



West Coast District Health Board Public Health Plan 2015-16



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

CONTENTS

1. West Coast District Health Board’s Public Health Plan for 2015–16	3
a. Our Public Health Service	3
b. Our Key Priorities	4
c. Alignment with National and Regional Strategic Health Priorities	4
d. A Renewed Focus	5
2. Key Relationships	6
3. Health Assessment and Surveillance	8
a. Strategies	8
b. Outcomes and Activities table	8
4. Public Health Capacity Development	11
a. Strategies	11
b. Outcomes and Activities table	11
5. Health Promotion	18
a. Strategies	18
b. Outcomes and Activities table	18
6. Health Protection	28
a. Strategies	28
b. Outcomes and Activities table	28
7. Preventive Interventions	40
a. Strategies	40
b. Outcomes and Activities table	40
8. Glossary/Definitions	43
9. Appendix	45

1. WEST COAST DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2015–16

- West Coast DHB Aim: To provide a people-centred, single health system for the West Coast, that is integrated and visible.
- West Coast DHB Values:
 - Manaakitanga – caring for others
 - Whakapapa – identity
 - Integrity
 - Respect
 - Accountability
 - Valuing people
 - Whanaungatanga – family and relationships.
- This plan accompanies the West Coast DHB Annual Plan 2015-16 and has been endorsed by the Board of the West Coast DHB.
- It describes public health services provided or funded by the WCDHB and its Public Health Unit, Community and Public Health.
- It describes key relationships with other agencies.
- The plan is based on a South Island planning template utilising the Core Public Health Functions framework.

a. Our Public Health Service

Community and Public Health (a division of the Canterbury DHB) provides public health services throughout the West Coast DHB region, as well as within Canterbury and South Canterbury. Public health services on the West Coast are also provided through the Planning and Funding Division of the West Coast DHB and by the West Coast Primary Health Organisation. The plan focuses on the work of Community and Public Health, and also includes activities of Planning and Funding and the West Coast Primary Health Organisation, but does not cover non-DHB funded public health providers, such as non-government organisations, Māori and Pacific providers.

The West Coast District Health Board serves a population of 32,150 people (up by 2.6% from 31,330 at the 2006 Census), spread over a large area from Karamea in the north to Jackson's Bay in the south (and Otira in the east) - as such, it has the most sparse population of the 20 DHBs in New Zealand. The population is spread across three Territorial Local Authorities (TLAs): Buller, Grey and Westland Districts.

- The West Coast population is slightly older than the rest of New Zealand, with a higher proportion of people aged over 65 (16.1% in 2013, which is up from 13.8% in 2006). This differs for the Māori population (more than one in ten West Coasters are Māori), which is younger overall. At the time of the 2013 Census, the West Coast population was more socioeconomically deprived than the total New Zealand population. For example, those in the most deprived groups (NZDep deciles 6 – 10) made up 57% of the West Coast population, compared with less than 50% of the total New Zealand population.
- The work of this plan is guided by the following public health principles:
 - a. focusing on the health of **communities** rather than individuals
 - b. influencing **health determinants**
 - c. prioritising improvements in **Māori health**
 - d. reducing **health disparities**
 - e. basing practice on the best available **evidence**
 - f. building effective **partnerships** across the health sector and other sectors
 - g. remaining **responsive** to new and emerging health threats.

b. Our Key Priorities

- The West Coast DHB vision is of:
“An integrated West Coast health system that is clinically sustainable, financially viable and wraps care around the patient to help them stay well”.
- In line with this vision - future health services on the West Coast will be:
People-centred: Services will be focused on meeting people’s needs and will value their time as an important resource. Services will minimise waiting times and avoid the need for people to attend services at multiple locations or times unless there are good clinical reasons to do so.
Based on a single system: Services and providers will work in a mutually supportive way for the same purpose to support people to stay well. Resources will be flexible across services and across the system.
Integrated: The most appropriate health professional will be available and able to provide care where and when it is needed. Services will be supported by timely information flow to support clinical decision-making at the point of care.
Viable: The West Coast health system will achieve levels of efficiency and productivity that allow an appropriate range of services to be sustainably maintained in the long term. There will be a stable workforce of health professionals in place to provide these services.

c. Alignment with National and Regional Strategic Health Priorities

- This plan aligns with national and regional priorities and includes activities that support strategic health initiatives.
- The five South Island DHBs together form the South Island Alliance, which is committed to “a sustainable South Island health system focused on keeping people well and providing equitable and timely access to safe, effective, high-quality services, as close to people’s homes as possible.”¹
- A set of high level regional outcomes have been developed by the Alliance, which includes the outcome “Improved environments to support health and wellbeing”.
- The plan is aligned with and sits alongside the West Coast DHB Annual Plan and Statement of Intent 2015-16 and the WCDHB Māori Health Plan 2015-16. The plan contents reflect Government, Ministry of Health and WCDHB priorities. Community and Public Health activities are carried out under the public health service specifications as agreed by the Ministry of Health.
- The NZ Public Health and Disability Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision making. The West Coast DHB works in partnership with Māori to reduce inequalities and improve the health status of Māori.
- The South Island Public Health Partnership is a collaboration of the three South Island Public Health Units (PHUs) – Nelson Marlborough (NMDHB), Community and Public Health (CPH) and Public Health South (Southern DHB). The partnership aims to facilitate the three PHUs working together – collaborating on leadership and sharing planning, resources and strategic work.
 - South Island population health priorities for 15/16 are:
 - Reducing alcohol-related harm to communities via DHB Alcohol Harm Reduction Strategies
 - Tobacco control – advancing achievement of a ‘Smokefree Aotearoa by 2025’, via growing public support for this goal.
 - Promoting environmental sustainability to improve population health and equity as well as system sustainability through enhancing DHB leadership and action and raising public awareness (particularly of links between climate change and health).
 - Obesity prevention through effective joined-up approaches.
- Community and Public Health has statutory responsibilities under the Health Act 1956 that are conducted by Medical Officers of Health (MOsH), Health Protection Officers, and those acting under delegation from the MOH.
- Reporting against this plan will meet the requirements of the Ministry of Health reporting schedule and ISE (Information Supporting the Estimates of Appropriation) reporting as outlined in the planning and reporting package for 2015-16.

1 Draft South Island Regional Health Services Plan 2015-16.

d. A Renewed Focus

- The five core public health functions agreed by the Public Health Clinical Network² and included in the draft revised Ministry of Health Tier Two and Three Public Health Service Specifications are:
 1. Health assessment and surveillance
 2. Public health capacity development
 3. Health promotion
 4. Health protection
 5. Preventive interventions.
- This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.
- The appendix outlines how public health strategies from a range of core functions are combined across the West Coast DHB to address priority health issues, and specifies targets for that work.

² Available at <http://www.cph.co.nz/Files/CorePHFunctionsNZ.pdf>

2. KEY RELATIONSHIPS

The Public Health work of the WCDHB involves partnership with many health and non-health agencies. Some key partners of Community and Public Health are listed below. Formal agreements are noted in parentheses.

Local authorities:

West Coast Regional Council
Buller District Council
Grey District Council
Westland District Council
District Licensing Committees

Government agencies:

Alcohol Regulatory and Licensing Authority
Department of Conservation
Department of Corrections
Department of Internal Affairs
Environmental Protection Authority
Environmental Science and Research
Health Promotion Agency
Ministry of Business, Innovation and Employment
Ministry of Education
Ministry for the Environment
Ministry of Health
Ministry of Primary Industries
New Zealand Fire Service
New Zealand Police
Worksafe

Māori /Iwi agencies:

Te Runanga o Ngati Waewae
Te Runanga o Maakaawhio
Poutini Waiora

Educational institutions:

Education Facilities and Settings
Tai Poutini Polytechnic
Karoro Learning Centre

West Coast DHB:

Infection Control Nurse Specialist, Grey Hospital
Falls Prevention Coalition
Infection Prevention and Control Committee
Immunisation Coordinator
Immunisation Advisory Group
Public Health Nurses
Rural Nurse Specialists
Clinical Board
CPHAC/DSAC
Child and Youth Health Committee

Suicide Prevention Governance Group
Suicide Prevention Action Group
West Coast Health Alliance

Non-government organisations/networks:

Action on Smoking and Health (ASH)
Active West Coast
Alcohol Action NZ
Buller and Westland Sports Trusts
Buller Reap
Buller Interagency Forum
Cancer Society
Education West Coast
Family Planning Association
Heart Foundation
Healthy West Coast Governance Group (Terms of Reference, joint work plan)
Home Builders
Laboratories
Liaison on Alcohol and Drugs
Medical Centres
Mental Health Foundation
New Coasters
Plunket
Potikahua House
Smokefree South Island
Sport Canterbury West Coast
Te Rito network
The Hub/Nurturing the Future
West Coast Well Women's Centre
West Coast Tobacco Free Coalition
West Coast Primary Health Organisation
West Coast Youth Workers Collective
West Reap

3. HEALTH ASSESSMENT AND SURVEILLANCE

“understanding health status, health determinants and disease distribution”

a. Strategies

- **Monitoring, analysing and reporting** on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori.
- Detecting and investigating **disease clusters and outbreaks** (both communicable and non-communicable).

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Health assessment	Robust population health information available for planning health and community services	Monitor, analyse and report on key health determinants, including: alcohol related harm smoking status (e.g. from ASH Year 10 data and 2014 Census and WCPHO reports).	CPH, P&F WCDHB and WCPHO	Number of reports.	Formal/informal feedback Accessibility of reports, including web statistics.	Availability of information for planning
		Develop health status reports and health needs analyses for specific populations as required.	CPH	Number of reports	Accessibility of reports. Formal/informal feedback	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Develop disease-specific reports for conditions of concern, eg Pertussis.	CPH	Number of reports.	Accessibility of reports. Formal/informal feedback	
		Contribute to related work of partner organisations, eg WCPHO and WCDHB through the Healthy West Coast Workstream.	CPH, WCPHO and WCDHB	No of meetings	Records of meetings and outcomes (including joint planning processes and sharing of population health information). Quality of working relationship	
	Improved public understanding of health determinants	Disseminate information in existing and dedicated reports (eg WCDHB Quality Accounts, WCDHB website, WCDHB Community Report, print, broadcast and social media).	CPH, WCDHB Communications Team and WCPHO	Number of media reports. 4x WCDHB Community Reports 1x Quality Accounts 10x Ask a Professional articles in the Messenger 6-weekly CPHAC/DSAC reports	Impact of media reports	Availability of information to public
Surveillance	Prompt identification and analysis of emerging disease trends, clusters and outbreaks	Review (via EpiSurv and other sources), analyse and report on communicable diseases data, including via web applications and written reports (eg Public Health Information Quarterly, weekly reports on	CPH	Number of reports. 4X PHI Quarterly Weekly surveillance reports	Accessibility of reports. Formal/informal feedback	Timeliness and effectiveness of reports for identifying trends and outbreaks of concern

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		notifiable diseases and influenza –May to September).				
		Produce disease-specific reports for communicable diseases of concern, eg Pertussis, other diseases causing outbreaks.	CPH	Number of reports.	Accessibility of reports. Formal/informal feedback	
		Review, analyse and report on other disease and determinants data (eg alcohol-related harm, and diseases relevant to West Coast context) including via the Environmental Health Indicators.	CPH, P&F WCDHB	Number of reports. Record of progress.	Formal/informal feedback	
		Contribute to update of South Island alcohol-related harm indicators.	CPH, SI Partnership	A set of common indicators is produced annually for each SI DHB.	Formal/informal feedback	
		Provide reports to SI Rheumatic fever register.	CPH, SI Partnership	Record of progress.	Formal/informal feedback	

4. PUBLIC HEALTH CAPACITY DEVELOPMENT

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

a. Strategies

- Developing and maintaining public health **information systems**.
- Developing **partnerships** with iwi, hapū, whānau and Māori to improve Māori health.
- Developing partnerships with Pacific leaders and communities to improve Pacific health
- Developing **human resources** to ensure public health staff with the necessary competencies are available to carry out core public health functions.
- Conducting **research, evaluation and economic analysis** to support public health innovation and to evaluate the effectiveness of public health policies and programmes.
- **Planning, managing, and providing expert advice** on public health programmes across the full range of providers, including PHOs, Planning and Funding, Councils and NGOs.
- **Quality management** for public health, including monitoring and performance assessment.

b. Outcomes and Activities table

	Short Term Outcomes (the results that we’re working towards)	Activities (what we’ll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we’ll monitor progress towards the results)
Public health information systems	Public health information accessible to public health, partner organisations and the public	Review and maintain public health information systems (common file structure; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, Health Pathways, HIIRC, NIR; Community Health Information).	CPH, P&F WCDHB and WCPHO	Level of utilisation WC CFS Restructure is complete and implemented	Completeness and currency of information Operational systems and documentation in place Staff consistently record their work in Healthscape	Availability and accessibility of public health information

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Contribute to development and implementation of national, regional and local public health information systems, including providing support to other PHUs that are adopting Healthscape.	CPH, WCPHO and WCDHB		Nature and effectiveness of systems, including degree of integration.	
Partnerships with iwi, hapū, whānau and Māori	Effective partnerships with iwi, hapū, whānau and Māori	Take a whānau ora approach to working with local iwi, hapū, whānau and Māori around -health information and analysis -proposals and policies with health implications -health determinants and outcomes.	CPH	No. of initiatives supported.	Formal/informal feedback.	Joint approaches and initiatives
		Implement CPH Māori Health Plan.	CPH (Māori Health Sub-Group)	Progress against plan		
		SI: Work with Māori GMs and Te Herenga Hauora, eg around shared communications.	CPH (GM and Māori Portfolio on SI Public Health Partnership)		Record of interactions and outcomes	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	Work with local Pacific and other ethnic leaders and communities around -health information and analysis -proposals and policies with health implications -health determinants and outcomes.	CPH	No. of initiatives supported. Meet with New Coasters network a minimum of four times per year.	Formal/informal feedback. Record actions and feedback in Healthscape.	Joint approaches and initiatives
		Contribute to WCDHB ethnic specific plans as appropriate.	CPH, P&F WCDHB and WCPHO	Progress towards plan development/implementation.		
Human resources	A highly skilled public health workforce	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies and contributing to SI workforce development and national networks.	CPH, SI Partnership	Training participation (for public health, other health sector and non-health staff). Two Health Protection staff attend required Health Protection competency training to maintain designation. AKP staff achieved the Smoking Practitioner Qualification	Training feedback	% Staff with appropriate or relevant public health qualifications
		Assess the applicability of the Health Protection Officer competencies project and decide	CPH	Record of assessment and decision.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		whether CPH will adopt it.				
		Explore/facilitate training for CPH staff in the Treaty, inequalities, Health in All Policies, Te Reo, Hauora Māori, and undergraduate and postgraduate study in public health as appropriate to staff development needs.	CPH	Extent of training recorded.	Training evaluations. Formal/informal feedback.	
		SI: Contribute to regional processes.	CPH	Record of contribution		
Research, evaluation, economic analysis	Information available on priority public health issues and effectiveness of public health interventions	Support public health research and evaluation with a particular focus on improving Māori health and reducing health disparities.	CPH	Number and accessibility of reports.	Formal/informal feedback	Research / evaluation reports and publications
		Share the Impacts of Job Losses paper with relevant agencies to assist in dealing with the impacts of job losses on the West Coast.	CPH	Number of times shared	Formal/informal feedback	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Media releases about items of interest including Year 10 ASH data, alcohol trends, etc.	CPH	Number of media reports. Two media releases in West Coast Newspapers on Year 10 ASH data	Impact of media reports.	
		Systematically identify opportunities for conference presentations and peer-reviewed publication where appropriate.	CPH	Number of presentations and publications.	Impact of presentations and publications.	
Planning and advising on public health programmes	Population health interventions are based on best available evidence and advice	Develop reports and advice for health and non-health organisations to support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, GIS analysis.	CPH, P&F WCDHB and WCPHO, SI Partnership	Number of reports.	Accessibility of reports. Formal/informal feedback	Planning advice / reports
		Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Forum,	CPH	Extent of contribution.	Impact of contribution.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		South Island Public Health Partnership, National Public Health Clinical Network, National Health Promoting Schools Group, New Zealand College of Public Health Medicine, Healthy West Coast Workstream, PASHANZ, West Coast Tobacco Free Coalition, Active West Coast, WCDHB Child & Youth Health Workstream and West Coast Immunisation Advisory Group, WCDHB Suicide Prevention Governance and Action Groups.				
Quality management	A continuous improvement culture and robust quality systems for all public health work	Review and deliver the quality improvement plan including: policy and procedure maintenance, Internal Audit Plan, and provision of information, training and support to staff.	CPH	Progress against plan, eg review of policies and procedures and internal audits		Quality improvement plan and reports Accreditation results

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Present annual quality report to CPH Divisional Leadership Team (DLT).	CPH	1 report annually	Progress against improvements and recommendation log.	
		Contribute to the WCDHB organisation-wide quality programme.	CPH		Progress towards quality programme.	
		Maintain IANZ accreditation of drinking water unit and plan to ensure sufficient accredited Drinking Water Assessors at all times.	CPH/SIDWAU		Accreditation maintained.	
	Effective regional delivery of public health core functions	Contribute as required to management and work groups as per <i>South Island Public Health Partnership Plan 2012-15</i> .	CPH	Progress against plans	Partnership evaluation	Reports of South Island Public Health Partnership

5. HEALTH PROMOTION

a. Strategies

- Developing public and private sector **policies** beyond the health sector that will improve health, improve Māori health and reduce disparities.
- Creating physical, social and cultural **environments** supportive of health.
- Strengthening **communities' capacity** to address health issues of importance to them, and to mutually support their members in improving their health.
- Supporting **people to develop skills** that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.
- Working in **partnership with other parts of the health sector** to support health promotion, prevention of disease, disability, injury, and rational use of health resources

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

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Building Healthy Policy	Increased numbers of sustainable policies and practices that support health and wellbeing, improve Māori health, and reduce disparities	Develop and make available resources to support health impact assessment (HIA) and a “health in all policies” (HiAP) approach.	CPH (Policy)	Record of contributions.	Impact of contributions	New and reviewed strategies, plans and policies reflect health priorities
		Support health and non-health sector staff with appropriate tools and customised advice to support a HiAP approach, eg the IRPG (Integrated	CPH (Policy)	Record of contributions.	Impact of contributions	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Recovery Planning Guide), Te Pae Mahutonga, HPSTED (Health Promotion and Sustainability through Environmental Design), Broadly Speaking Training etc. Ensure these tools are available to all partner agencies and support their implementation.				
		Support settings (workplaces, sports clubs, schools) to develop policies which support health.	CPH	Training opportunities and participation.	Formal/informal feedback	
		Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HiAP opportunities, including relevant Ministry of Education initiatives, housing, community resilience & wellbeing in response to job losses.	CPH	Record of contributions.	Formal/informal feedback	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Develop joint work plans with a range of stakeholders including: <ul style="list-style-type: none"> • WC Tobacco free coalition work plan • WCDHB Māori Smoking cessation work plan • WCDHB Youth Health Plan • WCDHB Suicide Prevention Plan • Healthy West Coast Work plan. 	CPH, WCDHB, WCPHO		Formal/ informal feedback, including evaluation of joint work plans.	
		Support and coordinate development of WCDHB and regional position statements and submissions on public health issues.	CPH, SI Partnership	Number of position statements and submissions	Impact of position statements and submissions	
Built Environments	Built environments promote health, and support healthy choices and behaviours	Encourage the development of well-designed built environments (including transport networks and public spaces) that are	CPH	Number of submissions	Impact of submissions	Evidence of Public Health contribution in key decisions

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		universally accessible and promote health.				
		Submissions on the four Councils' Long Term and Annual plans.	CPH		Number of recommendations Implemented into plans.	
Creating supportive environments	Settings that support healthy choices and behaviours	Assist organisations and communities interested in gardening and growing food to achieve their goals.	CPH	Number supported Progress towards gardens noted.		Number and type of settings that embed a systems approach to improving health
		Advocate for environments that support active transport, play and community connectedness.	CPH	Number of submissions / workshops	Number of positive outcomes recorded.	
Education settings	ECECs, schools and tertiary settings that support healthy choices and behaviours	Develop and support Health Promoting Schools initiatives reflecting national strategic direction and guided by the service specification.	CPH, WCDHB PHNs	Number of Schools engaged and with action plans developed.	Schools fully engaged to implement their action plan. Action plans conform to HPS specifications.	Education settings evaluation reports
		Support school initiatives that meet health and wellbeing needs identified by the school such as promoting student voice, healthy	CPH	Number of schools engaged in the stages of HPS inquiry Number of completed evaluations using the	Information entered into National HPS Database as required. Uptake of health messages in school newsletters.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		lifestyles and environments, emotional and mental wellbeing, improved attendance, hygiene, and whanau engagement		template set out in the National HPS framework.		
		Work with young people to encourage healthy choices e.g. Smokefree, alternatives to alcohol.	CPH	Electronic and hard copy distribution of HPS magazine. Record of presentations.		
		Continue to develop the Good Memories No Regrets campaign, raising awareness of safe sex and safe drinking.	CPH		Outcomes entered into Healthscape.	
Workplaces	Workplaces that support healthy choices and behaviours	Work with priority workplaces to develop health promoting workplaces.	CPH	No. of workplaces engaged.	Outcomes of workplaces initiatives.	Workplace initiatives and evaluation reports
		Work with workplaces to encourage smoking cessation among staff.	CPH and WCPHO	Number of referrals. Number of quit attempts.		
Marae and Other Māori Settings	Marae and other Māori settings that support healthy choices and behaviours	Work in a whānau ora approach with Māori in settings to support healthy choices and make healthy lifestyle changes.	CPH	No. of Māori settings worked with. Record of initiatives	Evaluation findings	Marae other Māori settings' initiatives and evaluation reports

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Settings include: Kohanga Reo, Marae and Poutini Waiora.				
		SI: Develop and disseminate an Alcohol Harm Reduction kit for whanau (along lines of Northland's whanau pack) with support from Māori GM.	SI Alcohol Workgroup and Māori GMs	No. of initiatives supported and evaluated ie: Appetite for Life, Auahi Kore, alcohol harm reduction.	Feedback and demand for further kits	
Other community settings	Other community settings that support healthy choices and behaviours	Work with event organisers and other community groups to develop health promoting settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka festival.	CPH, WCDHB, WCPHO and Poutini Waiora	No of events supported	Evaluation findings.	Setting initiatives and evaluation reports
		Support active transport through advocacy and membership on the WC Regional Transport Committee, West Coast Road Safety Committee	CPH, WCDHB	Meetings attended and opportunities of change recorded.		
		Identify ways of working with early childhood	CPH, WCDHB and WCPHO	No of initiatives recorded	Evaluation findings	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		centres to promote health and wellbeing.				
Community action	Effective community action initiatives	Support communities to address priority issues, including community engagement initiatives and development of sound health promotion projects, eg community resilience & wellbeing in response to job losses, supporting delivery of the Prime Minister's Youth Mental Health initiative, WCDHB Suicide Prevention Plan.	CPH, WCDHB and WCPHO	Record of new networks established or linked into. No. of initiatives supported and evaluated. No. of groups engaged.	Evaluation findings.	Changes achieved by community partnerships
		Encourage community members to participate in submission-making process including submissions on Liquor Licence applications.	CPH	No. of submissions made.		
		Support Social Sector Trial initiatives in the community.	CPH, WCDHB, PHO	No. of initiatives supported and evaluated. No. of initiatives implemented.	Evaluation findings.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Develop personal skills	People with skills to enable healthy choices and behaviours Communities aware of health issues and healthy choices and behaviours	Deliver Aukati Kai Paipa as per the MoH contract.	CPH	AKP contract specifications met.	Evaluation findings.	Smoking quit rates Evaluation of other initiatives
		Develop and deliver other lifestyle intervention support (eg Appetite for Life, Green Prescription, fall prevention programmes, breastfeeding support, cooking programmes).	CPH, WCDHB, WCPHO and Poutini Waiora	Numbers of interventions made and evaluated. Number of participants Community linkages engaged with – e.g. Homebuilders, Salvation Army.	Evaluation findings	
		Support mental wellbeing initiatives. Support delivery of the Prime Minister's Youth Mental Health initiative and WCDHB Suicide Prevention Plan.	CPH, WCPHO (Primary Mental Health Team) and other WCDHB Teams/Services (e.g. Mental Health)		Level of access to services Awareness of Five Ways to Wellbeing	
		Deliver safe sexual health resources to priority groups and identify and facilitate training where appropriate.	CPH, Family Planning, WCDHB	No. training sessions delivered	Formal/informal feedback	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Develop and implement CPH public health communications strategies.	CPH	Progress against strategies		Communications Plan, record of campaigns and information delivered
		Deliver/support relevant and timely public health information and campaigns (including World Smokefree Day, Mental Health Awareness Week, National Heart Week, White Ribbon Day, the 'It's Not OK' campaign, Matariki, Waitangi Day and Ask a Professional columns in the Messenger).	CPH, WCDHB, WCPHO and Poutini Waiora	Number and type of messaging	Evaluation of reach and impact of individual campaigns	
Reorient health service	Preventative and population approaches support healthy choices and behaviours in healthcare settings	Maintain ABC coverage in primary and secondary care including quit card, hospital cessation service and Coast Quit.	WCDHB, WCPHO	Sustained quit attempt rates MoH targets met.		ABC coverage in primary and secondary care. Healthcare initiatives and evaluation reports
		Work with hospital and community healthcare providers to develop health promoting settings (eg promoting active	CPH, WCPHO and WCDHB	No of initiatives supported recorded and evaluated.	Evaluation findings	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		transport, Smokefree and West Coast Health System Nutrition Policy).		New West Coast Health System Nutrition policy in place by end 2015.		
		SI: Promote a population health approach to tackling obesity with other parts of our DHB and via SI SLAs and workstreams.	CPH, WCPHO, WCDHB and Poutini Waiora	Record of progress		
		Develop WCDHB Alcohol Harm Reduction Strategy.	WCDHB, WCPHO and CPH	Alcohol Harm Reduction Strategy and ED data collection process in place by end of 2015.		

6. HEALTH PROTECTION

a. Strategies

- Developing and reviewing public health laws and regulations³.
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

“protecting communities against public health hazards”

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Communicable disease control	Reduced incidence of notifiable diseases Reduced incidence of influenza	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and investigation of notifiable diseases and outbreaks.	CPH, WCDHB (PHNs, RNSs and Infection Control Service)	Disease rates (as compared with previous years).		Notifiable diseases and influenza rates and trends Outbreak rates and trends

³ Public health legislation covers a wide variety of issues, including communicable disease control, border health protection, food quality and safety, occupational health, air and drinking water quality, sewerage, drainage, waste disposal, hazardous substances control, control of alcohol, tobacco and other drugs, injury prevention, health information, screening programmes, and control of medicines, vaccines and health practitioners.

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Quality data entry in EpiSurv in a timely manner.	CPH	Statistics as outlined in the ESR Annual Data Quality Report and Annual Outbreak Report.	Data quality as outlined in the ESR Annual Data Quality Report.	
		Carry out internal audits of selected cases for adherence to protocols.	CPH	1 audit		
		Investigate outbreaks as outlined in the Outbreak Response Procedure and ESR guidelines.	CPH, WCDHB (PHNs, RNSs and Infection Control Service)	Progress against Outbreak Debrief Report action points.	Outbreaks controlled	
		Contribute to the development of shared South Island protocols.	CPH	Number of shared protocols.	Impact of shared protocols	
		Provide public information and advice, including promoting immunisation and hand hygiene and condom distribution.	CPH, WCDHB Infection Control Committee, WCDHB Immunisation Advisory Group	Number of media releases and promotional opportunities undertaken.		
		Work with priority settings and communities to increase immunisation and improve infection control.	CPH	Records of (intra WCDHB and interagency) meetings attended / settings worked with.	Impact of contribution as evidenced by meeting minutes.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Provide vaccinator and programme authorisations as per Medicines Regulations	CPH	Documented numbers of authorised vaccinator & programme applications and approvals.		
		Contribute to development and implementation of SI Rheumatic Fever Prevention Plan (reported through SI Public Health Partnership).	SI Partnership	Progress against Plan		
		Maintain the rheumatic fever register. Undertake six-monthly reviews of prophylaxis compliance in primary care.	CPH	Six-monthly review carried out and data provided to South Island Alliance and MoH.		
Drinking water quality	Optimised adequacy, safety and quality of drinking water on West Coast	Support local authorities to maintain catchment protection	CPH/SIDWAU	Record of interactions with suppliers concerning their legislative obligations (in SIDWAU filing system).		Numbers of supplies with approved and implemented Water Safety Plans
	Prevention of spread of disease to the public through reticulated water supplies	Review and prioritise all community supplies and work with prioritised communities and TLAs and regional bodies to improve water quality.	CPH	Record of interactions with suppliers concerning their legislative obligations		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Carry out functions and duties of a DWA as defined under the Health Act.	CPH		DWA activities completed within legislative time frames	
		Undertake Annual Survey.	CPH		Annual survey data delivered by required date.	
		Carry out public health grading of drinking water supplies on request.	CPH		Gradings completed and entered on WINZ	
		Undertake water carrier registration where required.	CPH	Record of registration		
		Respond to respond to transgressions and suspected water borne disease outbreaks and cases.	CPH	Record of responses and outcomes		
Sewage	Reduced incidence and impact of environmental hazards from the treatment and disposal of sewage	Work with councils to promote and ensure safe sewage disposal, including making submissions on regional plans and policies, district plans and policies, resource consents.	CPH	Record of external meetings attended and agreed actions.		Sewage-related outbreaks Environmental contamination events

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Work with councils to manage risks of unplanned contamination events.	CPH	Record of contribution.		
		Liaise with councils to provide public advice on safe sewage disposal, sewage overflows, and waterways contamination.	CPH	Record of contribution.		
Recreational water	Reduced incidence and impact of environmental hazards associated with recreational waters	Agree recreational water protocols with councils annually and monitor implementation.	CPH		Agreed protocol in place	Waterborne disease outbreaks Beach and river water monitoring results
		Work with councils to provide public information and advice, including health warnings and media releases.	CPH	Number of media releases produced in relation to RW including micro quality and algal bloom events.		
Housing	Less disease caused by inadequate housing	Work with national, local and community organisations to ensure warm and dry housing, especially for vulnerable groups (including identification and referral	CPH, WCDHB P&F and WCPHO		Actions and/or outcomes from key housing stakeholder meetings/interactions reflect public health input.	Housing quality improvements

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		of vulnerable households). (also see Air Quality, under Resource Management)				
Resource management	Public health issues are identified and addressed in decisions made on the sustainable management of natural and physical resources and social environments	Work with councils to ensure health issues are identified and considered in RMA processes. Assess and submit on consent applications.	CPH	Number of applications assessed (scoped) Number of submissions made. Number of hearings where evidence presented. Number of decisions reviewed.		Evaluation of council decisions, implementation and enforcement Air quality monitoring results
		Work with stakeholders to identify and address potential health issues	CPH	Record of external meetings attended and agreed actions. Record of formal advice given.		
Hazardous substances	Public protected from exposure to hazardous substances	Work with councils and other agencies to reduce public exposure to hazardous substances, including responding to hazardous substance emergencies and complaints. Continue to	CPH	Progress towards HSTLC reactivation Record of external (including HSTLC) meetings attended and agreed actions.		Reports of public exposure

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		encourage the reactivation of the HSTLC committee.		Record of formal advice given.		
		Conduct investigations where required, including entry into HSDIRT and response to HSDIRT notifications.	CPH	Number of investigations.	Outcome of investigations.	
		Provide public information and advice.	CPH	Record of advice given, including website utilisation.		
		Process applications for application of vertebrate toxic agents under HSNO legislation.	CPH	Number of VTA applications processed.		
		Conduct field audits of VTA activity where appropriate.	CPH	Number of audits.	Outcome of audits	
Early childhood education centres	Reduced incidence and impact of health issues in early childhood education centres	Visit, assess for pre-licensing and provide advice to ECECs.	CPH	Number of ECECs assessed in terms of meeting requirements of ECC 1998/ 2008 Regulations.		Compliance with ECC Regulations, including infection control and lead exposure
		Work with councils to ensure appropriate placement of new ECECs.	CPH	Number of meetings held with MoE and TAs.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Emergency preparedness	WC districts prepared for emergencies impacting on public health	Review and maintain emergency plans.	CPH, WCDHB, WCPHO		Emergency plans are current.	Effective emergency responses as required
		Participate in emergency responses on an as-needed basis.	CPH		Debrief reports	
		Deliver MoH Emergency Management training to new staff and refresher training to established personnel (eg CIMS in Health, Health EMIS).	CPH	Record of training.	Evaluation of training	
		Participate in Public Health exercise with Public Health South and Nelson/Marlborough Public Health and the National Exercise Shakeout at a local group and district level.	CPH		Performance against exercise performance measures.	
		Contribute to the development of an integrated South Island Public Health Business Continuity Plan.	CPH	Progress towards plan completion, implementation.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Sustainability	Greater understanding of and action on sustainability	Raise awareness regarding sustainability and climate disruption, including both adaptation and mitigation strategies.	CPH SI Partnership Sustainability Workgroup		Evidence of activity to improve understanding of sustainability and to promote sustainable practices	Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations.
		Submissions to Councils where appropriate.	CPH	Number of submissions.	Formal feedback received and recorded.	
Tobacco	Reduced tobacco sales, especially to minors Reduced exposure to second-hand smoke	Respond to public complaints.	CPH	Number of complaints	Complaints responded to within 5 days.	Retailer display compliance at inspection. Retailer compliance during controlled purchase operations. Number and nature of workplace complaints.
		Complete education visit/compliance check prior to CPO/complaint.	CPH	Number of visits/checks	% of retailers inspected.	
		Conduct controlled purchase operations.	CPH	Minimum of three CPOs conducted.	CPO compliance.	
		Provide public and retailer information and advice.	CPH	Record of advice, information given.		
Alcohol	Less alcohol-related harm	Set up ED alcohol data collection system.	WCDHB, CPH	ED data collection system in place by end of 2015.		ED presentations Police data (violence, road traffic crashes)

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
						Retailer compliance during controlled purchase operations
		Monitor licensed premises.	CPH	Number of licensed premises monitored.		
		Inquire into all on- , off-, club, and special licence applications and provide Medical Officer of Health reports to DLC where necessary.	CPH	Number of licence applications processed	Percentage processed within 15 working days.	
		Conduct controlled purchase operations.	CPH	Minimum of 5 CPOs conducted. Number of premises visited during CPO.	CPO compliance.	
		Contribute to training of Duty Managers	CPH	Record of contribution. Training courses held six weekly		
		Work with Police and DLC to support community alcohol initiatives, eg alcohol accords.	CPH	Record of meetings attended and agreed actions.		
		Support councils' implementation of Local Alcohol Policies (LAP's).	CPH		Health impacts of Local Alcohol Policies.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Work with event organisers, eg for Wildfoods Festival, to encourage development of Event Management Plans.	CPH	Record of meetings, number of plans in place.		
		Work with SI Public Health Partnership to facilitate the development of DHB Alcohol Harm Reduction Strategies with associated outcomes frameworks and indicators.	CPH, SI Partnership (Alcohol Workstream)	Progress against workplan.		
Other psychoactive substances	Improved compliance with Psychoactive Substances Act 2013	Work with Police and other agencies including CPH Canterbury staff to undertake regulatory activities in line with the Psychoactive Substances Act 2013 and Regulations.	CPH	Number of licensed retail premises assessed for compliance. Number of premises visited during Controlled Purchase Operations.	CPO compliance	Retailer compliance during controlled purchase operations
		Support Local councils to develop Local Approved Products Policies.	CPH	Record of contribution		
Other	Public protected from other health hazards	Undertake other regulatory health protection work using a risk-based approach,	CPH	Record of external meetings attended and agreed actions.		Evidence of harm to public

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		including six-monthly inspections of solaria.		Record of formal advice given. Number of documents reviewed. Number of decisions reviewed. 100% of solaria contacted and visited every six months.		

7. PREVENTIVE INTERVENTIONS

a. Strategies

- Developing, implementing and managing **primary prevention programmes** (targeting whole populations or groups of well people at risk of disease: eg immunisation programmes).
- Developing, implementing and managing population-based **secondary prevention programmes** (screening and early detection of disease: eg. cancer screening).

“population programmes delivered to individuals”

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Immunisation	Increased immunisation coverage, especially for priority groups	Immunisation coordination - work strategically to improve immunisation coverage especially for tamariki and rangatahi.	CPH, WCDHB (P&F, PHNs, RNSs, WCDHB Immunisation Advisory Group) and WCPHO		Record of initiatives. Formal/informal feedback.	Immunisation rates
		Immunisation promotion eg Pertussis vaccination among frontline healthcare workers, immunisation within ECECs and schools.	CPH, WCDHB (Communications Team, PHNs and Outreach Co-ordinator) and WCPHO	Record of promotion initiatives	Record of outcomes	
		Immunisation delivery.	WCPHO, WCDHB (Outreach Co-ordinator, PHNs, RNSs)	Record of delivery initiatives and outcomes.	Record of outcomes	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Lifestyle interventions	Systematic identification of and response to risk factors	Work with the Maternity Quality and Safety Programme to enhance coverage and effectiveness of Smokefree ABC interventions with pregnant women who smoke.	WCDHB,WCPHO,CPH	Record of progress		Completeness of practice and hospital information on smoking, alcohol intake, and physical activity
		Implement the ABC Smoking Cessation Strategy in primary care and the community.	WCDHB,WCPHO,CPH	Number of practices provided with ABC training.		
		Meet the smokefree health target.	WCPHO,WCDHB	Health Target Quarterly Report		
		Meet PPP smoking targets, including smoking status documentation and delivery of brief advice and cessation support to smokers.	WCPHO,WCDHB	PPP Quarterly Reports.		
		Deliver Coast Quit smoking cessation initiatives.	WCPHO	Quarterly report to WCDHB Smokefree manager, including enrolments in cessation programmes.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Screening and early detection	Early detection of cancer	Participate in Cervical Screening Strategic and Working Groups to develop regional strategies to increase uptake.	WCPHO, WCDHB	Record of strategies	Record of outcomes	Coverage rates for cervical and breast cancer screening
		Maintain current levels of uptake of breast screening through a planned approach.	WCPHO, WCDHB	Record of strategies	Record of outcomes	
	Early detection of diabetes and cardiovascular disease	Promote CVD risk assessments and diabetes screening in primary care settings and the community to increase uptake.	WCPHO,WCDHB	Quarterly report on utilisation. Numbers, age group, ethnicity and conditions identified.		Coverage of diabetes and CVD screening programmes

8. GLOSSARY/DEFINITIONS

ABC – Ask; Brief Advice; Cessation support. A memory aid approach to smoking cessation for health practitioners.

ACC – Accident Compensation Corporation

AKP - Aukati Kai Paipa – A face to face smoking cessation service, offered to Māori and their whānau.

ASH – Action on Smoking and Health – A charity working to eliminate death and disease caused by tobacco.

CIMS – Coordinated Incident Management System – The managed response to incidents within New Zealand amongst multiple agencies.

CPH – Community and Public Health

CPO – Controlled Purchase Operation

CSNZ – Cancer Society New Zealand

CVD – Cardiovascular Disease

DLC – District Licensing Committee

DLT – Divisional Leadership Team

DWA - Drinking Water Assessment

DWS – Drinking Water Standards

ECC – Early Childcare Centre

ECEC – Early Childhood Education Centre

ED – Emergency Department

EpiSurv – National notifiable disease surveillance database.

ESR – Environmental Science and Research

GIS – Geographical Information Systems

Healthscape – The CPH database which records information about CPH activities, and relationships with other organisations.

Healthy West Coast Governance Group – a tripartite alliance of CPH, the WCDHB and WCPHO for joint planning and delivery of health promotion.

HIA – Health Impact Assessment – A systematic procedure to judge what potential (and sometimes unintended) effects a policy, plan, programme or project will have on a population and how those effects will be spread across that population.

HiAP – Health in All Policies

HIIRC – Health Improvement and Innovation Resource Centre. An online resource providing health information.

HPS – Health Promoting Schools

HPSTED – Health Promotion and Sustainability Through Environmental Design

HSNO – Hazardous Substances and New Organisms

HSTLC - Hazardous Substances Technical Liaison Committee

IANZ – International Accreditation New Zealand

IHR - International Health Regulations

IRPG – Integrated Recovery Planning Guide

ISLA – Immunisation Service Level Alliance

MOH – Medical Officer of Health

MoU – Memorandum of Understanding

NGO – Non Government Organisation

NIR – National Immunisation Register

PASHANZ – Promoters Advocating Sexual Health in Aotearoa New Zealand

PHN – Public Health Nurse

PHO – Primary Health Organisation

PHRMP – Public Health Risk Management Plan

P & F – Planning and Funding

PPP – PHO Performance Programme

Pratique – The license given to a ship to enter a port which states that it is free from contagious disease.

Primary Care – Primary care is the level of a health services system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and coordinates or integrates care, regardless of where the care is delivered and who provides it. General practice and PHOs are a main stay of primary care, but not exclusively so as it also involves services such as midwifery, pharmacy, services that support positive behaviour change such as smoking cessation support programme, green prescription and so on and other roles that provide navigation, coordination, and education roles in community settings.

Quality Accounts – Reports provided by health providers on the quality of their services, presented in a similar way to financial accounts showing how an organisation has used its money.

RMA – Resource Management Act

RNSs – Rural Nurse Specialists

RW – Recreational Water

SIDWAU – South Island Drinking Water Assessment Unit

SIPHP - South Island Public Health Partnership

SIPHAN – South Island Public Health Analyst Network

STI – Sexually Transmitted Infection

Te Pae Mahutonga – A model for Māori Health Promotion. Te Pae Mahutonga is the Māori name given to the constellation of the Southern Cross: four stars with two stars as pointers.

TLA – Territorial Local Authority

VTA – Vertebrate Toxic Agent

WCPHO – West Coast Public Health Organisation

WCDHB – West Coast District Health Board

9. APPENDIX

West Coast Prevention/Early Detection and Intervention Targets 2015-2016

	Community		Primary Care		Secondary Care	
Tobacco						
Goal Increase the number of successful quit attempts and reduce smoking prevalence amongst the West Coast population. <i>To reduce the major risk factor of long-term conditions and inequalities in health outcomes, particularly for Māori and Pacific people, who have disproportionately higher smoking rates.</i>	Three CPOs carried out and appropriate enforcement action taken as necessary.	CPH	90% of PHO enrolled patients who smoke will be provided with advice and help to quit.	WCPHO WCDHB	95% of hospitalised smokers will be provided with advice and help to quit.	WCPHO WCDHB
	Increase in the number of year 10 students who have never smoked (base 67%).	CPH	4 ABC training sessions are delivered in primary care.	WCPHO WCDHB	90% of women who identify as smokers at the time of registration with a midwife are provided with advice and support to quit.	WCPHO WCDHB CPH
	≥100 people enrol with the Aukati Kai paipa smoking cessation programme.	CPH	>500 people enrol with the Coast Quit smoking cessation programme	WCPHO		
Alcohol						
Goal Reduce the harm caused by alcohol. <i>To reduce a major risk factor of harm and long term conditions</i>	≥3 monitoring visits per year to high-risk premises	CPH				
	95% of duty managers trained complete the Host Responsibility course.	CPH				

	Community		Primary Care		Secondary Care	
	A West Coast DHB Alcohol Harm Reduction Strategy is developed.					WCDHB WCPHO CPH
Nutrition and Physical Activity						
Goal Empower people and communities to take positive action to improve health & wellbeing. <i>To support healthy eating and physical activity and reduce the risk factors of long-term conditions.</i>	≥5 community nutrition courses delivered	CPH	≥500 Green Prescription referrals (base 474) 75% of infants are fully or exclusively breastfed at 6 weeks. 65% of infants are receiving breast milk at 6 months. ≥100 lactation support and specialist advice consults in the community.	WCPHO WCPHO WCDHB WCPHO	95% of mothers are breastfeeding on hospital discharge.	WCDHB
Immunisation and Vaccine-Preventable Disease						
Government expectation 95% of eight months olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time. Goal Decreased number of cases of vaccine-	Provide public information and advice, including promoting immunisation and hand hygiene.	CPH	95% of all West Coast children fully immunised at eight months.	WCPHO WCDHB	Identify immunisation status of children presenting at hospital and refer for immunisation if not up to date.	WCDHB
	Work with priority settings and communities to increase immunisation and improve infection control	CPH	95% of all West Coast children fully immunised at aged two.	WCPHO WCDHB		
	All cases and contacts of vaccine preventable disease investigated per protocols All outbreaks of vaccine preventable disease investigated and control measures instituted as	CPH CPH	98% of newborns are enrolled with a PHO, GP and Well Child Tamariki Ora provider by 3 months of age.	WCPHO WCDHB		

	Community		Primary Care		Secondary Care	
preventable diseases in the community.	outlined in the Outbreak Response Procedure and ESR Guidelines.					