

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



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

**Thursday 24 July 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 24 July 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**
12 June 2014
- 3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS 9.10am

- | | | | |
|----|---|---|-------------------|
| 4. | Community and Public Health Update | Jem Pupich
<i>Team Leader, Community and Public Health</i> | 9.10am - 9.20am |
| 5. | Planning & Funding Update | Phil Wheble
<i>Team Leader, Planning & Funding</i> | 9.20am - 9.30am |
| 6. | Alliance Update | Phil Wheble
<i>Team Leader, Planning & Funding</i> | 9.30am - 9.40am |
| 7. | Maori Health Plan Update | Gary Coghlan
<i>General Manager Maori Health</i> | 9.40am - 9.50am |
| 8. | Disability Action Plan Process for Development | Kathy O'Neill
<i>Service Development Mgr, Mental Health, P&F</i> | 9.50am - 10.10am |
| 9. | General Business | Elinor Stratford
Chair | 10.10am - 10.15am |

PRESENTATIONS IN CONJUNCTION WITH HOSPITAL ADVISORY COMMITTEE

- | | | | |
|-----|---|---|-------------------|
| 10. | Complex Clinical Care Network Presentation | Nancy Stewart
<i>Service Portfolio Manager, Planning & Funding</i> | 10.30am - 11.00am |
| 11. | Alliance Leadership Team Presentation | Stella Ward
<i>Chair, Alliance Leadership Team</i> | 11.00am - 11.30am |

ESTIMATED FINISH TIME 11.30am

INFORMATION ITEMS

- Board Agenda – 27 June 2014
- Chair's Report to last Board meeting
- Work Plan 2014
- West Coast DHB 2014 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 11 September 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
CHAIR Elinor Stratford (Board Member)	<ul style="list-style-type: none"> • Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Deputy Chair of Victim Support, Greymouth • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Advisor MS/Parkinson West Coast • Trustee, Disability Resource Centre, Queenstown • Elected Member, Arthritis New Zealand, Southern Regional Liaison Group
DEPUTY CHAIR John Vaile (Board Member)	<ul style="list-style-type: none"> • Director, Vaile Hardware Limited • Member of Community Patrols New Zealand
John Ayling	<ul style="list-style-type: none"> • Chair of West Coast Primary Health Organisation • Chair of Access Home Health, a subsidiary of Rural Women New Zealand which has a contract with the West Coast District Health Board • Shareholder/Director in Split Ridge Associates Limited (which provides services to the disability sector). • Chair PHO Alliance
Lynnette Beirne	<ul style="list-style-type: none"> • Patron of the West Coast Stroke Group Incorporated • Member South Island Regional Stroke Foundation Advisory Committee • Partner in Chez Beirne (provider of catering and home stay services for the West Coast DHB and West Coast Primary Health Organisation) • Contract for the Café and Catering at Tai Poutini • Daughter employed as nurse for West Coast DHB • Member of West Coast DHB Consumer Council
Cheryl Brunton	<ul style="list-style-type: none"> • Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board • Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) • Member - Public Health Association of New Zealand • Member - Association of Salaried Medical Specialists • Member - West Coast Primary Health Organisation Clinical Governance Committee • Member – National Influenza Specialist Group • Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation • Member – DISC Trust

Jenny McGill	<ul style="list-style-type: none"> • Employment with Lifelinks working with Ministry of Health contracted providers, including West Coast DHB. • Husband employed by West Coast DHB
Michelle Lomax (Board Member)	<ul style="list-style-type: none"> • Kawatiri Action Group – Past Member • Autism New Zealand – Member • West Coast Community Trust – Trustee • Buller High School Board of Trustees – Joint Chair • St John Youth Leader
Robyn Moore	<ul style="list-style-type: none"> • Family member is the Clinical Nurse Manager of Accident and Emergency • Member of the West Coast Clinical Board • Consumer Representative on South Island Quality & Safety SLA
Joseph Thomas (Board Member)	<ul style="list-style-type: none"> • Chief Executive, Development West Coast • Ngati Mutunga o Wahrekauri Asset Holding Company Limited – Chair • Motuhara Fisheries Limited – Director • Management South Limited – Director • Ngati Mutunga o Wharekauri Iwi Trust – Trustee and member • New Zealand Institute of Management Inc – Member (Associate Fellow) • New Zealand Institute of Chartered Accountants – C A, Member
Peter Ballantyne Ex-officio (Board Deputy Chair)	<ul style="list-style-type: none"> • Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury DHB employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board • Interim Acting Chair, Brackenridge Estate Limited

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, 12 June 2014 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); Lynette Beirne; Jenny McGill; Robyn Moore; Dr Paul McCormack (ex-officio) and Peter Ballantyne (ex-officio).

APOLOGIES

Apologies were received and accepted from John Ayling, Cheryl Brunton and Joseph Thomas. Apologies were also received from Michelle Lomax and John Vaile due to a road blockage.

EXECUTIVE SUPPORT

Michael Frampton (Programme Director); Carolyn Gullery (General Manager, Planning & Funding); Dr Carol Atmore (Chief Medical Officer); Gary Coghlan (General Manager, Maori Health); Mark Newsome (General Manager, Grey & Westland); 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

There were no additions or alterations to the Interest Register

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (4/14)

(Moved: Paul McCormack; Seconded: Robyn Moore - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 1 May 2014 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION ITEMS

1. Alliance Leadership Presentation – this will come to the next meeting.
2. Disability Plan - This will also come to the next meeting.
3. Complex Clinical Care Network – this was to be presented today but will now be scheduled for the next meeting.

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: District Council Annual Plan Submissions; Grey District Council Gambling Policy; Aukati Kai Paipa Smoking Cessation Service; Punakaiki Drinking Water Update; and Fruit Trees at Uniting Church and Grey High School.

The Committee noted that “boil water” notices have been lifted in Punakaiki since the report had been written.

The Committee also noted that the DHB had presented their submission regarding the Grey District Council gambling policy. The submission recommended that Council decrease the cap on both venues and gaming machine numbers to closer to the national average, and implement a “sinking lid” on new venues and machines to achieve this.

The Report was noted.

5. HEALTH TARGET REPORT – QUARTER 3

Carolyn Gullery, General Manager, Planning & Funding, presented this report.

She highlighted in particular the decrease in opt-offs and declines relating to the immunisation target with the DHBs highest achievement yet at 89% of all 8 month olds fully immunised.

The Committee also noted the good work that has taken place around heart checks which increased by 3.6% this quarter.

Discussion took place regarding primary care smoker’s health target. The Committee noted that any advice provided to clients more than a year ago needs to be re done to be included in the statistics. Work is taking place in this area to look at ways of improving this.

The Committee also noted that there is work taking place around IT systems. MedTech has been running off the DHB data bases but will be split into practices from August.

The report was noted.

6. PLANNING & FUNDING UPDATE

Carolyn Gullery, General Manager, 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 30 April 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 seven months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- The West Coast PHO exceeded the year-to-date target for completion of **annual diabetes reviews** for 15-74 year olds, with 737 diabetics having had an annual review by 31 March 2014. This represents 97% of year-to-date target, using the most recently available 2012 population estimate. Māori results for the period were also at 97% of year-to-date target, with 73 checks having been completed.

Key Issues & Associated Remedies

- Results for the Quarter 3 **Primary care smokefree health target** showed a disappointing and surprising 4.4% decrease in performance against the health target, with 55.4% of smokers attending general practice being offered advice and support to quit. Analysis has identified that some of this drop is due to a large number of recorded statuses expiring beyond the target's 12 month timeframe from this time last year. Previously reported actions continue and Buller Medical is initiating a program looking to improve capturing of information including the use of the Text 2 Remind tool and resource from administration. Plans looking forward to the 14/15 year include the trial of IT tools such as the Appointment Scanner and Dashboard. These will be implemented once necessary upgrades have been made to local Medtech systems (planned for August 2014).
- While we achieved a result of 92.5% and made up some of the loss from the previous quarter, we are still not meeting the **Secondary Smokefree Health Target** or our result from the end of last year (95%). The systems and processes are in place for the target to be achieved by June 2014; however challenges do exist including small numbers—a single missed ABC contributes to more than 1% of the target.
- **B4 School Check coverage:** As at the end of April 2014, the West Coast DHB has provided B4 School Checks to 67% of the total eligible population and 71% of the high deprivation eligible population against the 75% target. Despite a number of clinics taking place during April, checks were unable to be completed due to workforce constraints. A plan has been put in place for these checks to be completed and to realign progress against the target of 90% by the end of June.

Upcoming Points of Interest

- **Complex Clinical Care Network's** pilot plan to support 'casemix 8' clients (those that show potential for short term rehab) has been piloted with two clients, with changes to the model expected to follow.
- Following the recommendations of the DHB Mental Health Review, ALT has endorsed the establishment of a **Mental Health Workstream**. The workstream will initially be tasked with ensuring the Review recommendations are implemented.

Discussion took place regarding how the care of the older population is managed if they do not visit their GP and also the ability to deliver services to people in isolated communities. The Committee noted that the DHB are working on what models of care can be developed in this area going into the future.

The report was noted.

7. ALLIANCE UPDATE

Carol Atmore, Chief Medical Officer, presented this report which was taken as read.

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

The Committee noted that the Alliance Leadership Team is becoming very functional with the Alliance Support Group which sits behind it also being a functional team. This has also been enabled by the number of changes over the last few years which has seen systems put in place to support the Alliance process.

Discussion took place regarding the good work that is taking place in General Practice.

The Committee noted that with the roles of the Executive Management Team (EMT) and Alliance Leadership Team (ALT) being clarified this has enabled ALT decisions to be brought to life a lot more quickly than previously.

The update was noted.

8. GENERAL BUSINESS

The Committee noted that the Medical Association of NZ have released a report 'Tackling Obesity' which has some very pertinent and relevant recommendations. Management were requested to think about where this report should sit within the organisation.

Discussion took place regarding "Friends of Hospitals" and management will also give thought to how volunteers could be managed within the organisation.

The Chair thanked Dr Paul McCormack for his support and encouragement during his time as Chair of the DHB and wished him well for the future.

INFORMATION ITEMS

- Board Agenda 9 May 2014
- Chair's report to last Board meeting
- Committee 2014 Work Plan
- West Coast DHB 2014 Meeting Schedule

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

Confirmed as a true and correct record:

Elinor Stratford, Chair

Date

CARRIED FORWARD/ACTION ITEMS



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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 24 JULY 2014

	DATE RAISED	ACTION	COMMENTARY	STATUS
1.	22 August 2013	Alliance Leadership Team Presentation	The Committee requested a presentation on the role and membership of the Alliance Leadership Team.	On today's Agenda
2	22 August 2013	West Coast Disability Plan	A Disability Plan is to be developed and presented to the Committee.	On today's Agenda
3	20 March 2014	Complex Clinical Care Network	The Committee requested a presentation on the Complex Clinical Care Network be scheduled.	On today's agenda
4	1 May 2014	Water Quality	On-going updates to be provided to the committee	As required
5	1 May 2014	Suicide Prevention Progress	Progress report to be provided to committee	Scheduled for 11 September 2014 Meeting

COMMUNITY AND PUBLIC HEALTH UPDATE



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

SOURCE: Community and Public Health

DATE: 24 July 2014

Report Status – For: Decision Noting Information

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)

July 2014

Norovirus outbreak at local residential care homes

In early June CPH was contacted by a registered nurse from Granger House and Kowhai Manor about an outbreak of gastroenteritis occurring at the time at the homes. At the time of the initial contact 21 residents at the homes and 9 staff members had all been sick with gastroenteritis, characterised by vomiting and/or diarrhoea. Granger House and Kowhai Manor are private long term residential care facilities for the elderly and are currently home to 60 residents and 41 residents respectively. Faecal samples were taken from some of the sick residents and lab testing confirmed norovirus type 2. During the month since the initial contact more cases have been reported and there have been a total of 99 cases: 65 residents and 34 staff. The outbreak appears to have run its course at Granger House and there have been no new cases reported since 11th July at Kowhai Manor. The facilities have been closed to visitors, isolating cases as they occur, and increased the frequency of cleaning common facilities to prevent spread of the infection. CPH and Infection Control at Grey Base Hospital worked together to assist the care homes to contain the outbreak. In addition, we sent out an advice notice to GPs in Greymouth.

Norovirus causes a highly infectious form of gastroenteritis. It has a short incubation period (1-3 days) and is a frequent cause of outbreaks in institutional settings such as rest homes and hospitals. Such outbreaks are commoner in winter.

District Licensing Committees

CPH alcohol licensing officers and Medical Officers of Health attended a two day South Island training workshop recently on presenting the public health perspective at District Licensing Committee (DLC) hearings. Under the new Sale and Supply of Alcohol Act 2012, any submissions opposing current or new liquor licenses are now heard by a local DLC (rather than a visiting national panel). This new system is designed to allow local communities to have more of a say in how alcohol is sold and supplied in their neighbourhoods. Local hearings also allow decisions to be made more quickly than previously. To date there have been just two DLC hearings on the West Coast, one each in the Grey and Westland districts. However, the number of these hearings is likely to increase as existing licences come due for renewal.

Presentation to Buller Interagency Forum on health impacts of job losses in small communities

Community & Public Health made a presentation to the Buller Interagency meeting in Westport on 2nd July 2014 on the health impacts of major job losses in small communities. This was very timely as the workers at Stockton Alliance were about to find out whether their positions are some of the 135 affected by job losses. In addition there will be 50 Stockton contractors losing their jobs. Oceana Gold has also announced recently that they will be reducing their workforce by 50 workers in the near future. Holcim Cement will be closing their Buller operation in the second half of 2016. Members of the InterAgency Forum were provided with copies of a summary report prepared by CPH last year following the job losses in the Grey District at Pike River and Spring Creek mines. The report provides valuable information from other communities that have gone through major job losses including Huntly and Hawke's Bay, including ways that communities have responded and recovered.

West Coastal Pathway case study informs new resource

CPH has responded to an approach from Quigley and Watts, Public Health Specialists to provide information regarding the process of engagement with respect to the development of the West Coastal Pathway. They are creating a 'Snapshot on Physical Activity' for Agencies for Nutrition Action (ANA). This will be developed into a guideline resource for people working in public health on how to engage with local government to develop environments which will promote physical activity. The West Coastal Pathway was identified as a 'success story' as a result of an article CPH provided to an ANA newsletter in 2013.

Promoting wellbeing at AgFest

CPH had a stall promoting Positive Wellbeing at the AgFest event held at Cass Square on the 4th and 5th of July. Approximately 10,000 people attended AgFest this year. We used material from the Christchurch “all right? “ mental health promotion campaign to promote the five ways to wellbeing:

- Give
- Be Active
- Keep Learning
- Connect
- Take Notice.

These resources were well received by people of all ages attending the event.

Lifehack update

We are pleased to report that both of the projects developed during the Lifehack weekend earlier this year have received some funding from the Youth Development Partnership Fund. Grey District Youth Trust and Buller REAP were both successful in their applications, and the projects can now begin to develop. The Buller REA project revolves around concepts of belonging and pride in the place where young people live, and the Greymouth project is music-based and will involve a recording studio and radio station for young people.

Responding to increased demand for Appetite for Life

Community and Public health has seen an increase in referrals to its Appetite for Life courses. We have responded to this demand and an extra course will be run in Greymouth this winter.



To Chair and Members, Community and Public Health & Disability Support Advisory Committee	Report Status <i>Report is for</i> <input type="checkbox"/> Decision <input checked="" type="checkbox"/> Noting <input type="checkbox"/> Information
Source Planning & Funding	
Date 24 July 2014	

1. Origin of the Report

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

2. Recommendation

That the Committee notes the Planning & Funding Update.

3. Summary

✓ Key Achievements

- The West Coast has **achieved** the 95% **ED health target**; performing well above with results for the year to 30 June 2014 showing that 99.7% of patients were admitted, discharged or transferred within 6 hours—and 96.3% within just 4 hours.
- The West Coast has **achieved** the **Shorter Waits for Cancer Treatment health target** throughout the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- West Coast is set to meet the **Elective Surgery health target** of 1,592 elective operations by the end of June 2014, with 1,517 discharges delivered in the eleven months to 31st May 2014—66 cases above the May year-to-date target of 1,451.

✗ Key Issues & Associated Remedies

- As reported previously, West Coast did not meet the **Primary Care Smokefree health target** in Quarter 3 with 55.4% of smokers attending general practice being offered advice and support to quit against a target of 90%. Quarter 4 results are not yet available.
- As reported previously, West Coast did not meet **Secondary Smokefree Health Target** in Quarter 3 with 92.5% of hospitalised smokers offered advice and help to quit. Preliminary monthly data shows May's performance at 91% with official Quarter 4 results due soon.

① Upcoming Points of Interest

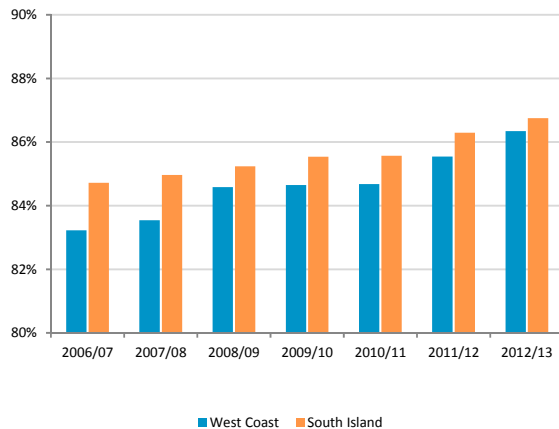
- The new **Mental Health Workstream** has had positive feedback from its first meeting. The workstream will initially be tasked with ensuring the Review recommendations are implemented.
- **Community Engagement Planning Buller**
A draft engagement and communications plan has been developed to guide engagement with the Buller community about the future care of their growing older population. Care is being taken to ensure that this is a genuine conversation with the public and a more focused stakeholder group to identify how best to care for Buller elders as demand grows.

Report prepared by: Planning & Funding

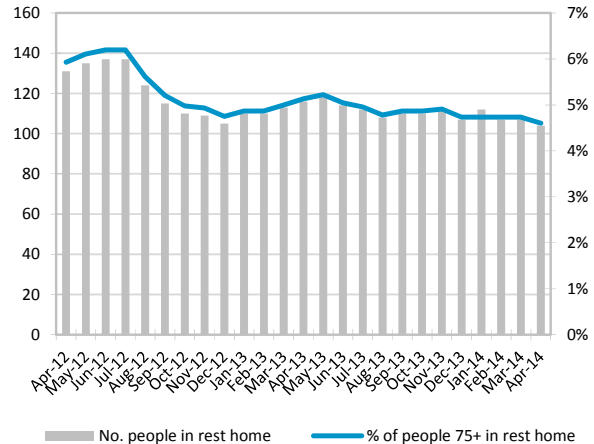
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Older Persons' Health

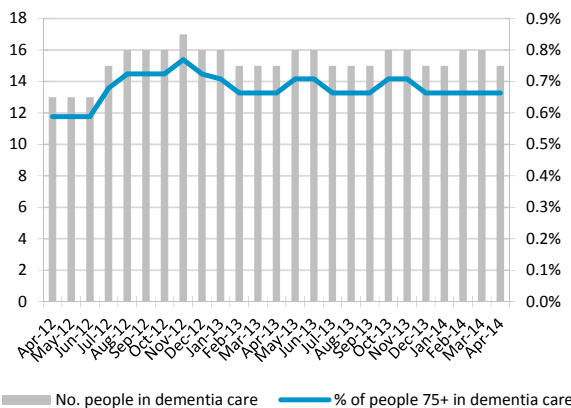
% of people 75+ living in their own homes



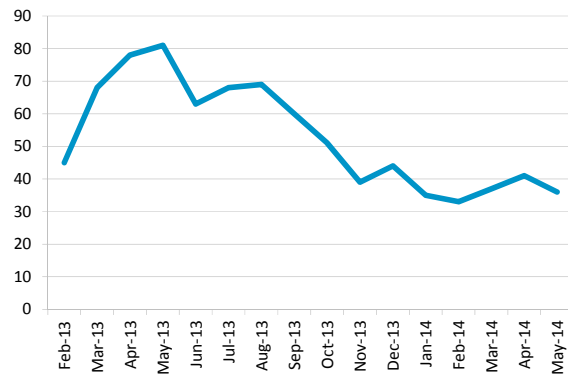
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



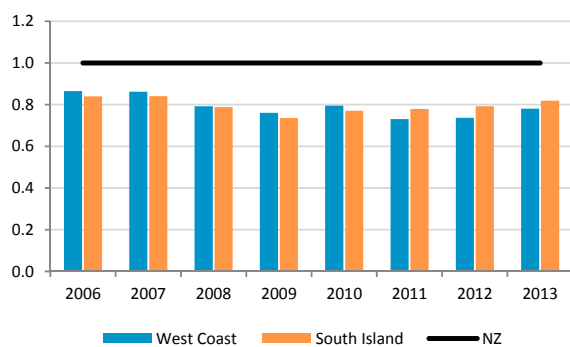
Achievements / Issues of Note

The restorative home-based support model is consistently being offered through the partnership of CCCN and both Home Based Support Service providers. This enables provisions of a wraparound service to older people with complex needs in their own homes. Regular peer review sessions between CCCN and providers is informing ongoing quality improvements to the restorative service.

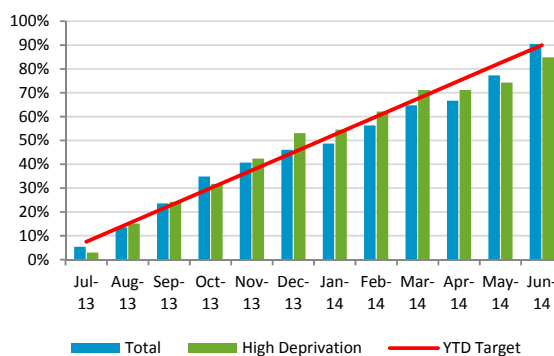
Our last report referred to the pilot of Casemix 8, which refers to older people who will benefit from early discharge from hospital for intensive support/rehab at home. The CCCN is working closely with Coasters to continue to trial a system for identifying medically stable older people in the AT&R for the Casemix 8 service approach. This trial is helping us to identify the appropriate ways of working (and the most effective patient pathway). In future we expect to extend this across West Coast DHB wards and also trial GP referral to help prevent hospitalisations where possible and appropriate.

Child, Youth & Maternity

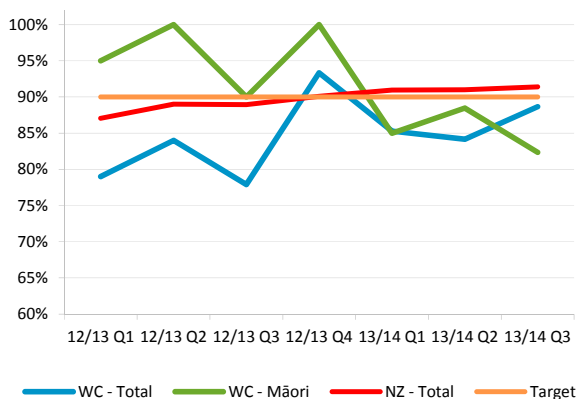
Acute medical discharge rates for children (age 0-14)



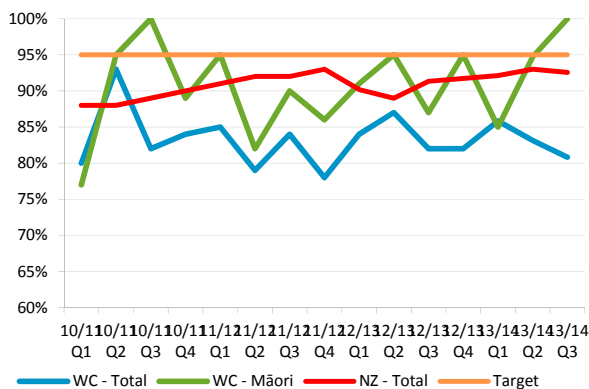
B4 School Check coverage



Immunisation HT: Eight-month-olds fully immunised



Two-year-olds fully immunised



Achievements / Issues of Note

Immunisation: West Coast did not meet the target in Quarter 3, however results were the best yet. As reported previously, Opt off (4%) and declines (3.1%) continue to be a challenge for the West Coast, however they were at their lowest combined total of 7.1% to date. This is a 4.8% decrease on last quarter. There were only four children overdue on the West Coast when they turned 8 months of age; of these three were vaccinated after milestone age and only one remains overdue. Quarter 4 results are expected next month.

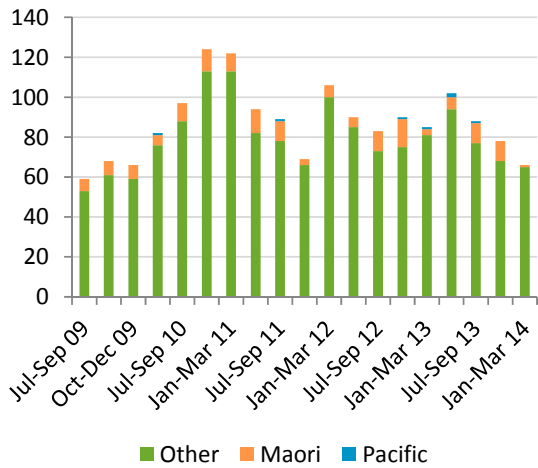
B4 School Check coverage: West Coast DHB has met the 2013/14 year-end target of 90% for the provision of B4 School Checks to the total eligible population. This is an increase of 89 checks from the previous year (2012/13). The DHB fell short for the high deprivation target by three children with a result of 85% against the 90% target.

Breastfeeding: The development of a two-year West Coast Priority Plan for Breastfeeding is currently underway. The plan is being driven by the Breastfeeding Interest Group and outlines seven key goals as well as underlying activities to support improved breastfeeding rates on the West Coast.

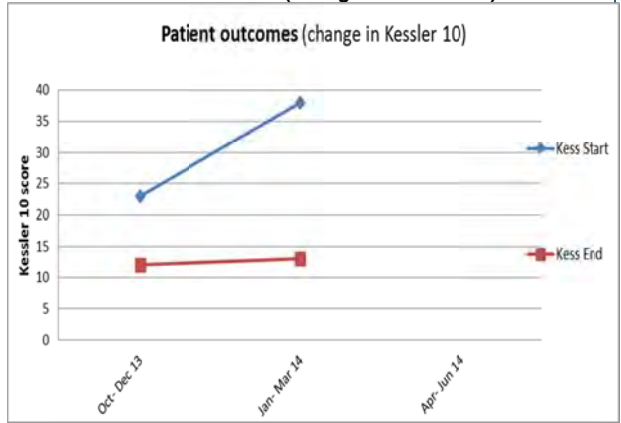
Well Child Tamariki Ora: The new data capture system implemented for DHB staff has been well received with clinicians finding data capture much simpler. The first full quarter results are expected soon with the end of Quarter 4. The DHB has met with Plunket to assess the level of service coverage geographically, with the intention of understanding any service gaps. As a result of this meeting, further work is under way to look at the Well Child Tamariki Ora services across the Coast, as well as how the three providers (DHB, Plunket and Poutini Waiora) can work more closely.

Mental Health

Number of patients referred to Brief Intervention Counselling (BIC)



Patient outcomes (change in Kessler 10)



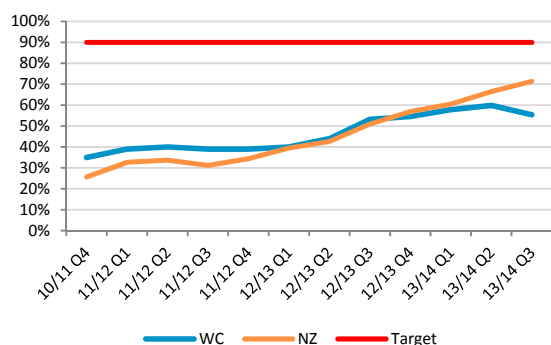
Achievements / Issues of Note

A Mental Health Workstream is being established to drive the implementation of the West Coast Mental Health Review recommendations.

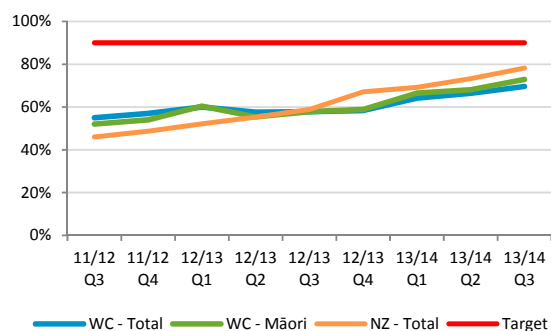
The emphasis is on increasing locality based services so that only acute inpatient beds are centralised. This will involve finding a way to deliver crisis resolution, respite and other support services alongside the IFHS through partnerships between primary, community and specialist mental health services.

Primary Care & Long-Term Conditions

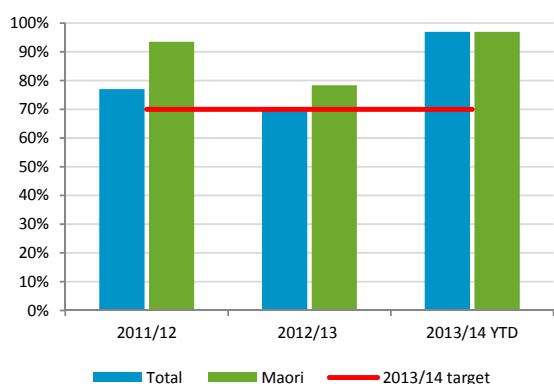
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



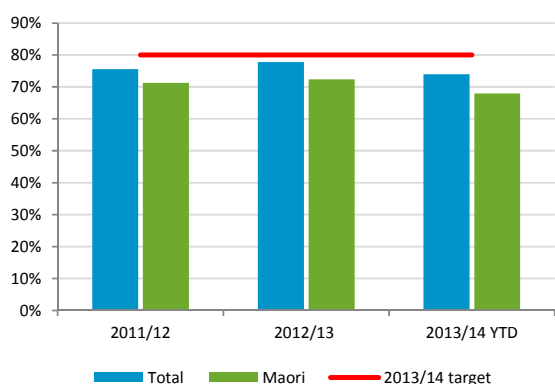
CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



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

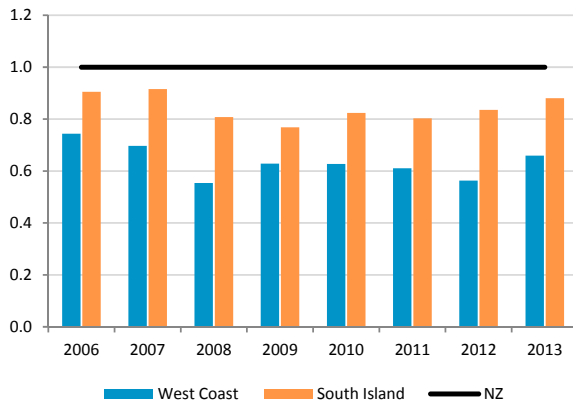
Primary care better help for smoker's health target: As reported previously the West Coast DHB suffered a disappointing 4.4% decrease against this target during Quarter 3 with **55.4%** of smokers attending primary care during the year having received brief advice or cessation support to quit smoking. Analysis has identified that a large push from this time last year (following the install of HealthStat) contributed to this, with a large number of statuses having expired and being due for review. Actions previously reported continue, and training has taken place in Buller and Reefton for the upcoming TXT2Remind project.

CVD health target: As reported previously the West Coast did not meet the target in Quarter 3, however results are steadily increasing with **69.9%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. We expect to see a continuation of this upward trend in delivery in Quarter 4. Internal Karo data indicated a May result of 70% and our Quarter 4 result expected at the end of July.

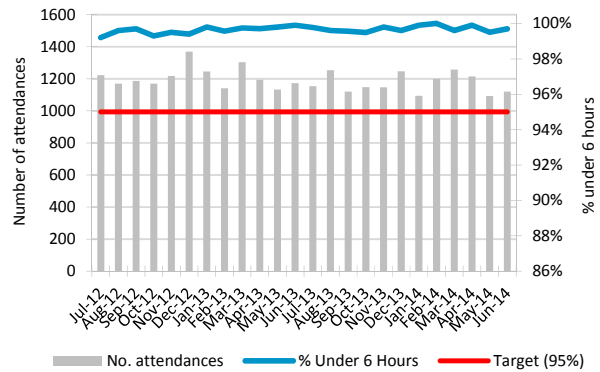
Diabetes: Retinal screening clinics were held in Westport and Reefton in May, with 81 people being screened. A total of 541 diabetes retinal screenings have been undertaken this year—an increase of 106 from last year and 146 more than the 2012-13 financial year. The next mobile retinal screening clinic sessions are scheduled for September.

Secondary Care & System Integration

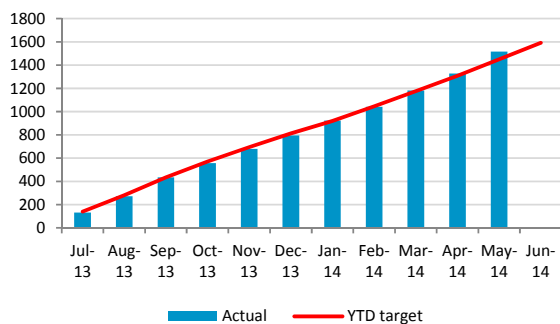
Acute Medical Discharge Rate



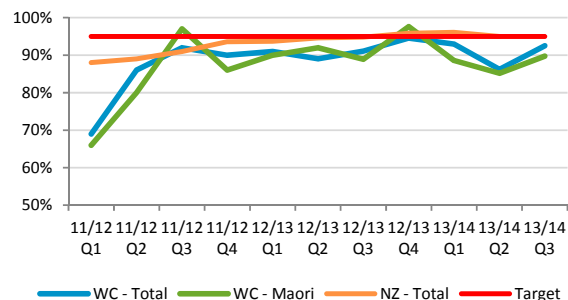
Emergency Department (ED): Attendances & <6 Hours Health Target



Electives Health Target: Elective surgical discharges



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



Achievements / Issues of Note

ED health target: The West Coast DHB continues to achieve impressive results with **99.6%** of patients admitted, discharged or transferred from ED within six hours during Quarter 4. Data for the 12 month period 2013/14 financial year shows 96.6% were admitted discharged or transferred within just four hours.

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

Secondary care better help for smoker’s health target: As previously reported, West Coast DHB staff provided **92.5%** of hospitalised smokers with smoking cessation advice and support during Quarter 3 – just missing the targeted 95% for the by 19 patients. Although we did not meet the target this quarter, this is a positive 6.3% increase on last quarter’s result. May’s monthly result is current sitting at 91% with our Quarter 4 result expected by the end of July.

The newly-developed ‘My Care Plan’ document has increased staff awareness and a new Smokefree champion role has been developed for the Mental Health Inpatient Unit.

The systems and processes are in place for the target to be achieved by June 2014; however challenges do exist including the level of staff attendance at ABC Smokefree training and small numbers—with a single missed ABC contributing to more than 1% of the target. Meetings with senior hospital management are ongoing until progress against the target is again achieved and sustained.

Electives health target: The West Coast DHB is set to both meet and surpass our year-end target of 1,592, having delivered **1,517 discharges** in the eleven months to 31st May 2014 - exceeding the month’s target by 66 patients.

West Coast DHB has been funded to provide an additional 95 operations above the Health Target volume of 1,592 cases by 30 June 2014; so is well placed to deliver upon these additional volumes.

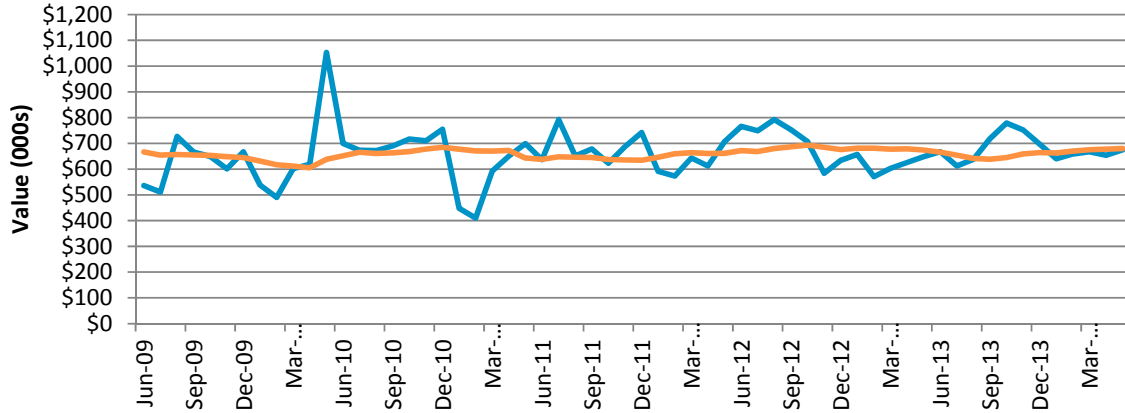
ESPI compliance: No patients exceeded the maximum 150 days' wait time target for First Specialist Appointment (ESPI 2) as at the end of May 2014. One plastic surgery patient was over the maximum 5-month waiting time target for treatment (ESPI 5). This patient was subsequently operated upon in mid-June, and the ESPI targets are again being met.

Financials

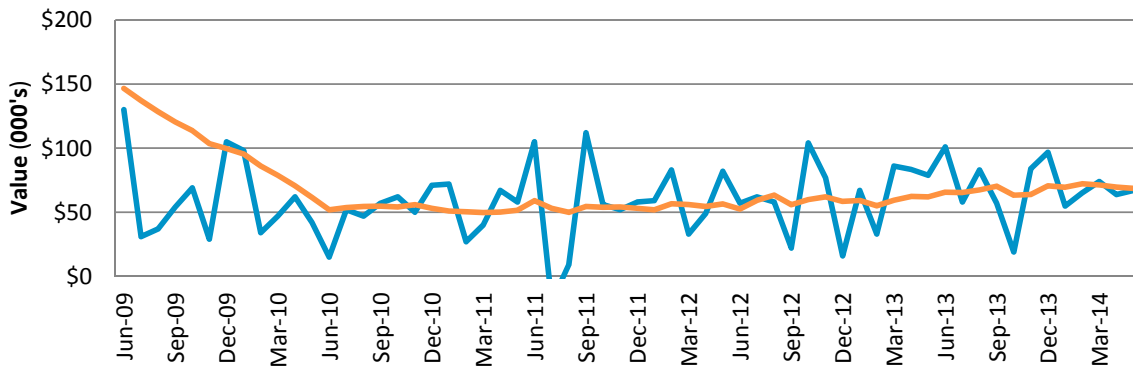
The following graphs are presented to show expenditure trends over time:

— Expenditure Trend — Rolling average

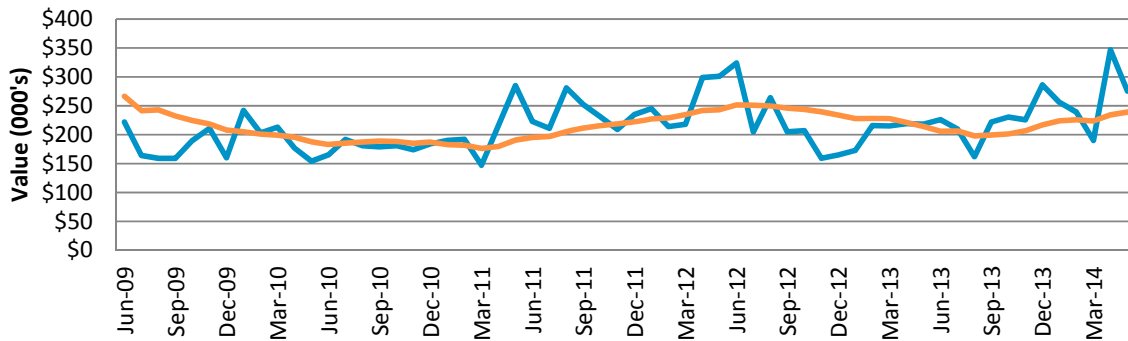
Pharmacy Expenditure



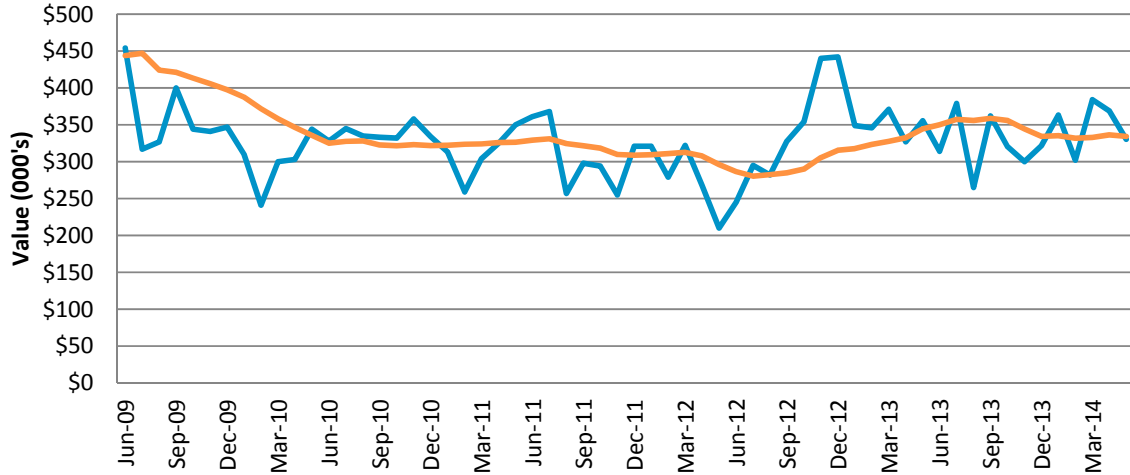
Home Support



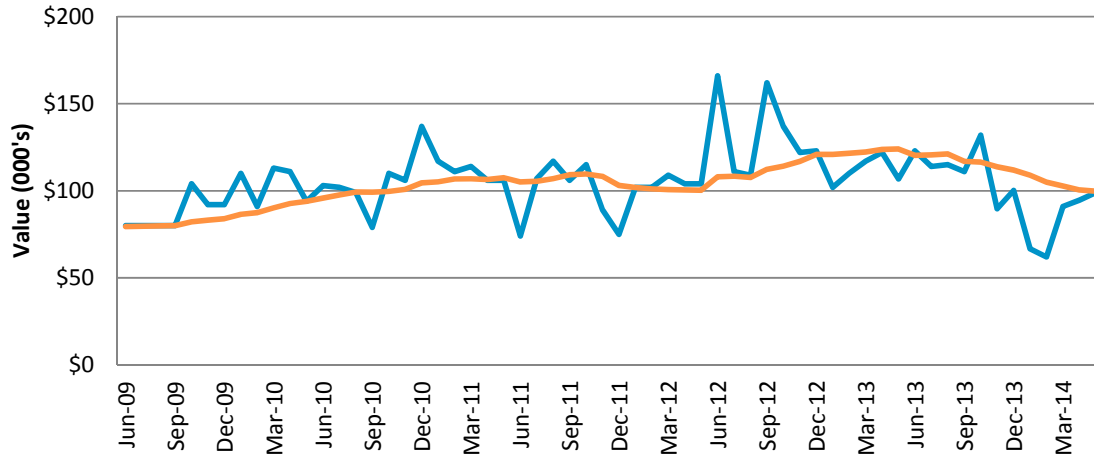
ARC - Rest Home



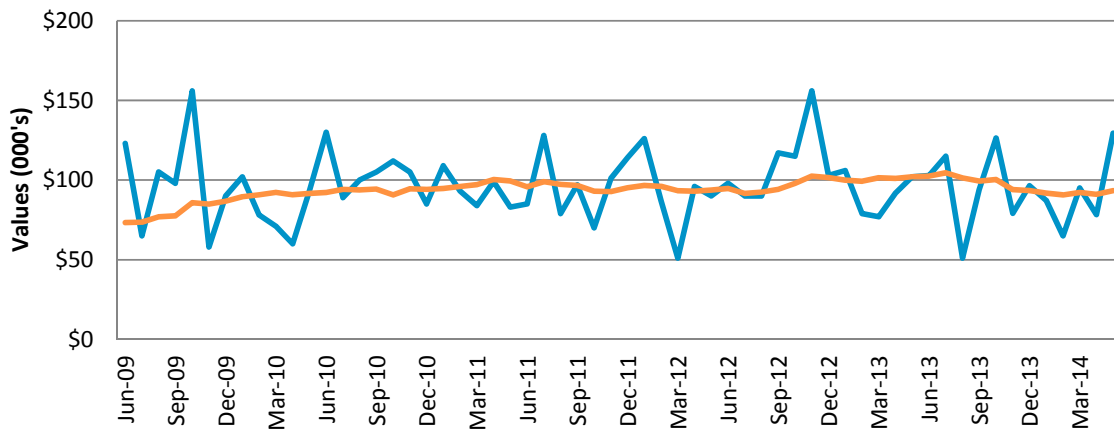
ARC - Hospital Level



Mental Health Residential



Transport and Accommodation



To	Chair and Members, Community and Public Health & Disability Support Advisory Committee	Report Status <i>Report is for</i>	<input type="checkbox"/> Decision
Source	Planning & Funding, Alliance Leadership Team		<input checked="" type="checkbox"/> Noting
Date	24 July 2014		<input type="checkbox"/> 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 notes the Alliance Update.

3. Summary

Progress of Note:

▪ Alliance Leadership Team

The Chair of the ALT continues to work with Tatau Pounamu to source Maori expertise for the group. The replacement of Barbara Weckler's Secondary Medicine expertise has been discussed and the new member is expected to be welcomed at the next meeting.

▪ Mental Health Workstream

This newly established workstream met for the first time in July. A review of the Mental Health Review recommendations confirmed that the actions for completion within three months are all underway and those for completion within six months have also begun.

▪ Complex Clinical Care Network (CCCN)

- The new restorative case mix model of care has now been fully rolled out to both providers.
- Regular peer review sessions (case reviews) are now held for both CCCN and providers. This enables complex clients to receive a more comprehensive assessment and the care needed to enable them to be more functionally independent in their own home.
- The Rehab Response (Casemix 8) model based on the Canterbury CREST service is being piloted this month. Full roll out is expected by the end of December 2014.

▪ Grey/Westland & Buller Family Health Services [IFHS] -

- The Feedback Report from the working party who visited Midlands Health network has been shared with the Alliance Leadership Team. This report includes recommended next steps for moving towards the Health Care Home Model of integrated primary care with work on all of the recommended actions already underway. Wider circulation of this report will include primary and community services, district nursing and Clinical Nurse Specialists.
- The Grey/Westland workstream have taken the lead on ensuring that Clinical Nurse Specialists and Community Pharmacists receive the necessary training to appropriately complete clinical notes in the primary care Medtech database, ensuring better links and improved integration between the services.

- The Grey/Westland workstream are also leading a piece of work to improve the visibility and timeliness of acute readmissions data as this will be a key indicator of how well the system is working to support people to remain safe and well in their own homes.
 - The Buller workstream have been collecting data to support lean practices. The data includes the different points at which patients currently enter the Buller Health services as well as the acuity/patient type of patients attending and calling in to general practice over a two week period.
- **Healthy West Coast**
 - A focussed work group has been formed to identify key actions to improve the rates of Maori smokers accessing smoking cessation services. The work group has identified a number of areas where links between services could be strengthened and where increased sharing of information could better facilitate conversations and offers of cessation support.
 - Work has begun to develop a new data collection system to better understand alcohol related admissions to ED. This is linking into other work being carried out by the South Island Alliance and the Health Promotion Agency.
 - Work to improve breastfeeding rates has been incorporated into the West Coast Priority Plan for Breastfeeding aligned with the Maternity Quality & Safety Programme.
 - **Child and Youth**
 - The Youth Health SLA is working on identifying and implementing a consumer model to enable meaningful youth participation in the planning and delivering of health services.
 - In June the Ministry of Health visited the West Coast DHB to sign off the implementation of the National Child Protection Alert System (NCPAS). The NCPAS will allow West Coast DHB staff to see if there are Child Protection Alerts lodged from other DHB's as well as their own on the electronic patient database system. These alerts draw the attention of the clinical staff to serious child protection concerns already known within the health system so they can determine the relevance to the latest presentation. This information will be readily available to other DHBs as a child moves across health systems within New Zealand. The next step in the implementation is the roll out of DHB-wide training.
 - HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide and depression, Safety) assessment training was held at the West Coast PHO in June as part of the Child & Youth Health Plan to increase the number of competent providers and therefore increasing assessment capacity across the West Coast. The training was well attended, with 22 attendees from a number of community agencies. The workstream's next focus for HEEADSSS assessment training is for those working within primary care.

Report prepared by: Jenni Stephenson, Planning & Funding
Report approved for release by: Stella Ward, Chair, Alliance Leadership Team

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

SOURCE: General Manager, Maori Health

DATE: 24 July 2014

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

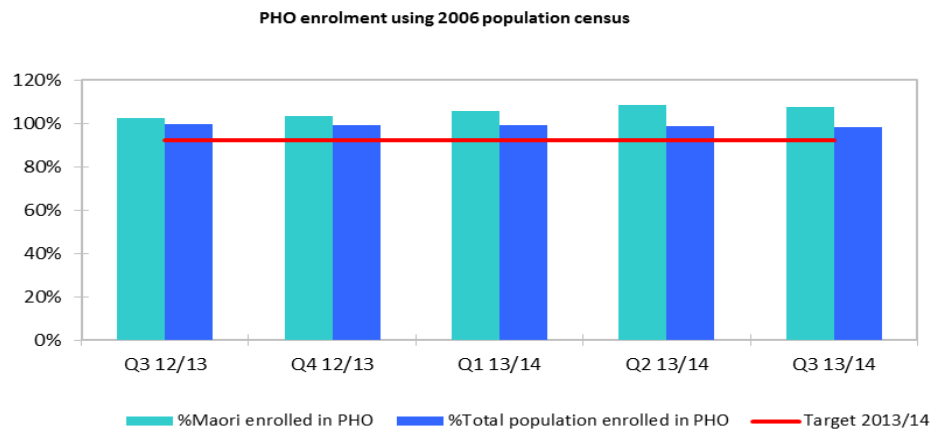
That the Community & Public Health & Disability Support Advisory Committee:
i notes the Maori Health Plan Update.

3. SUMMARY

Maori Health Quarterly Report – Q3, 2013/14

Access to care

Percentage of Maori enrolled in the PHO



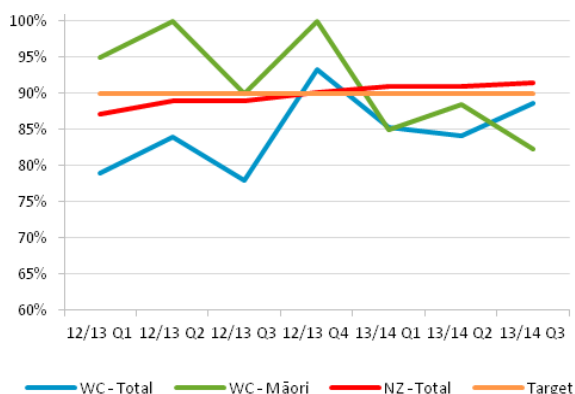
* 2006 census population was used as the denominator.

ACHIEVEMENTS/ISSUES OF NOTE

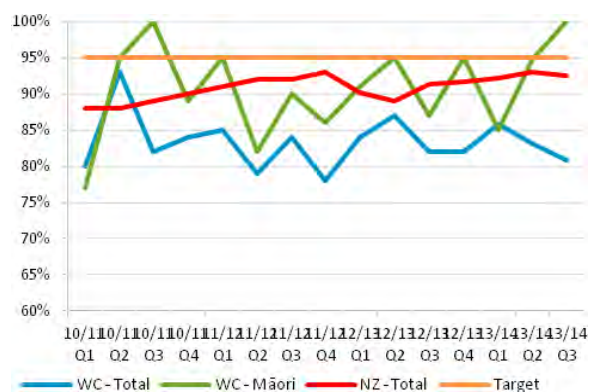
Enrolment in PHO: Using the 2013 population census figures 99% of Maori were enrolled with the PHO as at March 31 2014. Enrolments for Maori and Pacific people continue to increase at a faster rate than other ethnicities and exceed that of other ethnicities.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



Eight-month-old immunisation: 82% of Maori babies have been immunised on time at 8 months of age in quarter 3 – 14 babies out of 17 eligible. This is compared to 95% of non-Maori babies where 59 from 62 eligible babies have been immunised.

Two-year-old immunisation: 100% of Maori 2 year olds have been immunised on time in Quarter 3 – 13 from 13 eligible babies. The West Coast DHB’s total coverage for Quarter 3 is 81% - 97 out of 120 eligible children and 90% of non-Maori 2 year olds.

A process timeline for all practices to use as guidance to ensure timely immunisation by eight months of age;

- NIR Administrator working with a key contact in each practice to identify children due, pending or overdue;
- Timely referral to Outreach Services;
- Collaboration with other Well Child service providers to refer children for immunisation; and
- Improving the enrolment process at birth

Breastfeeding: Breastfeeding results for the 12/13 year were released by the MoH during this reporting period. It is important to note that unfortunately the DHB is unable to present a full picture of breastfeeding results this year and it is Plunket services only. Poutini Waiora and the WCDHB also provide WCTO services, but due to national data issues with Plunket data the three data sources cannot be accurately combined as they have been in the previous years.

WCDHB 2012/13 results (Plunket data only):

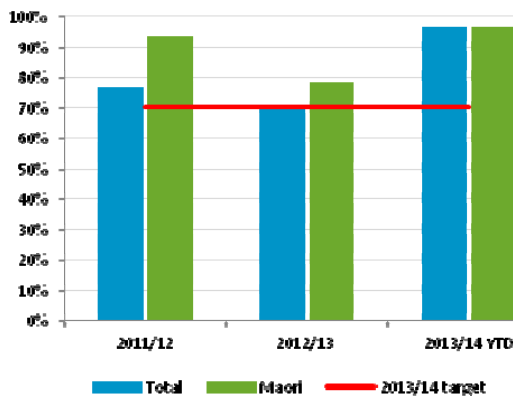
	Target	Maori	Total
6 weeks	74%	70%	61%
6 months	40%	15%	22%

Breastfeeding Support: A multi pronged approach is being taken to improve Maori uptake of breastfeeding. The West Coast and Canterbury DHBs are working together on some key areas of the maternity journey that have been identified as opportunities for improvement. Pregnancy and Parenting Education with a prioritised focus on improving attendance of Maori and prioritising Breastfeeding are the two key areas that could potentially have a positive impact on the rates of Maori who decide to breastfeed. The West coast DHB are currently finalising the West Coast Priority Plan for Breastfeeding 2014-2016 with some key recommendations for improving Maori breastfeeding rates.

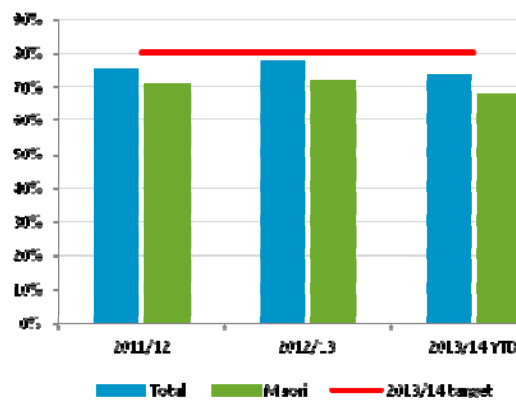
Newborn Enrolment: The Newborn enrolment form will now include a section where new Mums can consent to being contacted by a Lactation Consultant within a week of birth. The lactation consultant will then be able to determine whether support is required or not. This service can be provided in the home or clinic. In Quarter 4 we will be reviewing how this form is delivering and we should have some data to include in the next reporting period.

More Heart & Diabetes checks

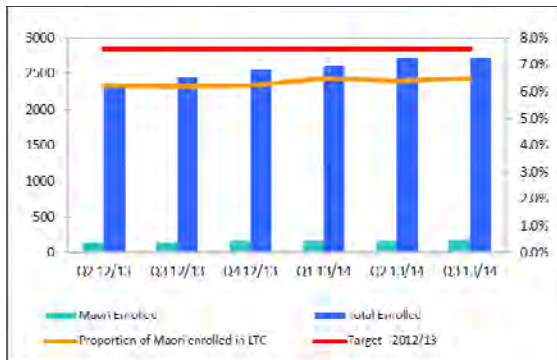
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year



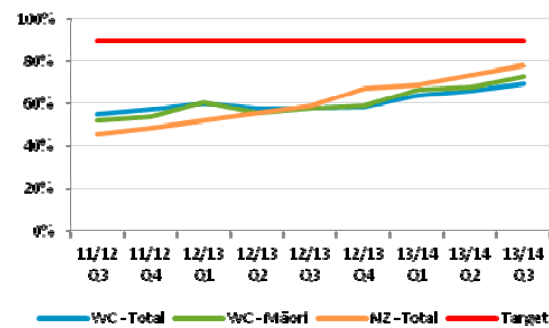
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Number of people enrolled in the Long Term Condition Programme



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



More Heart & Diabetes Checks:

MoH is providing additional funding over four years (2013/14 = \$57,052 and decreasing annually) to support the achievement of the national Health Target *More Heart & Diabetes Checks* in Primary Care some of the initiatives that have been implemented are:

- Communication with practice teams Engagement with Heart Foundation to facilitate and deliver training - training delivered to 11 practice nurses and rural nurses in quarter 4.
- Entering CVR screening terms for patients with CVD who have not had a CVRA but are being seen in practices and obtaining treatment.
- Engagement and co-ordinating integration of Kaupapa Maori Nurses with practices to outreach high need people who are not responding to recall.

- Planning for specific nurse led CVR clinics and engagement of nurses to deliver this service - happening in several practices now.
- Training and support provided to Kaupapa Maori Nurse in Buller to complete CVRAs on high need people.
- Text to remind installation complete for WCDHB practices, training completed for staff as well as PHO staff.
- Use of Karo reports and Query Build to obtain patient lists. Clinical Manager engaging with Practice teams to review audits and discuss ideas to improve uptake and reach eligible population.
- Practice subsidy for initial CVRA and follow-up of high risk CVR.
- Additional nursing resource to conduct CVRA clinics in practices occurring with extra clinics being funded by PHO.

CVD Health Target

Performance against this health target has shown an increase from 58% in the June quarter to 71.8% of the eligible enrolled West Coast population now having had a cardiovascular risk assessment in the five years to 30 December 2013. Quarter 2 rates for West Coast Māori show 68.1% having had their CVD risk assessments undertaken which is an increase from 68% last quarter. Collaboration with Poutini Waiora, the PHO and several practices is enabling better outreach to high-need Māori, including an awareness campaign (which began during Quarter 1) and a tailored package of care from Poutini Waiora through its Kaupapa Māori Nurses and its Kaiarataki (non-clinical Māori Health Navigators). Greymouth Medical Centre and Poutini Waiora began working together in Quarter 4 2012/13 to provide support and health care for Māori and Pacific people with long-term conditions, with the Kaupapa nurse working within the practice and 'out-reaching' directly to practice patients. This pilot model expanded to Hokitika during Quarter 1 and is working well.

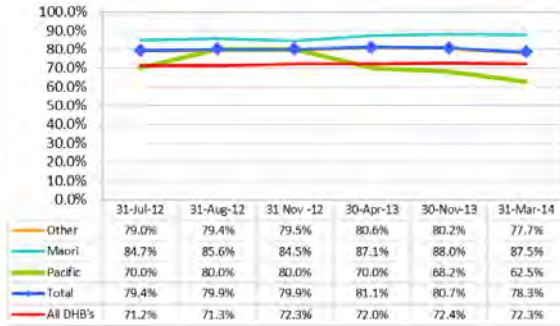
Practice teams continue to actively identify and invite eligible people to nurse-led clinics to have their cardiovascular risk assessed, with a special focus on high-need people who haven't been screened.

Green Prescription: Quarter 3 has seen a steady increase in Maori referrals in to the Green Prescription programme with 10.5% (9) in the Grey/Westland district and 26% (4) in the Buller district. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

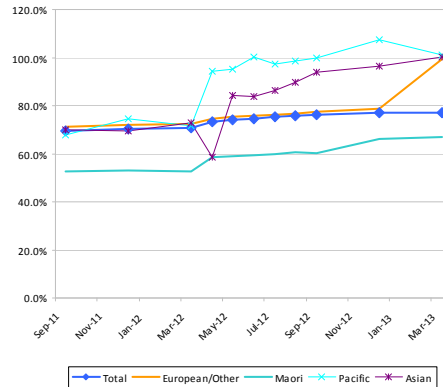
Long Term Condition Management (LTC): 177 Maori are enrolled in the Long Term Conditions programme as at March 31 2014. Year to date Maori enrolment makes up 6.5% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 5.8% of the enrolled population at the primary practices aged 45 years and above. This means that from the 2722 enrolments on the LTC programme 177 are Maori and 8 are Pacific. We are working closely with the CEO and Clinical Manager of the PHO, and Poutini Waiora to identify those Maori who are enrolled in the programme and link them in to the Kaupapaa Maori Nurses and Kaiarataki and also to identify any Maori who should be enrolled in the programme but aren't.

Cancer

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



Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years ending Dec 2013



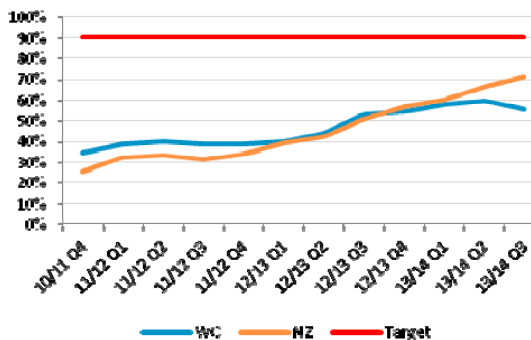
ACHIEVEMENTS/ISSUES OF NOTE

Breast Cancer Screening: Approximate 78.3% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending 31 March 2014. The coverage for eligible Maori women (87.5%) is higher compared to all other ethnicities on the West Coast. The National Maori Health Plan Indicators report shows that the West Coast DHB is the lead DHB from 20 DHB's for this Indicator.

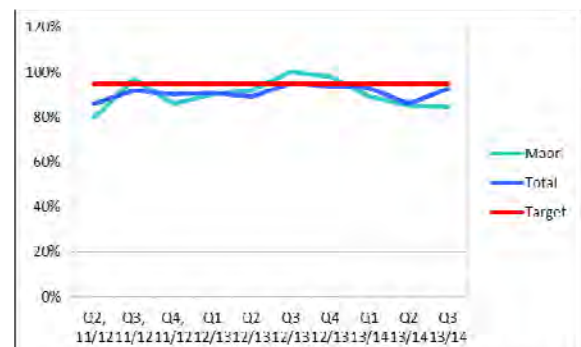
Cervical cancer screening: At the end of Dec 2013, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 78%. The coverage rate for eligible Maori women is at 71% an increase from last quarter and a sustained increase from June 2012. The process for cervical screening is being embedded into the practices with overdue priority lists regularly being forwarded through to the Maori cervical screening. Additionally to this the Maori cervical screener is working very closely with Poutini Waioira to locate those hardest to reach and holding community clinics.

Smoking cessation

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



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



ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target: Results for Quarter 2 2013/14 show the target has increased by 2% to reach 60% with 58% of Maori smokers who have attended general practice offered advice and support to quit. There is a comprehensive plan in place to improve this target. Joe Mason Aukati kaipaipa

Smoking Cessation Co-ordinator is working with Poutini Waiora to streamline the pathway for whanau into this service. Additionally through the Healthy West Coast Workstream a plan is being developed that will give recommendations on the prioritisation of Maori access to all smoking cessation services.

Secondary Smokefree Health Target: The secondary target of 95% was not achieved this quarter with 92.5% of the total population being offered advice and 85% of Maori in the hospital being offered brief advice. More work is occurring with senior hospital management to ensure greater progress is achieved against this target.

Aukati Kai Paipa: For the period December 2013 the AKP service is working with 85 clients, 47 who identify as Maori with 20% validated abstinence rate at 3 months. The Aukati Kai Paipa cessation adviser is working more closely with Poutini Waiora which is resulting in increased referrals to the service.

Report prepared by: Kylie Parkin, Maori Health

Report approved for release by: Gary Coghlan, General Manager Maori Health

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

SOURCE: Planning & Funding

DATE: 24 July 2014

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

1. ORIGIN OF THE REPORT

This report is prepared to seek feedback, advice and endorsement from the Community & Public Health and Disability Support Advisory Committee (CPHAC/DSAC) on the process for development of a West Coast DHB Disability Action Plan for 2015 – 2017.

Included is an indicative timeline of key milestones with the intention that this is will be used as the basis for future reporting to the Committee on the development and subsequent approval of the Disability Action Plan.

2. RECOMMENDATION

That the Community & Public Health and Disability Support Advisory Committee:

- i. endorse the development of a West Coast Disability Action Plan 2015 -2017; and
- ii. provide feedback and advice on the proposed process for the development of a West Coast DHB Disability Action Plan 2015 – 2017; and
- iii. specify how they want to receive updates on the development process.

3. SUMMARY

In 2001 the New Zealand Disability Strategy: Making a World of Difference – Whakanui Oranga was published and until 2010 the West Coast DHB has had an active Disability Action Plan. Over the last decade there has been a range of guiding documents whose vision and principles need to be incorporated into a new Disability Action Plan.¹

The West Coast DHB Disability Action Plan will provide a strategic framework with identified actions to achieve the vision of the New Zealand Disability Strategy - which is to have a society that values the lives of people with disabilities and enhances their full participation. It is proposed that the DHB develop an updated Disability Action Plan with an initial two year focus 2015-2017.

¹ ¹ Disability Action Plan 2014 – 2018 cross-government priorities to make a difference, Office of Disability Issues, Approved by Ministerial Committee on Disability Issues on 8 April 2014; United Nations Convention on the Rights of Persons with Disabilities, August 2006; Whaia Te Ao Marama, The Maori Disability Action Plan for Disability Support Services 2012 – 2017, Ministry of Health, August 2012; Pacific Peoples' Experience of Disability, Pacific Health and Disability Action Plan and Review, Ministry of Health, February 2008.

4. DISCUSSION

Proposed Process for the Development of a West Coast DHB Disability Action Plan 2015 -2017

It is an expectation that District Health Boards will have a Disability Action Plan that is a living document.

The West Coast DHB is committed to the objectives of the New Zealand Disability Strategy and developed a Disability Action Plan from 2004 -2010 with the purpose of meeting its responsibilities to the Strategy. It is recommended that a new plan is developed and championed through CPHAC/DSAC.

Listed below are the objectives that are contained in the New Zealand Disability Strategy 2001 to inform Action and which are to be developed by all government departments. These objectives have been further developed with the release of the New Zealand Disability Action Plan released in April 2014 which identifies the priorities for the implementation of the UN Convention on the Rights of Persons with Disabilities.

Objective 1: Encourage And Educate For A Non-Disabling Society.

Objective 2: Ensure Rights For Disabled People.

Objective 3: Provide The Best Education For Disabled People.

Objective 4: Provide Opportunities In Employment And Economic Development For Disabled People.

Objective 5: Foster Leadership by Disabled People

Objective 6: Foster An Aware And Responsive Public Service.

Objective 7: Create Long-Term Support Systems Centred On The Individual.

Objective 8: Support Quality Living in the Community for Disabled People.

Objective 9: Support Lifestyle Choices, Recreation and Culture for Disabled People.

Objective 10: Collect And Use Relevant Information About Disabled People And Disability Issues.

Objective 11: Promote Participation Of Disabled Māori.

Objective 12: Promote Participation Of Disabled Pacific Peoples.

Objective 13: Enable Disabled Children And Youth To Lead Full And Active Lives.

Objective 14: Promote Participation Of Disabled Women In Order To Improve Their Quality Of Life.

Objective 15: Value Families, Whānau and People Providing Ongoing Support

Proposed Strategic Focus

To meet the objectives identified above. The West Coast DHB Disability Action Plan will need a strategic focus on the following areas:

- The West Coast DHB as a health services planner and funder. The West Coast DHB has current processes to ensure quality services for people with disabilities examples include performance review as an essential part of the contract renewal process and national and DHB auditing processes.
- The West Coast DHB has a responsibility to work in partnership with our communities to improve the health status of all, with particular emphasis on Maori and Pacific peoples and other communities with health disparities
- The West Coast DHB as a health services provider. Disability Support Services have agreement with the West Coast DHB to provide a number of services specifically for people with disabilities.
- The West Coast DHB as a health services provider. People with disabilities access West Coast DHB inpatient and community services. Their experiences need to be surveyed and opportunities to people's experience of West Coast health system need to be identified as part of a quality improvement process.
- The West Coast DHB is an employer of people with disabilities. As a good employer the West Coast DHB has policies and procedures to ensure it is an equal opportunity employer however with the growth in technologies and other supports for employees with disabilities it is critical that our Human

Resource processes are keeping pace with these contemporary advances and that these are known to potential applicants.

- The West Coast DHB has opportunities to improve outcomes for people with disabilities in the wider community by advocacy and influencing other key stakeholders in the delivery of services and the environment they provide.
- The West Coast DHB facilities planning and construction will include input from people with disabilities and this work needs to be captured, opportunities identified and the achievements celebrated.

Proposed Timeframe for Developing the Disability Action Plan 2012 -2014.

	Action	Timeframe (indicative)
1	Review MOH documents and guidelines, West Coast DHB previous Action Plans and other DHB and government Action Plans. Identify possible areas of focus and key contacts for consultation for action.	1 August 2014
2.	Engage with the disability sector with particular emphasis on having participation in the development of the plan from people who have a disability.	30 September 2014
3.	Review current work in specific focus areas which were identified in the process above. Populate Disability Action Plan with draft focus areas, objectives and possible actions, as a starting point to further consult on.	15 October 2014
4	Identify key participants who can contribute to focus areas relevant to the development and implementation of the plan, in order to identify in the plan who can/will take responsibility for ensuring actions are implemented.	15 November 2014
5.	Consultation on the draft Disability Action Plan to key stakeholders for feedback and input with internal and external input as appropriate. This process will include a some workshop type forums	Conclude 30 January 2015
6.	Submit the draft Action Plan to Executive Management Team and General Managers for feedback and approval.	February 2015
7.	Submit the draft Action Plan to CPHAC/DSAC for feedback and approval	Next CPH&DSAC meeting 2015
8.	Provide ongoing updates to CPHAC/DSAC on the implementation of the Disability Action Plan.	Ongoing

Kathy O'Neill will co-ordinate the process and support the implementation process as part of the West Coast DHB Planning and Funding Team.

Report prepared by: Kathy O'Neill, Disability Lead Planning & Funding

Report approved by: Carolyn Gullery, GM Planning & Funding

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held St John, Waterwalk Road, Greymouth
Friday 27 June 2014 commencing at 10.15am

KARAKIA	10.15am
ADMINISTRATION	10.20am

Apologies

1. **Interest Register**

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

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

- *9 May 2014*

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

REPORTS	10.25am
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4. Chair's Update (Verbal Update)	Peter Ballantyne <i>Chairman</i>	<i>10.25am - 10.35am</i>
5. Chief Executive's Update	David Meates <i>Chief Executive</i>	<i>10.35am - 10.50am</i>
6. Clinical Leader's Update	Dr Carol Atmore <i>Chief Medical Officer</i> Karyn Bousfield <i>Director of Nursing and Midwifery</i> Stella Ward <i>Executive Director, Allied Health</i>	<i>10.50am - 11.00am</i>
7. Finance Report	Justine White <i>General Manager, Finance</i>	<i>11.00am - 11.10am</i>
8. Health Target Report – Quarter 3	Greg Hamilton <i>Planning & Funding</i>	<i>11.10am - 11.15am</i>
9. Maternity Review Update	Mark Newsome <i>General Manager, Grey/Westland</i>	<i>11.15am – 11.25am</i>
10. Report from Committee Meetings		
- CPH&DSAC <i>11 June 2014</i>	Elinor Stratford <i>Chair, CPH&DSAC Committee</i>	<i>11.25am - 11.30am</i>
- Hospital Advisory Committee <i>11 June 2014</i>	Sharon Pugh <i>Chair, Hospital Advisory Committee</i>	<i>11.30am - 11.35am</i>
- Tatau Pounamu Advisory Group <i>(Verbal Update)</i>	Elinor Stratford <i>Board Representative to Tatau Pounamu</i>	<i>11.35am - 11.40am</i>
11. Resolution to Exclude the Public	<i>Board Secretariat</i>	<i>11.40am</i>

INFORMATION ITEMS

- 2014 Meeting Schedule

ESTIMATED FINISH TIME

11.40am

NEXT MEETING

Friday 8 August 2014

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 12 JUNE 2014



TO: Chair and Members
West Coast District Health Board

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

DATE: 27 June 2014

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 12 June 2014.

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 – 12 June 2014.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

- **Community & Public Health Update.**

This report provided the Committee with updates on: District Council Annual Plan Submissions; Grey District Council Gambling Policy; Aukati Kai Paipa Smoking Cessation Service; Punakaiki Drinking Water Update; and Fruit Trees at Uniting Church and Grey High School.

The Committee noted that “boil water” notices have been lifted in Punakaiki since the report has been written.

The Committee also noted that the DHB had presented their submission regarding the Grey District Council gambling policy. The submission recommended that Council decrease the cap on both venues and gaming machine numbers to closer to the national average, and implement a “sinking lid” on new venues and machines to achieve this.

The report was noted

- **Health Target Report**

The Health Target Report is included in today’s Board papers.

- **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 30 April 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 seven months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- The West Coast PHO exceeded the year-to-date target for completion of **annual diabetes reviews** for 15-74 year olds, with 737 diabetics having had an annual review by 31 March 2014. This represents 97% of year-to-date target, using the most recently available 2012 population estimate. Māori results for the period were also at 97% of year-to-date target, with 73 checks having been completed.

Key Issues & Associated Remedies

- Results for the Quarter 3 **Primary care smokefree health target** showed a disappointing and surprising 4.4% decrease in performance against the health target, with 55.4% of smokers attending general practice being offered advice and support to quit. Analysis has identified that some of this drop is due to a large number of recorded statuses expiring beyond the target’s 12 month timeframe from this time last year. Previously reported actions continue and Buller Medical is initiating a program looking to improve capturing of information including the use of the Text 2 Remind tool and resource from administration. Plans looking forward to the 14/15 year include the trial of IT tools such as the Appointment Scanner and Dashboard. These will be implemented once necessary upgrades have been made to local Medtech systems (planned for August 2014).

- While we achieved a result of 92.5% and made up some of the loss from the previous quarter, we are still not meeting the **Secondary Smokefree Health Target** or our result from the end of last year (95%). The systems and processes are in place for the target to be achieved by June 2014; however challenges do exist including small numbers—a single missed ABC contributes to more than 1% of the target.
- **B4 School Check coverage:** As at the end of April 2014, the West Coast DHB has provided B4 School Checks to 67% of the total eligible population and 71% of the high deprivation eligible population against the 75% target. Despite a number of clinics taking place during April, checks were unable to be completed due to workforce constraints. A plan has been put in place for these checks to be completed and to realign progress against the target of 90% by the end of June.

Upcoming Points of Interest

- **Complex Clinical Care Network's** pilot plan to support 'casemix 8' clients (those that show potential for short term rehab) has been piloted with two clients, with changes to the model expected to follow.
- Following the recommendations of the DHB Mental Health Review, ALT has endorsed the establishment of a **Mental Health Workstream**. The workstream will initially be tasked with ensuring the Review recommendations are implemented.

Discussion took place regarding how the care of the older population is managed if they do not visit their GP and also the ability to deliver services to people in isolated communities. The Committee noted that the DHB are working on what models of care can be developed in this area going into the future.

• **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; Grey/Westland and Buller Integrated Family Health Services; Pharmacy; Healthy West Coast; and Child and Youth Workstream.

The Committee noted that the Alliance Leadership Team is becoming very functional with the Alliance Support Group which sits behind this also being a functional team. This has also been enabled by the number of changes over the last few years which has seen systems put in place to support the Alliance process.

Discussion took place regarding the good work that is taking place in General Practice.

The Committee noted that with the roles of the Executive Management Team (EMT) and Alliance Leadership Team (ALT) being clarified this has enabled ALT decisions to be brought to life a lot more quickly than previously.

• **General Business**

- The Committee noted that the Medical Association of NZ have released a report 'Tackling Obesity' which has some very pertinent and relevant recommendations. Management were requested to think about where this report should sit within the organisation.
- Discussion took place regarding "Friends of Hospitals" and management will also give thought to how volunteers could be managed within the organisation.

- The Chair thanked Dr Paul McCormack for his support and encouragement during his time as Chair of the DHB and wished him well for the future.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 12 June 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 12 June 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**

1 May 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 - 9.25am

5. **Health Targets Q3 Report**

Phil Wheble
Team Leader, Planning & Funding

9.25am - 9.40am

6. **Planning & Funding Update**

Phil Wheble
Team Leader, Planning & Funding

9.40am - 9.55am

7. **Alliance Update**

Phil Wheble
Team Leader, Planning & Funding

9.55am - 10.10am

8. **General Business**

Elinor Stratford
Chair

10.10am - 10.30am

ESTIMATED FINISH TIME

10.30am

INFORMATION ITEMS

- Board Agenda – 9 May 2014
- Chair's Report to last Board meeting
- Work Plan 2014
- West Coast DHB 2014 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 24 July 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
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	
STANDARD REPORTS	Health Target Q2 report Planning & Funding Update Community & Public Health Update Alliance Update 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	Planning & Funding Update Community & Public Health Update Alliance Update Maori Health Plan Update	Health Target Q4 report Planning & Funding Update Community & Public Health Update Alliance Update Māori Health Plan Update	Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	
PRESENTATIONS	As required	As required		Alliance Leadership Team Presentation Complex Clinical Care Network Presentation	As required	As required	As required	
PLANNED ITEMS	West Coast Draft Public Health Plan 2014-15							
GOVERNANCE AND SECRETARIAT	2014 Work Plan							
DSAC Reporting	As available	As available	As available	Disability Action Plan Process for Development	As available	As available	As available	
INFORMATION ITEMS	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	

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
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	Kahurangi Room, Grey Hospital
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.