



West Coast District Health Board Public Health Plan 2014-15



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

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1. WEST COAST DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2014–15

- West Coast DHB Aim: To provide a people-centred, single health system for the West Coast, that is integrated and visible.
- West Coast DHB Values:
 - Manaakitanga – caring for others
 - Whakapapa – identity
 - Integrity
 - Respect
 - Accountability
 - Valuing people
 - Whanaungatanga – family and relationships.
- This plan accompanies the West Coast DHB Annual Plan 2014-15 and has been endorsed by the Board of the West Coast DHB.
- It describes public health services provided or funded by the WCDHB and its Public Health Unit, Community and Public Health.
- It describes key relationships with other agencies.
- The plan is based on a South Island planning template utilising the Core Public Health Functions framework (as agreed in the South Island Public Health Partnership plan).

a. Our Public Health Service

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

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

- The West Coast population is slightly older than the rest of New Zealand, with a higher proportion of people aged over 65 (16.1% in 2013, which is up from 13.8% in 2006). This differs for the Māori population (more than one in ten West Coasters are Māori), which is younger overall. At the time of the 2006 Census, the West Coast population was more socioeconomically deprived than the total New Zealand population. For example, those in the most deprived groups (NZDep deciles 6 – 10) made up 61% of the West Coast population, compared with less than 50% of the total New Zealand population.¹
- The work of this plan is guided by the following public health principles:
 - a. focusing on the health of **communities** rather than individuals
 - b. influencing **health determinants**
 - c. prioritising improvements in **Māori health**
 - d. reducing **health disparities**
 - e. basing practice on the best available **evidence**
 - f. building effective **partnerships** across the health sector and other sectors
 - g. remaining **responsive** to new and emerging health threats.

¹ CPH Region NZDep2006 data by ethnic group. NZDep for the 2013 Census is not yet available.

b. Our Key Priorities

- West Coast DHB critical stress factors as specified for 2014-15, are:
 - Achieving the Minister’s health targets
 - Managing our financial performance to achieve financial sustainability
 - Delivering better, sooner, more convenient health care
 - A ‘Transalpine Approach’
 - Facility development and refurbishment
 - Provision of wrap-around services for older people.
- The five South Island DHBs have identified four strategic outcomes. The first of these outcomes is that: “People are healthier and take greater responsibility for their own health”. The focus therefore is on “The development of services that better protect people from harm and support people to reduce risk factors, make healthier choices and maintain their own health and wellbeing”.²

The vision for the future of the West Coast health system is of an integrated system that wraps care around the patient to support people to stay safe and well in their own homes and communities wherever possible.

c. Alignment with National and Regional Strategic Health Priorities

- This plan aligns with national and regional priorities and includes activities that support strategic health initiatives.
- The plan is aligned with and sits alongside the West Coast DHB Annual Plan and Statement of Intent 2014-15 and the WCDHB Māori Health Plan 2014-15. The plan contents reflect Government, Ministry of Health and WCDHB priorities. Community and Public Health activities are carried out under the public health service specifications as agreed by the Ministry of Health.
- The NZ Public Health and Disability Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision making. The West Coast DHB works in partnership with Māori to reduce inequalities and improve the health status of Māori.
- The South Island Public Health Partnership is a collaboration of the three South Island Public Health Units (PHUs) – Nelson Marlborough (NMDHB), Community and Public Health (CPH) and Public Health South (Southern DHB). The partnership aims to facilitate the three PHUs working together – collaborating on leadership and sharing planning, resources and strategic work.
- Community and Public Health has statutory responsibilities under the Health Act 1956 that are conducted by Medical Officers of Health (MOsH), Health Protection Officers, and those acting under delegation from the MOH.
- Reporting against this plan will meet the requirements of the Ministry of Health reporting schedule and ISE (Information Supporting the Estimates of Appropriation) reporting as outlined in the planning and reporting package for 2014-15.

d. A Renewed Focus

- The five core public health functions agreed by the Public Health Clinical Network³ and included in the draft revised Ministry of Health Tier One Public Health Service Specifications are:
 1. Health assessment and surveillance
 2. Public health capacity development
 3. Health promotion
 4. Health protection
 5. Preventive interventions.
- This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.
- The appendix outlines how public health strategies from a range of core functions are combined across the West Coast DHB to address priority health issues, and specifies targets for that work.

² West Coast DHB Annual Plan 2012-13, p. 14

³ Available at <http://www.cph.co.nz/Files/CorePHFunctionsNZ.pdf>

2. KEY RELATIONSHIPS

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

Local authorities:

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

Government agencies:

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

Māori /Iwi agencies:

Te Runanga o Ngati Waewae
Te Runanga o Maakaawhio
Poutini Waiora

Educational institutions:

Education Facilities and Settings
Tai Poutini Polytechnic

West Coast DHB:

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

Non-government organisations/networks:

Action on Smoking and Health (ASH)

Active West Coast

Buller and Westland Sports Trusts

Buller Reap

Buller Interagency Forum

Cancer Society

Education West Coast

Family Planning Association

Heart Foundation

Healthy West Coast Governance Group (Terms of Reference, joint work plan)

Laboratories

Liaison on Alcohol and Drugs

Medical Centres

Mental Health Foundation

New Coasters

Smokefree South Island

Sport Canterbury West Coast

Te Rito network

West Coast Tobacco Free Coalition

West Coast Primary Health Organisation

West Coast Youth Workers Collective

West Reap

3. HEALTH ASSESSMENT AND SURVEILLANCE

“understanding health status, health determinants and disease distribution”

a. Strategies

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

b. Outcomes and Activities table

	Short Term Outcomes (the results that we’re working towards)	Short Term Outcome Indicators (how we’ll monitor progress towards the results)	Activities (what we’ll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Health assessment	Robust population health information available for planning health and community services	Availability of information for planning	<p>Monitor, analyse and report on key health determinants, including:</p> <ul style="list-style-type: none"> alcohol related harm smoking status (e.g. from ASH Year 10 data and 2014 Census and WCPHO reports). <p>Develop health status reports and health needs analyses for specific populations as required.</p> <p>Develop disease-specific reports for conditions of concern, eg Pertussis.</p> <p>Contribute to related work of partner organisations, eg</p>	<p>CPH, P&F WCDHB and WCPHO</p> <p>CPH</p> <p>CPH</p> <p>CPH, WCPHO and WCDHB</p>	<p>Number and accessibility of reports.</p> <p>Formal/informal feedback</p> <p>Number and accessibility of reports.</p> <p>Number and accessibility of reports.</p> <p>Quality of working relationship</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			WCPHO and WCDHB through the Healthy West Coast Workstream.		No of meetings and records of meetings and outcomes (including joint planning processes and sharing of population health information).
	Improved public understanding of health determinants	Availability of information to public	Disseminate information in existing and dedicated reports (eg WCDHB Quality Accounts, WCDHB website, WCDHB Community Report, print, broadcast and social media).	CPH, WCDHB Communications Team and WCPHO	Number and nature of media reports.
Surveillance	Prompt identification and analysis of emerging disease trends, clusters and outbreaks	Timeliness and effectiveness of reports for identifying trends and outbreaks of concern	<p>Review, analyse and report on communicable diseases data, including via web applications and written reports (eg Public Health Information Quarterly, weekly reports on notifiable diseases and influenza –May to September).</p> <p>Produce disease-specific reports for communicable diseases of concern, eg Pertussis, other diseases causing outbreaks</p> <p>Review, analyse and report on other disease data (eg alcohol-related harm, and diseases relevant to West Coast context).</p> <p>Contribute to the development of a SI Rheumatic fever register.</p>	<p>CPH</p> <p>CPH</p> <p>CPH, P&F WCDHB</p> <p>CPH, SI Partnership</p>	<p>Number and accessibility of reports.</p> <p>Formal/informal feedback</p> <p>Number and accessibility of reports.</p> <p>Formal/informal feedback</p> <p>Number and accessibility of reports.</p> <p>Formal/informal feedback</p> <p>Record of progress.</p>

4. PUBLIC HEALTH CAPACITY DEVELOPMENT

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

a. Strategies

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

b. Outcomes and Activities table

	Short Term Outcomes (the results that we’re working towards)	Short Term Outcome Indicators (how we’ll monitor progress towards the results)	Activities (what we’ll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Public health information systems	Public health information accessible to public health, partner organisations and the public	Availability and accessibility of public health information	Review and maintain public health information systems (common file structure; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, Health Pathways, HIIRC, NIR; Community Health Information). Contribute to development and implementation of national, regional and local public health information systems, including	CPH, P&F WCDHB and WCPHO CPH, WCPHO and WCDHB	Level of utilisation Completeness and currency of information Nature and effectiveness of systems, including degree of integration.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			West Coast STI Surveillance System.		
Partnerships with iwi, hapū, whānau and Māori	Effective partnerships with iwi, hapū, whānau and Māori	Joint processes and initiatives	Take a whānau ora approach to working with local iwi, hapū, whānau and Māori around -health information and analysis -proposals and policies with health implications -health determinants and outcomes. Implement CPH Māori Health Plan.	CPH CPH (Māori Health Sub-Group)	No. of initiatives supported. Formal/informal feedback. Progress against plan.
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	Joint processes and initiatives	Work with local Pacific and other ethnic leaders and communities around -health information and analysis -proposals and policies with health implications -health determinants and outcomes. Contribute to WCDHB ethnic specific plans as appropriate.	CPH CPH, P&F WCDHB and WCPHO	No. of initiatives supported. Formal/informal feedback. Progress towards plan development/implementation.
Human resources	A highly skilled public health workforce	Workforce Development Plans Record of training opportunities (Training calendar)	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies and contributing to SI workforce development and national networks.	CPH, SI Partnership	Training participation and feedback (for public health, other health sector and non-health staff). Formal/informal feedback.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			Explore/facilitate training for CPH staff in the Treaty, inequalities, Health in All Policies, Te Reo, Hauora Māori, and undergraduate and postgraduate study in public health as appropriate to staff development needs.	CPH	Extent of training recorded and evaluated.
Research, evaluation, economic analysis	Information available on priority public health issues and effectiveness of public health interventions	Research / evaluation reports and publications	Support public health research and evaluation, eg research into impacts of mine closures with a particular focus on improving Māori health and reducing health disparities. Media releases about items of interest including Year 10 ASH data, alcohol trends, etc. Pursue conference presentations and peer-reviewed publication where appropriate.	CPH CPH CPH	Number and accessibility of reports. Formal/informal feedback Number and impact of media reports. Number and impact of presentations and publications.
Planning and advising on public health programmes	Population health interventions are based on best available evidence and advice	Planning advice / reports	Develop reports and advice for health and non-health organisations to support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, GIS analysis.	CPH, P&F WCDHB and WCPHO, SI Partnership	Number and accessibility of reports. Formal/informal feedback

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Forum, South Island Public Health Partnership, National Public Health Clinical Network, National Health Promoting Schools Group, New Zealand College of Public Health Medicine, Healthy West Coast Workstream, PASHANZ, West Coast Tobacco Free Coalition, Active West Coast, WCDHB Child & Youth Health Workstream and West Coast Immunisation Advisory Group.	CPH	Extent and impact of contribution.
Quality management	A continuous improvement culture and robust quality systems for all public health work	Quality improvement plan and reports Accreditation results	Develop, implement and maintain the quality improvement plans including Internal Audit Plan and provision of information, training and support to staff. Present annual quality report to CPH Divisional Leadership Team (DLT). Contribute to the WCDHB organisation-wide quality programme.	CPH CPH CPH	Plans approved and progress reported , eg review of policies and procedures Progress against improvements and recommendation log. Progress towards quality programme.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			Maintain IANZ accreditation of drinking water unit.	CPH/SIDWAU	Accreditation maintained.
	Effective regional delivery of public health core functions	Reports of South Island Public Health Partnership	Contribute to management and work groups as per <i>South Island Public Health Partnership Plan 2012-15</i> : SI Public Health Analysts Network SI Alcohol Workgroup SI Workforce Development Plan Issues-specific work groups e.g. Sustainability, Tobacco, Communicable diseases protocols Management group	CPH	Progress against plans Partnership evaluation

5. HEALTH PROMOTION

a. Strategies

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

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

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Policy	Policies and practices within and beyond the health sector that will improve health, improve Māori health, and reduce disparities	New and reviewed strategies, plans and policies reflect health priorities	Develop and make available resources to support health impact assessment (HIA) and a “health in all policies” (HiAP) approach Support health and non-health sector staff with appropriate tools and customised advice to support a HiAP approach, eg the IRPG (Integrated Recovery Planning Guide), Te Pae Mahutonga, HPSTED etc. Ensure these tools are available to all partner agencies and support their implementation.	CPH (Policy) CPH (Policy)	Record of contributions and their impact. Record of contributions and their impact.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			<p>Support settings (workplaces, sports clubs, schools) to develop policies which support health.</p> <p>Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HiAP opportunities, including relevant Ministry of Education initiatives, housing, community resilience & wellbeing in response to mine closures.</p> <p>Develop joint work plans with a range of stakeholders.</p> <p>Support and coordinate development of WCDHB and regional position statements and submissions on public health issues.</p>	<p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH, SI Partnership (Population Health Information)</p>	<p>Training opportunities, participation, and feedback</p> <p>Record of contributions. Formal/informal feedback</p> <p>Formal/ informal feedback, including evaluation of joint work plans.</p> <p>Number and impact of position statements and submissions</p>
Social environments, media	Communities educated and aware of health issues and healthy choices and behaviours	Communications Plan, record of campaigns and information delivered	<p>Develop and implement CPH public health communications plan.</p> <p>Deliver relevant and timely public health information and campaigns (including World Smokefree Day, Mental Health Awareness Week, National Heart Week. Matariki, Waitangi</p>	<p>CPH</p> <p>CPH, WCDHB ,WCPHO and Poutini Waiora</p>	<p>Progress against plan.</p> <p>No .and type of public health messaging distributed.</p> <p>Evaluation of reach and impact of individual campaigns.</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			Day and Ask the Professional columns in the Messenger).		
Education settings	ECECs, schools and tertiary settings that support healthy choices and behaviours	Education settings evaluation reports	<p>Develop and support health promoting schools initiatives reflecting national strategic direction and guided by the draft service specification 2013/14.</p> <p>Support school initiatives that meet health and wellbeing needs identified by the school such as promoting student voice, healthy lifestyles and environments, emotional and mental wellbeing, improved attendance, hygiene, and whanau engagement</p> <p>Work with young people to encourage healthy choices e.g. Smokefree, alternatives to alcohol.</p> <p>Support schools with information about alcohol and sexual health especially prior to the school balls being held.</p> <p>Continue to develop the Good Memories No Regrets campaign, raising awareness of safe sex and safe drinking.</p>	<p>CPH, WCDHB PHNs</p> <p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH</p>	<p>Number of Schools engaged and with action plans developed.</p> <p>Number of schools engaged in the stages of HPS inquiry Information entered into National HPS Database as required.</p> <p>Number of completed evaluations using the template set out in the National HPS framework.</p> <p>Electronic and hard copy distribution of HPS magazine Uptake of health messages in school newsletters.</p> <p>Record of presentations. Outcomes entered into Healthscape.</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Workplaces	Workplaces that support healthy choices and behaviours	Workplace initiatives and evaluation reports	Work with priority workplaces to develop health promoting workplaces. Work with workplaces to encourage smoking cessation among staff.	CPH CPH and WCPHO	No. of workplaces engaged. Outcomes of workplaces initiatives. Number of referrals. Number of quit attempts.
Marae and Other Māori Settings	Marae and other Māori settings that support healthy choices and behaviours	Marae other Māori settings' initiatives and evaluation reports	Work in a whānau ora approach with Māori in settings to support healthy choices and make healthy lifestyle changes. Settings include: Kohanga Reo, Marae and Poutini Waiora.	CPH	No. of Māori settings worked with. No. of initiatives supported and evaluated ie: Appetite for Life, Auahi Kore, alcohol harm reduction.
Other community settings	Other community settings that support healthy choices and behaviours	Setting initiatives and evaluation reports	Work with event organisers and other community groups to develop health promoting settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka festival. Support active transport through advocacy and membership on the WC Regional Transport Committee, West Coast Road Safety Committee. Support initiatives such as Bikewise, bike to work day and walk to work day. Identify ways of working with early childhood centres to promote Smokefree lifestyles.	CPH, WCDHB, WCPHO and Poutini Waiora CPH, WCDHB CPH, WCDHB and WCPHO	No of events supported Evaluation findings. Meetings attended and opportunities of change recorded. No of initiatives recorded and evaluated.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Community capacity	Communities able to address health issues of importance to them	Changes achieved by community partnerships	Support communities to address priority issues, including community engagement initiatives and development of sound health promotion projects, eg community resilience & wellbeing in response to mine closures, supporting delivery of the Prime Minister's Youth Mental Health initiative. Encourage community members to participate in submission-making process.	CPH, WCDHB and WCPHO CPH	Record of new networks established or linked into. No. of initiatives supported and evaluated. No. of groups engaged. No. of submissions made.
Individual skills	People with skills to enable healthy choices and behaviours	ABC coverage in primary and secondary care. Smoking quit rates Evaluation of other initiatives	Maintain ABC coverage in primary and secondary care including quit card, hospital cessation service and Coast Quit. Deliver Aukati Kai Paipa as per the MoH contract. Develop and deliver other lifestyle intervention support (eg Appetite for Life, Green Prescription, fall prevention programmes, breastfeeding support, cooking programmes). Support mental wellbeing initiatives. Support delivery of	WCDHB, WCPHO and CPH CPH CPH, WCDHB, WCPHO and Poutini Waiora CPH, WCPHO (Primary Mental Health Team) and other WCDHB	Sustained quit attempt rates MoH targets met. AKP contract specifications met. Numbers of interventions made and evaluated. Number of participants Community linkages engaged with – e.g. Homebuilders, Salvation Army. Level of access to services

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			the Prime Minister's Youth Mental Health initiative. Deliver safe sexual health training and resources to priority groups.	Teams/Services (e.g. Oral Health, Mental Health) CPH, Family Planning, WCDHB	Awareness of Five Ways to Wellbeing No. training sessions delivered
Healthcare settings	Hospitals and community healthcare settings that support healthy choices and behaviours	Healthcare initiatives and evaluation reports	Work with hospital and community healthcare providers to develop health promoting settings (eg promoting active transport, Smokefree and healthy food availability).	CPH, WCPHO and WCDHB	No of initiatives supported recorded and evaluated.

6. HEALTH PROTECTION

a. Strategies

- Developing and reviewing public health laws and regulations⁴.
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

“protecting communities against public health hazards”

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Communicable disease control	Reduced incidence of notifiable diseases Reduced incidence of influenza	Notifiable diseases and influenza rates and trends Outbreak rates and trends	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and investigation of notifiable diseases and outbreaks. Quality data entry in EpiSurv in a timely manner.	CPH, WCDHB (PHNs, RNSs and Infection Control Service) CPH	Disease rates (as compared with previous years). Data quality as outlined in the ESR Annual Data Quality Report. Statistics as outlined in the ESR Annual Data Quality Report and Annual Outbreak Report.

⁴ Public health legislation covers a wide variety of issues, including communicable disease control, border health protection, food quality and safety, occupational health, air and drinking water quality, sewerage, drainage, waste disposal, hazardous substances control, control of alcohol, tobacco and other drugs, injury prevention, health information, screening programmes, and control of medicines, vaccines and health practitioners.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			<p>Investigate outbreaks as outlined in the Outbreak Response Procedure and ESR guidelines</p> <p>Contribute to the development of shared South Island protocols.</p> <p>Provide public information and advice, including promoting immunisation and hand hygiene and condom distribution.</p> <p>Work with priority settings and communities to increase immunisation and improve infection control.</p> <p>Provide vaccinator and programme authorisations as per Medicines Regulations</p> <p>Contribute to development and implementation of SI Rheumatic Fever Prevention Plan (reported through SI Public Health Partnership via CD protocols group).</p>	<p>CPH, WCDHB (PHNs, RNSs and Infection Control Service)</p> <p>CPH</p> <p>CPH, WCDHB Infection Control Committee, WCDHB Immunisation Advisory Group</p> <p>CPH</p> <p>CPH</p> <p>SI Partnership (Communicable Disease Protocols Group)</p>	<p>Outbreaks controlled</p> <p>Progress against Outbreak Debrief Report action points.</p> <p>Number and impact of shared protocols.</p> <p>Number of media releases and promotional opportunities undertaken</p> <p>Records of (intra WCDHB and interagency) meetings attended/settings worked with.</p> <p>Impact of contribution as evidenced by meeting minutes.</p> <p>Documented numbers of authorised vaccinator & programme applications and approvals.</p> <p>Progress against Plan.</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Drinking water quality	Improved water quality and protection measures in community drinking water supplies	% of minor, medium and large community supplies complying with DWS % of minor, medium and large community supplies with approved and implemented Water Safety Plans.	Support local authorities to maintain catchment protection Review and prioritise all community supplies and work with prioritised communities and TLAs and regional bodies to improve water quality. Carry out functions and duties of a DWA as defined under the Health Act. Undertake Annual Survey Ensure water carriers are registered. Respond to high-risk transgressions.	CPH/SIDWAU CPH CPH CPH CPH	Record of interactions with suppliers concerning their legislative obligations (in SIDWAU filing system). DWA activities completed within legislative time frames Annual survey data delivered by required date. Record of registration Record of responses and outcomes
Sewage	Less disease caused by human contact with sewage	Sewage-related outbreaks Environmental contamination events	Work with councils to promote and ensure safe sewage disposal. Work with councils to manage risks of unplanned contamination events. Liaise with councils to provide public advice on safe sewage disposal, sewage overflows, and waterways contamination.	CPH CPH CPH	Record of external meetings attended and agreed actions. Record of contribution. Record of contribution.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Recreational water	Less disease caused by contamination of beach, river and lake water	Waterborne disease outbreaks Beach and river water gradings	Agree recreational water protocols with councils annually and monitor implementation. Work with councils to provide public information and advice, including health warnings and media releases.	CPH CPH	Agreed protocol in place Number of media releases produced in relation to RW including micro quality and algal bloom events.
Housing	Less disease caused by inadequate housing	Housing quality improvements	Work with national, local and community organisations to ensure warm and dry housing, especially for vulnerable groups (including identification and referral of vulnerable households).	CPH, WCDHB P&F and WCPHO	Actions and/or outcomes from key housing stakeholder meetings/interactions reflect public health input.
Resource management	Regional and local council resource management practices and decisions reflect health priorities	Evaluation of council decisions, implementation and enforcement Air quality monitoring results	Work with councils to ensure health issues are identified and considered in RMA processes. Assess and submit on consent applications. Work with stakeholders to identify and address potential health issues	CPH CPH CPH	Number of applications assessed (scoped) Number of submissions made. Number of hearings where evidence presented. Number of decisions reviewed. Record of external meetings attended and agreed actions. Record of formal advice given.
Hazardous substances	Public protected from exposure to hazardous substances	Reports of public exposure	Work with councils and other agencies to reduce public exposure to hazardous substances, including responding to hazardous	CPH	Record of external (including HSTLC) meetings attended and agreed actions. Record of formal advice given.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			<p>substance emergencies and complaints.</p> <p>Conduct investigations where required.</p> <p>Provide public information and advice.</p> <p>Process applications for application of vertebrate toxic agents under HSNO legislation.</p> <p>Conduct field audits of VTA activity where appropriate.</p>	<p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH</p>	<p>Number and outcome of investigations.</p> <p>Record of advice given, including website utilisation.</p> <p>Number of VTA applications processed.</p> <p>Number and outcome of audits.</p>
Early childhood education centres	Health hazards reduced in ECECs	Compliance with ECC Regulations, including infection control and lead exposure	<p>Visit, assess and provide advice to ECECs.</p> <p>Work with councils to ensure appropriate placement of new ECECs.</p>	<p>CPH</p> <p>CPH</p>	<p>Number of ECECs assessed in terms of meeting requirements of ECC 1998/ 2008 Regulations.</p> <p>Number of meetings held with MoE and TAs.</p>
Emergency preparedness	WC districts prepared for emergencies impacting on public health	Effective emergency responses as required	<p>Develop and maintain emergency plans.</p> <p>Deliver CIMS in Health training to new staff and refresher training to established personnel.</p> <p>Participate in Public Health exercise with Public Health South and Nelson/Marlborough Public Health.</p>	<p>CPH, WCDHB, WCPHO</p> <p>CPH</p> <p>CPH</p>	<p>Emergency plans are current.</p> <p>Record of training.</p> <p>Performance against exercise performance measures.</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			Contribute to the development of an integrated South Island Public Health Business Continuity Plan.	CPH	Progress towards plan completion, implementation.
Sustainability	Greater understanding of and action on sustainability	Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations.	Raise awareness regarding sustainability and climate disruption, including both adaptation and mitigation strategies.	CPH	Evidence of activity to improve understanding of sustainability and to promote sustainable practices
Tobacco	Reduced tobacco sales, especially to minors Reduced exposure to second-hand smoke	Retailer display compliance at inspection. Retailer compliance during controlled purchase operations. Number and nature of workplace complaints.	Respond to public complaints. Complete education visit/compliance check prior to CPO/complaint. Inspect retailers and licensed premises for compliance in response to complaints. Conduct controlled purchase operations. Provide public and retailer information and advice	CPH CPH CPH CPH CPH	% complaints responded to within 5 days. % of retailers inspected. % of licensed premises inspected. Number of CPOs conducted. CPO compliance. Record of advice, information given.
Alcohol	Less alcohol-related harm	ED presentations Police data (violence, road traffic crashes) Retailer compliance during controlled purchase operations	Set up ED alcohol data collection system. Monitor licensed premises. Inquire into all on- , off-, club, and special licence applications and provide Medical Officer of	WCDHB, CPH CPH CPH	Progress towards establishing system. Number of licensed premises monitored. Number of licence applications processed and percentage processed within 15 working days.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			<p>Health reports to DLC where necessary.</p> <p>Conduct controlled purchase operations.</p> <p>Contribute to training of Duty Managers</p> <p>Work with Police and DLC to support community alcohol initiatives, eg alcohol accords.</p> <p>Support councils' implementation of Local Alcohol Policies (LAP's).</p> <p>Work with event organisers, eg for Wildfoods Festival, to encourage development of Event Management Plans.</p> <p>Work with SI Public Health Partnership to facilitate the development of DHB Alcohol Harm Reduction Strategies with associated outcomes frameworks and indicators.</p>	<p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH, SI Partnership (Alcohol Workstream)</p>	<p>Number of CPOs conducted.</p> <p>Number of premises visited during CPO.</p> <p>CPO compliance.</p> <p>Record of contribution.</p> <p>Record of meetings attended and agreed actions.</p> <p>Health impacts of Local Alcohol Policies.</p> <p>Record of meetings, number of plans in place.</p> <p>Progress against workplan.</p>
Other psychoactive substances	Improved compliance with Psychoactive Substances Act 2013	Retailer compliance during controlled purchase operations	Work with police and other agencies to undertake regulatory activities in line with the Psychoactive Substances Act 2013 and Regulations	CPH	Number of licensed retail premises assessed for compliance.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
					Number of premises visited during Controlled Purchase Operations. CPO compliance
Other	Public protected from other health hazards	Evidence of harm to public	Undertake other regulatory health protection work using a risk-based approach, including six-monthly inspections of solaria as per May 2012 request.	CPH	Record of external meetings attended and agreed actions. Record of formal advice given. Number of documents reviewed. Number of decisions reviewed.

7. PREVENTIVE INTERVENTIONS

a. Strategies

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

“population programmes delivered to individuals”

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Immunisation	Increased immunisation coverage, especially for priority groups	Immunisation rates	<p>Immunisation coordination - work strategically to improve immunisation coverage especially for tamariki and rangatahi.</p> <p>Immunisation promotion eg Pertussis vaccination among frontline healthcare workers, immunisation within ECECs and schools.</p> <p>Immunisation delivery.</p>	<p>CPH, WCDHB (P&F, PHNs, RNSs, WCDHB Immunisation Advisory Group) and WCPHO</p> <p>CPH, WCDHB (Communications Team, PHNs and Outreach Co-ordinator) and WCPHO</p> <p>WCPHO, WCDHB (Outreach Co-ordinator, PHNs, RNSs)</p>	<p>Record of initiatives. Formal/informal feedback.</p> <p>Record of promotion initiatives and outcomes.</p> <p>Record of delivery initiatives and outcomes.</p>
Lifestyle interventions	Systematic identification of and response to risk factors	Completeness of practice and hospital information on smoking, alcohol intake, and physical activity	Work with the Maternity Quality and Safety Programme to enhance coverage and effectiveness of Smokefree ABC	WCDHB, WCPHO, CPH	Record of progress

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			<p>interventions with pregnant women who smoke.</p> <p>Implement the ABC Smoking Cessation Strategy in primary care and the community.</p> <p>Meet the smokefree health target.</p> <p>Meet PPP smoking targets, including smoking status documentation and delivery of brief advice and cessation support to smokers.</p> <p>Deliver Coast Quit smoking cessation initiatives.</p>	<p>WCDHB,WCPHO,CPH</p> <p>WCPHO,WCDHB</p> <p>WCPHO,WCDHB</p> <p>WCPHO</p>	<p>Number of practices provided with ABC training.</p> <p>Health Target Quarterly Report</p> <p>PPP Quarterly Reports.</p> <p>Quarterly report to WCDHB Smokefree manager, including enrolments in cessation programmes.</p>
Screening and early detection	Early detection of cancer	Coverage rates for cervical and breast cancer screening	<p>Participate in Cervical Screening Strategic and Working Groups to develop regional strategies to increase uptake.</p> <p>Maintain current levels of uptake of breast screening through a planned approach.</p>	<p>WCPHO, WCDHB</p> <p>WCPHO, WCDHB</p>	<p>Record of strategies and outcomes.</p> <p>Record of strategies and outcomes.</p>
	Early detection of diabetes and cardiovascular disease	Coverage of diabetes and CVD screening programmes	Promote CVD risk assessments and diabetes screening in primary care settings and the community to increase uptake.	WCPHO,WCDHB	Quarterly report on utilisation. Numbers, age group, ethnicity and conditions identified.

8. GLOSSARY/DEFINITIONS

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

ACC – Accident Compensation Corporation

AHMC –Alcohol Harm Minimisation Co-ordinator

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

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

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

CPH – Community and Public Health

CPO – Controlled Purchase Operation

CSNZ – Cancer Society New Zealand

CVD – Cardiovascular Disease

DLC – District Licensing Committee

DWA - Drinking Water Assessment

DWS – Drinking Water Standards

ECC – Early Childcare Centre

ECEC – Early Childhood Education Centre

ED – Emergency Department

EpiSurv – National notifiable disease surveillance database.

ESR – Environmental Science and Research

GIS – Geographical Information Systems

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

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

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

HiAP – Health in All Policies

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

HPS – Health Promoting Schools

HPSTED – Health Promotion and Sustainability Through Environmental Design

HSNO – Hazardous Substances and New Organisms

HSTLC - Hazardous Substances Technical Liaison Committee

IANZ – International Accreditation New Zealand

IHR - International Health Regulations

IRPG – Integrated Recovery Planning Guide

ISLA – Immunisation Service Level Alliance

MOH – Medical Officer of Health

MoU – Memorandum of Understanding

NGO – Non Government Organisation

NIR – National Immunisation Register

PASHANZ – Promoters Advocating Sexual Health in Aotearoa New Zealand

PEGS - (Preparation, Education, Giving Up and Staying Smokefree) A smoking cessation programme promoted through Primary Care.

PHN – Public Health Nurse

PHO – Primary Health Organisation

PHRMP – Public Health Risk Management Plan

P & F – Planning and Funding

PPP – PHO Performance Programme

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

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

RMA – Resource Management Act

RNSs – Rural Nurse Specialists

RW – Recreational Water

SIDWAU – South Island Drinking Water Assessment Unit

SIPHP - South Island Public Health Partnership

SIPHAN – South Island Public Health Analyst Network

SMG – Strategic Management Group

STI – Sexually Transmitted Infection

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

TLA – Territorial Local Authority

VTA – Vertebrate Toxic Agent

WCPHO – West Coast Public Health Organisation

WCDHB – West Coast District Health Board

9. APPENDIX

West Coast Prevention/Early Detection and Intervention Targets 2014-2015

	Community		Primary Care		Secondary Care	
Tobacco						
Goal Increase the number of successful quit attempts and reduce smoking prevalence amongst the West Coast population. <i>To reduce the major risk factor of long-term conditions and inequalities in health outcomes, particularly for Māori and Pacific people, who have disproportionately higher smoking rates.</i>	Three CPOs carried out and appropriate enforcement action taken as necessary.	CPH	90% of enrolled patients who smoke and are seen in General Practice, will be provided with advice and help to quit.	WCPHO WCDHB	95% of hospitalised smokers will be provided with advice and help to quit.	WCPHO WCDHB
	Increase in the number of year 10 students who have never smoked (base 69%)	CPH	4 ABC training sessions are delivered in primary care.	WCPHO WCDHB	Progress is made towards providing 90% of women who identify as smokers at the time of confirmation of pregnancy advice and support to quit.	WCPHO WCDHB CPH
	≥100 people enrol with the Aukati Kai paipa smoking cessation programme.	CPH	>500 people enrol with the Coast Quit smoking cessation programme	WCPHO		
Alcohol						
Goal Reduce the harm caused by alcohol.	≥3 monitoring visits per year to high-risk premises	CPH				

	Community		Primary Care		Secondary Care	
<i>To reduce a major risk factor of harm and long term conditions</i>	95% of duty managers trained complete the Host Responsibility course.	CPH				
	Programmes to reduce the harm caused by alcohol are identified in the hospital and community health settings.					WCDHB WCPHO CPH
Nutrition and Physical Activity						
Goal Empower people and communities to take positive action to improve health & wellbeing. <i>To support healthy eating and physical activity and reduce the risk factors of long-term conditions.</i>	≥5 community nutrition courses delivered	CPH	≥500 Green Prescription referrals (base 274)	WCPHO	≥100 lactation support and specialist advice consults in the community.	WCDHB
			74% of infants are fully or exclusively breastfed at 6 weeks and 40% at 6 months.	WCPHO WCDHB	96% of mothers are breastfeeding on hospital discharge.	WCDHB
			≥17 Mum-4-Mum Breastfeeding Peer support counselors trained	WCPHO		
Immunisation and Vaccine-Preventable Disease						
Government expectation 95% of eight months olds will have their primary course of immunisation (six weeks, three months and five months)	Provide public information and advice, including promoting immunisation and hand hygiene.	CPH	95% of all West Coast children fully immunised at eight months by December 2014.	WCPHO WCDHB	Identify immunisation status of children presenting at hospital and refer for immunisation if not up to date.	WCDHB
	Work with priority settings and communities to increase immunisation and improve infection control	CPH	95% of all West Coast children fully immunised at aged two.	WCPHO WCDHB		

	Community		Primary Care		Secondary Care	
immunisation events) on time by December 2014.	All cases and contacts of vaccine preventable disease investigated per protocols	CPH	90% of newborns enrolled with a GP or Well Child Tamariki Ora provider by 6 weeks of age.	WCPHO WCDHB		
Goal Decreased number of cases of vaccine-preventable diseases in the community.	All outbreaks of vaccine preventable disease investigated and control measures instituted as outlined in the Outbreak Response Procedure and ESR Guidelines.	CPH				