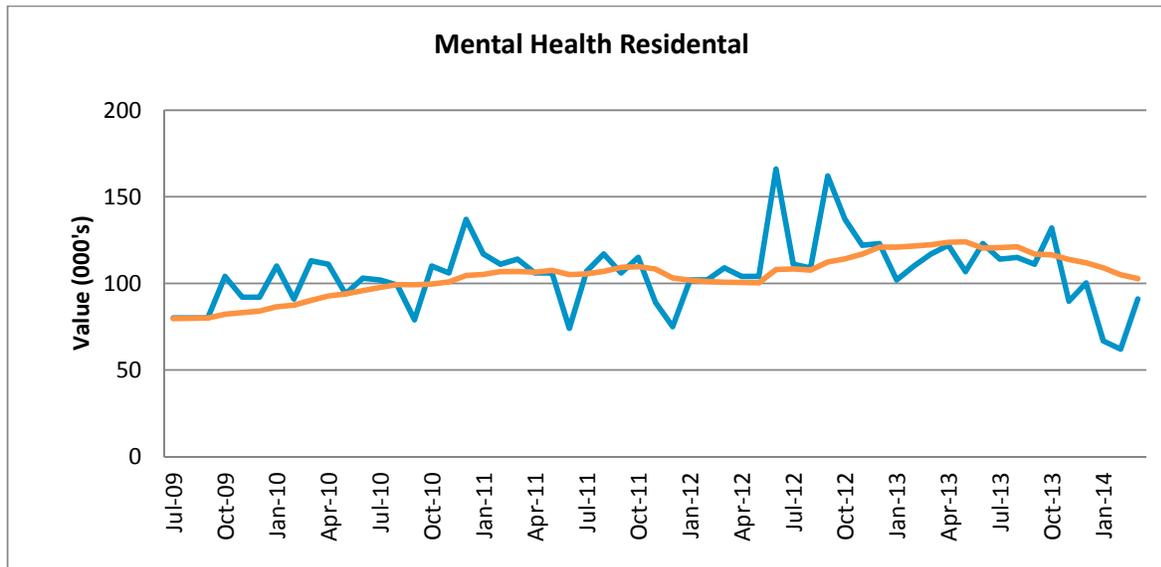
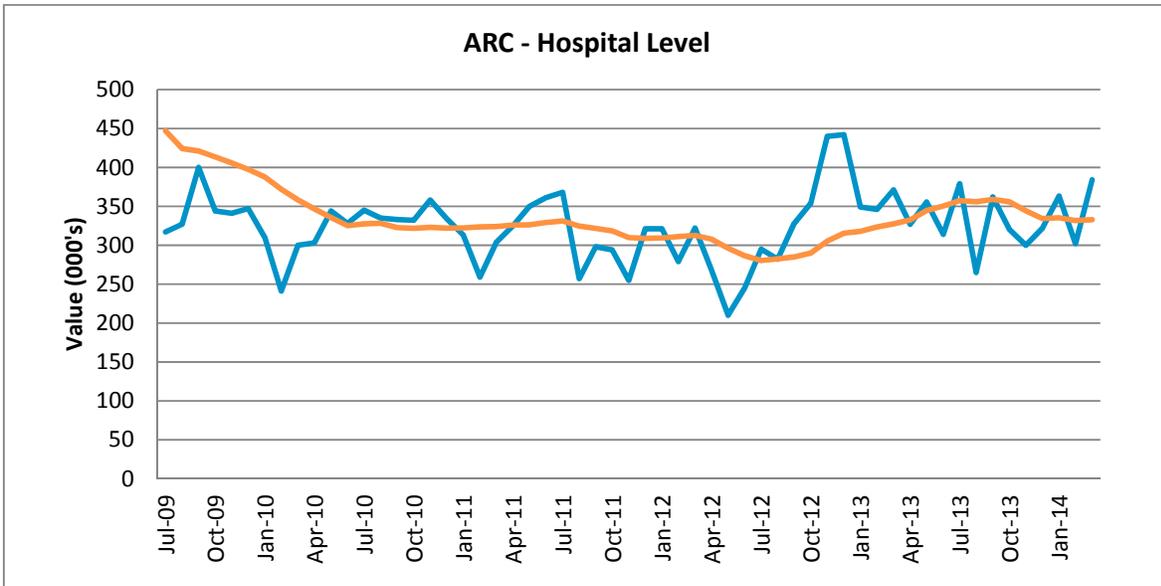
to maintain waiting times for both ESPI 2 and ESPI 5 to a maximum of 5 months (150 days) throughout the 2013/14 year.

# Financials

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

— Expenditure Trend — Rolling average





**Planning and Funding Division**  
Month ended Mar 2014

Current Month				Year to Date				2013/14 Annual Budget	
Actual	Budget	Variance		SERVICES	Actual	Budget	Variance		
\$000	\$000	\$000	%		\$000	\$000	\$000	%	\$000
				<b>Primary Care</b>					
36	43	7	15%	Dental-school and adolescent	289	387	98	25%	512
0	3	3	100%	Maternity	0	25	25	100%	28
81	84	3	3%	PHO non-Capitated Services & Combine	789	756	-33	-4%	1,013
578	578	0	0%	Primary Practice Capitation	5,252	5,202	-50	-1%	6,930
5	5	0	5%	Child and Youth	27	45	18	40%	55
50	4	-46	-1141%	Immunisation	77	36	-41	-113%	53
5	12	7	57%	Maori Service Development	72	108	36	34%	148
65	45	-20	-45%	Whanua Ora Services	466	405	-61	-15%	536
9	17	8	46%	Palliative Care	118	153	35	23%	215
7	8	1	10%	Chronic Disease	66	72	6	8%	87
15	18	3	18%	Other Primary	363	162	-201	-124%	215
<b>852</b>	<b>817</b>	<b>-35</b>	<b>-4%</b>		<b>7,520</b>	<b>7,351</b>	<b>-169</b>	<b>-2%</b>	<b>9,792</b>
				<b>Referred Services</b>					
1	56	55	98%	Laboratory	-7	504	511	101%	675
667	687	20	3%	Pharmaceuticals	6,175	6,183	8	0%	8,238
<b>668</b>	<b>743</b>	<b>75</b>	<b>11%</b>		<b>6,168</b>	<b>6,687</b>	<b>519</b>	<b>8%</b>	<b>8,913</b>
				<b>Secondary Care</b>					
96	96	0	0%	Inpatients	864	864	0	0%	1,161
64	66	2	3%	Radiology services	819	594	-225	-38%	795
95	112	17	16%	Travel & Accommodation	758	1,008	250	25%	1,344
1,364	1,366	2	0%	IDF Payments Personal Health	12,298	12,294	-4	0%	16,396
<b>1,618</b>	<b>1,640</b>	<b>22</b>	<b>1%</b>		<b>14,740</b>	<b>14,760</b>	<b>20</b>	<b>0%</b>	<b>19,696</b>
<b>3,139</b>	<b>3,200</b>	<b>61</b>	<b>2%</b>	<b>Primary &amp; Secondary Care Total</b>	<b>28,427</b>	<b>28,798</b>	<b>371</b>	<b>1%</b>	<b>38,401</b>
				<b>Public Health</b>					
20	11	-9	-83%	Nutrition & Physical Activity	205	99	-106	-107%	126
0	6	6	100%	Public Health Infrastructure	0	54	54	100%	73
11	12	1	5%	Tobacco control	115	108	-7	-6%	137
0	0	0		Screening programmes	0	0	0		6
<b>32</b>	<b>29</b>	<b>-3</b>	<b>-9%</b>	<b>Public Health Total</b>	<b>320</b>	<b>261</b>	<b>-59</b>	<b>-23%</b>	<b>342</b>
				<b>Mental Health</b>					
61	47	-14	-30%	Day Activity & Rehab	480	423	-57	-13%	569
22	11	-11	-96%	Advocacy Family	176	99	-77	-78%	132
42	15	-27	-182%	Other Mental Health	352	135	-217	-161%	168
91	117	26	23%	Community Residential Beds	860	1,053	193	18%	1,408
69	69	0	2%	IDF Payments Mental Health	617	621	4	2%	823
<b>284</b>	<b>259</b>	<b>-25</b>	<b>-10%</b>		<b>2,485</b>	<b>2,331</b>	<b>-154</b>	<b>-7%</b>	<b>3,100</b>
				<b>Older Persons Health</b>					
74	56	-18	-33%	Home Based Support	586	504	-82	-16%	665
8	9	1	9%	Caregiver Support	57	81	24	29%	111
190	214	24	11%	Residential Care-Rest Homes	2,053	1,888	-165	-9%	2,520
0	-2	-2	100%	Residential Care Loans-Rest Homes	-6	-18	-12	-67%	-25
0	-2	-2	100%	Residential Care Loans-Hospital Level	-7	-18	-11	-61%	-26
5	26	21	82%	Residential Care-Community	88	234	146	62%	314
384	372	-12	-3%	Residential Care-Hospital	2,987	3,286	300	9%	4,371
0	0	0		Ageing in place	-3	0	3		0
9	9	0	3%	Day programmes	83	73	-10	-13%	96
4	8	4	50%	Respite Care	80	72	-8	-11%	99
3	4	1	26%	Community Health	16	36	20	54%	42
92	91	-1	-2%	IDF Payments-DSS	832	819	-13	-2%	1,089
<b>769</b>	<b>785</b>	<b>16</b>	<b>2%</b>		<b>6,765</b>	<b>6,957</b>	<b>192</b>	<b>3%</b>	<b>9,255</b>
<b>1,052</b>	<b>1,044</b>	<b>-9</b>	<b>-1%</b>	<b>Mental Health &amp; OPH Total</b>	<b>9,250</b>	<b>9,288</b>	<b>37</b>	<b>0%</b>	<b>12,355</b>
<b>4,223</b>	<b>4,273</b>	<b>50</b>	<b>1%</b>	<b>Total Expenditure</b>	<b>37,997</b>	<b>38,347</b>	<b>349</b>	<b>1%</b>	<b>51,098</b>
<b>2,698</b>	<b>2,747</b>	<b>51</b>	<b>2%</b>	<b>Total Expenditure (excluding IDF's)</b>	<b>24,251</b>	<b>24,613</b>	<b>362</b>	<b>1%</b>	<b>32,790</b>

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

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

**DATE:** 1st May 2014

Report Status – For: Decision  Noting  Information

### 1. ORIGIN OF THE REPORT

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

### 2. RECOMMENDATION

That the Committee;

- i. Notes the Alliance Update.

### 3. SUMMARY

#### **PROGRESS OF NOTE:**

- **Alliance Leadership Team** – Following the resignation of Contessa Popata (Maori Health expertise), ALT will receive nominations through Tatau Pounamu for a suitable replacement member with the final decision to be made by the existing ALT. ALT also thanked Barbara Weckler for her contributions to the Alliance and will begin the process of replacing her Secondary Medicine expertise in time for the next meeting in May.
- **Complex Clinical Care Network (CCCN)** –
  - The new restorative case mix model of care is currently being piloted with providers. This will enable the CCCN to test the case mix criteria to ensure that it fits the West Coast’s population needs—to enable services in the right place at the right time.
  - Continuation of regular training sessions have proved invaluable for the teams and has allowed complex clients to receive more comprehensive assessment and care to enable them to be more functionally independent in their own home.
  - The Rehab Response model based on the Canterbury CREST model is being finalised and a planned pilot is scheduled for Quarter 4.
- **Buller Integrated Family Health Service [IFHS]** –
  - A new Clinical Nurse Manager has been appointed for Aged Residential Care and will commence in early May.
  - The workstream membership has been reviewed and expanded. It now includes the necessary expertise to ensure the objectives of the workplan are achieved.
  - A workshop took place in early April to define the activities and timelines necessary to achieve the workplan. This was the inaugural meeting of the new, expanded workstream and was an opportunity to define responsibilities and accountabilities.

- **Grey/Westland Family Health Service [IFHS] -**
  - Key primary care stakeholders will be attending an open day with the Midlands Health Network in the next quarter to observe the Health Care Home concept in practice. The group will be examining how this model can be adapted to fit the needs of West Coast Communities. The group will also spend time with a project team from Canterbury who are undergoing similar process redesign.
  - Based on this visit and a Primary Care workshop between practice management, WCDHB and the West Coast PHO, an implementation plan for making system changes to improve primary care delivery will be developed.
  
- **Pharmacy -**
  - Pharmacists continue to work regularly from local general practices to improve medicines use and integration with general practice.
  - Planning for a new pharmacy model of care on the West Coast that includes hospital pharmacy services as part of the opportunity to develop a Grey IFHC has begun.
  
- **Healthy West Coast –**
  - Following the re-prioritisation of workplan activities the workstream confirmed that all services currently covered in the plan remain important for the West Coast despite the potential funding risks. However, since this process has taken place there has been a commitment from the Ministry to continue to fund those services for a further 12 months (to June 2015).
  - Given the above, the workstream will continue to examine the services previously at risk to see if improvements can be made in terms of effectiveness.
  
- **Child and Youth –**
  - The workstream have agreed to the establishment of a Youth specific service level alliance. This group will drive much of the work associated with the Prime Minister's Youth Mental Health project as well as other key initiatives to encourage wellness in our Youth community.
  - Following the concern regarding the extensive expectations of the Child & Youth workstream, the Project Lead has worked with members to identify the resources required to deliver on plan.

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

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

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
To be held St John, Waterwalk Road, Greymouth  
Friday 4 April 2014 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> ▪ 21 February 2014	
3.	<b>Carried Forward/Action List Items</b>	
<b>REPORTS</b>		<b>10.15am</b>
4.	<b>Acting Chair's Update</b> (Verbal Update)	Peter Ballantyne <i>Acting Chairman</i> 10.15am – 10.25am
5.	<b>Chief Executive's Update</b>	David Meates <i>Chief Executive</i> 10.25am – 10.40am
6.	<b>Clinical Leader's Update</b>	Karyn Bousfield <i>Director of Nursing and Midwifery</i> 10.40am – 10.50am
7.	<b>Finance Report</b>	David Green <i>Acting General Manager, Finance</i> 10.50am – 11.00am
8.	<b>Draft 2014-15 Public Health Plan</b>	Jem Pupich <i>Team Leader, Community &amp; Public Health</i> 11.00am – 11.15am
9.	<b>Maternity Review – Update on Progress Against Recommendations</b>	Mark Newsome <i>General Manager, Grey/Westland</i> Karen Bousfield <i>Director of Nursing &amp; Midwifery</i> 11.15am – 11.30am
10.	<b>Maori Health Quarterly Update</b>	Gary Coghlan <i>General Manager, Maori Health</i> 11.30am – 11.40am
11.	<b>Health Target Report – Quarter 2</b>	Greg Hamilton <i>Actg General Manager, Planning &amp; Funding</i> 11.40am – 11.50am
12.	<b>Tatau Pounamu Terms of Reference</b>	David Meates <i>Chief Executive</i> 11.50am – 12noon

13. **Report from Committee Meetings**

- |   |  |                          |
|---|--|--------------------------|
| - CPH&DSAC<br><i>20 March 2014</i>                                  | Elinor Stratford<br><i>Chair, CPH&amp;DSAC Committee</i> | <i>12noon – 12.10pm</i>  |
| - Hospital Advisory Committee<br><i>20 March 2014</i>               | Sharon Pugh<br><i>Chair, Hospital Advisory Committee</i> | <i>12.10pm – 12.20pm</i> |
| - Tatau Pounamu Advisory Group<br><i>Next Meeting 10 April 2014</i> | <i>Report at next Board Meeting</i>                      |                          |

14. **Resolution to Exclude the Public**

*Board Secretariat* *12.20pm*

**INFORMATION ITEMS**

- 2014 Meeting Schedule

**ESTIMATED FINISH TIME**

**12.20pm**

**NEXT MEETING**

Friday 9 May 2014

**COMMUNITY & PUBLIC HEALTH & DISABILITY  
SUPPORT ADVISORY COMMITTEE MEETING  
UPDATE 20 MARCH 2014**



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

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

**DATE: 4 April 2014**

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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 20 March 2014. Following confirmation of the minutes of the 20 March 2014 meeting at the 1 May CPH&DSAC Meeting, confirmed minutes will be provided to the Board at its 9 May 2014 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 – 20 March 2014.

### 3. **SUMMARY**

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

- **Community & Public Health Update.**

This report provided the Committee with updates on: The Wildfoods Festival; Tobacco and Alcohol Controlled Purchase Operations; Drinking Water (results of the Annual Report on Drinking Water Quality 2012-13); Capital Assistance Programme Applications for West Coast Drinking Water Supplies; and Appetite for Life

Discussion took place regarding water quality and the Committee noted that there are currently a lot of “boil water” notices in place. It was also noted this is a long and ongoing problem even though a fair amount of funding has been provided. Discussion also took place regarding there only being one more round of the government subsidy scheme in this area. It was noted that this funding is for the capital expense and does not cover any maintenance. The Medical Officer of Health advised that this is not just a West Coast problem but a national problem and we are needing to look at alternative ways that drinking water can be improved including improving people’s ability to treat their own water.

- **Draft Community & Public Health Plan 2014-15**

The Committee discussed this plan and suggested changes have been included in the draft presented to the Board today.

- **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.

#### Key Achievements

- The West Coast continues to perform well above the 95% ED health target; results for the year to 28 February 2014 show that 99.8% of patients were admitted, discharged or transferred within 6 hours - and 96.8% within just 4 hours.
- The West Coast has continued to achieve the cancer treatment health target throughout the first seven 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 2, the West Coast DHB B4 School Checks has exceeded the year-to-date target of 50% for both the high deprivation group (59%) and for total checks (51%).
- The West Coast PHO exceeded the year-to-date target for completion of annual diabetes reviews, with 529 people with diabetes having had an annual review by 31 December (104% of year-to-date target). Māori results for the period was 106% of year-to-date target, with 53 checks having been completed. The year-end target is 70% for all population groups.

#### Key Issues & Associated Remedies

- 84% of eight-month-olds were fully immunised in Quarter 2– missing the new immunisation health target of 90% by just four children. With an 11.9% opt-offs or declines rate, this target continues to be challenging to meet. An implementation plan has been approved and work has commenced.

- Secondary care smokefree health target: It was disappointing that the West Coast DHB again did not reach the secondary care smokefree health target of 95%, with a result of 86% for Quarter 2. An action plan is in place and a January result of 94% is promising.

#### Upcoming Points of Interest

- Complex Clinical Care Network's pilot plan to support case mix 8 clients (those that show potential for short term rehab) is about to be rolled out to a limited number of clients.
- The Canterbury West Coast Well Child Network will focus on three indicators: increasing the number of children receiving all Well Child Tamariki Ora checks within their first year; increasing the number of mothers who are smokefree at two weeks postnatal and; increasing the number of children identified as at risk through the "Lift the Lip" program (oral health screening) with these children then being referred to specialist services.
- Mental Health integration across primary, community (NGO) and DHB services is continuing to progress with a similar peer support programme that ran weekly for eight weeks in 2013 being planned for Buller.

- **Maori Health Plan Update**

This quarterly report is included in today's Board papers.

- **Health Target Report – Quarter 2**

This report is also included in today's Board papers

- **Alliance Update**

This report provided an update of progress made around the West Coast Alliance

The report also provided the Committee with information on the Alliance Leadership Team; Annual Planning; Complex Clinical Care Network; Buller Integrated Family Health Service; Grey/Westland Integrated Family Health Service; Pharmacy; Healthy West Coast; and Child and Youth Workstream.

- **Committee Work Plan**

The Committee discussed the draft work plan and noted this is a working document and will be updated each month and included in the information section of future meetings

- **General Business**

Discussion took place regarding the Patient Journey and what part of this can be reported to this Committee. A Presentation on the complex Clinical Care Network will be added to the work plan as a starting point for this.

#### **4. APPENDICES**

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 20 March 2014

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 20 March 2014 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**  
*28 November 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> | 9.10am - 9.25am   |
| 5.  | <b>Draft Community &amp; Public Health Plan 2014-15</b> | Cheryl Brunton<br><i>Community &amp; Public Health</i>        | 9.25am – 9.40am   |
| 6.  | <b>Planning &amp; Funding Update</b>                    | Ralph La Salle<br><i>Planning &amp; Funding</i>               | 9.40am – 9.55am   |
| 7.  | <b>Maori Health Plan Update</b>                         | Gary Coghlan<br><i>General Manager, Maori Health</i>          | 9.55am – 10.05am  |
| 8.  | <b>Health Target Report – Q2</b>                        | Ralph La Salle<br><i>Planning &amp; Funding</i>               | 10.05am – 10.15am |
| 9.  | <b>Quarterly Performance Summary Q1</b>                 | Ralph La Salle<br><i>Planning &amp; Funding</i>               | 10.15am – 10.25am |
| 10. | <b>Alliance Update</b>                                  | Ralph La Salle<br><i>Planning &amp; Funding</i>               | 10.25am – 10.35am |
| 11. | <b>Draft 2014 Committee Work Plan</b>                   | Elinor Stratford<br><i>Chair</i>                              | 10.35am – 10.45am |
| 12. | <b>General Business<br/>- Patient Journey</b>           | Elinor Stratford<br><i>Chair</i>                              | 10.45am – 10.55am |

**ESTIMATED FINISH TIME** **10.55am**

**INFORMATION ITEMS**

- Board Agenda – 13 December 2013
- Chair’s Report to last Board meeting
- Health Target Report Q1 and Appendices (*as provided to the Board on 13 December 2013*)
- West Coast DHB 2014 Meeting Schedule

**NEXT MEETING**

**Date of Next Meeting:** Thursday 1 May 2014

## WORKPLAN FOR CPH&DSAC 2014 – BASED ON WEST COAST DHB PRIORITY PLAN

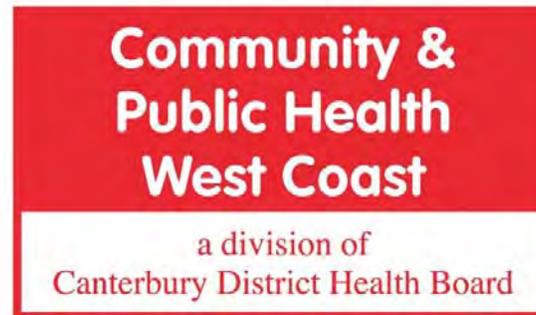
	20 March	1 May	12 June	24 July	11 September	23 October	27 November	2015
<b>STANDING ITEMS</b>	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	
<b>STANDARD REPORTS</b>	Health Target Q2 report Planning & Funding Update Community & Public Health Update Alliance Update Quarterly Performance Summary Q1 Maori Health Plan Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q3 Report Planning & Funding Update Community & Public Health Update Alliance Update Quarterly Performance Summary Maori Health Plan Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q4 report Planning & Funding Update Community & Public Health Update Alliance Update Quarterly Performance Summary Māori Health Plan Update	Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	
<b>PRESENTATIONS</b>	As required	As required	Alliance Leadership Team Presentation	As required	As required	As required	As required	
<b>PLANNED ITEMS</b>	West Coast Draft Public Health Plan 2014-15							
<b>GOVERNANCE AND SECRETARIAT</b>	2014 Work Plan							
<b>DSAC Reporting</b>	As available	As available	As available	As available	Disability Plan	As available	As available	
<b>INFORMATION ITEMS</b>	Latest Board Agenda Chair's Report to Board from last meeting 2014 Schedule of Meetings Health Target Report Q1	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH 2014 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2014 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2014 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2014 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2014 Schedule of Meetings C&PH 6 Monthly report to MoH	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2014 Schedule of Meetings	

# COMMUNITY AND PUBLIC HEALTH WEST COAST

EXCEPTIONS REPORT SUBMITTED TO THE MINISTRY OF HEALTH

Period 1<sup>st</sup> July - 31<sup>st</sup> December 2013

For the information of  
The WCDHB CPHDSAC committee



## HEALTH ASSESSMENT AND SURVEILLANCE

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep on track
<b>Health assessment</b>	Availability of information for planning	Number and accessibility of reports.	On track	
		Formal/informal feedback	On track	
		Number and accessibility of reports.	On track	
		Number and accessibility of reports.	On track	
		Quality of working relationship No of meetings and records of meetings and outcomes (including joint planning processes and sharing of population health information).	On track	
	Availability of information to public	Number and nature of media reports.	On track	
<b>Surveillance</b>	Timeliness and effectiveness of reports for identifying trends and outbreaks of concern	Number and accessibility of reports.	On track	
		Formal/informal feedback	On track	
		Number and accessibility of reports. Formal/informal feedback	On track	
		Number and accessibility of reports. Formal/informal feedback	On track	

### Highlights

- The Coast's HPS coordinator presented the results of a nutrition survey of high school students to school staff. An article about the results was published in the school's newsletter. The survey results continue to reinforce and contribute to the work the HPS coordinator is undertaking at the school, not only in respect of nutrition, but other health and wellbeing issues as well.

## PUBLIC HEALTH CAPACITY DEVELOPMENT

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

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep on track
<b>Public health information systems</b>	Availability and accessibility of public health information	Level of utilisation	On track	
		Completeness and currency of information	On track	
		Nature and effectiveness of systems, including degree of integration.	On track	
<b>Partnerships with iwi, hapū, whānau and Māori</b>	Joint processes and initiatives	No. of initiatives supported. Formal/informal feedback.	On track	
		Progress against plan.	On track	
<b>Partnerships with Pacific and other ethnic leaders and communities</b>	Joint processes and initiatives	No. of initiatives supported. Formal/informal feedback.	On track	
		Progress towards plan development/implementation.	On track	
<b>Human resources</b>	Workforce Development Plans Record of training opportunities (Training calendar)	Training participation and feedback (for public health, other health sector and non-health staff).	On track	
		Calendar completeness and utilisation.	On track	
		Formal/informal feedback. Extent of training recorded and evaluated.	On track	

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep on track
<b>Research, evaluation, economic analysis</b>	Research / evaluation reports and publications	Number and accessibility of reports. Formal/informal feedback	On track	
		Number and impact of media reports.	On track	
		Number and impact of presentations and publications.	On track	
<b>Planning and advising on public health programmes</b>	Planning advice / reports	Number and accessibility of reports. Formal/informal feedback	On track	
		Extent and impact of contribution.	On track	
<b>Quality management</b>	Quality improvement plan and reports Accreditation results	Plans approved and progress reported , eg review of policies and procedures	On track	
		Progress against improvements and recommendation log.	On track	
		Progress towards quality programme.	On track	
		Accreditation maintained.	On track	
	Reports of South Island Public Health Partnership	Progress against plans Partnership evaluation	On track	

## Highlights

- An evaluation of the Good Memories No Regrets campaign is underway and will continue into the early part of 2014. This will include the use of QR codes on water bottles to link people to some short questions about the campaign.

- As part of the wellbeing plan under development for the West Coast, the HPS coordinator and mental wellbeing promoter met face-to-face with five schools involved in the Positive Behaviour for Learning programme to promote participation in The Wellbeing Game. Two of the schools trialled the Game with staff and plan to involve the whole school in the near future. Another two have plans to do the same in 2014.
- All C&PH West Coast staff have attended Health CIMS training

# HEALTH PROMOTION

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

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
<b>Policy</b>	New policies reflect health priorities	Record of contributions and their impact.	On track	
		Record of contributions and their impact.	On track	
		Training opportunities, participation, and feedback	On track	
		Record of contributions. Formal/informal feedback	On track	
		Formal/ informal feedback, including evaluation of joint work plans.	On track	
		Number and impact of position statements and submissions	On track	
<b>Social environments, media</b>	Communications Plan, record of campaigns and information delivered	Progress against plan.	On track	
		No .and type of public health messaging distributed.	On track	
		Evaluation of reach and impact of individual campaigns.	On track	
<b>Education settings</b>	Education settings evaluation reports	Number of Schools engaged and with action plans developed.	On track	
		Number of schools engaged in the stages of HPS inquiry	On track	
		Information entered into National	On track	

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
		HPS Database as required.	On track	
		Number of completed evaluations using the template set out in the National HPS framework.	On track	
		Electronic and hard copy distribution of HPS magazine	On track	
		Uptake of health messages in school newsletters.	On track	
		Record of presentations.	On track	
		Outcomes entered into Healthscape.		
<b>Workplaces</b>	Workplace initiatives and evaluation reports	No. of workplaces engaged.	Not on track	Some schools and staff played the Wellbeing Game
		Outcomes of workplaces initiatives.		
		Number of referrals	On track	
		Number of quit attempts.	On track	
<b>Marae and Other Māori Settings</b>	Marae other Māori settings' initiatives and evaluation reports	No. of Māori settings worked with.	On track	
		No. of initiatives supported and evaluated ie: Appetite for Life, Auahi Kore, alcohol harm reduction.	On track	
<b>Other community settings</b>	Setting initiatives and evaluation reports	No of events supported	On track	
		Evaluation findings.		
		Meetings attended and opportunities of change recorded.	On track	
		No of initiatives recorded and evaluated.	On track	

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
<b>Community capacity</b>	Changes achieved by community partnerships	Record of new networks established or linked into. No of initiatives supported and evaluated. No of groups engaged. No of submissions made.	On track On track On track On track	
<b>Individual skills</b>	ABC coverage in primary and secondary care. Smoking quit rates Evaluation of other initiatives	Increased quit attempt rates MoH targets met.  AKP contract specifications met.  Numbers of interventions made and evaluated. Number of participants Community linkages engaged with – e.g. Homebuilders, Salvation Army.  Level of access to services Awareness of Five Ways to Wellbeing  No. training sessions delivered	On track No on track  On track  On track On track On track  On track On track	Both primary and secondary targets not met in last quarter. Focus on this increased and Healthy West Coast has made changes to workplan to increase focus on Smokefree targets (see below)
<b>Healthcare settings</b>	Healthcare initiatives and evaluation reports	No of initiatives supported recorded and evaluated.	On track	

## Highlights

- New Grey Food Gardeners network created and partnership with a local church to grow fruit trees on their land.
- C&PH is a member of the new Falls Prevention Coalition led by the WCDHB.

- A total of 20 teams from around the West Coast played the Wellbeing Game, with Spring Creek team winning the game overall and C&PH's team winning the 'teams over 10 players' category. A very positive response to promoting the Game in the workplace.
- Good Memories No Regrets campaign was presented at the Society for Youth Health Professionals Aotearoa New Zealand (SYHPANZ), winning the best presentation award.
- One West Coast team from Hokitika has been participating in the initial round of the WERO Challenge. Other groups have indicated interested in taking party from March 2014.
- Official opening of the West Coast Wilderness Trail which includes the West Coastal Pathway took place in November. Development has been supported by many community organisations, schools and individuals.
- Local authorities on the West Coast are creating more pedestrian and cycle friendly spaces – including on road cycle lanes in the Grey District.
- The Appetite for Life course continues to be successful on the West Coast, attracting good numbers and seeing positive results. We completed our first course in Westport in October. Support from the Medical Centres is growing.
- There has been a steady increase in AKP clients and the number of people quitting. AKP is also building a strong relationship with the Maori Health Provider on the West Coast, Poutini Waiora. This is reflected above with the Wero Challenge team coming from them and being supported by the AKP Practitioner.

### **Issues/Challenges/risks and actions taken**

- South Westland area has had a number of suicides this year in a very small community. We are working with WCDHB and other agencies to look at how we can support the community, particularly the South Westland Area School.
- Work to progress Local Alcohol Policies on the West Coast has been carried out with the three District Councils. As at the end of 2013 two of the Councils have decided to delay work on the LAPs until 2014 and the other Council (Buller) has put their draft LAP out for the special consultation procedure.
- Struggling to find the time / participants to run cooking classes in one area. We did run some Senior Chef classes in Reefton however didn't manage to get good numbers. Need to do some advertising and promote the course as there is definitely a need to teach basic cooking skills. Appetite for Life has been very popular and time has been put into this.
- A Smokefree workplace initiative that we had hoped to develop with Oceana Gold is not happening at present due to uncertainty over the future life of the mine.

### **Other comments (including suggestions to the Ministry)**

- There are a number of community support agencies /organisations which are struggling and at risk of closure (one has already signalled

closure at the end of this financial year). This may have negative public health and wellbeing consequences for West Coast communities in the short to longer term.

- Healthy West Coast has now included the Diabetes and Heart Check as a target associated with the Smokefree target. This will be reflected in our 2014-15 Public Health Plan.

# HEALTH PROTECTION

“protecting communities against public health hazards”

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
<b>Communicable disease control</b>	Notifiable diseases and influenza rates and trends	Disease rates (as compared with previous years).	On track	
		Data quality as outlined in the ESR Annual Data Quality Report.	On track	
		Statistics as outlined in the ESR Annual Data Quality Report and Annual Outbreak Report.	On track	
			On track	
		Outbreaks controlled	On track	
		Progress against Outbreak Debrief Report action points	On track	
		Number and impact of shared protocols.	On track	
		Number of media releases and promotional opportunities undertaken	On track	
		Records of (intra WCDHB and interagency) meetings attended/settings worked with.	On track	
		Impact of contribution as evidenced by meeting minutes.	On track	
	On track			
<b>Drinking water quality</b>	% of small and large community supplies complying with DWS % of community supplies with approved PHRMP	Record of interactions with suppliers concerning their legislative obligations (in SIDWAU filing system).	On track	

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
	Media coverage of drinking water gradings	DWA activities completed within legislative time frames Annual survey data delivered by required date. Record of registration  Record of responses and outcomes	On track On track  On track On track  On track	
<b>Air quality</b>	Air quality monitoring results	Record of external meetings attended and agreed actions Record of formal advice given.	On track  On track	
<b>Sewage</b>	Sewage-related outbreaks Environmental contamination events	Record of external meetings attended and agreed actions. Record of contribution.  Record of contribution.	On track  On track  On track	
<b>Recreational water</b>	Waterborne disease outbreaks Beach and river water gradings	Agreed protocol in place  Number of media releases produced in relation to RW including micro quality and algal bloom events. Record of external meetings attended and agreed actions. Record of formal advice given.	On track  On track  On track On track	
<b>Housing</b>	Housing quality improvements	Actions and/or outcomes from key housing stakeholder meetings reflect public health input.	On track	
<b>Resource management</b>	Evaluation of council decisions, implementation and enforcement	Record of external meetings attended and agreed actions. Record of formal advice given. Number of applications reviewed. Number of submissions made. Number of hearings where	On track  On track On track  On track On track	

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
		evidence presented. Number of decisions reviewed.		
<b>Hazardous substances</b>	Reports of public exposure	Record of external (including HSTLC) meetings attended and agreed actions.	Not on track	No meetings of the HSTLC have occurred for some period of time. This has been an issue that the neither the Fire Service or the Police have been able to address so far.  Two investigations of alleged breaches of permission conditions. In one case, the flights complained about were a prefeed only. In the other, a breach of condition regarding buffer zone alongside a walking track was confirmed, baits were removed from buffer zone and contractor received a formal warning.
		Record of formal advice given.	On track	
		Number and outcome of investigations.	On track	
		Record of advice given, including website utilisation.	On track	
		Number of VTA applications processed.	On track	
		Number and outcome of audits.	On track	
<b>Early childhood education centres</b>	Compliance with ECC Regulations, including infection control and lead exposure	Number of ECECs assessed in terms of meeting requirements of ECC 1998/ 2008 Regulations.	Not on track	No requests have been received by this office.  Changes of local staff at MoE have not allowed this to happen. Plans for meeting early next year are being discussed.
		Number of meetings held with MoE and TAs.	Not on track	
<b>Emergency preparedness</b>	Effective emergency responses as required	Emergency plans are current.	On track	CPH West Coast Emergency Response Plan is in the review process.
		Record of training.	On track	
		Performance against exercise performance measures.	On track	
		Progress towards plan completion, implementation.	On track	

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
<b>Tobacco</b>	<p>Retailer display compliance at inspection.</p> <p>Retailer compliance during controlled purchase operations.</p> <p>Number and nature of workplace complaints.</p>	<p>% complaints responded to within 5 days.</p> <p>% of retailers inspected.</p> <p>% of licensed premises inspected.</p> <p>Number of CPOs conducted.</p> <p>CPO compliance.</p> <p>Record of advice, information given.</p>	<p>No complaint received in this period.</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p>	<p>With recent court ruling on the open areas calculator the ability to assess complaints about this aspect of premises is compromised.</p>
<b>Alcohol</b>	<p>ED presentations</p> <p>Police data (violence, road traffic crashes)</p> <p>Retailer compliance during controlled purchase operations</p>	<p>Progress towards establishing system.</p> <p>Number of licensed premises monitored.</p> <p>Number of licence applications processed and percentage processed within 15 working days.</p> <p>Number of CPOs conducted.</p> <p>Number of premises visited during CPO.</p> <p>CPO compliance.</p> <p>Record of contribution.</p> <p>Record of meetings attended and agreed actions.</p> <p>Local Alcohol Policies reflect health input.</p> <p>Record of meetings, number of plans in place.</p>	<p>On track</p>	
<b>Other</b>	Evidence of harm to public	<p>Record of external meetings attended and agreed actions.</p> <p>Record of formal advice given.</p> <p>Number of documents reviewed.</p>	<p>On track</p> <p>On track</p> <p>On track</p>	

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
		Number of decisions reviewed.	On track	

## Highlights

- Notification was received that all applications for Capital Assistance Programme (CAPs) for the 2013 round for water supply improvements were successful.
- The only Medium (500-10,000 population) community drinking water supply is Greymouth supplying some 9000 people. A public health risk management plan for the supply was approved by the statutory deadline of 1 July 2014 for full compliance with the DWSNZ 2005/08.
- Of the Minor (500-5000 population) community water supplies 5 out of 6 have an approved and/or implemented PHRMP. The statutory deadline for compliance is 1 July 2015.
- MOH reporting on special licences has resulted in improved host responsibility at some public events, for example a reduction in the hours that alcohol is available at a motorcycle rally and elimination of a self-service bar at an awards function.
- Police now committed to carry out more CPOs per year involving personnel from each local station not just the Alcohol Harm Reduction Officer.
- The DLA inspectors have all committed to compliance checks at least twice per year: it has been difficult in the past to get them on board with the checks.
- C&PH West Coast and the WCDHB partnered in assisting Ashburton with immunisation clinics as part of measures to control an outbreak of hepatitis A. Several nurses and a Team Leader travelled to Ashburton to assist and to gain experience and knowledge on how they were carried in the event West Coast needed to run one.
- C&PH have partnered with the West Coast Regional Council to implement an Oeko Tube Clean chimney trial in Reefton. This has not been started yet but WCRC has committed to carrying out the trial. Funding assistance has also been received from the Ministry of Health.
- The working relationship with Police has become stronger due to the LAP process and the fact that we both support similar hour and conditions.

## Issues/Challenges/risks and actions taken

- No significant improvement on fairly low levels of compliance of council and private community networked water supplies. Again for the recently compiled Annual Survey, the Harihari water supply serving 390 people, was the only water supply on the West Coast fully compliant with the DWSNZ2005/08. The total population served by small to large community water supplies is some 25,500 people so the

compliance level is less than 2%.

- West Coast communities and drinking water suppliers have received significant levels of CAPs funding yet some schemes are not progressing in terms of improvement works or monitoring results. For instance in the recent annual survey the Punakaiki CWS serving a resident population of 125 people and many more over the summer season had 25 E. coli transgressions out of a total of 52 samples when there should have been none. It appears there may be a deficit of necessary technical skills in the organisations running the treatment plants and reticulation zones so that plant is not being installed correctly and faults are not being repaired in a timely manner.
- The recently completed Annual Survey results showed transgressions that had not been notified to the Drinking Water Assessor in terms of bacterial and chemical parameters.
- Local Alcohol Policies (LAPs) have been a frustrating process with councils changing their minds about timeframes for implementing plans. Two councils have deferred developing them until later next year because of concerns about possible legal challenge. C&PH has put a lot of time into this process for little reward at this stage. We will continue to work through the process when councils start developing them again.
- With the Police committed to undertaking more Alcohol CPOs this could have an impact on C&PH staff requirements as we have traditionally assisted them with these.

## PREVENTIVE INTERVENTIONS

“population programmes delivered to individuals”

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
<b>Immunisation</b>	Immunisation rates	Record of initiatives. Formal/informal feedback.	On track	
		Record of promotion initiatives and outcomes.	On track	
		Record of delivery initiatives and outcomes.	On track	
<b>Lifestyle interventions</b>	Completeness of practice and hospital information on smoking, alcohol intake, and physical activity	Record of progress	On track	
		Number of practices provided with ABC training.	On track	
		Health Target Quarterly Report	On track	
		PPP Quarterly Reports.	On track	
		Quarterly report to WCDHB smokefree manager, including enrolments in cessation programmes.	On track	
<b>Screening and early detection</b>	Coverage rates for cervical and breast cancer screening	Record of strategies and outcomes.	On track	
		Record of strategies and outcomes.	On track	
	Coverage of diabetes and CVD screening programmes	Quarterly report on utilisation. Numbers, age group, ethnicity and conditions identified.	On track On track	

### Highlights

- Although still short of the national target, the West Coast achieved its highest ever levels of influenza vaccination coverage for all funded groups this year.

### **Issues/Challenges/risks and actions taken**

- Achievement of childhood immunisation targets continues to be a challenge with a large religious community (Gloriavale) which does not immunise its children. The community has a high fertility rate and more than 200 children.

## WEST COAST DHB – MEETING SCHEDULE

### FEBRUARY – DECEMBER 2014

DATE	MEETING	TIME	VENUE
Thursday 20 February 2014	TATAU POUNAMU	2.00PM	Board Room, DHB Corporate Office
Friday 21 February 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 20 March 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 20 March 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 20 March 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 10 April 2014	TATAU POUNAMU	3.00pm	Poutini Waiora
Friday 4 April 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 1 May 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 May 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 May 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 1 May 2014	TATAU POUNAMU	3.00pm	Board Room, DHB Corporate Office
Friday 9 May 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 12 June 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 June 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 June 2014	QFARC	1.30pm	Boardroom, Corporate Office
Friday 27 June 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 24 July 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 July 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 July 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 July 2014	TATAU POUNAMU	2.00pm	Board Room, DHB Corporate Office
Friday 8 August 2014	BOARD	10.00am	West Coast Regional Council
Thursday 11 September 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 September 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 September 2014	QFARC	1.30pm	Boardroom, Corporate Office
Friday 26 September 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 23 October 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 October 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 October 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 23 October 2014	TATAU POUNAMU	3.00pm	Board Room, DHB Corporate Office
Friday 31 October 2014	BOARD	10.00am	West Coast Regional Council
Thursday 27 November 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 November 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 November 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 4 December 2014	TATAU POUNAMU	3.00pm	Board Room, DHB Corporate Office
Friday 12 December 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth

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