West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

COMMUNITY PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

14 JULY 2011

AGENDA
AND
MEETING PAPERS

All information contained in these committee papers is subject to change

AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD COMMUNITY PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING TO BE HELD IN THE BOARD ROOM, CORPORATE OFFICE, GREY BASE HOSPITAL BETWEEN 9.00 AM AND 10.45 AM ON THURSDAY 14 JULY 2011

1 Welcome / Introductions / Apologies

Agenda

Karakia

2 Disclosure of Interest

3 Minutes of the Meeting held Thursday 19 May 2011

4 Matters Arising / Actions and Responsibilities

5 Chairs Report
(including feedback from last Board Meeting)

6 Correspondence

7 Workplan

8 Terms of Reference

9 Other Reports:
- General Manager Planning and Funding's Report
- Westport Integrated Family Health Centre Community Engagement
- Finance report
- Better Sooner More Convenient – Alliance Leadership Team
- Human Resources
- Quality and Risk Report
- Clinical Leaders Report
- Health Targets

10 Presentation:
Pharmacist

11 ***General Business***
Items to be reported back to Board

12 Information Papers

NEXT MEETING – 18 August 2011 at 9am
Grey Base Hospital, Corporate Office, Board Room.

KARAKIA

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 ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
CHAIR Elinor Stratford (Board Member)	• Manager, Disability Resource Service West Coast • 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 • Executive Committee Member, New Zealand Federation of Disability Information Centres. • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Board's Representative on Tatau Pounamu
DEPUTY CHAIR Kevin Brown (Board Member)	• Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife is a Pharmacy Assistant at Grey Base Hospital • Member of CCS • Co Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Barbara Holland	• Co-Convenor - Federation of Women's Health Councils Aotearoa (Consumer advocacy interests) • Member - Public Health Association of NZ • Member - Well Women's Centre • Member - National Screening Advisory Committee
Cheryl Brunton	• 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 Strategy Group • Member, Alliance Leadership Team, West Coast BSMC Implementation
John Ayling	• 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 DHB • Shareholder/Director in Split Ridge Associates Limited (which provides services to the disability sector). • To be announced
John Vaile (Board Member)	• Director, Vaile Hardware Ltd
Lynnette Beirne	• President West Coast Stroke Group Incorporated • Member South Island Regional Stroke Foundation Committee • Partner in Chez Beirne (provider of catering and home stay services for the West Coast DHB and West Coast PHO

Member	Disclosure of Interest
Marie Mahuika-Forsyth	• Seconded to Community and Public Health • Promoter for Healthy Eating Healthy Action (20 hours per week) • Executive Member of Makaawhio • Member of Tatau Pounamu • Part-time employee of Supporting families – Non Government Organisation
Mary Molloy (Board Member)	• Director - Molloy Farms South Westland Ltd • Trustee - L.B. & M.E Molloy Family Trust • Trustee - West Coast Community Trust • Spokes woman - Farmers Against Ten Eighty • Executive member - Wildlands Biodiversity Management Group Incorporated • Community Healthy Rep - Hari Hari Community Association • Member – Breast-screening Aotearo Advisory Committee
Patricia Nolan	• Member - Brain Injury Association • Member - Hokitika CCS Disability Action
Robyn Moore	•

DRAFT MINUTES OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 19 MAY 2011 IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH, COMMENCING AT 9.05 AM

PRESENT

Elinor Stratford, Chair
Kevin Brown, Deputy Chair
Barbara Holland
Dr Cheryl Brunton
John Ayling
John Vaile, Board Member
Marie Mahuika-Forsyth
Patricia Nolan
Dr Paul McCormack, Board Chair (ex officio)
Peter Ballantyne, (ex officio)

IN ATTENDANCE

Wayne Turp, General Manager Planning and Funding
Bryan Jamieson, Community Liaison Officer
Gary Coghlan, General Manager Maori Health
Yolandé Oelofse (minute secretary)
Robyn Moore
Hecta Williams, General Manager
Carol Atmore, Chief Medical Advisor
Karyn Kelly, Acting Director of Nursing and Midwifery
Sharon Pugh, Board Member
Colin Weeks, Chief Financial Manager
Anthony Cooke
Helen Reriti
Presentation on Health of Older People:
Diane Brockbank, Dr Carol Atmore, Anne Tacon, Tor Wainwright, Janet Anderson, Michele Coghlan, Jackie Broadbent (V/C), Alois Verstraeten and Dr Upananda Bopitiya.

APOLOGIES

Lynnette Beirne
Mary Molloy, Board Member

1. APOLOGIES, WELCOME, KARAKIA

The Chair welcomed everyone to the Community and Public Health Advisory Committee (CPHAC) and Disability Support Advisory Committee (DSAC) combined meeting and asked that Marie Mahuika Forsyth lead the Committee in the Karakia. The Chair welcomed Robyn Moore as an observer.

An apology was received on behalf of Mary Molloy and Lynnette Beirne.

Moved: Barbara Holland **Seconded: Kevin Brown**

Motion: "THAT the apologies be noted"

Carried.

2. STANDING ORDERS

The Chair waived standing orders noting reinstatement if required.

3. DISCLOSURES OF INTEREST

John Ayling	Shareholder/Director in Split Ridge Associates Limited (which provides services to the disability sector)
Barbara Holland	Member – Breast-screening Aotearoa Advisory Committee
Cheryl Brunton	Member, Alliance Leadership Team, West Coast BSMC Implementation

4. MINUTES OF THE PREVIOUS COMBINED COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 14 APRIL 2011

Moved: Barbara Holland **Seconded: Kevin Brown**

MOTION:
"THAT the Minutes of the Combined Community and Public Health and Disability Support Advisory Committee meeting held 14 April 2011 with amendments as noted be accepted as a true and accurate record"

Carried.

5. MATTERS ARISING

Item 1	Review of models of services is underway, not completed due for completion soon.
Item 2	Remove item.
Item 3	Planning and Funding to provide feedback as when required by the Committee.
Item 4	Completed and remove.
Item 5	Presentation will take place today to remove as completed.
Item 6	Completed and remove.

Item 7	To bring back at the next meeting.
Item 8	Revised workplan, work with other Chairs and align with other Committees.
Item 9	An Agenda item for future meetings.
Item 10	Standard reporting to the Committee.
Item 11	Alliance Leadership Team – report provided and will be spoken to today.
Item 12	The Health of Older People presentation will take place today.

6. GENERAL BUSINESS

6.1 Chair's Report to Committee

Chair's report taken as read.

Note: The opening of St John's new facility in Franz Josef will take place on 27 July 2011. This is an opportunity to showcase the telemedicine on the West Coast.

Moved: Elinor Stratford **Seconded: Cheryl Brunton**

Motion:
"THAT the Committee receives the Chairs report" noted

Carried.

6.2 Revised Work Plan

Community and Public Health reports to be provided every second quarter, in line with their reporting for the Ministry of Health.

The combined Chairs for Hospital Advisory Committee, Audit Risk and Finance Committee and Community and Public Health and Disability Support Advisory Committee will be meeting this afternoon to look at aligning the work plans, terms of reference to make sure that there are no gaps and duplication of services.

The work plan will be confirmed late this afternoon.

6.3 Other Reports:

i) The General Manager Planning and Funding Report to Committee

The General Manager Planning and Funding's Report was taken as read.

Annual Plan with Statement of Intent

We have submitted a draft to the Ministry expecting feedback tomorrow. This will be forward onto the Board members for their comments. Final copy to be sent to the Ministry 27 May.

ii) **IFHC**

We have received positive feedback from the recent meeting held in Buller, 5 May 2011. Future discussions with Buller community is still required. Feedback is slow.

Action: To re-advertise for public contribution.

iii) Finance

The Chief Financial Manager spoke to his report and taken as read.

The Chair requested that the budget report be amended to better reflect the specific areas of interest to Community and Public Health Advisory Committee/Disability Advisory Committee.

Moved: John Ayling **Seconded: Kevin Brown**

Motion:
"THAT the Committee receives the Chief Finance Manager's report"

Carried

iv) Better Sooner More Convenient Primary Care (BSMC) – ALT

The BSMC report is taken as read. The General Manager Planning and Funding spoke to this report. Members of this BSMC Management Team include: General Manager Planning and Fudning, Wayne Turp, Acting Director of Nursing and Midwifery, General Manager, Better Sooner More Convenient Project Coordinator, Chief Executive West Coast Primary Health Organisation and Chief Medical Advisor.

The Chair of Primary Health Organisation officially noted that the BSMC Business case has been one of the worst performing against achievement for other Better Sooner More Convenient business cases. The Board Chair said that there has been an improvement in progress on our business case.

Moved: Barbara Holland **Seconded: Dr Cheryl Brunton**

Motion:
"THAT the Committee receives the BSMC report"

Carried

v) PHO report

This report was taken as read. The Chair thanked the Chief Executive West Coast Primary Health Organisation and Clinical manager of West Coast Primary Health Organisation for their availability.

Page 44 – item 2
The Canterbury DHB Human Resource has set up a recruitment team and agreed to provide services for West Coast D HB on the West Coast.

A question was raised regarding to representation of a Pharmacist on the PHO Governance. PHO currently has a Pharmacist representation and is mindful of the situation and is busy tiding up the appointment process.

A question was asked why there were several people per day going through to Emergency Department instead of going to their General Practitioner. Is it possibly an issue with costs or the perception that they won't be treated in timely way as at the GP. The Clinical Advisor said that costs were not always the issue and sometimes related to other issues. This is an ongoing issue due to the GP shortages.

The Board Chair commended the PHO for a detailed report and thanked the team for the work they do.

The Chair thanked Anthony Cooke and Helen Reriti for speaking to their report.

Moved: Paul McCormack **Seconded: Barbara Holland**

Motion:
"THAT the Committee receives the PHO report"

Carried

vi) Human Resources Report

Report taken as read.

Moved: John Vaile **Seconded: Kevin Brown**

Motion:
"THAT the Committee receives the Human Resource report"

Carried.

vii) Quality and Risk Report

Report taken as read.

Moved: John Ayling **Seconded: Marie Mahuika-Forsyth**

Motion:

"THAT the Committee receives the Quality and Risk report"

Carried.

viii) Clinical Leaders Report

Report taken as read. Good work.

Moved: Paul McCormack **Seconded: Kevin Brown**

Motion:
"THAT the Committee receives the Clinical Leaders report"

Carried.

ix) Health Target Report

Report taken as read. A question was raised to the Elective target, as from yesterday it was eight ahead of target.

Moved: Dr Cheryl Brunton **Seconded: Peter Ballantyne**

Motion:
"THAT the Committee receives the Health Target report"

Carried.

x) West Coast District Health Board Child Health Plan

Report taken as read and due to Shona McLeod, Portfolio Manager's unavailability it was requested that this item be carried over to the next meeting in July.

Moved: John Ayling **Seconded: Marie Mahuika-Forsyth**

Motion:
"THAT the Committee receives the WCDHB Child Health Plan."

Carried.

7. Presentation on Health of Older People

The Committee received a presentation by the project team working on the improvement of health care services for the elderly. (Attached as Appendix one are the presentation slides)

The Chair thanked the group for their comprehensive presentation and commitment. The presentation will go to the full meeting of the Board in June.

Moved: Peter Ballantyne **Seconded: Patricia Nolan**

Motion:
"THAT the Committee receives the Presentation on Health of Older People' report" noted

Carried.

8. OTHER BUSINESS

The Chair requested from Committee items to be referred to the Board

Items to refer to the Board:

1. BSMC report moved from red to amber, and look forward to it moving to green.
2. The PHO report to be sent to the Board members.
3. The Health of Older Persons presentation which will be presented to the Board, to possibly include members from the Hospital Advisory Committee as it would be beneficial.

The Committee moved into the In Committee Section of the meeting at 10:50am.

Moved: Barbara Holland **Seconded: Kevin Brown**

The Committee moved back into Public meeting at 10:55.

Moved: Marie Mahuika-Forsyth **Seconded: John Ayling**

Marie Mahuika-Forsyth led the Committee into the Karakia Whakamutuka (Closing prayer).

Meeting closed at 10:55.

8.1 NEXT MEETING

The next meeting will be held on 14 July at 9am to 11am in the Boardroom, Corporate Office, Grey Base Hospital.

MATTERS ARISING FROM Community Public Health Advisory Committee and Disability Support Advisory Committee Meetings

Item No.	Board Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
1	24 September 2010	Refer question regarding Board owned GP Practice deficit and comparison in cost for locums vs permanent staff to Finance along with committee wish to receive feedback on progress and findings for "what is driving the deficit in Primary Practice".	Chief Financial Manager/ General Manager Planning and Funding	Review commissioned by Chief Executive Officer – due for completion in March	Other Business 6.2 c)
3	5 November 2010	Health Needs Assessment Survey findings, provide feedback in April 2011. Update Annual workplan.	General Manager Planning and Funding	For April meeting of the committee	Other Business 6.2 d)
7	14 April 2011	Tor Wainwright as the portfolio manager for disabilities will prepare a briefing paper on the West Coast's and the national position with disability services	Tor Wainwright		General Business 6.1
8	14 April 2011	Revise Work Plan	Chair		General Business 6.2
9	14 April 2011	In future the General Manager Planning and Funding will invite the Alliance Leadership Team (ALT) to report to CPHAC/DSAC on BSMC. Agenda item for each meeting.	General Manager Planning and Funding		General Business 6.3
11	14 April 2011	ALT to provide report to Committee	General Manager Planning and Funding		General Business 6.4

COMBINED COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SERVICES ADVISORY COMMITTEE

TO:	**Members, Community and Public Health Advisory and Disability Support Advisory Committees**
FROM:	**Elinor Stratford, Chair**
DATE:	**14 July 2011**

MATTERS REFERRED TO BOARD FROM CPHAC/DSAC

The West Coast DHB Board members confirmed the appointment of Robyn Moore

MATTERS RECOMMENDED TO CPHAC/DSAC FROM BOARD

Nil

ITEMS OF INTEREST FROM THE BOARD MEETING

- Overall report is flowing as a whole of sector approach
- Emphasis on quality and clinical risk is being addressed at all levels
- Considerable emphasis on a team approach
- Determination to achieve within the funding package
- BSMC is now consolidated and as such is now gaining momentum

Author: **Elinor Stratford, Chair, 14 July 2011**

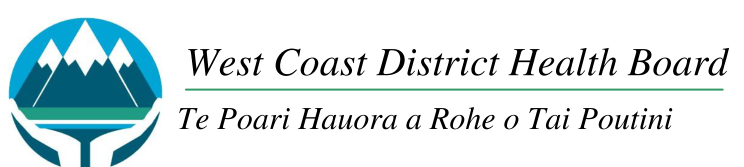
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE CORRESPONDENCE MAY-JUNE 2011

OUTWARD AND INWARDS CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
28 June 2011	John Ayling CPHAC and DSAC Committee member Incoming	Chair and Board Chair	Note his apology and to table his comments on Health of Older People presentation; to focus on Disability issues and BSMC.		

RECOMMENDATION

That the inward correspondence is received.



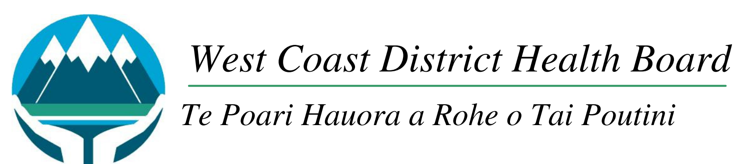
REVISED CPHAC and DSAC 2011/2012 WORK PLAN

Purpose: The combined Community and Public Health Advisory Committee and Disability Support Advisory Committee will provide advice to the Board on the health and disability needs of our region's population and prioritise the use of the funds provided for those with a disability.

Objective	Responsibility	Next Due Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
Progress reporting against priority Areas							
1 Help Smokers to Quit			Quarterly				
2 ~~Elective Targets~~	Hospital Advisory Committee		Quarterly				
3 Immunisation Targets			Quarterly				
4 Cardiovascular risk assessment			Quarterly				
5 ~~Cancer Waiting Times~~	Hospital Advisory Committee		Quarterly				
6 ~~Emergency Waiting Times~~	Hospital Advisory Committee		Quarterly				
7 Better Sooner More Convenient Primary Care			6 Weekly				
8 Collaboration with Canterbury District Health Board							
9 South Island Wide Collaboration							
10 Financial Sustainability							
11 Facilities							
12 Sustainability Project	General Manager Planning and Funding						Update on this to be presented at September's meeting.
1. Quarterly reports							
1.1 West Coast Primary Health Organisation							
1.2 Community and Public Health quarter reports			6 Monthly				
Annual processes Planning Process							
1 Annual Plan / Statement of Intent	General Manager Planning and Funding	Nov 2011	Annually				
2 Regional Strategic Plan	General Manager Planning and Funding	TBD	Annually				
3 Health Needs Assessment	General Manager Planning and Funding	2012	Tri-annually				
4 Maori Health Plan			Annually				

CPHAC and DSAC Clinical Leadership Presentation for 2011

KEY PRIORITIES	LEADERS	PRESENT TO CPHAC AND DSAC MEETING
• Clinical Leadership	Dr Carol Atmore	April 2011
• Health of Older People		May 2011
• Pharmacy		July 2011



WEST COAST DISTRICT HEALTH BOARD

Version 2 DRAFT
DISABILITY ACTION PLAN
2009-2015

Prepared by Torfrida Wainwright, Planning & Funding Revised 4 August 2009

Purpose of this paper

This is a revision of the West Coast Disability Strategy Action Plan 2004-2010, for re-consideration by West Coast DHB's Disability Services Advisory Committee at their August 2009 meeting.

Context

In 2004 the West Coast DHB adopted a Disability Strategic Action Plan 2004-2010, based on a wide consultation with the public and stakeholders. Parts of this plan have been achieved but other parts of the plan had not been achieved at 30 June 2009.

DSAC asked Planning and Funding to revise the Action Plan in the light of more recent national guidelines and to revise and tighten up the timeframes and responsibilities.

This document includes elements of the earlier action plan that have not yet been achieved, takes into consideration the recent national guidelines on disability[1] and adopts a different format which may make it easier to monitor progress on the proposed actions and timeframes.

Key points

The key areas covered in the plan follow those key aspects of the New Zealand Disability Strategy and its updates, which are relevant to DHB health and support services:

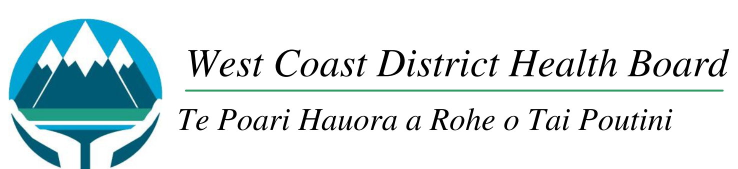
- Disability awareness training for DHB staff and contractors
- Overcoming a disabling society – reducing barriers to the use of West Coast DHB-funded facilities by people with disabling conditions.
- A web of information – ensuring that information on all West Coast DHB-funded services are accessible for people with disabilities
- Providing employment opportunities to disabled people – ensuring West Coast DHB is an Equal Opportunity Employer
- Providing disability information, advocacy and support services for people with personal health conditions, and ensuring these services work smoothly alongside the disability support services funded by the Ministry of Health
- Community and consumer engagement – ensuring that West Coast DHB actively engages with people with disabilities in all its consultation activity

Recommendations

It is recommended that:

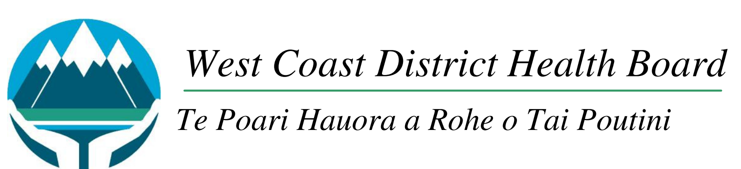
- DSAC consider this plan for adoption by West Coast DHB to guide the development of West Coast DHB funded services

[1] Disability Services, Ministry of Health (2008). *Strategic Plan 2008-2010 – towards a more flexible disability support system.* Wellington:MoH



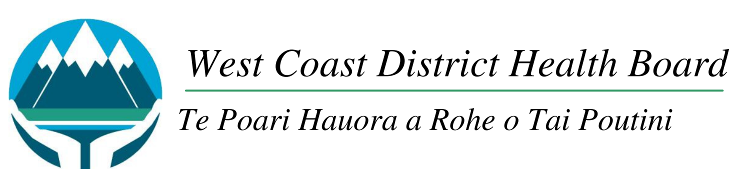
REVISED CPHAC and DSAC 2011/2012 WORK PLAN

1.	**DISABILITY AWARENESS TRAINING**
Strategic goal	To encourage and educate all relevant staff and contractors in disability awareness.
Objectives	**West Coast District Health Board aims to:** • Increase the overall understanding, and knowledge of the New Zealand Disability Strategy disability issues amongst WCDHB's employees and Board Members through 100% training attendance by 2011. • Improve the level of disability knowledge amongst, all staff so that disabled people receive health and disability services that are appropriate and meet their needs.
Actions	**By June 2011, WCDHB will:** • Include a disability issues training component in staff orientation and Board induction training process. • Provide up to date information, training, and continuing education for Recruitment, HR, Managers, Occupational health (staff who deal with employment issues) in order to increase their awareness and understanding of the needs of disabled people • .Provide up to date information, training, and continuing education for clinical and first contact staff (staff who deal with the public) in order to increase their awareness and understanding of the needs of disabled people. • Develop a regular disability column promoting community issues in communications to staff
Measurement	**WCDHB will**: • Measure the number and percentage of new employees and Board members who receive disability awareness training as part of their orientation/induction training. • Measure the number and percentage of HR, Recruitment, Service Managers and Occupational health staff who have received disability awareness training **Targets:** • 100% of new employees/board members receive a disability component in induction/orientation training by June 2011 • 30% of clinical, recruitment, HR, service managers, and first contact staff receive disability competency training by June 2011
Responsibility	Planning and Funding General Manager Human Resources manager Service Managers CEO

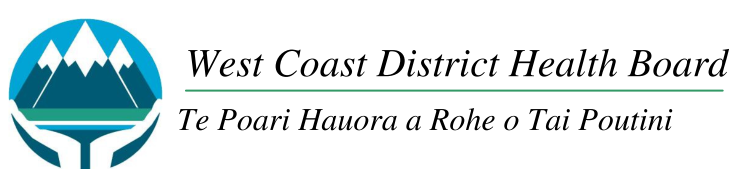


REVISED
CPHAC and DSAC
2011/2012 WORK PLAN

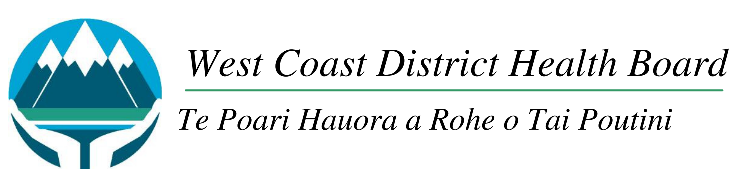
2.	**PHYSICAL ACCESS**
Strategic goal	Overcoming a Disabling Society
Objectives	**West Coast District Health Board aims to**: • Provide an accessible journey for all people to all services within its physical environment by 2012.
Actions	**By June 2011, WCDHB will**: • Assess through surveys and audits the accessibility of WCDHB facilities for compliance with access requirements of, and exceed the Building Act NZS 4121:2001, the Building Code, and the Human Rights Act. • Assess through surveys and audits the accessibility of primary and community providers facilities for compliance with the access requirements of, and exceed the Building NZS 4121:2001, the Building Code, and the Human Rights Act. • Ensure best practice barrier free component is a priority in the design and development of any new WCDHB buildings or contracted services. • Develop action plans to deal with issues of non-compliance with access requirements. • Audit all new buildings plans to ensure compliance is maintained
Measurement	**WCDHB will**: • Measure the number and percentage of hospital and health service buildings (including entrances, car parks, toilet, examination tables etc) which are accessible and meet or exceed the NZS 4121, 2001. • Identify and provide resources to support barrier free initiatives for new buildings and existing buildings. • Monitor the accessibility of primary and community provider facilities, to ensure their accessibility increases over time. **Targets:** • 100% of buildings built after June 2010 meet NZS 4121,2001 • Percentage of other provider buildings/facilities that are accessible increased by 2011
Responsibility	Planning and Funding General Manager Facilities Manager Service Managers CEO



3.	COMMUNICATION AND ACCESS TO INFORMATION
Strategic goal	A Web of Information
Objectives	**West Coast District Health Board aims to:** • Ensure that people who cannot use usual formats such as written letters or telephones will be able to send and receive confidential information to/from WCDHB in a timely manner by 2011. • Improve the accessibility of public information produced by WCDHB through publication in alternative formats (audio, plain language, large print, pictorial etc) and accessible electronic facilities by 2011. • Support the New Zealand Sign Language Act
Actions	**By June 2011, WCDHB will:** • Publish an easy to read brochure on access to WCDHB services for disabled people • Ensure that the complaints procedure is accessible. • Increase WCDHB provision of Braille, large print, audio, and assistive hearing systems, and provide access to NZ Sign Language interpreters where requested • Upgrade our intranet, internet, and signage to incorporate accessibility features and guidelines. • Develop and implement a communications style guide for all publications.
Measurement	**WCDHB will:** • Measure our ability to produce, on request and free of charge, information in a range of formats **Targets**: • Brochure published by July 2010 • WCDHB signage, intranet, and internet upgraded by July 2010 • Production/availability of information in alternative formats increased every year through to 2015
Responsibility	Planning & Funding General Manager Community Liaison Officer IT manager Quality and Safety Manager Service Managers CEO



4.	EMPLOYMENT OPPORTUNITIES
Strategic goal	Providing Employment Opportunities for Disabled People
Objectives	**West Coast District Health Board aims to**: • Have the number of disabled people employed reflect the percentage of disabled people in the general working age population, if possible. • Reduce barriers for employees with disabilities by ensuring working environments and conditions are appropriate • Ensure learning opportunities and pathways for professional development are available and accessible to all staff. • Become an EEO employer • Capture statistics on disabled employees within WCDHB and identify any potential barriers.
Actions	**By June 2012, WCDHB will:** • Review all employment policies and procedures to ensure they maximise employment opportunities for disabled people. • Review all employment policies and procedures to ensure they maximise employment opportunities for carers of disabled people. • Ensure that reliable statistics are collected for the percentage of disabled employees, and what support needs they may have. • Learning and Development courses and training opportunities are made accessible for staff with suitable notice. • Advertise widely and in many formats when recruiting. • Develop a staff survey to capture the statistics on disabled employees within WCDHB and develop an action plan to remove any potential barriers identified
Measurement	**WCDHB will:** • Measure the number and percentage of employees with a disability and analyse comparisons between those figures and the percentage of disabled people in the general working age population. • Develop pathways for disabled employees to get support in the workplace. **Targets:** • Reliable statistics collected on the number of disabled employees by June 2010 • Increase the percentage of disabled employees by 2012
Responsibility	Planning & Funding General Manager Human Resources General Manager Quality and Safety Manager Service Managers CEO



REVISED CPHAC and DSAC 2011/2012 WORK PLAN

5.	**INFORMATION, ADVOCACY AND SUPPORT FOR FAMILIES AND CARERS**
Strategic goal	To collaborate with other funders to ensure good support services for people with disabilities and those caring for them
Objectives	**West Coast District Health Board aims to:** • Collaborate with the Ministry of Health and other funders to ensure that good information, advocacy and carer support services are available for people with disabilities and their families, whatever the cause of the disability • Ensure that services work closely together so that people receive the disability information, advocacy and carer support services they need, regardless of funding stream or diagnosis
Actions	**By June 2010, WCDHB will:** • Initiate collaboration with other funders to improve the accessibility and effectiveness of disability information, advocacy and support services on the West Coast, including access to the services of voluntary agencies such as Stroke Foundation, Alzheimer's NZ and Arthritis Society etc • Ensure smooth working relationships between Carelink and Lifelinks
Measurement	**WCDHB will**: • Support the work of agencies providing disability information, advocacy and carer support services for people with personal health related conditions • Identify and implement resources to support the work of disability information, advocacy and support agencies for people with personal health needs **Targets:** • Increased service usage by July 2012 • Clearly designated funding for these services by July 2011
Responsibility	Planning & Funding General Manager DSAC Carelink manager CEO

6.	**COMMUNITY AND CONSUMER ENGAGEMENT**
Strategic goal	To develop pathways for meaningful engagement with key stakeholders.
Objectives	**West Coast District Health Board aims to:** • Ensure people from all parts of the community have the opportunity to participate in public consultation processes. • Build strong relationships and partnerships with the disability community • Provide advice/ inform DSAC and related committees around disability issues
Actions	**By June 2010, WCDHB will:** • Host forums on matters that may affect disabled people • Work with other DHBs proactively to network and raise awareness of disability issues and advocate for removal of barriers in the health sector. • Regularly maintain relationships and seek feedback from agencies, groups and in the disability sector organisations.
Measurement	**WCDHB will**: • Monitor participants rates of disabled people on WCDHB matters that may affect them, particularly participation rates of disabled Maori, disabled Pacific and people with severe or multiple impairments. • Monitor and record stories of people encountering barriers **Targets:** • Increased participation rates every year through to 2015 • Reduction of examples of people encountering barriers to participation.
Responsibility	Planning & Funding General Manager DSAC Community Liaison Officer Quality & Safety Manager Service managers CEO

RECOMMENDATIONS

The Report been received and consideration made as to whether to recommend to the Board

TERMS OF REFERENCE

TO: **Members, Community and Public Health Advisory and Disability Support Advisory Committees**

FROM: **Elinor Stratford**
Chair

DATE: **14 July 2011**

INTRODUCTION

The Community and Public Health Advisory Committee and the Disability Support Advisory Committee are Statutory Committees of the Board of the West Coast District Health Board established in terms of Sections 34 and 35 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the West Coast District Health Board.

The West Coast District Health Board has determined that the same body of persons shall comprise both Committees and that the meetings shall be combined into one meeting. The membership of the joint committee shall include some members with a specific interest or knowledge of disabilities and some with a specific interest or knowledge in Community and Public Health. For ease of reference the Committee shall be referred to as the "Community and Public Health and Disability Support Advisory Committee.

FUNCTIONS

The Community and Public Health and Disability Support Advisory Committee has specific aims and functions prescribed within the NZ Health and Disability Act 2000 (Schedule 4, Clauses 2&3). These apply to the roles of the two separate advisory Committees, which form the joint committee and exist in addition to these terms of reference. A summary of these functions and aims is set out below.

"The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Community and Public Health, are 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*

The functions of the Community and Public Health and Disability Support Advisory Committee, 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 this advice is to assist the disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, to 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 will effect these functions by:

- Reviewing the Health Needs Assessment and making appropriate recommendations to the Board.
- Reviewing the District Annual Plan and District Strategic Plan and making appropriate recommendations to the Board
- Reviewing information regarding environmental and demographic changes within which the West Coast District Health Board is working.
- Identifying Key Priority Actions from the District Annual and Strategic Plans to monitor progress. (Management will report on key deliverables and measurable achievements associated with these Key Priority Actions).
- Where there are issues raised in other Board committees, such as the Hospital Advisory Committee, that signal a risk to the health of our community or affect the health or disability support needs of the resident population that may be more appropriately considered by Community and Public Health Advisory Committee & Disability Support Advisory Committee, then updates may be presented to Community and Public Health Advisory Committee & Disability Support Advisory Committee on the issue and potential work programmes as it relates to the District Annual Plan.
- Ultimately the Committee will develop a clear set of community outcomes that reflect the West Coast District Health Board priority needs of our population which could then be reported on and monitored.
- Monitoring, reporting and making appropriate recommendations to the Board on those issues that fall within its terms of reference arising from; referrals from other Committees, matters delegated to it by the Board and from direct reporting to it. To facilitate this, Management will provide exception reporting to the Committee to measure against financial and operational issues. (Responsibility for the monitoring of individual contracts rests with management).
- Reviewing and evaluating summary information from internal and external audits on those areas which relate to community and public health and disability contracts and operational issues and monitoring progress made by management in implementing any recommendations arising from those audits.
- Providing advice to the Board on the priorities for funding that maximise the overall health gain for the population that the Committee serves, as prescribed in the Boards accountability documents.

KEY PROCESSES

- The Board approves the Annual Plan and any individual strategies developed to meet the health and disability needs of our population.
- 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 approved Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board.
- Any paper or piece of work being presented to the committee should identify how it links to the Annual Plan (the annual workplan of the West Coast District Health Board).

- Any update on progress with implementation must identify the risks or barriers to the delivery of the strategies.

ACCOUNTABILITY

The Community and Public Health and Disability Support Advisory Committee is a Statutory Committee of the Board and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Community and Public Health and Disability Support Advisory Committee are to carry out an assessment role but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner (where evidence is available) for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Community and Public Health and Disability Support Advisory Committee members, and members will abide by the West Coast District Health Board's External Communications Policy and Procedure and Standing Orders.
- The Committee Chair will annually review the performance of the Community and Public and Disability Support Advisory Committee and members.

LIMITS ON AUTHORITY

The Community and Public Health and Disability Support Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates specific decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Community and Public Health and Disability Support Advisory Committee provides advice to the Board by assessing and making recommendations on the reports and material submitted to it.
- The Community and Public Health and Disability Support Advisory Committee should refer any issues that fall within the Terms of Reference of the other Board committees to those committees.
- Requests by the members of the Community and Public Health and Disability Support Advisory Committee for work to be done by management or external advisors (from both within a meeting and external to it) should be made via the Committee Chair and directed to the Chief Executive or their delegate. Such requests should fall within the . Annual Plan ..
- There will be no alternates or proxy voting of Committee members.
- *All Community and Public Health and Disability Support Advisory Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:*
- *The term of members not exceeding three years*
- *A conflict of interest statement being required prior to nomination.*
- *Remuneration*
- *Resignation, vacation and removal from office.*
- The management team of the West Coast District Health Board makes decisions about the funding of services within the Board approved parameters and delegations.

RELATIONSHIPS

The Community and Public Health and Disability Support Advisory Committee is to be cognisant of the work being undertaken by the other Committees of the West Coast District Health Board to

ensure a cohesive approach to health and disability planning and delivery. and as such will be required to have effective relationships with:

- the Board
- clinical staff of the West Coast District Health Board
- other Committees of the West Coast District Health Board
- Manawhenua ki Te Tai O Poutini
- the community of the West Coast District Health Board
- consumer groups
- management of the West Coast District Health Board.

This will also be achieved through the sharing of agendas and the regular meetings of the Chairs of the Committees.

Management will provide the Community and Public Health and Disability Support Advisory Committee with updates on the work of other government agencies, funders or territorial local authorities that may affect the health status of the resident population of the West Coast District Health Board.

TERM

These Terms of Reference shall be reviewed in February 2011.

MEMBERSHIP OF THE COMMITTEE

The Community and Public Health and Disability Support Advisory Committee will ordinarily comprise a mix of Board members and appropriate members selected from the Community up to a maximum of eleven members. The Board in selecting members will have regard to the need for the Committee to comprise an appropriate skill mix including people with special interests in community and public health and also in disability and Maori and Pacific health issues. However, the Board may appoint advisors to the Committee from time to time, for specific periods, to assist the work of that Committee.

Members of the Community and Public Health and Disability Support Advisory Committee will be appointed by the Board who will comply with the requirements of the Act.

The Chair of the Community and Public Health and Disability Support Advisory Committee will be a member of the Board and will be appointed by the Board, who may also appoint a Deputy Chair of the Committee. If not appointed as members of the Committee, the Chair and Deputy Chair of the Board are be appointed as ex-officio members of the Community, Public Health and Disability Support Advisory Committee with voting rights.

The Chair, Deputy Chair and members of the Community and Public Health and Disability Support Advisory Committee shall continue in office for a period specified by the Board until such time as:

- The Chair, Deputy Chair or member resigns; or
- The Chair, Deputy Chair or member ceases be a member of the Community and Public Health Advisory Committee or the Disability Support Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
- The Chair, Deputy Chair or member is removed from that office by notice in writing from the Board.

The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for re-appointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills mix of the Committee and allow for a

diverse and representative cross section of the community to have input into the Committee's deliberations

MEETINGS

The Community and Public Health and Disability Support Advisory Committee will meet regularly as determined by the Board with the frequency and timing taking into account the workload of the Committee.

- Subject to the exceptions outlined in the Act, the date and time of the Community and Public Health and Disability Support Advisory Committee meetings shall be publicly notified and be open to the public. The agenda, any reports to be considered by the Committee and the minutes of the Committee meeting will be made available to the public as required under the Act.
- Meetings shall be held in accordance with Schedule 4 of the Act and with the West Coast District Health Board's Standing Orders, adopted by the Board in May 2001 (and as amended from time to time).
- In addition to formal meetings, Committee members may be invited to attend workshops or fora for briefing and information sharing.

REPORTING FROM MANAGEMENT

- Management will provide exception reporting to the Community and Public Health and Disability Support Advisory Committee to measure against performance indicators and key milestones as identified by the Committee.
- Management will also provide the Community and Public Health and Disability Support Advisory Committee with updates on the work of other government agencies or territorial local authorities that may affect the health status of the resident population of the West Coast District Health Board.
- Management will provide such reports and information as necessary to enable the statutory committees to fulfil their statutory obligations.

MANAGEMENT SUPPORT

- In accordance with best practice, and the delineation between governance and management, key support for the Community and Public Health and Disability Support Advisory Committee will be provided by the General Manager, Planning and Funding as required. The General Manager will be involved in the preparation of agendas, reports and minutes of the Committee in liaison with the Chair of the Committee.
- In practice, attendance at the part or whole of the meetings by management and other support staff should be determined by the Chair based on items on the agenda.
- The Community and Public Health and Disability Support Advisory Committee will also be supported by Community and Public Health staff and by internal secretarial, clinical support, hospital, planning and funding and financial management staff as required.
- The Board may appoint advisors to the Community and Public Health and Disability Support Advisory Committee from time to time, for specific periods, to assist the work of that committee. The committee may also, through management, request input from advisors to assist with their work. Such advisors may be sourced internally using internal resources or at management's discretion out-sourced from external consultants in which case the West Coast District Health Board policies on probity and tendering will be followed.

REMUNERATION OF COMMITTEE MEMBERS
In accordance with Ministerial direction and board resolutions, members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of $250 per meeting up to a maximum of ten meetings, total payment per annum ($2,500). The Committee Chair will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings, total payment per year ($3,125). Ex-officio members are not remunerated.

These payments are made for attendance at public meetings and do not include workshops.

- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at Committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (ie: reasonable travel-related costs) for Committee members may be paid. Members should adhere to the West Coast District Health Board's travel and reimbursement policies.

Adopted by the West Coast District Health Board – 28th July 2011

RECOMMENDATIONS

That the Report be received and consideration made as to whether to recommend to the Board.

OTHER REPORTS

TO: **Members, Community and Public Health Advisory and Disability Support Advisory Committees**

FROM: **Wayne Turp, General Manager Planning and Funding**

DATE: **14 July 2011**

- General Manager Planning and Funding
- Westport Integrated Family Health Centre Community Engagement
- Finance
- Better Sooner More Convenient – Alliance Leadership Team
- Quarterly PHO
- Human Resource
- Quality and Risk
- Clinical Leaders Report
- Health Targets

Author: **Wayne Turp - General Manager Planning and Funding 14 July 2011**

GENERAL MANAGER PLANNING AND FUNDING REPORT TO COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE

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

FROM: **Wayne Turp, General Manager Planning and Funding**

DATE: **30 June 2011**

2011/12 Annual Plan and Statement of Intent (APSOI)

The approved Annual Plan with Statement of Intent (APSOI) was signed by the West Coast DHB Chair and CEO and submitted to the Ministry of Health on Friday 24th June. Following feedback from the Minister of Health, a more detailed and action orientated primary care section was developed for the final version.

Better Sooner More Convenient Primary Care (BSMC)

The Better Sooner More Convenient Alliance Leadership Team's current focus continues to be on the completion and implementation of the model of care and development of a facilities plan for the Integrated Family Health Centre in Westport.

A process of engaging the community has begun, with good attendance at a Community Forum held in Westport and 42 submissions received on the Future Buller Health Services proposal. During July workshops are scheduled with staff to develop models of care for services and facility design workshops are scheduled in August.

The initiation of a Joint Action Group for the development of an Integrated Family Health Centre in Greymouth is about to start. The terms of reference for this be modelled on those for the Buller IFHC with the addition of consideration of the potential for co-location with Grey Base Hospital as an option. It

Health of Older People

The year to date (April) overall expenditure on long-term support services (residential and non-residential) was under budget by $702k (5%). This partly reflects the changes that were still to be made during 2010-11 in home support, daycare and respite care, which will now start from July 2011.

From July, Alzheimers Society Canterbury will be providing monthly carer support groups in Greymouth, Westport and Hokitika, and later in the year memory groups for people diagnosed with dementia, in a cooperative initiative with Presbyterian Support Upper South Island.

The government recently increased funding for dementia residential care, with the West Coast allocation coming to about $92,000 per year. This went into a national increase in bed-day prices for specialist dementia care. Work is continuing within Planning & Funding and Finance on options for increasing specialist dementia beds at rest home level on the Coast.

Issues with a specific rest home audit are being resolved in close cooperation with the owner. This situation has also highlighted the need for strong connection between DHB and non-DHB providers on clinical issues, and this is being addressed by WCDHB nursing staff. A business case is being prepared for the role of visiting nurse specialist, to support the residential care sector.

A new Carelink manager is now in place - this should enable faster progress in a) streamlining assessment for short-term home support, b) moving to a restorative homecare model and c) developing clearer pathways of care for frail older people among community, primary, hospital and rest home services as well as a stronger community rehab function.

Long term Support – Chronic Health Conditions

The Minister of Health has approved the transfer of responsibility for funding and managing long term support services for people aged under 65 years who have chronic health conditions to District Health Boards from 1 July 2011. To date, the Ministry of Health has administered the funding and services for this group of people, who prior to November 2006, were unable to receive long term support services as they did not meet eligibility for Disability Support Services funded through the Ministry, nor for any support services funded through DHBs (this fund commonly having been referred to as the Interim Funding Pool, or IFP).

For the West Coast, there are currently three patients in long term residential care under this scheme, for whom the Ministry of Health have forecast a total expenditure for 2010/11 year of $193,026. As the transfer of the funds to DHBs has to go through an Order in Council, the associated requirements of this process following sign-off by the Minister mean that the earliest date that the existing contracts will be able to transfer to DHBs will be 22 August 2011. The Minister is requiring DHBs to take a regional approach to both the delivery of services and to funding responsibility during the next two years (through a lead DHB or shared service agency) during the transition period to full population based funding. This approach is designed to help manage the risk in managing a small group of people can be managed by maximising resources across the region.

South Island General Managers – Planning and Funding have agreed a process for the regional collaboration, management and reporting of this service. Canterbury DHB is taking up the role of lead DHB for contracting of the Needs Assessment and Service Coordination component of this service.

Mental Health

Mental Health expenditure for the year is below budget, resulting from lower utilisation of residential bed days (individuals staying in residential care for less time than was budgeted).

Planning for an integrated model of care for mental health services users continues through the implementation of the BSMC business case, with progress in Buller resulting in a single assessment and primary and community mental health services working in collaboratively to meet the individual needs of the service user.

The contract with Te Ara Mahi for the provision of Education and Employment support services from 1 July 2011 has been issued. The service continues to support a high percentage of clients meet their education or employment goals.

Māori Health

The year to date overall expenditure on Kaupapa Maori Health services is under budget by $180k (25%). This has resulted from the change in contracts that removed funding for Mobile Primary Nursing Services and the planned changes to Kaupapa Maori Health Services that are yet to be implemented.

The current contract for Kaupapa Maori Health Services has been extended for a 3 month period until the 30 September. From this time services will be aligned the Better Sooner More Convenient Business Case.

The 2011/12 Maori Health Plan has been approved by the Ministry of Health, and work on development of a reporting framework to monitor the implementation of the plan is underway.

<u>HPV Immunisation progress Report</u>

The Human Papilloma Virus (HPV) immunisation continues to be provided free for girls and young women born on or after 1 January 1990. Young women born in 1990 and 1991 have until 31 December 2011 to start the HPV immunisation programme. National targets for this age group have been reached on the West Coast for all doses of the vaccine and across all ethnic groups.

Women born from 1992 onwards have until their 20th birthday to start the HPV immunisation programme. West Coast HPV immunisation coverage remains below the national targets for girls born from 1992 onwards with the exception of Pacific girls born between 1992-1996.School based services to catch-up on those born between 1992 and 1996 stopped in December 2010 and girls in this age group can access immunisation through their primary practice, or opportunistically through Family Planning clinics.

The West Coast DHB Public Health Nursing Service continues to offer Immunisation through a school based programme for Year 8 girls in main centres and the first and second doses have been delivered. In rural areas Rural Nurse Specialists vaccinate the Year 8 girls in their communities at their Rural Clinic's.

The up-take of the 2011 Year 8 School based programme has not been as successful as expected. Many parents have indicated that they feel their daughters are just too young to begin the programme; however some girls have started the programme later in the year having their first dose at the time other girls are having their second.

Hokitika continues to be the one area in which the school has declined on site immunisation. The Public Health Nurses continue to provide an after school programme based out of the Hokitika Health Centre. This has been well supported by the parents, who still want a collective type programme.

Below is the HPV coverage progress towards the agreed target for HPV vaccination dose 1, 2 and 3 for 1990-1991, 1992-1996, 1997 and 1998 cohort as reported on March 2011.

The WCDHB HPV coverage for "All" ethnicities for all the cohorts is less than 75% of the target with the exception of the 1990-1991 which is within 90% of target

Target	1990-1991 Cohort			1992-1996 (cohort)			1997			1998		
	Target (% of all cohort)											
Target	**Maori**	**Pacific**	**All**	**Maori**	**Pacific**	**All**	**Maori**	**Pacific**	**All**	**Maori**	**Pacific**	**All**
HPV-1	**50**			**65**			**65**			**70**		
HPV-2	**45**			**60**			**60**			**65**		
HPV-3	**40**			**55**			**55**			**60**		
	West Coast DHB											
HPV dose	**Maori**	**Pacific**	**All**	**Maori**	**Pacific**	**All**	**Maori**	**Pacific**	**All**	**Maori**	**Pacific**	**All**
HPV-1	**68%**	**100%**	**48%**	**29%**	**60%**	**37%**	**53%**	**0%**	**39%**	**30%**	**0%**	**23%**
HPV-2	**60%**	**100%**	**45%**	**29%**	**50%**	**35%**	**53%**	**0%**	**38%**	**17%**	**0%**	**13%**
HPV-3	**52%**	**100%**	**39%**	**26%**	**50%**	**33%**	**50%**	**0%**	**38%**	**10%**	**0%**	**11%**
	National											
HPV-1	**41%**	**52%**	**48%**	**59%**	**74%**	**54%**	**64%**	**77%**	**52%**	**82%**	**130%**	**67%**
HPV-2	**35%**	**45%**	**44%**	**55%**	**71%**	**52%**	**62%**	**75%**	**50%**	**32%**	**60%**	**24%**
HPV-3	**28%**	**37%**	**39%**	**50%**	**64%**	**48%**	**58%**	**71%**	**48%**	**29%**	**60%**	**22%**

Note:

Colour	Meaning
green	**within 90% of target and on track**
peach	**within 75-85% of target**
red	**less than 75% of target**

RECOMMENDATIONS

That the General Manager Planning and Funding report be received

Author: **General Manager Planning and Funding – 30 June 2011**

WESTPORT INTEGRATED FAMILY HEALTH CENTRE COMMUNITY ENGAGEMENT REPORT

TO:	**Members, Community and Public Health Advisory Committee and Disability Support Advisory Committee**
FROM:	**Bryan Jamieson, Communication Liaison Officer**
DATE:	**30 June 2011**

WESTPORT INTEGRATED FAMILY HEALTH CENTRE COMMUNITY ENGAGEMENT UPDATE REPORT

Following the public meeting in Westport on 5 May and the release of the Sapere Report – *Buller Health services plan working paper: Model of care description, capacity estimation and options analysis*; forty-two written submissions were received from the public, staff and unions regarding the proposed Buller Integrated Family Health Centre. These were presented to the West Coast DHB Board meeting on 3 June. Subsequently the submissions received were released to the public with names backed out to protect the privacy of respondents.

There were a variety of opinions expressed around whether the proposed facility should be on one or two sites with no clear preference from the community.

Some of the messages that came across strongly include; recruitment and retention of health staff are very important to the Buller community and healthcare services are more important than new healthcare facilities.

The next steps are for more detailed planning to continue on both the single site and split site options at the same time as the model of care for healthcare in the Buller is further refined. Staff and unions will be involved throughout this phase and the public will be kept informed with ongoing developments.

RECOMMENDATION

That the Westport Integrated Family Health Centre Community Engagement Update Report be received.

Author:	**Communication Liaison Officer 1 July 2011**

FINANCE REPORT

MAY 2011

Financial Overview May 2011

	Actual Month	Budget Month	Variance	Variance	Last Yr Month	Actual YTD	Budget YTD	Variance	Variance	Last Yr YTD	Full Yr Forecast	Full Yr Budget	Full Yr Act Last Yr
REVENUE													
Provider	6,379	6,012	367	6.1%	6,436	68,535	67,538	997	1.5%	67,458	74,405	73,836	74,599
Governance & Administration	108	101	7	6.8%	112	1,168	1,114	54	4.9%	1,307	1,269	1,214	1,419
Funds & Internal Eliminations	4,446	4,390	56	1.3%	4,387	48,785	48,677	108	0.2%	47,080	54,138	53,350	51,354
	10,933	10,502	431	4.1%	10,935	118,488	117,329	1,159	1.0%	115,845	129,812	128,399	127,372
EXPENSES													
Provider													
Personnel	4,681	4,360	(321)	(7.4%)	4,382	47,564	46,969	(595)	(1.3%)	46,458	50,820	51,150	50,836
Outsourced Services	957	834	(123)	(14.8%)	1,078	12,116	9,705	(2,411)	(24.8%)	10,807	12,384	10,682	12,087
Clinical Supplies	679	612	(67)	(11.0%)	610	7,001	6,512	(489)	(7.5%)	6,505	7,216	7,120	7,111
Infrastructure	1,294	1,384	90	6.5%	1,359	14,538	15,228	690	4.5%	15,459	16,243	16,611	17,292
	7,611	7,189	(422)	(5.9%)	7,429	81,219	78,413	(2,806)	(3.6%)	79,229	86,663	85,563	87,326
Governance & Administration	193	194	1	0.6%	(7)	2,106	2,178	72	3.3%	369	2,381	2,369	2,306
Funds & Internal Eliminations	3,896	3,918	22	0.6%	4,321	41,990	43,566	1,576	3.6%	43,559	47,967	47,666	45,443
	11,700	11,301	(399)	(3.5%)	11,743	125,315	124,157	(1,158)	(0.9%)	123,157	137,012	135,599	135,075
NET RESULT	(767)	(798)	31	3.8%	(808)	(6,827)	(6,828)	1	0.0%	(7,312)	(7,200)	(7,200)	(7,703)

ORIGIN OF REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters for the Community and Public Health and Disability Advisory Committee.

CONSOLIDATED RESULTS

The year to date consolidated result to May 2011 is a deficit of $6,827k which is on budget ($6,828k deficit).

For the month of May 2011 the consolidated result was a deficit of $767k, $31k better than the budgeted deficit of $798k.

Year to Date to May 2011

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(13,586)	(11,773)	(1,813)	unfavourable
Funder Arm surplus / (deficit)	6,795	5,112	1,683	favourable
Governance Arm surplus / (deficit)	(36)	(167)	131	favourable
Consolidated result surplus / (deficit)	**(6,827)**	**(6,828)**	**(1)**	**favourable**

FORECAST FOR 2010/11

The forecast as at 31 May 2011 for the year ending 30 June 2011 remains a consolidated deficit of $7.200m (2010/11 - approved budget deficit - $7.200m).

Commentary.

Community Referred services.

- Community referred services are $645k better than budget. Pharmaceuticals are $597k better than budget, mainly due to increased rebates against budget (a credit against costs). Payments to Medlab for laboratory tests are under budget.

Personal Health

- Part of the budgeted costs for delivering elective services was budgeted under the Funder Arm as payments to external providers. This is to cover elective services that are delivered via the IDF framework (procedures done by other DHBs) or other providers contracted by the Funder Arm, information which was not known at the time of setting the budget. To date no costs have been allocated against this budget and favourable variance may be set off against IDFs which are over budget.

Primary Care

- Very Low Cost Access costs and Careplus are over budget, this is funded from additional revenue received from the Ministry of Health. There is no budget for the primary health care strategy ($210k relates to the WCPHO Better Sooner More Convenient business case and this is funded by the Ministry of Health).

Mental Health

- The Mental Health Community Support Service was budgeted to be delivered by an external provider. This has not occurred and the service is currently being delivered by the Provider Arm.

Older Persons Health

- Community and Residential based care is under budget due to higher volumes set in the budget for hospital level care (the budget was set based on a number of rest homes beds converting to hospital level beds).
- An accrual from prior years which has since been reversed has had a positive impact on total rest homes costs to date ($340k); applied to both internal and external providers.

WEST COAST DISTRICT HEALTH BOARD
FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS
as at 31 May 2011

May Actual	Budget	Variance			SERVICES	Year to Date Actual	Budget	Variance		
$000	$000	$000	%			$000	$000	$000	%	
					Referred Services					
40	44	4	9%	√	Laboratory	416	464	48	10%	√
699	691	-8	-1%	×	Pharmaceuticals	7,014	7,611	597	8%	√
739	**735**	**-4**	**-1%**	×		**7,430**	**8,075**	**645**	**8%**	√
					Secondary Care					
5	5	0	5%	√	Medical Inpatients	27	56	29	52%	√
0	0	0	0%	√	Surgical Inpatients including electives-other providers)	0	626	626	100%	√
0	0	0	na	√	Radiolgy services	4	0	-4	n/a	×
83	95	12	13%	√	Travel & Accommodation	1,064	1,048	-16	-2%	×
1,178	1,256	78	6%	√	IDF Payments Personal Health	14,408	13,819	-588	-4%	×
1,266	**1,356**	**90**	**7%**	√		**15,503**	**15,549**	**46**	**0%**	√
					Primary Care					
42	36	-6	-17%	×	Dental-school and adolescent	357	396	39	10%	√
0	1	1	100%	√	Maternity	0	9	9	100%	√
0	0	0	0%	√	Pregnancy & Parent	0	7	7	100%	√
0	3	3	100%	√	Sexual Health	13	37	24	65%	√
8	4	-4	-85%	×	General Medical Subsidy	67	48	-19	-41%	×
559	453	-106	-23%	×	Primary Practice Capitation	5,575	4,988	-587	-12%	×
3	0	-3	n/a	×	Primary Health Care Strategy	248	0	-248	n/a	×
77	74	-3	-4%	×	Rural Bonus	861	814	-47	-6%	×
14	13	-1	0%	×	Child and Youth	148	148	0	0%	√
16	8	-8	-102%	×	Immunisation	139	87	-52	-60%	×
14	14	0	0%	√	Maori Service Development	151	149	-3	-2%	×
18	31	13	42%	√	Whanua Ora Services	197	343	146	43%	√
0	9	9	100%	√	Palliative Care	105	95	-10	-10%	×
0	17	17	100%	√	Chronic Disease	3	183	180	98%	√
18	19	1	4%	√	Minor Expenses	188	205	17	8%	√
769	**682**	**-87**	**-13%**	×		**8,052**	**7,510**	**-542**	**-7%**	×
					Mental Health					
0	0	0	0%	√	Eating Disorders	23	0	-23	n/a	×
44	103	59	57%	√	Community MH	494	1,135	641	56%	√
1	1	0	0%	√	Mental Health Work force	14	7	-7	-91%	×
32	47	15	0%	√	Day Activity & Rehab	470	522	52	10%	√
10	10	0	2%	√	Advocacy Consumer	110	112	2	0%	√
6	5	-1	-13%	×	Advocacy Family	65	59	-6	-11%	×
106	112	6	6%	√	Community Residential Beds	1,187	1,237	50	4%	√
68	68	0	0%	√	IDF Payments Mental Health	745	745	0	0%	√
267	**346**	**79**	**23%**	√		**3,108**	**3,817**	**709**	**19%**	√
					Public Health					
25	18	-7	-42%	×	Nutrition & Physical Activity	296	193	-103	-53%	×
6	8	2	24%	√	Public Health Infrastructure	69	87	18	21%	√
0	0	0	n/a	√	Social Environments	-15	0	15	n/a	√
0	1	1	100%	√	Tobacco control	0	9	9	100%	√
0	0	0	0%	√	Screening programmes	0	0	0	0%	√
31	**27**	**-4**	**-14%**	×		**350**	**290**	**-60**	**-21%**	×
					Older Persons Health					
56	59	3	5%	√	Home Based Support	603	619	16	3%	√
7	8	1	11%	√	Caregiver Support	119	88	-31	-35%	×
285	213	-72	-34%	×	Residential Care-Rest Homes	2,121	2,342	221	9%	√
-7	0	7	n/a	√	Residential Care Loans	-109	0	109	n/a	√
3	10	7	70%	√	Residential Care-Community	45	110	65	59%	√
350	362	12	3%	√	Residential Care-Hospital	3,588	3,874	286	7%	√
0	5	5	100%	√	Ageing in place	12	60	48	80%	√
7	4	-3	-95%	×	Environmental Support Mobility	21	39	18	47%	√
8	7	-1	-19%	×	Day programmes	68	74	6	8%	√
23	12	-11	-97%	×	Respite Care	108	128	20	16%	√
0	0	0	0%	√	Community Health	0	0	0	0%	√
90	90	0	0%	√	IDF Payments-DSS	973	993	20	2%	√
822	**770**	**-52**	**-7%**	×		**7,549**	**8,329**	**780**	**9%**	√
3,894	**3,916**	**22**	**1%**	√		**41,992**	**43,568**	**1,576**	**4%**	√

please note that payments made to WCDHB via Healthpac are excluded from the above figures

RECOMMENDATION

That the Finance Report be received.

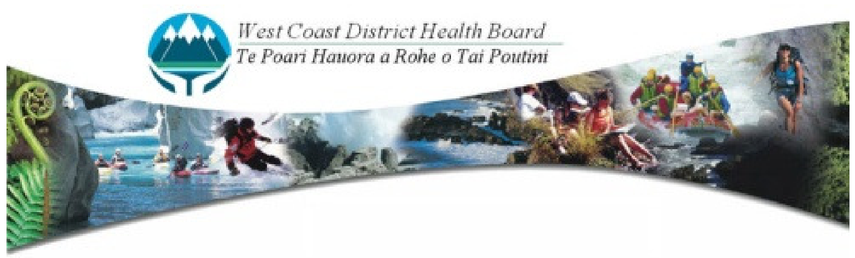
Author:	Financial Accountant – 4July 2011

BETTER SOONER MORE CONVENIENT PROGRESS REPORT – MID JUNE 2011

TO:	**Members, Community and Public Health Advisory and Disability Support Advisory Committees**
FROM:	**Frans Dellebeke - Better Sooner More Convenient Project Coordinator**
DATE:	**14 July 2011**

Author: **Frans Dellebeke - Better Sooner More Convenient Project Coordinator 14 July 2011**

Better, Sooner, More Convenient Progress Report – mid June 2011



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SUMMARY- UPDATE

The BSMC Business Plan deliverables for the 2010/11 years have been lagging behind and the ALT decided at the February meeting that the focus would be on implementing an IFHC in Westport/Buller and that the existing 9 workstreams would be collapsed into 6 workstreams; namely

1. Redesign of core general practice sustainable medical centres, both clinically (workforce) and financially (profitable). This includes acute care, Maori health and workforce deliverables.
2. Integration of DHBs current community services (community nursing, allied and community mental Health) in medical centres. This includes mental health.
3. Buller JAG
4. Greymouth JAG
5. Information Technology
6. Governance and Ownership

Overall progress by the above workstreams has been good. One or two areas have lagged behind, but in the process of catching up e.g.

- Mental health due no workstream leader. New leaders have been appointed.
- IT due to a number of additional unforeseen requirements e.g. the need for a Privacy Impact Assessment – now completed; and
- Some Maori health deliverables that required clarification over future funding status in order to proceed. This is now resolved.

YEAR ONE DELIVERABLES

Status indicators

Result	Meaning
✓ ✗	Have we completed the activity or reached the target? Yes = ✓ or No = ×
⟳	Positive progress is underway towards delivering the output as planned.

1. CORE GENERAL PRACTICE REDESIGN

Owner:Workstream Team Leader – Dr Carol Atmore

Key Result	Date	Status	Current Achievement/Progress
First region wide workshop held	Jun 10	✓	Four regional facilitated practice workshops have taken place. A further Quality Improvement workshop was held on 31 May 2011.
First workshop in each practice	Aug 10	✓	Completed
Kaiawhina and health navigators aligned to practices	Jul 10	✓	The results of this is that Maori enrollments are up -Percentage Maori enrolled in PHO compared with census (Buller: 95% Gymth: 85% Wstlnd: 95%).
Maori nurse roles developed	Sep 10	⟳	This is in progress and will be completed in June 11.

2. ACUTE CARE

Owner: Workstream Team Leader – Dr Carol Atmore

Key Result	Date	Status	Current Achievement/Progress
HML triage systems in place in each practice	Jun 10	✓	Number of triage 5 patients seen in ED (10% Decrease)
Establishment of standing order processes in practices	Apr 10	✓	Numbers of training sessions for standing orders and number participants

Standing orders training commenced	Apr 10	✓	12 day long sessions, 25 nurse participants
Stock take of nurse post graduate qualifications and future needs	Jul 10	✓	Completed
Community education campaign completed	Aug 10	✓	Completed
ED access to MedTech notes (Approve in May ALT and work to commence in May 11)	Dec 10	✓	Expected to be in place in Sept 11

3. WORKFORCE

Owner: Workstream Team Leader – Dr Carol Atmore

Key Result	Date	Status	Current Achievement/Progress
Workforce steering group established with terms of reference	Jun 10	✓	Completed
Orientation package for new GPs in place	Dec 10	◻	In place but being revamped by specialist recruitment team in Chch and will include a workforce retention strategy and implementation plan.
Plan to increase Maori workforce developed	Dec 10	◻	Plan drafted and being refined. Funding has also been found to recruit for the Buller.
Annual getaway weekend conference held	Apr 11	◻	Scheduled for Aug 11

4. WCDHB COMMUNITY BASED SERVICES

Owner: Workstream Team Leader – Karyn Kelly

Key Result	Date	Status	Current Achievement/Progress
Initiate pilot of MDT meetings	Jun 10	✓	Full implementation complete in Westport and Reefton. However Westport needs to be resurrected. Development and pilots underway for Greymouth Hokitika works in an integrated way as is, with meetings already occurring
Plan for alignment of community nursing services to practice populations	Dec 10	✓	This is in place in all areas. Community nurses are conscientiously improving the communication links in the interim, but this outcome needs review with regard to a workable documented model

Develop common, integrated service specifications. Consolidate and reduce reporting requirements.	Dec 10		This work is in progress. The new model of care for the IFHC provides an opportunity to review and improve reporting requirements.
Pathway for nurse care for different patient groupings across settings (perhaps start with early discharge of surgical patients).	Jun 11		The focus of this work over the next few months will be on a Transfer of Care (Discharge Planning) pathway as this was an area of the greatest need for improvement. The 'pathway/process' that needs articulating is the 'one patient point of entry' for IFHC, the 'To Be' workshops will progress this, and the teambuilding exercises that Barbara has run with the nursing staff in Buller will have produced some good information to contribute.
Develop IT and administration systems that enable closer integration	Jun 11		See IT Section
Investigate changing referral system to 'within-system-request-for-assistance/booking'	Jun 11		See IT Section
Identify the requirements for sharing clinical notes on Med Tech	Jun 11		See IT Section

5. MENTAL HEALTH

Owner: Workstream Team Leader – Bev Barron/ Elaine Neesam

Key Result	Date	Status	Current Achievement/Progress
Community MH nurses allocated to each practice	Jul 10		This is underway with the first arrangement to be implemented through the Rural Academic Practice in Greymouth
Review age group covered by primary care Youth Counsellor	Aug 10	✓	Completed
Enhance patient access self-care information	Sept 10	✓	Completed through the free access to the Health Navigator website – teams at PHO and CMH were actively disseminating information about this site.

Up-skill practice team in management of anxiety/panic/depression	Oct 10	✓	Completed PHO staff did a 'road show' around the practices .
Implement annual physical health checks for long term MHS users	Dec 10	✓	We identified this client group by NHI number, they were to be included in the LTC management funding, to ensure they could access free yearly checks. Many are already included due to co morbid conditions.
Set up integrated transfer of care processes	Dec 10	✗	This cannot happen until other systems and new ways of working are in place. Transfer of care, is about reducing need for formal referrals between teams.
Develop Integrated Care Model and establish a pilot site	Dec 10		Is occurring in only in Reefton and still needs to be pushed out to other centres.
Extend Kaupapa Maori mental health services to primary settings	Jul 11		Kaupapa Maori mental health services exist for secondary services but not for primary services at present. The model for Maori health provision needs further review to extend this to primary settings.

6. IFHC FACILITIES

Owner: Workstream Team Leader – Wayne Champion

Key Result	Date	Status	Current Achievement/Progress
Academic practice on Grey Base Hospital site completed	Sept 10	✓	Completed
Franz Josef joint venture facility with St John completed	Jun 11		Scheduled to open in July 11
IFHC facilities plan completed for Westport	Jun 11		Now scheduled for Sept 11

7. INFORMATION TECHNOLOGY

Owner: Workstream Team Leader – Miles Roper

Key Result	Date	Status	Current Achievement/Progress
MedTech in all medical centres	Jun 11		Work will begin with the "To Be" workshops in Westport by Jul/Aug 11 and will then be rolled out in Greymouth after that. The exception being in Hokitika due to the use of Apple computers and a reluctance to switch.
MedTech in use by all community based nurses	Jun 11		Work will begin with the "To Be" workshops in Westport by Jul/Aug 11 and will then be rolled out in Greymouth after that.
Investigation completed re community pharmacy access to MedTech and to Health Views	Jun 11		HealthViews has been superseded by Concerto so 12+ months away. Community pharmacy will be completed as part of Manage MY Health, 3-5 months including investigation and implementation.

8. GOVERNANCE

Owner: Workstream Team Leader – A Cooke

Key Result	Date	Status	Current Achievement/Progress
Interim organisational form decided	Mar 11	✘	This component of work stalled during the first half of the 2010/2011 year. Plans are under development to resume this workstream during 2011/2012.
Interim approach in place	Jun 11	✘	As above.

The following workstream are not being reported on at present, while work is being focused on the deliverables in Westport/Buller. However, some of these workstreams are continuing with work and an update will be included in the report as at the end of June 2011.

9. KEEPING PEOPLE HEALTHY

Owner: Workstream Team Leader – Kim Sinclair

Key Result	Date	Status	Current Achievement/Progress
3.1 Joint plans in three priority areas established	Jul 10	✓	Completed
3.2 Joint banner for health promotion developed and implemented	Jul 10	✓	Completed
3.3 Shared Health Needs Assessment developed (continual updating)	Dec 10	✓	Completed
3.4 Development of joint programme evaluation mechanism/process	Mar 10	✓	Completed
3.5 Establishment of a joint health promotion plan for three agencies	Jun 11	✓	Completed
3.6 Alliance contracting systems implemented	Jun 11	✓	Completed

10. LONG TERM CONDITIONS

Owner: Workstream Team Leader – Helen Reriti

Key Result	Date	Status	Current Achievement/Progress
Medication reviews established	Jul 10	✓	Number of patients receiving annual reviews for diabetes, cardiovascular disease and COPD - Diabetes 700, CVD 627, COPD 200 1990 patients (200 Maori) ASH rates: ISDR (aged 45-64yrs) <89
Review of Level 3 complete and changes implemented	Sept 10	✓	Number of patients enrolled in LTC management programme

Develop MDT meetings established in each practice	Sept 10	✓	Number (50) of medication reviews
Reporting capability for Maori health outcomes established	Sept 10	✓	Clinical indicators for diabetes, CVD and COPD with breakdown by ethnicity (See business case for details)
Reporting capability for monitoring self-management capability (Flinders Partners in health Q) established	Sept 10	✓	ASH rates - ASH rates: ISDR (aged 45-64yrs) <89 Due any day
Health navigators in new LTC roles	Jul 10	✓	
Evaluation of health navigators working in LTC context	Apr 11	✓	Due end May.
Completion and implementation of discharge planning project	Sept 10	✗	No progression
Pulmonary rehab programme reestablished	Sept 10		N/A Respiratory groups attend Green Prescription

11. HEALTH PATHWAYS

Owner: Workstream Team Leader – Nick Leach

Key Result	Date	Status	Current Achievement/Progress
Adaptation methodology established	Apr 10	✓	Number of areas adapted for West Coast (8)
First two workshops held	May 10	✓	
Web site live for West Coast	May 10	✓	Website hits per month for West Coast (500)
First educational session held	May 10	✓	FSA rates (No increase)

First referral letter audit completed	Dec 10	-	Further activity on this workstream suspended pending completion of priority workstreams
Eight workshops held	Jul 11	-	Further activity on this workstream suspended pending completion of priority workstreams

12. ACCESS TO DIAGNOSTICS

Owner: Workstream Team Leader – Nick Leach

Key Result	Date	Status	Current Achievement/Progress
Direct access guidelines approved	Jun 10	✓	
Educational session held with primary care	Jul 10	⟳	Number educational session held (2)
First general audit complete	Aug 10	-	Further activity on this workstream suspended pending completion of priority workstreams
Review of CT access	Jun 11	-	Number CTs ordered by GPs (150)

13. REFERRED SERVICE

Owner: Workstream Team Leader – Nick Leach

Key Result	Date	Status	Current Achievement/Progress
Investigate the opportunities and benefits of implementing a comprehensive programme of process improvement for referred services	Sept 10	-	Further activity on this workstream suspended pending completion of priority workstreams
Identify the greatest opportunities for cost saving	Sept 10	-	Further activity on this workstream suspended pending completion of priority workstreams
Provision of better guidance on prescribing and test ordering as part of the Health Pathways initiative	Dec 10	-	Further activity on this workstream suspended pending completion of priority workstreams

Provide detailed performance indicators for future use of referred services	Jan 11	-	Further activity on this workstream suspended pending completion of priority workstreams

14. FRAIL OLDER PEOPLE

Owner: Workstream Team Leader – Tor Wainwright

Key Result	Date	Status	Current Achievement/Progress
Read only access to InterRAI established	Jun 10	?	
Alignment of Care link assessors to general practices	Aug 10	✓	Completed
Plan for moving assessments for short term to Care Link ready for consultation 30 June	Jun 10	✘	Resignation of Carelink manager Dec 10 and replacement not likely until July 2011, so lack of capacity within Carelink to progress this.
If agreed, short term assessments done by Care Link	Jun 10	✘	Resignation of Carelink manager Dec 10 and replacement will not be in place until July 2011, so lack of capacity within Carelink to progress this
Restorative package based model in place	Mar 11	✘	Delay due to lack of dedicated local manager appointed to each homecare agency with whom to start negotiations. Managers now in place May 2011

RECOMMENDATION

That the BSMC report be received

HUMAN RESOURCES

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

FROM: **Kim Hibbs and Carolyn Findlay, Human Resource Advisors**

DATE: **14 July 2011**

RECRUITMENT / VACANCIES FOR JUNE 2011

POSITION	STATUS
Senior Medical Staff	
GP/Teacher/Clinical Leader Greymouth	Currently advertising
Anaesthetist	Applicants are being interviewed when they apply – recruitment ongoing.
GP's – Reefton, Buller Medical, Greymouth Medical	Applicants are being interviewed when they apply – recruitment ongoing.
GP – South Westland	Employee Commences on 30th June 2011.
Medical Officer – A & E	Applicants are being interviewed when they apply – recruitment ongoing.
Orthopaedic Surgeon	Applicants are being interviewed when they apply – recruitment ongoing.
O & G Consultant	Applicants are being interviewed when they apply – recruitment ongoing.
General Surgeon	Applicants are being interviewed when they apply – recruitment ongoing.
Physician	Applicants are being interviewed when they apply – recruitment ongoing
Nursing Staff	
Rural Nurse Specialist - Relief	

POSITION	STATUS
	Employee has commenced
Rural Nurse Specialist / Whanau Nurse Reefton	Appointed Employee commences in July
CNM Theatre	Currently Re-Advertising
District Nurse – Greymouth	Employee has commenced
Clinical Nurse Educator	Appointed
Public Health Nurse	Currently Advertising
Enrolled Nurse - Buller	Currently Interviewing
Mental Health	
RN's – Inpatient Unit	Applicants are being interviewed when they apply – recruitment ongoing.
Casual RN - Kahurangi	Applicants are being interviewed when they apply – recruitment ongoing.
Allied Health	
Physiotherapist – Buller	Applicants are being interviewed when they apply – recruitment ongoing.
Physiotherapist – Orthopaedics and Outpatients	Applicants are being interviewed when they apply – recruitment ongoing.
Dental Assistant – Greymouth	Currently Advertising
Pharmacy Intern	Preferred applicants have been offered positions
Smoking cessation counsellor	Currently Interviewing
CAMHS- AOD	Re-Advertising
Other	

POSITION	STATUS
Cleaner – Haast	Currently interviewing
Business Analyst – Fixed term Parental leave	Employee commences 4th July
HEHA / Smokefree Service Development Manager	Currently re-advertising
Receptionist Outpatients Dental Service	Currently shortlisting
Carelink Service Coordinator	Currently Shortlisting
Planning and Funding Analyst – Fixed term	Employee has commenced
Medical Secretary	Employee has commenced
Senior Administrator – Buller Health	Employee has commenced
Painter / Decorator	Employee has commenced
Financial Assistant / Cashier – Fixed term parental leave	Re-Advertising
Part Time Receptionist – Buller Health	Currently Advertising
Senior Receptionist – Buller Health	Currently Advertising
Home Based Support Workers	Applicants are being interviewed when they apply – recruitment ongoing.

RECOMMENDATION

That the Committee notes the Human Resource report for their information

Author:	**Kim Hibbs / Carolyn Findlay – 28th June 2011**
Approved:	**General Manager, Kim O'Keefe**
Approved:	**Chief Financial Manager**
Approved:	**Executive Management Team**
Approved:	**Chief Executive**

QUALITY AND RISK MANAGEMENT REPORT

TO: **Chair and Members**
Community Public Health Advisory Committee and Disability Support Advisory Committee, West Coast District Health Board

FROM: **Mark Bowen, Quality Assurance & Risk Manager**

DATE: **28 June 2011**

BACKGROUND

The Provider Arm, as a requirement of the Health and Disability Sector Standards, is required to establish, document and maintain a quality and risk management system that reflects continuous quality improvement principles.

OBJECTIVES

Through regular monitoring, audit, risk and quality improvement activities, the Provider Arm will:

- Monitor a range of quality assurance indicators
- Provide an explanation to any quality assurance indicator exceptions reported
- Be involved in the National Quality Improvement Programme
- Develop quality improvement activities based on the monitored quality assurance indicators

RECOMMENDATIONS

That the Quality and Risk Management Report be received.

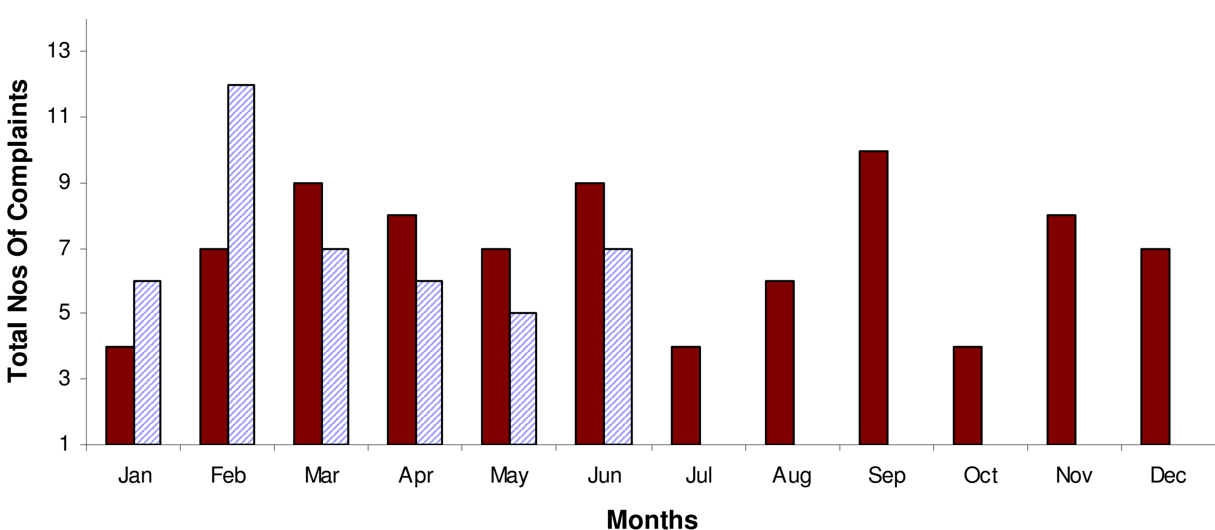
Author: **Mark Bowen, Quality Assurance & Risk Manager – 28 June 2011**

Satisfaction Surveys
Results of the current quarter's satisfaction survey are not yet available and will be reported at a subsequent meeting. Unfortunately, as we do not have access to national trends at this time, data on this cannot be supplied for comparison.

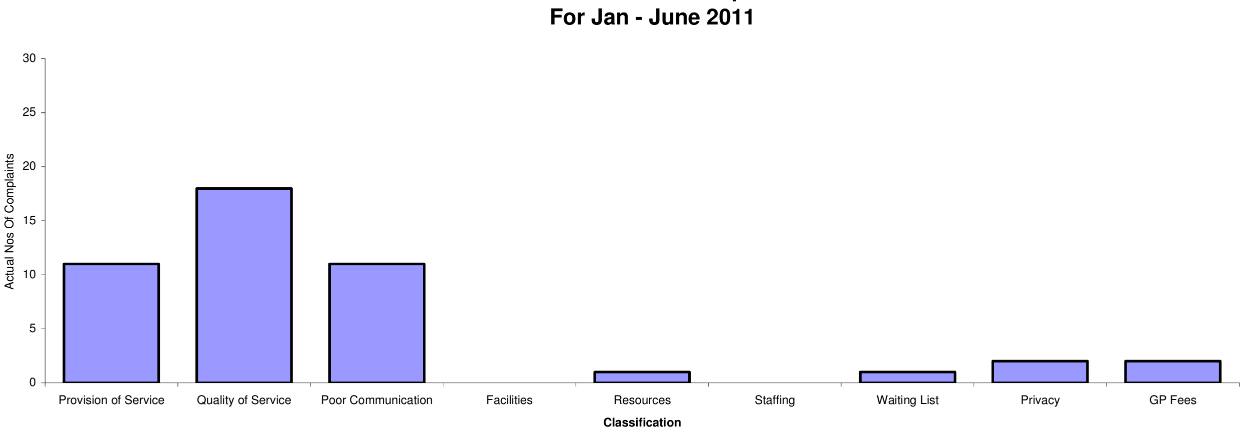
Complaints System
Plan developed by Management has been implemented and complaints process continues to be monitored to ensure adherence to procedure and stated times frames.

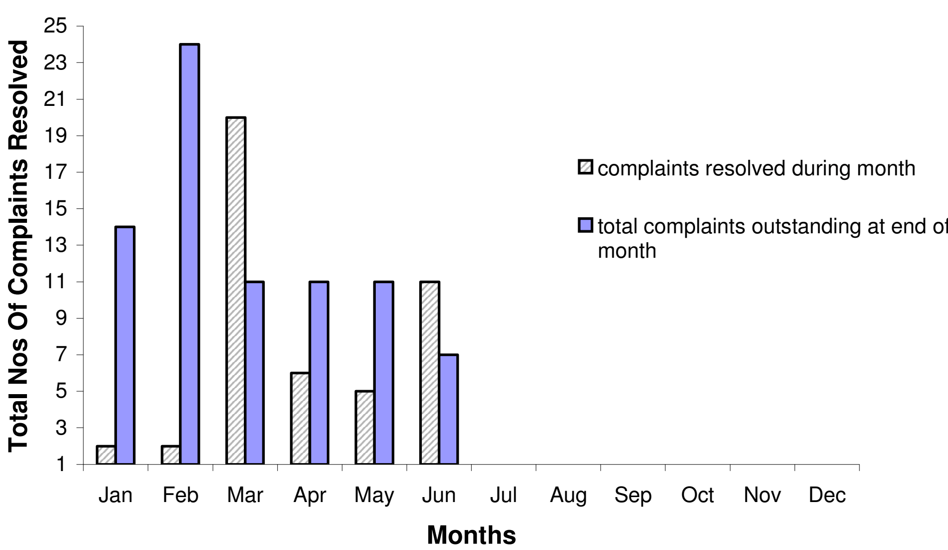
The total number of complaints received between 1 Jan – 30 June 2011 was 43, compared with 44 complaints received during the same time period in 2010.

For 1 Jan – 30 June 2011 the average monthly response time for complaints was 33 working days (DHB target is 20 working days), compared with 28 working days for the same time period in 2010. The higher average response time for 2011 is reflective of a number of outstanding complaints that were complex in nature, being resolved.



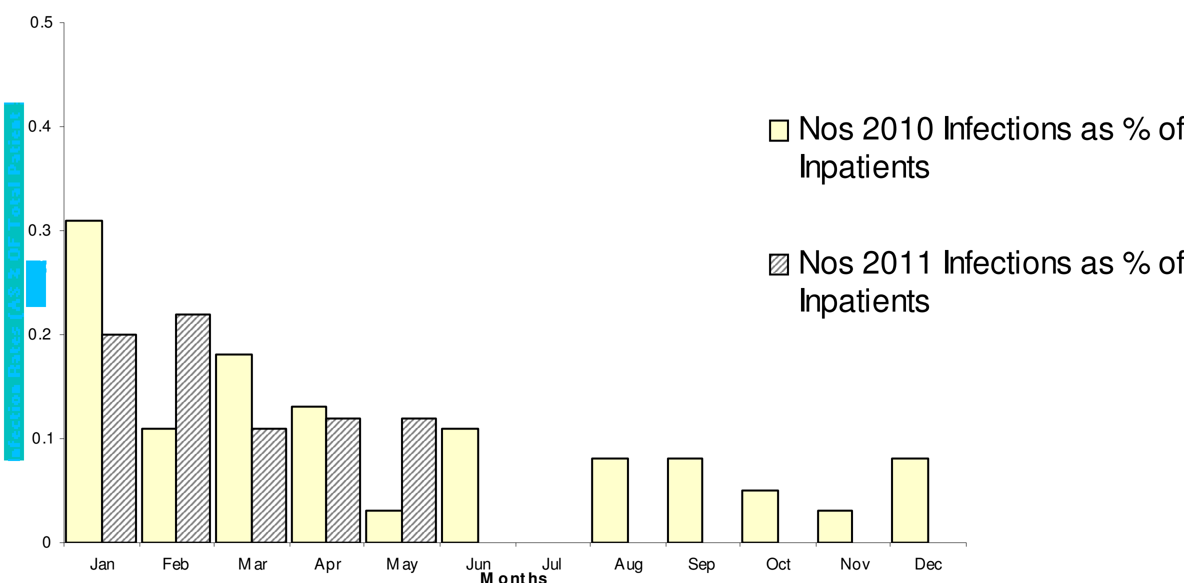
Data on classification as to the number and type of complaints is as follows:
The large number of complaints resolved during April/June is reflective of a number of outstanding complaints that were complex in nature being resolved.





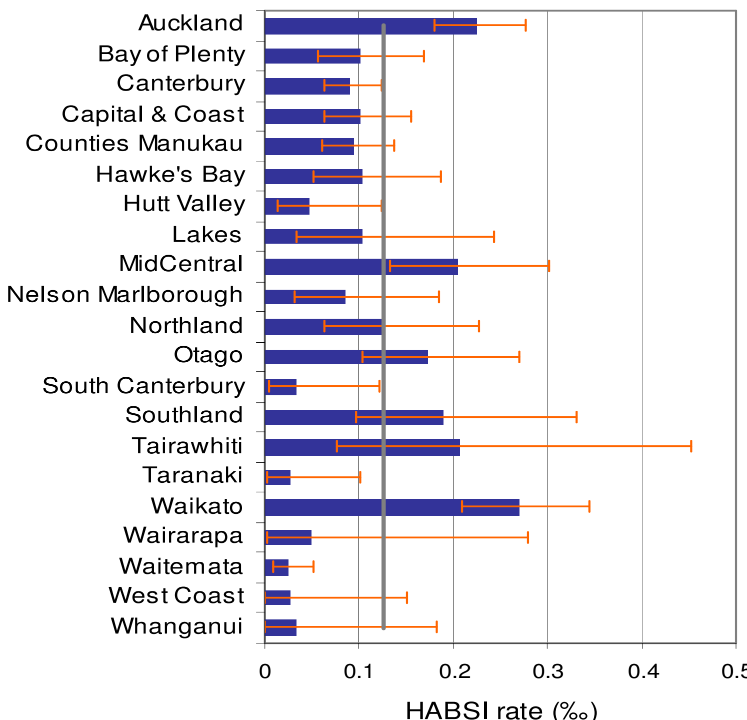
Infection Control
The West Coast DHB aims to continue to decrease the level of hospital acquired bloodstream infections

For the period 1 Jan 2011 till 30 May 2011 there were 31 hospital acquired bloodstream infections detected within the Inpatient services, compared with 44 for the same period in 2010



The following is a benchmark study showing hospital acquired bloodstream infection rates for all DHBs in New Zealand.

As you can see the West Coast DHB performs well in comparison to other District Health Boards. The solid line represents the national average.



Quality Improvement Projects

The West Coast District Health Board is required by the Operation Policy Framework and the Health and Disability Sector standards to take an approach of continuous quality improvement with all activities and services that it provides. The West Coast DHB encourages staff to identify areas where improvements can be made in the services that it provides.

National Medication Chart
The new National Medication Chart has been implement through the Inpatient services of the West Coast DHB. This is a nationwide project aimed at reducing medication errors through the standardisation nationwide of Inpatient medication charts. Post-implementation monitoring and review of use continues.

Standing Orders
The Standing Orders training has been completed as far as the introductory component is concerned. This section introduced the Westland Medical Centre Standing Orders as the adopted model/framework for the West Coast DHB. It also introduced the nurses using Standing Orders to the health assessment and pharmacology requirements, and over the next 3 years all nurses using Standing Orders will have to complete the advanced health assessment and applied pharmacology level 8 PG papers.

Health Pathways
The Health Pathways Group continues it's work adapting the Canterbury DHB Pathways for use on the West Coast. A survey of GPs regarding their views on the Pathways adapted to date has now been completed,

and is to be presented to the Clinical Leadership Group. The findings will be incorporated into further development of the Pathways on the West Coast.

Falls Prevention
A small working party is continuing its work on improving the West Coast DHB Falls Prevention Processes and has established a revised assessment process and monitoring process, which are to currently being trialled. This is in conjunction with a national initiative for the reduction in patient falls that is being co-ordinated by the National Quality & Risk Managers Group and the Ministry of Health.

Complaint/Incident Investigation
A one-day training course for staff in the techniques of effective complaint and incident investigation was held recently in Westport. Further course will be held at other sites throughout the year. Additional training is also being provided to front line staff. An audit process has been established regarding improvement actions that are identified as part of the complaint resolution process. The audit will ensure that any improvements identified have been actioned.

Acute Theatre Booking Process
Identified as an outcome from a recent HDC investigation at Northland Hospital, Theatre staff have worked on developing a process for the prioritisation of acute theatre bookings. Formal guidelines have now been developed and have been implemented, and are being monitored

Early Warning System
This has been implemented in response to the national directive and HDC case, this project has developed a process for the recognition and management of the deteriorating or at risk of deteriorating patient. Monitoring of this process continues to identify effectiveness and any issues that require addressing.

Advanced Directives
Working continues on this project, with the project currently focusing on aligning the format for documenting advanced directives with that used by Canterbury DHB. The revised Procedure and Form has been approved by Clinical Governance, and an education programme for staff is being developed.

Restraint
A new education programme has been developed and is being trialled in the aged-care residential areas of the DHB. This programme aims to up-skill staff in the use of the revised DHB restrain guidelines. To date education sessions have been held in Buller and Reefton with further sessions planned for Greymouth.

Rostering Guidelines
The Clinical Leadership Group continues to work on developing a generic process for the rostering of clinical staff as well as specific aspects for each profession

Policy and Procedure
Work continues on reviewed various West Coast DHB Policy and Procedures. The most recently reviewed include documents for General, Clinical and Personal Health Information.

ISBAR Communication Tool for Nursing and Clinical Staff
The ISBAR communication tool is used by nursing and clinical staff and is a system that provides a clear process for communicating a patient's state to another health professional. This tool has recently been introduced throughout the Hospital Services and is currently being monitored with a review of its usefulness to be undertaken in July 2011.

Emergency Management Plans
Work has commenced on reviewing the West Coast DHB Emergency Management plans. The first series of plans (Health Emergency and Recovery) are now in draft form. Further work on additional plans (EOC) continues.

Clinical Quality Improvement Committee (CQIT)
This Committee has a formal role as the co-ordination centre for clinical quality activities and indicatives.

The Committee oversees a range of other clinical committees throughout the DHB (Infection Control, Medication Review, Product Evaluation, Primary-Secondary Liaison, Theatre, and Caesarean Review). It

received regular reports from these committees, including activities that they are engaged in and also items that require input or a decision from CQIT.

This Committee is also responsible for overseeing and monitoring various clinical quality assurance indicators.

This Committee's most recent activities include discussing the revised DHB Inpatient Death Procedure, and discussion on the revised Incident Report Form & Procedure.

Current Clinical Risk Cases

	Apr	May	Jun
Treatment Injury Claims (ACC)	0	2	4
HDC Investigation*	7	7	7**
Privacy Commissioner Investigation*	1	1	1
Legal Actions	0	0	0

(*Indicates complaint investigations which are ongoing)
(**2 investigations were completed during June (both with no-breach findings), and two new HDC complaints were received during June)

Coroners Cases

Two new cases reported since the last report.

External Clinical Audits

The Ministry of health recently audited the DHBs Family Violence processes. This is an annual activity undertaken as part of the Ministry's Violence Intervention Programme which aims to reduce and prevent the health impacts of violence and abuse through early identification, assessment and referral.

The Ministry requires DHBs to achieve and audit score of 70 out of 100. For this audit period the West Coast DHB achieved an audit score of 86 for the Partner Abuse section of the audit, and 87 for the Child Abuse section of the audit.

While the audit results are pleasing, staff are continuing working to develop and target service-specific strategies to support higher rates of screening and disclosure, as well as developing service-level champions.

Clinical Credentialling

Work continues on ensuring that the clinical credentialling processes at West Coast DHB align themselves with the work being undertaken in the patient pathways collaborative activities with Canterbury DHB.

Risk Management Review

A workshop on risk management was recently held (facilitated by Board's Internal Auditors (Delloittes)) and was attended by members of the Board and Senior Management. Delloittes are now analysing the outcome of this workshop and will soon be providing a report on this.

CLINICAL LEADERS REPORT

TO: **Members, Community and Public Health Advisory and Disability Support Advisory Committees**

FROM: **Carol Atmore, Chief Medical Advisor**
Stella Ward, Executive Director Allied Health
Karyn Kelly, Acting Director of Nursing and Midwifery

DATE: **28 June 2011**

REPORT OF PROGRESS AGAINST THE ANNUAL PLAN

Achieving Effective Clinical Leadership – Report of Progress against the Annual Plan 2011-12(progress reported in italics)

OBJECTIVE *What are we trying to achieve?*	**ACTION** *What action will we take to make this happen?*	**EVIDENCE** *How will change be evident?*
Strong clinical governance in the planning and delivery of services across the West Coast DHB	Develop an integrated whole of system clinical governance framework for the West Coast. ▪ *Workshop with existing clinical governance groups across the West Coast health system to be held 3rd week in July*	A documented clinical governance framework for the West Coast Health system will be in place by December 2011. Staff survey results indicate improved participation in decision making; clinical leadership and clinical quality initiatives.
Provision of clinical leadership across nursing, allied health and medical staff	Strengthen senior clinical contribution into the West Coast DHB and Advisory committees. ▪ *New style report against Annual Plan (please feedback on value); apologies from the Clinical Leaders this meeting as all at a National Patient Safety conference in Auckland* Strengthen clinical inputs into the planning of future services provision across the West Coast health system. ▪ *Doctors, nurses and allied health staff involved in workshops being held to develop Buller integrated family health centre model of care* ▪ *Allied health staff, nurses and doctors involved in Grey Hospital and Grey District integrated family health centre model of care discussions* ▪ *Midwives and doctors involved in planning women's health services in collaboration with Canterbury*	Regular attendance and reporting from Clinical Leaders group to Board and Advisory Committee meetings. Future health service models of care are developed by the doctors, nurses and allied health professionals who provide the service.

Increased professional development opportunities for clinical staff to increase staff retention	Develop the West Coast as a Rural Learning Centre. ▪ *Academic Board established and meetings have commenced* Facilitate increased opportunities for the professional development of clinical staff. ▪ *General Practice Quality Improvement Teams met to develop long term conditions management skills and use of information technology in the General Practice setting* Work with Human Resources and Primary Care recruitment and retention coordinator to focus on activities that enhance recruitment and retention. ▪ *Recruitment coordinator from CDHB has visited West Coast twice to discuss needs with individual practices* ▪ *Retention strategy draft developed by CDHB HR, for consultation* ▪ *Recent appointment to South Westland General practitioner new position* ▪ *Focused effort on hospital medical senior staff recruitment*	Rural learning centre meets its work plan. Number of professional development workshops/ sessions provided. Increased staff retention. Workforce plan developed that will outline actions to retain and attract clinical staff and report against these – reduced staff turnover and reduced time to recruit into vacancies.
Quality improvement and safe patient care	Lead activities to promote and maintain clinical quality and safety, including supporting the development of the Xcelr8 Alumni. ▪ *Recent meeting of Xcelr8 alumni held* Monitor clinical and professional standards and ensure actions from audits are completed. ▪ *Health & Disability Sector Standards Certification Audit Progress Report and Corrective Action Plan submitted to Ministry of Health on time* Develop a Quality Team for the West Coast Health System. *Review of quality systems being undertaken to establish required form for quality team*	Quarterly meetings of Xcelr8 alumni. 95% of audit actions completed. Reduced mortality as measured by standardised mortality ratio. Quality team established by September 2011.

RECOMMENDATIONS

That the Clinical Leaders Report be received.

Author: Carol Atmore, Chief Medical Advisor – 28 June 2011

AMBULATORY SENSITIVE HOSPITALISATIONS (ASH)

TO: **Members, Community and Public Health Advisory and Disability Support Advisory Committees**

FROM: **Wayne Turp, General Manager Planning and Funding**

DATE: **1 July 2011**

AMBULATORY SENSITIVE HOSPITALISATIONS (ASH)

Ambulatory sensitive hospital admissions are usually unplanned admissions that are potentially preventable by appropriate health services delivered in community settings, including through primary health care. They provide an indication of access to, and the effectiveness of, primary health care, as well as management of the interface between the primary and secondary health sectors. If there is good access to effective primary health care for all population groups, then it is reasonable to expect that there will be lower levels of ambulatory sensitive hospital admissions.

The indicator age-group used and the rationale for the selection of these age-groups are as follows:

Age Group	Rationale
0 - 74	• Captures the high volume (44% of total ASH and 55% of 0 - 74 ASH) not covered by 0 - 4 and 45 - 64 age groups • Aligns with Headline Indicator and international reporting.
0 - 4	• High volumes for Māori and Pacific in particular • Significant differences in rates between ethnic groups • Facilitates interventions for young children.
45 - 64	• High volumes for all ethnicities • Significant differences in rates between ethnic groups • Facilitates interventions around chronic disease and excess morbidity for Māori and Pacific.

The Ministry of Health is currently looking at analysing the 65-74 age-group. The 65-74 age group is only used in this report to provide some indication of the leading ASH conditions for this age-group.

The following definitional issues are applied:

- Indirect standardisation (using age, ethnicity and deprivation) is used to address small numbers in some DHBs. This means that ambulatory sensitive admission rates are expressed as ratios of observed to expected where 100 is the national average.
- For the ASH reporting, ethnicity is defined as Māori, Pacific and Other. Pacific ethnicity is used by 'seven' official Pacific DHB with larger Pacific proportion – whereas for the WCDHB, Pacific is grouped with Other ethnicity.

- Previous WCDHB Rank (ASH) is defined as the rank for the WCDHB for that specific ASH condition for the previous 12 months ending 30 March 2010. In bracket (ASH) is the WCDHB's total ASH admissions for that specific ASH condition.

Data for this report is compiled from the latest complete previous 12 months' NMDS final data as supplied by the Ministry of Health – this being the twelve month period to 30 September 2010 (posted on NSFL website, http://www.nsfl.health.govt.nz : as confirmed in April 2011).

Figure 1: Depicts the top 15 ASH conditions for the WCDHB for the 0-74 age-group for the 12 months to 30 September 2010

Previous WCDHB Rank (ASH)	Current WCDHB Rank	ASH specific conditions	National Rank	Maori 0-74		Other 0-74		Total 0-74	
				Proportion of WCDHB's ASH total	ISDR	Proportion of WCDHB total	ISDR	WCDHB ASH admissions	% of WCDHB's total ASH
1 (65)	**1**	Pneumonia	4	n/s	53.1	12.4%	156.5	**76**	13.2%
4 (49)	**2**	Asthma	5	3.3%	220.0	8.9%	180.0	**70**	12.2%
2 (53)	**3**	Angina and chest pain*	3	n/s	63.7	7.8%	66.3	**49**	8.5%
7 (35)	**4**	Kidney/urinary infection	9	n/s		7.7%		**48**	8.4%
6 (38)	**5**	Cellulitis	1	n/s	27.6	7.7%	70.3	**46**	8.0%
5 (40)	**6**	Dental conditions	2	1.4%	70.4	5.5%	69.4	**40**	7.0%
8 (33)	**7**	Upper respiratory and ENT	6	1.0%	106.0	5.1%	97.0	**35**	6.1%
8 (33)	**8**	Diabetes	8	1.9%		3.7%		**32**	5.6%
12 (26)	**9**	Epilepsy	12	1.2%		4.2%		**31**	5.4%
10 (32)	**10**	Myocardial infarction*	10	n/s		4.9%		**30**	5.2%
3 (50)	**11**	Gastroenteritis/dehydration	7	1.0%		4.0%		**29**	5.1%
13 (24)	**12**	Constipation	13	n/s		4.0%		**24**	4.2%
11 (27)	**13**	Congestive heart failure	11	1.4%		2.4%		**22**	3.8%
15 (8)	**14**	Stroke*	16	n/s		2.1%		**13**	2.3%
16 (6)	**15**	Hypertensive disease	19	n/s		1.4%		**10**	1.7%
WCDHB 's **Total ASH admissions 0-74**				**15.3%**		**84.7%**		**574**	**100.0%**

Note: The ISDR (Indirect standardization discharge ratio) is calculated for the top 6 national conditions for 0-74 age-group, where 100 is the national average ISDR benchmark
2. *ASH admission weighed at 0.5. This means that the actual admission event for the condition would be doubled.*
3. n/s = 1- 5 ASH admissions.

Pneumonia is the leading ASH condition for the past two reporting period – 12 months to 30 March 2010 (ranked 1st with 65 ASH admissions) and 12 months to 30 September 2010 (ranked 1st with 76 ASH admissions).

Nutrition deficiency and anaemia was in the WCDHB's top 15 ASH for the 12 months ending 30 March 2010 but dropped out of the top 15 for the latest 12 months reporting period ending 30 September 2010. Hypertensive Disease moves into the top 15 for the latest reporting period of 12 months to 30 September 2010 (was ranked 16th in the previous 12 months ending 30 March 2010).

There has also been changes to the rankings within the top 15, the most significant being the reduction in ambulatory sensitive admissions for Gastroenteritis/dehydration from 3rd (with 50 ASH admissions for the 12 months ending 31 March 2010) to 11th with 29 ASH admissions for the 12 months ending 30 September 2010.

Among the 0-74 age cohort, West Coast Maori compared favourably in the indirect standardised discharge ratio (ISDR) for their population grouping in the top 4 national conditions in the twelve months to 30 September 2010 (where 100 is the national average ISDR benchmark). Results for West Coast Maori compared to the top national ISDR rates during this period with ISDR rates of 27.6 for cellulitis (≤5 ASH admissions); 70.4 for dental conditions (8 ASH admissions); 63.7 for angina and chest pain (≤5 ASH admissions) and 53.1 for pneumonia (≤ 5 ASH admissions).

However, in terms of asthma - the fifth-rating national ambulatory sensitive hospitalisation condition - local Maori fared poorly at a ratio of 220.0 (19 ASH admissions).

By comparison, ISDR rates among all other populations on the West Coast were 70.3 for cellulitis (42 ASH admissions); 69.4 for dental conditions (32 ASH admissions); 66.3 for angina and chest pain (46 ASH admissions); 156.5 for pneumonia (71 ASH admissions) and 180.0 for asthma (51 ASH admissions).

West Coast DHB overall total discharge rates per 1000 for ambulatory sensitive hospitalisations do not vary significantly from the overall national rates at the 99% confidence interval for any of the three Indicator age band category (0-74. 45-64 and 0-04) and ethnicity population cohorts; with the exception of ASH rates for Maori age 0 – 74, which was significantly below the national rate.

Figure 2: Shows the top 7 ASH conditions for the WCDHB for the 0-04 age-group for the 12 months to 30 September 2010.

Previous WCDHB Rank (ASH)	Current WCDHB Rank	ASH Specific Conditions	National Rank	Maori		Other		Total	
				Proportion of WCDHB's ASH total	ISDR	Proportion of WCDHB's ASH total	ISDR	WCDHB's ASH admissions	% of WCDHB's total ASH
1 (18)	1	Asthma	3	n/s	129.9	30.2%	255.5	**31**	36.0%
1 (18)	2	Upper respiratory and ENT	1	n/s	76.6	16.3%	89.8	**18**	20.9%
1 (18)	3	Dental conditions	2	n/s	117.7	12.8%	82.9	**14**	16.3%
5 (12)	4	Pneumonia	5	0.0%	0.0	14.0%	150.1	**12**	14.0%
4 (16)	5	Gastroenteritis/dehydration	4	0.0%	0.0	8.1%	36.9	**7**	8.1%
6 (n/s)	6	Cellulitis	6	0.0%	0.0	n/s	19.4	**n/s**	n/s
7 (n/s)	7	Dermatitis and eczema	7	0.0%		n/s		**n/s**	n/s
7 (n/s)	7	Constipation	9	0.0%		n/s		**n/s**	n/s
10 (0)	7	Vaccine preventable disease other	11	n/s		n/s		**n/s**	n/s
WCDHB's Total ASH admissions 0-04				**15.1%**		**84.9%**		**86**	**100.0%**

Note: 1. The ISDR (Indirect standardization discharge ratio) is calculated for the top 6 national conditions for 0-04 age-group, where 100 is the national average ISDR benchmark. 2. n/s = 1-5 ASH admissions

Figure 3: Depicts the top 15 ASH conditions for the WCDHB for the 45-64 age-group for the 12 months to 30 September 2010

Previous WCDHB Rank (ASH)	Current WCDHB Rank	ASH Specific conditions	National Rank	Maori		Other		Total	
				Proportion of WCDHB's total	ISDR	Proportion of WCDHB's total	ISDR	WCDHB's ASH admissions	% of WCDHB's total ASH
2 (24)	1	Pneumonia	3	n/s	123.0	12.6%	162.7	**28**	14.1%
1 (29)	2	Angina and chest pain*	1	n/s	76.5	12.1%	62.9	**27**	13.6%
5 (14)	3	Cellulitis	2	n/s	64.2	10.6%	101.6	**23**	11.6%
3 (18)	4	Myocardial infarction*	5	n/s	117.2	8.5%	96.7	**19**	9.5%
7 (12)	5	Epilepsy	10	n/s		7.0%		**18**	9.0%
8 (10)	6	Kidney/urinary infection	6	n/s		7.0%		**15**	7.5%
11 (6)	7	Asthma	9	n/s		3.5%		**12**	6.0%
5 (14)	8	Diabetes	4	n/s	92.9	4.5%	90.8	**11**	5.5%
4 (17)	9	Gastroenteritis/dehydration	8	n/s		4.5%		**10**	5.0%
12 (6)	10	Stroke*	12	0.0%		4.0%		**8**	4.0%
13 (n/s)	11	Upper respiratory and ENT	17	n/s		n/s		**7**	3.5%
14 (n/s)	12	Congestive heart failure	7	n/s	190.4	n/s	33.0	**6**	3.0%
8 (10)	12	Nutrition deficiency & anaemia	11	n/s		n/s		**6**	3.0%
10 (8)	14	Constipation	15	n/s		n/s		**n/s**	n/s
19 (0)	14	Cervical cancer	22	n/s		n/s		**n/s**	n/s
WCDHB's Total ASH admissions 45-64				**14.6%**		**84.7%**		**199**	**100.0%**

Note: The ISDR (Indirect standardization discharge ratio) is calculated for the top 6 national conditions for 45-64 age-group, where 100 is the national average ISDR benchmark 2. *ASH admission weighed at 0.5. This means that the actual admission event for the condition would be doubled. 3. n/s = 1- 5 ASH admissions

Figure 4: Shows the top 15 ASH conditions for the WCDHB for the 65-74 age-group for the 12 months to 30 September 2010.

WCDHB Rank	ASH Specific Conditions	Maori	Other	WCDHB's ASH admissions	% of WCDHB's total ASH
		Proportion of WCDHB's total	Proportion of WCDHB's total		
1	Pneumonia	n/s	12.6	**18**	14.1
2	Angina and chest pain *	n/s	12.1	**14**	13.6
3	Congestive heart failure	n/s	10.6	**13**	11.6
4	Kidney/urinary infection	0.0%	8.5	**12**	9.5
5	Myocardial infarction *	0.0%	7.0	**10**	9.0
6	Hypertensive disease	n/s	7.0	**8**	7.5
7	Cellulitis	0.0%	3.5	**7**	6.0
8	Constipation	0.0%	4.5	**7**	5.5
8	Gastroenteritis/dehydration	n/s	4.5	**7**	5.0
10	Stroke *	0.0%	4.0	**6**	4.0
11	Diabetes	0.0%	n/s	**n/s**	3.5
12	Epilepsy	0.0%	n/s	**n/s**	3.0
13	Nutrition deficiency & anaemia	0.0%	n/s	**n/s**	3.0
13	Upper respiratory and ENT	0.0%	n/s	**n/s**	n/s
15	Asthma	0.0%	n/s	**n/s**	n/s
	Total ASH admissions 65-74	**6.7%**	**93.3%**	**119**	**100%**

1. *ASH admission weighed at 0.5. This means that the actual admission event for the condition would be doubled. 2. n/s = 1- 5 ASH admissions

RECOMMENDATION

That this Committee note this ASH report for their information.

Author: Wayne Turp, General Manager Planning and Funding 1 July 2011

PHARMACIST PRESENTATION

TO:	**Members, Community and Public Health Advisory and Disability Support Advisory Committees**
FROM:	**Nick Leach, Pharmacy Manager**
DATE:	**14 July 2011**

Nick Leach, Pharmacy Manager will be speaking to this presentation.

RECOMMENDATIONS

That the Pharmacist Presentation be received.

Author:	**Nick Leach, Pharmacy Manager 14 July 2011**

GENERAL BUSINESS

TO:	**Members, Community and Public Health Advisory and Disability Support Advisory Committees**
FROM:	**Elinor Stratford, Community and Public Health Advisory and Disability Support Advisory Committees Chair**
DATE:	**14 July 2011**

ITEMS TO BE REPORTED BACK TO BOARD

Author: **Elinor Stratford, Chair, July 2011**

INFORMATION PAPERS

CPHAC and DSAC Terms of Appointment

WCDHB and Advisory Committee Draft Timetable January 2011 to December 2011

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE TERMS OF APPOINTMENT

Member	Date of Appointment	Length of Term	Expiry Date
Elinor Stratford **Deputy Chair** **(West Coast District Health Board member)**	27 January 2011	1 Year	31 December 2011
Kevin Brown **Chair** **(West Coast District Health Board member)**	27 January 2011	1 Year	31 December 2011
Barbara Holland	Co-opted September 2004 Appointed 4 March 2005 (Re-appointed 1 October 2007 and 30 June 2009	3 Years	30 June 2012
Cheryl Brunton	1 February 2005 (Re-appointed 3 November 2006 and 13 June 2008)	Whilst remaining as the Medical Officer of the Health for the West Coast DHB	
John Ayling	24 March 2011	1 Year	31 December 2011
John Vaile **(West Coast District Health Board member)**	27 January 2011	1 Year	31 December 2011

Member	Date of Appointment	Length of Term	Expiry Date
Lynnette Beirne	24 March 2011	1 Year	31 December 2011
Marie Mahuika-Forsyth	20 April 2009	Until advised by Te Runanga o Makaawhio	
Mary Molloy **(West Coast District Health Board member)**	27 January 2011	1 Year	31 December 2011
Robyn Moore	3 June 2011	3 years	3 June 2014
Patricia Nolan	18 July 2005 (Re-appointed 18 July 2006 and 19 July 2008)	3 Years	18 July 2011

WEST COAST DISTRICT HEALTH BOARD AND ADVISORY COMMITTEE DRAFT TIMETABLE
JANUARY 2011 TO DECEMBER 2011

DATE	MEETING	TIME	VENUE
Thursday 27 January 2011	BOARD	10.00 AM	St John lecture rooms
Tuesday 8 February 2011	Tatau Pounamu	10.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 24 March 2011	BOARD	10.00 AM	Westport, Solid Energy Centre
Wednesday 23 March 2011	Tatau Pounamu	10.00 AM	Makaawhio Office, Hokitika
Thursday 14 April 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 14 April 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 14 April 2011	ARF	1.30 PM	Boardroom, Corporate Office
Wednesday 4 May 2011	Tatau Pounamu	10.00 AM	St John lecture rooms
Friday 6 May 2011	BOARD	10.00 AM	St John lecture rooms
Thursday 19 May 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 19 May 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 19 May 2011	ARF	1.30 PM	Boardroom, Corporate Office
Friday 3 June 2011	BOARD	10.00 AM	St John lecture rooms
Wednesday 15 June 2011	Tatau Pounamu	10.00 AM	Westport Motor Hotel, Westport
Thursday 14 July 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 14 July 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 14 July 2011	ARF	1.30 PM	Boardroom, Corporate Office
Friday 29 July 2011	BOARD	8.30 AM	Franz Josef
Thursday 18 August 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 18 August 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 18 August 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 8 & Friday 9 September 2011	Tatau Pounamu	10.00 AM	Te Tauraka Waka a Maui Marae
Thursday 8 September 2011	BOARD WORKSHOP	2.00 PM	Te Tauraka Waka a Maui Marae
Friday 9 September 2011	BOARD	10.00 AM	Te Tauraka Waka a Maui Marae
Thursday 29 September 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 29 September 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 29 September 2011	ARF	1.30 PM	Boardroom, Corporate Office
Wednesday 19 October 2011	Tatau Pounamu	10.00 AM	Arahura Pa
Friday 14 October 2011	BOARD	10.00 AM	St John lecture rooms
Thursday 17 November 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 17 November 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 17 November 2011	ARF	1.30 PM	Boardroom, Corporate Office
Monday 28 November 2011	Tatau Pounamu	10.00 AM	Boardroom, Corporate Office
Friday 2 December 2011	BOARD	10.00 AM	St John lecture rooms