

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

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**COMMUNITY AND PUBLIC  
HEALTH ADVISORY  
COMMITTEE MEETING**

**21 JULY 2006**

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

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# AGENDA

## FOR THE WEST COAST DHB COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING TO BE HELD IN THE BOARD ROOM, CORPORATE OFFICE, GREYMOUTH ON FRIDAY 21 JULY 2006 COMMENCING 10.00 AM

1. Welcome / Introductions/Apologies
2. Standing Orders / Disclosure of Advisory Committee Members' Interests
3. Agenda Check
4. Minutes of the Last Meeting – 9 June 2006
5. Action / Responsibility List, Matters Arising & Updates  
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  - 7.3 Community support group for new RMO's, SMO's and medical students'
  - 7.4 Oral health service improvement – Robin Whyman video conference
8. **NEXT MEETING – 1 September 2006**

**Please note the new start time for the meeting**

## 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 & PUBLIC HEALTH ADVISORY COMMITTEE DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
<b>CHAIR</b> Dr Carol Atmore <i>WCDHB Member</i>	<ul style="list-style-type: none"> <li>• Member – South Link Health</li> <li>• General Practitioner - Employed by WCDHB at Grey Medical Centre and GP Liaison Officer</li> <li>• Member – ASMS</li> </ul>
<b>DEPUTY CHAIR</b> Julie Kilkelly <i>WCDHB Member</i>	<ul style="list-style-type: none"> <li>• Member - Pharmaceutical Society Incorporated</li> <li>• Member - New Zealand College of Pharmacists</li> <li>• Director - Kilkelly Kartage Ltd</li> <li>• Trustee - West Coast PHO Board</li> <li>• Director - Olsen's Pharmacy (2002) Ltd.</li> </ul>
Professor Gregor Coster <b>Chairman WCDHB</b>  <i>Appointed February 2003</i>	<ul style="list-style-type: none"> <li>• Director - PHARMAC</li> <li>• Director - Cornwall Management Limited</li> </ul>
Robyne Bryant <b>WCDHB Member</b>	<ul style="list-style-type: none"> <li>• Trustee - Board of Coast Care Trust</li> <li>• Employed by WCDHB as a midwife on a permanent part-time basis</li> </ul>
Cheryl Brunton	<ul style="list-style-type: none"> <li>• Medical Officer of Health for West Coast - employed by Community and Public</li> <li>• Health – Canterbury District Health Board</li> <li>• Senior Lecturer in Public Health - Christchurch School of Medicine and Health</li> <li>• Sciences (University of Otago)</li> <li>• Fellow – Australasian Faculty of Public Health Medicine</li> <li>• Member – Public Health Association of NZ</li> <li>• Member – Association of Salaried Medical Specialists</li> <li>• Member – WCPHO Board</li> <li>• Member – ASMS</li> </ul>
Greville Wood	<ul style="list-style-type: none"> <li>• General Practitioner – West Coast DHB</li> <li>• Fellow – Royal New Zealand College of General Practitioners</li> <li>• Regional coordinator for University of Otago Under Graduate Medical Student Training Programme</li> <li>• Executive Committee of South Link Health</li> <li>• Member – WCPHO Board</li> <li>• Member – ASMS</li> </ul>
Barbara Greer	<ul style="list-style-type: none"> <li>• Member - Rata Branch Maori Women's Welfare League</li> <li>• Member - Runanga O Makaawhio</li> <li>• Shareholder - Mawhera Corporation</li> <li>• Tumuaki Rata Te Awhina Trust</li> <li>• Member – NHO Consumer Advisory Group</li> <li>• Colorectal Cancer Advisory Group</li> <li>• Maori Advocate for National Screening</li> <li>• Co-ordinator, Te Wai Pounamu region, Maori</li> </ul>

	Women's Welfare League
Sharon Ransom	<ul style="list-style-type: none"> <li>• Member – New Zealand Nurses' Organisation</li> <li>• Member – West Coast Primary Health Nurses Network</li> <li>• Member – Child and Youth Advisory Committee</li> <li>• Clinical Leader – Nelson Marlborough West Coast Royal New Zealand Plunket Society</li> <li>• Member - Well Child Network</li> <li>• Aunt employed by WCDHB</li> </ul>
Barbara Beckford	<ul style="list-style-type: none"> <li>• Member - Medical Radiation Technologists Board (Responsibility for registration and competency matters)</li> <li>• Member - NZ Medical Council Professional Standards Competence Review Committee</li> <li>• Co-Convenor - Federation of Women's Health Councils Aotearoa (Consumer advocacy interests)</li> <li>• Co-Chair - National Screening Unit Consumer Reference Group</li> <li>• Member - Breastscreen Aotearoa Advisory Group</li> <li>• Member – Public Health Association of NZ</li> <li>• Member – Well Women's Centre</li> <li>• Member – National Ethics Advisory Committee</li> <li>• Member – NZ Guidelines Development Team, also liquid based cytology working group</li> </ul>

# DRAFT MINUTES OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING HELD 9 JUNE 2006 IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

**PRESENT** Carol Atmore, Chair  
Barbara Beckford  
Shar Ransom  
Cheryl Brunton  
Greville Wood

**IN ATTENDANCE** Kevin Hague, CEO  
Wayne Turp, General Manager Planning & Funding  
Bianca Kramer, Minute Secretary

**APOLOGIES** Gregor Coster, Chair WCDHB – teleconference  
Julie Kilkelly, Deputy Chair  
Barbara Greer  
Robyne Bryant  
Cheryl Brunton for lateness

## 1. **APOLOGIES, WELCOME**

The Chairman welcomed everyone to the meeting and read the Karakia. The Chair then introduced Lisa Rangi the new health reporter from the Grey Star.

***Moved: Shar Ransom      Seconded: Greville Wood***

**It was RESOLVED to accept the Apologies.**

## 2. **STANDING ORDERS**

The Chairman waived the Standing Orders.

Agenda points – meeting schedule in particular the meeting scheduled for 5 January 2007.

## 3. **DISCLOSURES OF INTEREST**

No changes

#### 4. **MINUTES OF THE PREVIOUS CPHAC MEETING HELD 28 APRIL 2006**

- Apology from Shar Ransom for the meeting held on Friday 28 April was not noted
- Item 6 – Correspondence – Shar Ransom was not in attendance at the meeting to move the correspondence be accepted, the correspondence was move by Dr Carol Atmore

***Moved: Carol Atmore      Seconded: Barbara Beckford***

**It was RESOLVED that the Minutes of the Community and Public Health Advisory Committee meeting held 28 April 2006 were a true and accurate record subject to the amendments above.**

#### 5. **MATTERS ARISING**

**Investigation of most efficient use of the direct financial incentives and scholarships to recruit and retain health professionals**

This item is scheduled for the July meeting

**General Manager Planning & Funding is to clarify with Tony McDonald whether it is possible to separate the hospital and community statistics from the Referred Services report**

A meeting is being arranged within the next month, with reporting back to the meeting scheduled for July

**Work with WCPHO on pharmaceutical and laboratory spending**

Report back to the meeting scheduled for July

**Physiotherapy service in Westland – long waiting lists for community physiotherapy**

Nationally there is a shortage of physiotherapists, and the West Coast DHB is currently experiencing difficulties in recruiting and retaining staff in this area. There is now only one physiotherapist based in the Westland district.

A committee member asked if there were no private physiotherapist in the Westland district would it then become the responsibility of the DHB to provide this service. The General Manager Planning & Funding advised he would look at investigate this concern.

**Action: General Manager Planning & Funding**

***Cheryl Brunton entered the meeting at 10.57am***

***CEO entered the meeting at 10.58am***

With the arrival of the committee member, a quorum was now present and the apologies and minutes of the previous meeting were formally accepted.

The CEO added an agenda item, an overview of the 2020 Grey Base Hospital vision meetings that had been taking place among DHB staff

### **Investigation of on-site mammography service**

Discussions with Breast Screen Aotearoa and the Ministry of Health are continuing, at this stage there was no update available. The goal is to ensure the provision of a service that meets the health needs of woman on West Coast within available resources.

A fixed mammography unit would require the West Coast DHB to provide all start up costs, and lease the building to BreastScreen South. The CEO said he would provide this committee with more information when available.

As per the previous meeting, it was mentioned that a fixed unit could possibly pay for itself by providing services not provided by the current mobile service for example secondary diagnostic, or surveillance checks for at risk women or even diagnostic visits for those women outside the criteria. When asked if this would strengthen the case for a fixed unit as these services would be paid for by the user, the CEO explained that any services paid for by the consumer would not off set the cost of setting up the unit, as the DHB would not be providing the service, it would be providing the building.

### ***Greville Wood left the meeting at 11.00am***

The CEO gave an outline of the progress in the 2020 vision consultation process. CPHAC members were invited to attend the public consultation meetings in their area if they wished to be involved in the consultation process

### ***Greville Wood rejoined the meeting at 11.47am***

### **Draft Meeting Schedule**

The draft meeting schedule provided in the papers was based on a six weekly cycle. The committee discussed the meeting scheduled for Friday 5 January 2007, and it was decided to remove that meeting from the schedule. It was noted that there is usually a workshop in late January with Advisory Committees and the Board, to consider the DAP and SOI.

Currently the CPHAC meeting commences at 10.30am, but with the Disability Services Advisory Committee moving to a different schedule it was decided that the CPHAC meetings would now start at 10.00am.

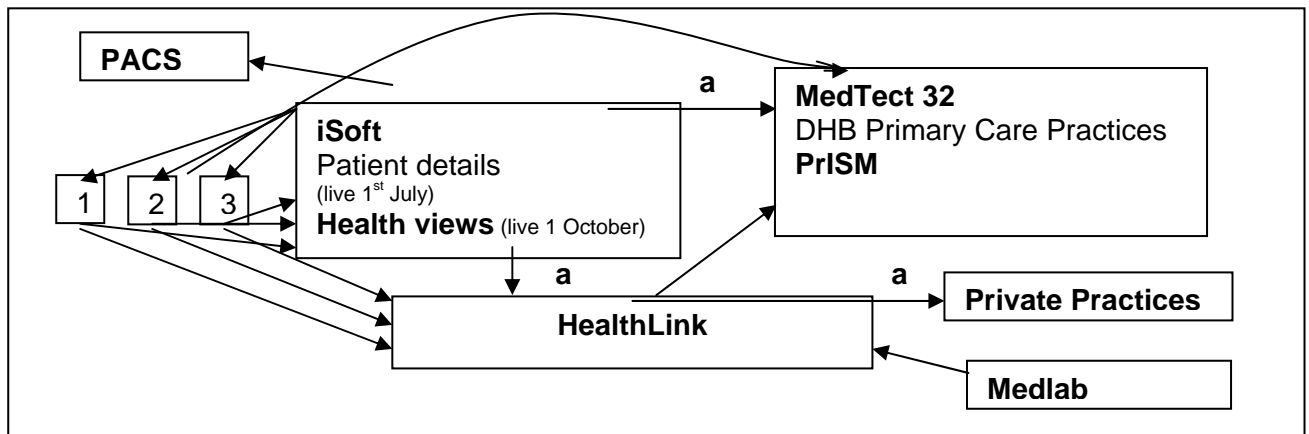
### ***Chief Financial Officer joined the meeting at 11.50am***

**Report regarding the future electronic communication between primary and secondary services**

### ***The CEO left the meeting at 11.52am***

The Chief Financial Officer proceeded to show the committee how the different software used by the departments within the DHB will be able to communicate and share information. There will be a user friendly interface for all users, so that information can be

retrieved in a format that is relevant to the user. As users have different needs, the user \*can flag certain areas.



- 1 Radiography
- 2 Pharmacy
- 3 Laboratory

**a** Electronic discharge summaries will be available from 1 October, via Health Views directly for DHB owned practices, and via Health Link for Private Practices

The above diagram shows how iSoft pulls together data from all sources.

For information flow between WCDHB owned primary care and hospitals, information would not be leaving the DHB's system which is secure. For information passed to Private Practices and other DHBs, HealthLink would be used, which is a secure means of transferring health information electronically.

The concern of confidentiality of patients' medical files was raised. The committee was informed that during the District Strategic Plan's public consultations this point was discussed and feedback was very positive. It was suggested that maybe when the patient enrolled with the PHO it was confirmed that the patient was clear on what information was being shared and they approved. It was discussed that there is some information that shouldn't be shared, for example Mental Health and Sexual Health.

Having access to appropriate Primary Care data in hospital would be helpful – but not all data would be suitable, limits around access would need to be carefully considered.

Currently there is a plan in process to have outside organisations that the DHB works with join in with Prism, the committee was informed that Rata Te Awhina has already agreed.

The Chief Financial Officer informed the committee that he was in the process of pulling together a Prism group, and this would take place in the form of a road show, with invites going out to Practice managers and other parties that would be involved in using the software..

The West Coast DHB has been invited to act as a development partner for a web based version of MedTech.

The current work plan for this project will be completed when electronic discharge summaries are in place later this year.

The future may include electronic referral for primary care to secondary care, disease registers and integrated information systems, where tailored user-friendly versions of data are available, with the right view for the right person. Committee members were of the opinion that confidentiality issues raised by these possible future developments needed to be discussed ahead of the technology being in place. The Chief Financial Officer informed the Committee that he would be establishing an Integration group in January 2007, This group would look at how to progress these future ideas, once the current systems have been bedded in. CPHAC members highlighted the importance of having community and primary care (both DHB and non-DHB owned) represented in this group. The DHB was congratulated on getting this far in the plan.

The Chair thanked the Chief Financial Officer for speaking to the committee and confirmed that CPHAC could expect an updated report at the meeting scheduled for February.

***Chief Financial Office left the meeting at 12.24pm***

***General Manager Maori Health left the meeting at 12.25pm***

## **6.0 GENERAL BUSINESS**

### **6.1 CPHAC Chair's report to committee**

The Chair's report was noted

### **6.2 Work Plan**

#### **General Manager Planning & Fundings report to committee**

**DAP/SOI** – All red issues have been fixed. The next step will hopefully be the West Coast DHB's Chair receiving a letter from the Ministry of Health accepting the 2006/2007 District Annual Plan.

#### **DAP Implementation Report**

140 items have been achieved, this current report is only showing those items listed as either orange or red. The DAP implementation report have moved from being compiled quarterly to a monthly report for the final three months of the financial year. The report provided in the meeting papers was for the period ending 31 May.

The committee worked through the report page by page identifying those sections of interest to CPHAC. Some committee members identified points that could now be updated as being completed. It was suggested that they speak to the General Manager Planning & Funding after the meeting and identify these points to him.

An item on page two under the heading Mental Health – “Better access to primary care services for people with severe mental illness” it was felt that this should have read “services for people with mild to moderate mental health issues” as those with a severe mental illness were catered for in the in-patient facility. This is an item that has been achieved, with the PHO filling two Primary Mental Health positions.

Cardiovascular Disease is a big project with large numbers needing to be screened. Although Primary Care has been tasked with screening, if the PHO is to accomplish this there will be a need for extra funding. The PHO is funded for illness management and the

new 'wellness' management focus that the Primary Health Care Strategy brings will not be able to be funded out of PHO reserves.

Child Oral Health – The 'smile for life' programme in Canterbury was mentioned. After a brief explanation of the programme, it was felt that there was a possibility that people may see this as another fluoridation campaign if distributed over a large area as it has been in Canterbury. It was suggested that those parts of the 'smile for life' campaign that could be applied to the West Coast be investigated.

A committee member asked if it was possible to get fluoride tablets subsidised, with vouchers being provided by places like Work & Income and Dentists. The General Manager Planning & Funding said if this was to take place what would the DHB disinvest in to provide funds. A committee asked if this had been costed during the fluoridation campaign. The General Manager Planning & Funding will investigate and report back to the committee at the August meeting.

**Action: General Manager Planning & Funding**

#### **Public Health Plan –**

This will be an agenda item on a future meeting.

#### **Youth Health Plan**

The profile that is being used in the development of the Youth Health Plan was made available to the committee members. The Minute Secretary will forward copies to those members not at the meeting. The Youth Health Plan will be provided at the next meeting.

**Action: Minute Secretary**

#### **Child Health Plan**

The Planning & Funding Analyst presented a working draft Child Health Plan to the committee. More consultation with those working in the priority areas identified is needed so that suitable solutions can be found. The consultations, including community consultation, should be completed in time for the Planning & Funding Analyst to provide the completed plan to the committee at the meeting scheduled for July.

**Action: Planning & Funding Analyst**

A committee member brought to the committee's attention an area of child health that is not readily accessible. Speech therapy is an area that comes under special education, and can only be referred through the school system. GP's are not authorised referrers. General Manager Planning & Funding will find out who makes the decision on who can refer children to the these areas and how the decision is made. A centralised place for people to find out how to source help and how to apply for the assistance would be a useful tool.

**Action: General Manager Planning & Funding**

The detection of hearing problems is another area of concern. There is a gap in the screening process with problems being picked up later than ideal.

With a large number of reports being deferred to the meeting scheduled for July, it was decided that those to be presented in July would be the Child Health Strategy, the Youth Health Strategy and the Primary Health Plan, with the Public Health Plan and the PHO's Quarterly report being presented at the meeting scheduled for August.

### **Rural GP Training Scheme**

The RMO Coordinator attended the road show noted in the minutes of the previous meeting. Approximately 50 flyers were taken by those interested in the two posts available on the West Coast. There should be a clearer idea of how many applicants have applied for the two positions by the next meeting scheduled for July.

### **Greymouth Health Centre**

Nothing to update at this time

### **HEHA – Breast Feeding Project**

The money has been received for the HEHA Breast Feeding Project, with the aim of increasing breast feeding rates on the West Coast. Community and Public Health, the West Coast PHO and the West Coast DHB will be working collaboratively to achieve this. Areas of focus have been identified, including a steering group, a breast feeding coordinator, lactation consultants (in homes), peer support, updating practice nurses, review of resources available.

The committee was informed that the West Coast PHO is matching the funding provided by the Ministry of Health on a dollar for dollar basis.

The GM Planning and Funding informed the committee that an announcement from the Ministry of Health had recently been received regarding additional funding for child oral health. An amount of 40.8 million dollars for operation funding (10.2m /annum sustainable funding)for increased service delivery was to be made available and also a total of 100 million dollars capital funding over 3-5 years would also be made available. The West Coast DHB intends to put in an early bid for both funds. Bids for this funding are to be in over the next 12 months, starting in August and then quarterly thereafter.

### **West Coast PHO – Service to Improve Access and Health Promotion Plan**

This report from the WCPHO was provided for the committee's information. After a brief discussion on the content, the committee agreed that the Chairman should write to the WCPHO thanking them for providing this report and also the quality of the report.

**Action: Chair**

## **9. NEXT MEETING**

Friday, 21 July, 10.00am, Boardroom, Corporate Office Greymouth

## **10. ATTENDANCE AND ADMINISTRATION FORMS**

The Chair requested the committee members fill out the Attendance and Administration forms prior to leaving.

***There being no further business to discuss the meeting concluded at 1.23pm***

## MATTERS ARISING FROM COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETINGS

Meeting Date	Action Item	Action Responsibility	Reporting Status
15 June	Investigation of most efficient use of direct financial incentives & scholarships to recruit and retain health professionals	Recruitment Co-ordinator & General Manager Operations	Report back to July meeting
11 November	Investigate ways to achieve parity with neighbouring DHBs for access to screening & mammography for high risk women	GM Planning & Funding	Report on progress as available
11 November	General Manager Planning & Funding is to clarify with Tony McDonald (author of the referred services report) whether it is possible to separate the hospital and community statistics from the report	GM Planning & Funding	July meeting
	Work with WCPHO on pharmaceutical and laboratory spending	GM Planning & Funding,	July meeting
3 February	Investigate on-site mammography service	GM Planning & Funding	Report on progress as available
9 June	Physiotherapy service in Westland – investigate plan if no service, private or DHB available for Westland residents	GM Planning & Funding	
9 June	Updated report on electronic communication between secondary and primary services	CFO	February 2007 meeting
9 June	Costings of providing subsidised fluoride tablets	GM Planning & Funding	
9 June	Send out a copy of the Youth profile to those members not present at the meeting	Minute Secretary	
9 June	Completed Child Health Plan	Planning & Funding Analyst	July meeting
9 June	Investigate who makes the decision on authorising those able to refer children to specialise help (speech therapy)	GM Planning & Funding	

## CORRESPONDENCE (outwards)

DATE	SENDER	TO	DETAILS
13 July 2006	Dr Carol Atmore (Chair)	John Ayling – Chair West Coast PHO	Thanking for the quality and thoroughness of the “Service to Improve Access and Health Promotion Plan”.



# *West Coast District Health Board*

## *Te Poari Hauora a Rohe o Tai Poutini*

*Corporate Office  
High Street, Greymouth*

*Telephone 03 768 0499  
Fax 03 768 2791*

13 July 2006

John Ayling  
Chair  
West Coast PHO  
Split Ridge  
Toko Nawa Drive  
RD2  
Motueka 7161

Dear John

The West Coast PHO's Service to Improve Access and Health Promotion Plan was tabled at the recent Community and Public Health Advisory Committee meeting of the West Coast DHB.

Committee members were impressed with the quality and thoroughness of the report. We wish to convey our appreciation at the productive work that the West Coast PHO is undertaking to improve the health of all members of the West Coast community.

Yours faithfully

**Dr Carol Atmore**  
**Chair**  
**Community and Public Health Advisory Committee**  
**West Coast DHB**

# CHAIR'S REPORT TO COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

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

**FROM:** Dr Carol Atmore, CPHAC Chair

**DATE:** 10 July 2006

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## MATTERS REFERRED TO THE BOARD FROM CPHAC

### Community Newsletter

The first of these is expected to be delivered to all West Coast homes in the next few weeks.

## MATTERS REFERRED TO CPHAC FROM THE BOARD

### Greymouth Health Centre

The West Coast PHO is awaiting feedback from the West Coast Development Trust regarding progressing this further. The WCDHB Board agreed that the development of the new Primary Health Centre and Grey Base Hospital redevelopment should be considered in tandem, to facilitate primary/secondary integration.

## ITEMS OF INTEREST FROM THE BOARD MEETING

### The Secondary Care Plan

The completion case for the business case for Grey Base Hospital redesign or rebuild has been put back to August 07. The consideration of the need for a high dependency unit will happen within this time.

### The Dementia Unit

The final Ministerial approval for this has been gained, and construction is planned to start in November 06

### Maori Health Needs Assessment

An agreed process for this is now in place, and GM Maori Health is now working through phase one of this project.

### Reefton Medical Centre

The WCDHB will become owner of the Reefton Medical Centre from 28 July 06.

### **Vacancies on CPHAC**

Robyne Bryant has resigned from her position on CPHAC. The Board will need to consider how to fill this vacancy. Barbara Greer's term of appointment ends in December 06. The 2 Runanga will be approached to consider a candidate for this position.

### **Apologies from the Chair**

I will be away for the next 2 CPHAC meetings, and in my absence Julie Kilkelly has kindly agreed to resume chairing CPHAC in my absence.

**Author: Dr Carol Atmore 10 July 2006**

# WORK PLAN

**Please find work plan attached**

**Mission Statement:** To fund a continuum of quality health services aimed at providing improved health outcomes and maximise the independence of people with disabilities.

Objective	Responsibility	Next Due Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
<b>To report on relevant section</b>							
1. District Annual Plan, including Maori Health Plan and Primary Mental Health Plan	GM Planning & Funding, GM Maori Health, GM Mental Health	July 06	Quarterly		√		The majority of tasks completed
<b>To develop</b>							
1. Child Strategy and Youth Health Strategy	Shona McLeod, Planning and funding analyst	July 06	Quarterly	√			To report to July meeting
2. Information Services Strategic Plan	Chief Financial Manager	February 07	Six monthly		√		Workplan coming to end, need for strategic steering group for future work plan
3. Post graduate GP Training program	GM Primary Care		Each meeting		√		To start November 06, awaiting applicants
4. Greymouth Health Centre	GMPF/GM Primary		Each meeting	√			Nothing new to note
5. Primary Care Plan	GM PF		Each meeting	√			Draft Primary Care Plan should come to July06 meeting
<b>Provide input into</b>							
1. District Strategic Plan	GM Planning & Funding		Annually				
2. District Annual Plan	GM Planning & Funding	November 06	Annually		√		
3. Statement of Intent	GM Planning & Funding		Annually				
4. Annual Report	Chief Financial Manager		Annually				
<b>To monitor</b>							
1. Referred Services. Community laboratory and pharmacy	GM Planning & Funding	August 06	Six monthly		√		Invite SISSAL to provide a comparative analysis between WCDHB and other DHBs over last 5 years
2. PHO a) Review criteria being considered towards meeting (i) Aims of Primary Care Strategy (ii) Contractual obligations to the WCDHB	GM Planning & Funding/ PHO	August 06	Quarterly		√		New MSO in place now
3. West Coast Public health Plan	CPH	August 06	Six Monthly				
4. Healthy eating Healthy Action Plan implementation	GM Planning & Funding	December 06	Six monthly		√		Work has begun on the breast feeding initiative
5. Neighbourhood Nursing Project	DON	October 06	Six monthly				

Objective	Responsibility	Next Due Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
6. Diabetes services through LDT report	GM Planning & Funding	March 07	Annually				
7. Undergraduate medical student training program	Dr Wood, convenor	Dec 06	Annually				
8. Green prescription uptake	GM PF	August 06	Annually				
9. Nicotine replacement therapy uptake	GM PF	August 06	Annually				
10. Healthline usage	GM PF	August 06	Annually				
11. Breast screen Aotearoa uptake for WC women	GM PF	August 06	Annually				
12. National Cervical Screening Program uptake for WC women	Cervical screening coordinator	August 06	Annually				
13. Immunisation rates	Planning and Funding	August 06	Annually				
14. Sexual Health	Janet Hogan, nurse manager	December 06	Annually				
<b>To investigate/scope</b>							
1. West Coast Community Dental Centre	GM Planning & Funding						
2. The most efficient use of direct financial incentives and scholarships to recruit and retain health professionals.	GMPF/CFM	July 06			√		Management investigating further as directed by the Board
3. Achieving parity of access for WC women at high risk of breast cancer	GM PF						When work done
4. Breast feeding strategic plan development	GM PF						When work done

# PLANNING & FUNDING GM'S REPORT TO COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

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

**FROM:** Wayne Turp, General Manager – Planning & Funding

**DATE:** 13th July 2006

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## PROGRESS ON KEY PROJECTS AND TASKS

### ***2006/2007 DAP and SOI***

Has achieved all of the Ministry of Health requirements and deadlines and is due to go in the first batch of DAPs/SOIs for Ministerial approval. Achieving Ministry of Health expectations both in content and timelines should mean that West Coast District Health Board will acquire “noram monitoring” status. This is beneficial both in terms of status and funding.

### ***Secondary Services Reconfiguration Planning***

A detailed progress report on this was provided in the CEOs report to the District Health Board meeting held on 30<sup>th</sup> June 2006.

### ***Primary Health Plan***

An update on this was provided in the CEOs report to the District Health Board meeting held on 30<sup>th</sup> June 2006. The final planning group meeting for this is scheduled for 27<sup>th</sup> July 2006.

### ***Child and Youth Health Plans***

The final draft of the child health plan is now complete. The final draft of the youth health plan will come to the advisory committee in August.

### ***Health Services in Reefton***

An options paper for the future delivery of health care services in Reefton is being developed in consultation with the Reefton community. Subject to satisfactory progress at the next meeting with the Reefton Hospital Support Group, a discussion paper will be presented to the next CPHAC meeting.

### ***Chronic Disease Management Plan***

This should be ready for implementation following presentation of the plan to the Board in August. A reference Group is to be established to oversee implementation of the plan.

### ***Public Health Promotion Infrastructure***

During 2005/2006 the Ministry of Health provided funding purpose of enhancing Health Promotion infrastructure, particularly in relation to advancing the Primary Care Strategy. Only half of this funding was used due to a suspension in health promotion planning between the DHB and PHO in late 2005

The Ministry of Health has approved use of the balance of this funding to continue this programme during 2006/2007. A joint project group (including DHB, PHO, C&PH plus community representation) has been convened to undertake this work. By the end of this project, the following will be in place:

- A coordinated approach to health promotion planning between the West Coast DHB, Community and Public Health and West Coast PHO
- A stocktake of health promotion activities with an established process for updating this annually
- An annual community consultation forum
- A report of the key priorities for health promotion (distilled from information from the community consultation forums and existing documents)
- An agreed list of strategic areas for health promotion for the next 1-3 years
- Increased capacity and capability within the West Coast PHO and primary care, as demonstrated by number of individuals trained in health promotion and description of outcomes of successful new pilot initiatives

**Author:** Wayne Turp 13<sup>th</sup> July 2006

# DAP IMPLEMENTATION REPORT

Please find a copy of the DAP Implementation report attached

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS	
<b>MAORI HEALTH</b>	Target for increase in spending on Maori health by 5%. Targets for further 5% increases for 06/07, 07/08.	DAP	Pg.26	Wayne T/Gary	05/06, 06/07, 07/08 respectively	R	WCDHB financial situation for 2005/06 has prevented us from achieving this objective, targets have been reset for the 2006/07 DAP.
	Implementation of the West Coast Maori Workforce Plan.	DAP	Pg.30	Ruth/Gary		R	This will not be achieved by the end of 2005/06.
	West Coast DHB will fund new services identified as needed by the Maori Health Needs Analysis process.	SOI	Pg14	Gary		R	Maori health Needs Analysis will not be completed in 2005/06 and has been rescheduled for completion during 2006/07.
<b>N.Z. DISABILITY</b>	Continue to implement the West Coast DHB's Disability Strategic Action Plan according to the actions specified in the document.	DAP	Pg.33	Hecta		O	Implementation continues, secondary plan about to be completed.
	In 2003/04 the West Coast DHB developed a Disability Action Plan (appended to the District Annual Plan and also available on the WCDHB website). 2005-06 will see the progressive implementation of this plan	SOI	Pg20	DHB		O	Audit has been completed in regard to facilities access.
<b>MENTAL HEALTH</b>	Complete the implementation of the rehabilitation support services review.	DAP	Pg.38	Hecta (SISSAL)		O	Level IV residence has now opened, implementation of remaining recommendations

G	Progress Entirely Satisfactory
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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
						continues
	Better access to primary care services for people with severe mental illness	SOI	Pg18	Hecta		O Subject to appointment of Primary Mental Health staff by PHO (comment does not match the action)
	Implement recommendations of the cross sectoral service development group for Alcohol and Other Drug services.	DAP	Pg.38	Hecta		R Ministry of Health staff have not yet provided staff to establish this.
	Implement recommendations from Regional Alcohol and Other Drug review.	DAP	Pg.38	Hecta		O Status to be reviewed.
	Work on retention and recruitment to ensure full complement of clinicians.	DAP	Pg.40	Hecta		O Ongoing. Allied health staff difficult to recruit at present. Is there a plan?
	Implementation of strategic plan.	DAP	Pg.41	Hecta		O Work is progressing on implementing agreed strategies including the introduction of cultural assessment for Maori entering the service, provision of a culturally supportive network for staff and for consumers of the Maori Mental Health service.

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Development of a new Dementia Unit to be built on the Grey Base Hospital site, and Seaview Hospital to be completely closed.	SOI	Pg18	Hecta		R Planning for a new dementia unit at Grey Hospital is well advanced. Continued delays for final MOH approval mean that construction will not commence in 2005/06.
<b>SUICIDE PREVENTION</b>	Work collaboratively with CPH to implement the youth suicide prevention programme.	DAP	Pg.45	Provider Arm/Mental Health		O Status to be reviewed
	Review and widen the non-accidental injury data being collected by CPH from Grey Hospital to other DHB services.	DAP	Pg.45	Planning & Funding		O Currently focussing on A+ E services.
	Facilitate skill training among primary providers, mental health professionals, emergency department staff and community organisation staff and encourage use of MOH suicide prevention guidelines.	DAP	Pg.45	Hecta		O Considerable work has taken place to implement the guidelines within the DHB and further work is planned.
	Participate in inter-sectoral initiatives to prevent suicide.	DAP	Pg.45	Planning & Funding		O In planning stage.
	Investigate the establishment of a West Coast suicide prevention planning group to develop an action plan.	DAP	Pg.45	Hecta		R Still in early planning stage
<b>PRIMARY MENTAL HEALTH</b>	Implement the Primary Mental Health Plan.	DAP	Pg.46	Hecta		O Some aspects are being implemented, however

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
						overall this is behind schedule
	Implementation of key outcomes in primary mental health strategic plan in a timely manner.	DAP	Pg.47	Hecta		O Some aspects are being implemented, however overall this is behind schedule
	Ensure uptake of Care Plus (Priority Patient Funding) for mental health clients, where eligible.	DAP	Pg.48	Hecta		O
	Encourage cross sectoral participation in Intermediate Training level programmes in Shared Care.	DAP	Pg.48	Hecta		O ongoing training will be implemented when shared care project rolled out
	Evaluate the benefits of locating Methadone clinics in GP surgeries.	DAP	Pg.48	Hecta		R Subject to completion of regional AOD meeting.
<b>DISABILITY &amp; OLDER PEOPLE</b>	Consider and adopt, if appropriate, recommendations from the study commissioned by Buller District Council.	DAP	Pg.51	Hecta		O
	Improved use of home based care services to reduce need for rest home and continuing care services.	SOI	Pg20	Hecta/Raewyn		O This will be an outcome of the NASC reconfiguration planned.
<b>REDUCING THE INCIDENCE &amp; IMPACT OF DIABETES</b>	Work with local schools to encourage further uptake of the Health Promoting Schools / Healthy Eating Healthy Action (IHEHA) initiative throughout the region.	DAP	Pg.53	Community Services, Health Promoting Schools Co-ordinator.		O Progress slow
	Progressive implementation of the "Get Checked" screening promotion programme.	DAP	Pg.53	Planning & Funding/PHO		O The GP Liaison Officer, the Local Diabetes Team, and the West Coast PHO management services

- G Progress Entirely Satisfactory
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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
						<p>agency are working together to actively encourage the uptake of the free diabetes screening checks in primary practice, and with the support of other primary providers such as Rata Te Awhina. An informative, user-friendly "Beginners Guide to Diabetes" booklet has been developed through the efforts of local nurses Jan Weaver and Norma Devlin. The use of this publication has been endorsed by the LDT as part of a move to encourage better patient self-management practice to allow people to effect better control over their diabetes. The LDT has also been working on the development of a patient-held record that will provide ready-to-hand up-to-date information to service providers as people with diabetes interface with different primary and secondary care providers.</p>

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
						<p>This record is being developed in tandem with patient self-management care plans that are currently being developed for all chronic conditions as part of the West Coast DHB Chronic Conditions Management work plans. The LDT will also work towards implementing aspects of the West Coast Integrated Diabetes Service plan, including the provision of a nutritional and exercise courses, enhanced patient self-management education, and an annual community pharmacy reviews for people with diabetes, as these can be incorporated within available resources.</p> <p>It is anticipated that the recent stabilisation in workforce at several practices will help facilitate closer monitoring and recall of people with diabetes and increase the free check uptake. The recent</p>

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
						addition of South Westland and Ngakawau practicves to the WCPHO should also improve the completeness of information within the PHO diabetes database from which the "Checks" data is drawn.
	Investigate integration of primary and secondary diabetes information databases.	DAP	Pg.56	Jenny H/Carol/IT		R It seems uncertain that this functionality can be achieved as planned within the new computer systems being put in place. Further work on investigating the interface and possible implementation has been delayed by staff resource limitations arising the iSoft implementation roll-out.
	Development of a comprehensive West Coast-wide diabetes database.	DAP	Pg.56	Planning & Funding	– with a view to this being in place by 30 June 2006.	R Not yet started. As mentioned above, it seems uncertain that the functionality of an inter-linked primary/secondary diabetes database can be achieved as planned within the new computer systems being put in place. Further work on investigating the interface and possible implementation has been

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
						delayed by staff resource limitations arising the iSoft implementation roll-out.
	Multi-disciplinary continuum of care plan for CVD.	SOI	Pg21	CDM Project		O Wok has commenced on this project.
	Work through PHO to implement a monitored approach to providing primary CVD risk assessments of at-risk people at determined time intervals.	SOI	Pg21	Planning & Funding/PHO		O Will be part of the chronic conditions management plan.
	Develop a West Coast district centre of excellence for stroke rehabilitation in concert with the refurbishment of the AT&R Unit at Grey Base Hospital, with a community outreach component for post discharge follow-up care and monitoring (to lower risk factors for unplanned returns).	SOI	Pg21	Jenn H		R
<b>REDUCING THE INCIDENCE &amp; IMPACT OF CARDIOVASCULAR DISEASE &amp; STROKE</b>	Establishment of a multi-sector service development group to investigate best practice implementation of the national Cardiovascular Guidelines and a population health approach to CVD risk reduction strategies across health service providers and in the community.	DAP	Pg.59	CDM Project		O Work has been commenced on this development group, with four meeting having been held to date.

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS	
	Actively monitor recorded 5-year absolute CVD risk, to best effect CVD detection and follow-up.	DAP	Pg.61	Carol A		O	Still to be done, although the West Coast PHO management services organisation, PHOCUS, are aware of the need to collect this information and work is currently being undertaken to ensure that it is recorded and can be extracted from Primary practice databases.
	Completion of feasibility evaluation of the implementation of pre-hospital thrombolysis medication use for emergency response.	DAP	Pg.63	Jenn H/Carol A	30-Apr-06	O	Awaiting decision from Management as to whether the Draft plan can be implemented due to financial constraints
	Establishment and monitoring of 5-year absolute CVD risk care plan dataset.	DAP	Pg.63	CDM Project		O	Will be part of CCN plan.
<b>ORAL HEALTH</b>	Provide information to key stakeholders and the public about the benefits and risks of water fluoridation.	DAP	Pg.71	Planning & Funding	Completed	O	Westland and Grey districts rejected. Buller not attempted.
	Work with all relevant organisations to encourage the introduction of optimal levels of fluoride to West Coast water supplies.	DAP	Pg.71	Planning & Funding	Completed	O	Westland and Grey districts rejected. Buller not attempted.
	Participation of Adolescent Oral Health Promoter in WCDHB Youth Health Committee.	DAP	Pg.72	Child, Youth and Health Committee		R	Not practical at this stage.
	Develop and implement a new delivery infrastructure for the SDS within the recommendations made by the SDS	DAP	Pg.72	Wayne C		O	Subject to facilities plan

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Review.					
	Explore options for further initiatives in Maori Oral Health as they arise.	DAP	Pg.73	Gary		O
	WCDHB will continue to work towards fluoridation of drinking water supplies in conjunction with territorial local authorities, Community and Public Health and oral health professionals.	SOI	Pg18	Planning & Funding	Completed	O Now completed (rejected by public referendum) Westland and Grey districts rejected. Buller not attempted.
<b>CHILD &amp; YOUTH HEALTH SERVICES</b>	Encourage the Primary Health Organisation (PHO) and Lead Maternity Carers (LMC's) to ensure that a risk profile of pregnant women is recorded particularly with respect to smoking and nutrition.	DAP	Pg.76	Jenny W		R Status to be reviewed.
	Continue to ensure Tertiary prevention of low birth weight babies through the use of interventions while the woman is in preterm labour to reduce health problems for the baby.	DAP	Pg.76	Jenny W		R Update required.
	Monitor data to assess need for further initiatives.	DAP	Pg.76			O
	Implement the National Immunisation Register, to ensure accurate monitoring of Immunisation rates within agreed time frames.	DAP	Pg.78	Shona/C&Y committee		O NIR has been Implemented, review of the success of this for Birth Cohort Is Behind Schedule.

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS	
	Work with CPH and other providers to support the maintenance, further development and implementation of the health promoting schools initiative.	DAP	Pg.78	Planning & Funding/CPH		O	
	Both the National Immunisation Register and the School Based (Meningococcal) Vaccination Schedule will be implemented on the West Coast.	SOI	Pg19	Shona/C&Y committee		O	Both have been implemented. review of the success of the NIR for birth cohort review of the success of this for Birth Cohort Is Behind Schedule
	A youth health strategy will be developed in conjunction with health professionals and community stakeholders. The strategy will be published on the WCDHB website.	SOI	Pg19	Shona/C&Y committee		O	Development of the WCDHB Youth Strategy is underway, with a comprehensive survey of Youth and Health and Social Service Providers completed.
<b>N.Z. PRIMARY HEALTH CARE</b>	Implement the workforce strategy in the West Coast Primary Health Care Plan.	DAP	Pg.87	Planning & Funding		R	This will not occur in this financial year.
	Address the changing requirements in skill mix and increased diversity of roles and functions in the changing primary health environment on the West Coast.	DAP	Pg.87	DHB		O	This being addressed as part of the primary care Plan that is currently delayed.
	Support the development of the primary nurse practitioner role.	DAP	Pg.87	Hecta		O	

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS	
	Work through the PHO to collect information on pharmaceutical and laboratory spending trends on the West Coast; and to manage increasing demand through a risk sharing approach.	DAP	Pg.88	SISSAL		O	
	Support the continuing education for referring practitioners on best practice prescribing.	DAP	Pg.88	Planning & Funding/PHO		O	
	Implementation of West Coast Primary Health Care Plan.	SOI	Pg16	Wayne T		O	In process but delayed.
<b>WORKFORCE AND EMPLOYEE RELATIONS</b>	Annually review Human Resources polices and procedures.	DAP	Pg.99	Ruth	Ongoing	O	Policies currently being reviewed by Quality Manager. Work will progress on aligning to new direction as soon as resourcing in HR team allows.
	Enhance the collaborative and consultative relationship between Clinical staff and Management.	DAP	Pg.101	Ruth	Ongoing	O	First meeting held with Joint Consultative Team, ASMS in Nov 05.
	Collaborate with other West Coast organisations to develop the West Coast as a lifestyle choice when deciding on employment options.	DAP	Pg.101	Ruth	Ongoing	R	Subject to review.

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Identify and develop a plan to address, the impact of professional isolation on the organisations ability to retain key staff.	DAP	Pg.101	Ruth	Ongoing	R Workforce Planning group established in Nov as umbrella group for DHB. Further meetings to be held to co-ordinate DHB workstreams and strategies.
	Implementation of recommendations of Te Waipounamu Maori Workforce Development Plan.	DAP	Pg.102	Ruth	2005-2010	R this will not occur in 2005/06.
	Co-ordinate the development of a Maori Workforce Development Plan.	DAP	Pg.102	Ruth/Gary	Ongoing	R Progress was expected in in March/April.
	Work with Maori staff to create a supportive and culturally appropriate environment.	DAP	Pg.102	Gary/Ruth		O Establishment of Te Whanau Tahī is a positive start however there is more work in terms of this objective.
	Strengthen inter-agency links and training opportunities between the DHB and Rata Te Awhina Trust, and other health providers and agencies involved in Maori Health/Workforce.	DAP	Pg.102	Gary/Ruth	Ongoing	O Return to nursing program provided. inter-agency links and training opportunities between the DHB and Rata Te Awhina Trust, and other health providers ???

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Develop a workforce plan for the DHB that identifies numbers of staff and requisite competencies and provides resources and pathways to ensure staff achieve those competencies.	DAP	Pg.104	Ruth	Ongoing	O Workforce Planning group to develop plans, reports support proactive recruitment, retention strategies, database of skills required, systems that reward achievement, and training and professional development appropriate to achieving competencies required. Expect progress in April 06.
<b>WORKFORCE AND EMPLOYEE RELATIONS</b>	Continue to develop career pathways for nurses.	DAP	Pg.104	Ruth		O As above, in conjunction with Clinical Leaders.
	Support needs and evidence based staff training/development programmes.	DAP	Pg.104	Ruth		O As above, in conjunction with Clinical Leaders.
	Further develop the Performance Management Programme to enhance staff performance.	DAP	Pg.104	Ruth		R Performance Management System due in April.
	Maintain and continue to develop the company-wide generic Staff Development programme.	DAP	Pg.104	Ruth		O As above. Staff training and development committee has been re-established and meeting regularly with view to driving new training initiatives.

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Conduct an organisation wide Training Needs Analysis targeted at 4 <sup>th</sup> tier and upwards.	DAP	Pg.104	Ruth	Completed	G Not implemented. Training and staff development committee to be re-established to drive training needs for WCDHB.
	Development of an organisation-wide training plan.	DAP	Pg.104	Ruth	Ongoing	O Staff training and development committee to drive this.
	Monitor and evaluate staff development programmes – on going.	DAP	Pg.104	Ruth	Ongoing	O Staff training and development committee has been re-established to ensure this occurs.
<b>INFORMATION MANAGEMENT</b>	Align the West Coast DHB's information and technology investment with the WAVE Report priorities and HIS-NZ action zones and build guides (refer to the West Coast DHB ISSP).	DAP	Pg.110	Wayne C	2005-2006	O
	Work with SDHB and ODHB to implement the selected iSoft PMS/CIS by having input into the planning and implementation phases of the project.	DAP	Pg.110	Wayne C		O
	Extend and enhance the Primary Integration Systems Management (PrISM) Project, completed in 2004/2005, enabling more Primary practices to access clinical knowledge bases such as Cochrane and Medline.	DAP	Pg.110	Wayne C		O

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
<b>IMPROVING ELECTIVE SERVICES (INC. ORTHOPAEDICS)</b>	Reduce costs of IDFs, reduction in travel and accommodation expenditure for patients needing to travel.	DAP	Pg.117	Jenny W		R Not a realistic task. We can not predict illness and injury requiring IDF's.
<b>ELECTIVES</b>	Patients referred to core elective surgical services provided by provider arm of the WCDHB should not wait longer than 6 months for first specialist assessments. It is not always possible to ensure that all patients referred to clinics provided by visiting specialist.	SOI	Pg24	Jenny W		R Management process underway.
<b>IMPLEMENTING THE NZ CANCER CONTROL STRATEGY</b>	WCDHB is developing a comprehensive implementation plan that will support the six goals of the cancer control strategy within available resources.	DAP	Pg.125	Jenny H		R Update was Due April 2006.
	Draft reports on the Integrated Palliative Care Plan as well as the District Cancer Control Strategy Plan to the WCDHB Board for consideration.	DAP	Pg.127	Jenny H	Mar-06	R Update on draft plans WAS due March 2006.
<b>IMPLEMENTING HEALTHY EATING, HEALTHY ACTION</b>	Promote the Green Prescription though primary care providers	DAP	Pg.131	Planning & Funding		O PHO reviewing the promotion of this.

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Evaluate programmes and initiatives for effectiveness and reach.	DAP	Pg.133	Planning & Funding		O
	Adapt programmes as necessary based on feedback.	DAP	Pg.133	Planning & Funding		O
<b>PUBLIC HEALTH</b>	Participate in events leading up to World Smokefree Day.	DAP	Pg.137	Planning & Funding		O
	Reduction in smoking by West Coasters.	SOI	Pg22			O Subject to smoking cessation initiative by PHO
<b>AOD/MH</b>	Encourage use of the Alcohol and Drug helpline through increasing community and service user awareness of the service	DAP	Pg.138	Hecta		O ongoing
	Target of 50% of all patients over the age of 14 years registered with the PHO, have a documented alcohol history in units of alcohol per week / maximum single weekly dose.	DAP	Pg.138	Hecta		O not yet implemented
	Support and contribute to the development of an intersectoral strategy aimed at minimising AOD issues in young people on the West Coast.	DAP	Pg.138	Hecta		O ongoing

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS	
	Increase brief interventions in primary care settings.	DAP	Pg.138	Hecta		O	
	Review health education and screening in relation to respiratory and other diseases resulting from cannabis use.	DAP	Pg.138	Hecta		R	not yet implemented
	Provide a range of alcohol and drug services [including methadone] improve accessibility to Maori.	DAP	Pg.138	Hecta		R	Not yet started - will be addressed by AOD service development group
	Improve the responsiveness of mainstream AOD services to Maori.	DAP	Pg.138	Hecta		R	AOD services are currently engaged in a planning process to improve service delivery for Maori and for all service users.
	Strengthen consumer participation in service planning and delivery	DAP	Pg.138	Hecta		O	A review is currently being undertaken.
<b>MINIMISE FAMILY VIOLENCE, CHILD ABUSE &amp; NEGLECT</b>	Create a 'can do' culture in responding to victims of family violence.	DAP	Pg.141	Hecta		O	Family Violence Response Co-coordinator employed, and steering and focus groups being established.
	Develop a DHB Family Violence Project Plan and report on progress.	DAP	Pg.141	Hecta/Raewyn		O	Family Violence Response Co-coordinator employed, and steering and focus groups established and plan being developed.

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AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Ensure DHB staff are trained in the use of the Ministry of Health Family Violence Intervention Guidelines: Child and Partner Abuse.	DAP	Pg.141	Hecta/Raewyn		O Family Violence Response Co-coordinator employed, and steering committee established and training focus group in fledgling stages
<b>FAMILY VIOLENCE</b>	Ensure implementation and monitoring of internal documentation and referral procedures.	DAP	Pg.141	Hecta/Raewyn		O Family Violence Response Co-coordinator employed, and steering committee established with focus group on policies, procedures in fledging stages.
	Participate in intersectoral community initiatives to address family violence.	DAP	Pg.141	Hecta/Raewyn		O Family Violence Response Co-coordinator employed, and steering and training focus group established.
<b>CHRONIC</b>	WCDHB intends to minimise "ambulatory sensitive admission" (those that could have been prevented by services offered through primary care) to hospital for older adults, through improved primary care.	SOI	Pg20	Hecta		O

# West Coast District Health Board DRAFT Child Health Plan

## *Executive Summary*

Children aged 0-14 years make up 22% of the entire West Coast population. With almost 50% of usually resident West Coast children residing in NZDep 8, 9 and 10 areas it is not surprising that the health of West Coast children could be improved.

Health service utilisation data for the West Coast identifies areas of particular concern, where there are poorer health outcomes when compared to the national outcomes. These areas are low birth weight babies, asthma admissions and readmissions, and population preventable hospitalisations. The leading causes of hospitalisation for West Coast babies is feeding difficulties, while 1-14 year old are admitted for injury, tooth decay, respiratory infections, gastroenteritis and viral infections the leading causes

Surveys of health, social service and education providers have identified the key child health issues for the West Coast District Health Board to address. These are

- Tooth decay,
- Nutrition,
- Primary mental health services,
- Immunisation coverage,
- Parenting support and education services
- Family violence.

With the exception of parenting education and support these priorities are consistent with the Ministry of Health's identified priorities. The Objectives of the West Coast District Health Board Child Health Plan therefore are to;

- Improve Oral Health
- Improve Nutrition
- Improve access to Primary Mental Health services for children
- Improve Immunisation Coverage
- Improve access to Parenting Support & Education Services
- Improve responsiveness to Family Violence, Child Abuse & Neglect

## *Purpose and Scope*

The development of a West Coast Child Health Plan is an important step towards achieving the DHB vision of 'children are the future'. Through the identification of the key issues affecting West Coast children's health, the areas with the poor health outcomes, key indicators of child health, and the development and implementation of strategies that address these issues, we can improve the health of West Coast children and reduce inequalities in health outcomes.

The scope of this Child Health Plan is to make recommendations to the West Coast District Health Board in regard to addressing the health needs of the West Coast population aged 0-14 years and in reducing inequalities in health outcomes occurring in this population.

## Background

The Ministry of Health has set a range of priorities for improving child health outcomes, through the development of the Child Health Strategy (1998), as well as setting priorities for specific populations in documents such as He Korowai Oranga (2002) and in the Draft Te tātuhu: Improving Mental Health 2005-1015 (2006).

The New Zealand Child Health Strategy set the vision of

‘Our children/Tamariki: Seen heard and getting what they need’

The plan established tamariki Maori, Pacific children, children with high health and disability support needs and children from families with multiple social and economic disadvantages as priority populations, with the greatest need for interventions to improve health outcomes.

Additionally the Child Health Strategy set the future direction for improving child health namely that there needs to be;

- A greater focus on health promotion, prevention and early intervention.
- Better Co-ordination of services
- Development of a National Child Information Strategy
- Child Health Workforce Development
- Improving child health evaluation and research
- Leadership in child health

Work towards achieving the vision of the Child Health Strategy, prioritising those with the highest need for health interventions and addressing the future directions to improve health outcomes requires a multi level and multi sector approach to improving Child Health. Developments such as the National Child Information Strategy is developed at a National level, while implementation and evaluation of this needs to occur at the Ministry of Health, DHB, PHO and the NGO sector.

Priority health areas in which to apply these future directions for improving child health outcomes have also been identified by the Ministry of Health. Namely the need to:

- Reduce Ambulatory Sensitive<sup>1</sup> Admissions
- Improve Access to Well Child Services
- Improve Oral Health
- Reduce family violence, child abuse and neglect
- Improve Immunisation Coverage
- Increase the range, quality and availability of mental health services for children
- Implement Healthy Eating Healthy Action Initiatives

Part of the WCDHB vision for 2015 is that “*there will be meaningful commitment to the idea of ‘children are the future’ with a range of co-ordinated services to keep children well and safe*”.

The development of this plan an important step towards achieving this vision by ensuring that we are contributing to a community that is committed to the concept of ‘children are the future’. By identifying the key issues impacting on children’s health outcomes and developing and implementing strategies that address these issues, we can improve the health of West Coast children and reduce inequalities in health outcomes.

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<sup>1</sup> Admissions preventable by Primary Care Treatment

## Demographic Profile

At the 2001 census there were 6,816 residents aged 0 to 14 years, residing in the West Coast Region. This is 22% of the West Coast population. Of these 0-14 year olds, 44 % (n= 2994) reside in the Grey District, 33% (n=2163) in the Buller District and 24% (n=1659) in the Westland District.

Of the total West Coast population aged 0-14 years, 84% (n= 6234) identify as NZ European, and 15% (n=1032) as Maori. Compared with other areas of New Zealand the West Coast has a lower proportion of children who identify as Maori. However, 40% of the Maori population on the West Coast are aged 0-14 years.

Further, while Pacific people make up less than 1% of the West Coast population, 36% (n=69) of the usually resident Pacific Island population in 2001 were aged 0-14. The 2004 population predictions for Pacific Island children on the West Coast were decreasing, however, MeNZB vaccination data, indicates that the number is increasing.

Compared to New Zealand the West Coast has a higher proportion of its population aged between 0-14 years, and a lower proportion of its population identifying as Maori. The overall West Coast population is predicted to decrease however, the number of usually resident Maori children is predicted to increase.

**West Coast DHB Population 0-14 year olds by ethnicity**

	Buller			Grey			Westland			Total		
	0-4	5-9	10-14	0-4	5-9	10-14	0-4	5-9	10-14	0-4	5-9	10-14
NZ European	540	711	726	837	975	966	414	546	498	1794	2250	2190
Maori	87	111	114	135	144	138	93	123	87	315	381	336
Pacific	3	6	9	9	15	12	3	6	12	15	24	30
Asian	9	9	3	6	12	12	3	6	3	18	27	18
Other	0	3	3	0	3	3	0	0	0	3	6	6
<b>Total<sup>2</sup></b>	<b>588</b>	<b>783</b>	<b>795</b>	<b>891</b>	<b>1,053</b>	<b>1,050</b>	<b>465</b>	<b>639</b>	<b>555</b>	<b>1,944</b>	<b>2,472</b>	<b>2,400</b>

(NZ Census 2001)

## Determinants of Health

It is increasingly accepted that health status is primarily not determined by health services, but more by social, cultural, economic and environmental influences. Factors influencing our health reach beyond genetic or individual behavioural factors. Gender, age, ethnicity, education, rurality, isolation, housing and socioeconomic status amongst many others factors all impact on our health and wellbeing.

On the West Coast the determinants impacting on the health of our children includes low socio economic status, low individual and household income, high levels of isolation (low population density, rurality, access to telephones, access to transport), low levels of education, especially tertiary education, and increasing number of births to young mothers.

<sup>2</sup> NZ Census data allows for multiple ethnicities to be recorded so totals do not add up.

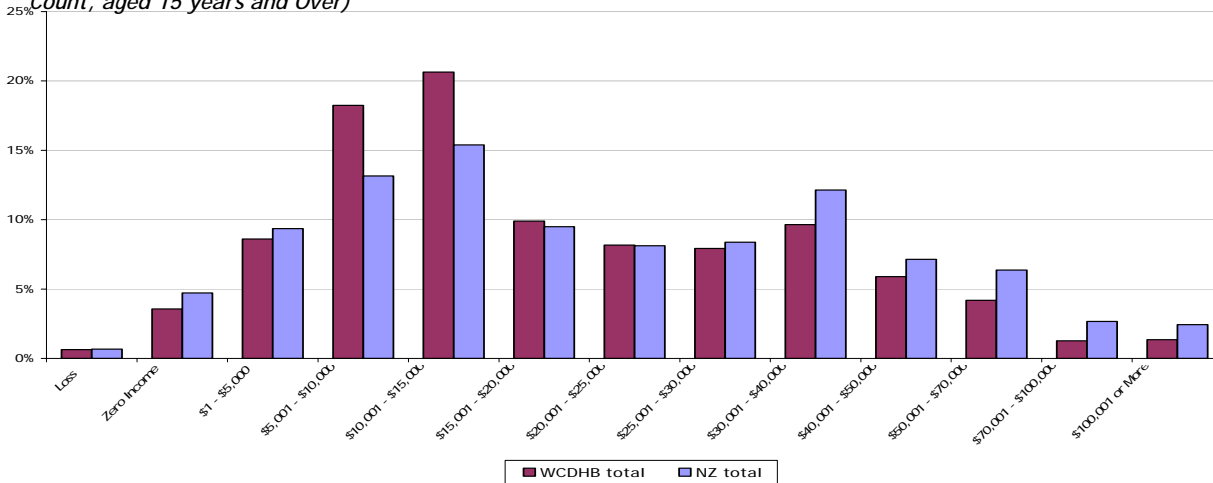
### Socio economic factors

Socio economic factors are major determinants of health and well being. It is well established that those who are less well off financially have poorer health<sup>3</sup>. On the West Coast a higher proportion of both Maori and NZ European children live in NZDep 8, 9 and 10 than in New Zealand and 50% of hospital births in 2004 and 2005 were to women usually resident in NZDep 8, 9, 10 areas.

Overall the West Coast has low socio economic status and high levels of deprivation. In fact over 40% of children on the West Coast live in deprivation 8-10 areas. Furthermore, levels of socioeconomic status across the West Coast are low, with some families and individuals experiencing very high levels of social deprivation and some of the lowest income levels in the country<sup>4</sup>.

The West Coast has a condensed distribution of personal income compared to New Zealand. Buller District has the lowest median income (\$13,300) of all Territorial Authorities in the South Island and, along with the Grey District (\$14,800), is significantly below the overall New Zealand level of \$18,500. Westland District (\$17,000) has a higher median income than the other two Territorial Authorities on the West Coast but is still below the remainder of the country (Source: Statistics New Zealand from Census 2001).

Figure 1. West Coast DHB vs. New Zealand Total Personal Income Distribution (2001 Census Usually Resident Population Count, aged 15 years and Over)



### High level of isolation

There are several factors which are associated with high levels of isolation on the West Coast, including; low population density, rurality, access to telecommunications and transport.

### Geographic Isolation

The West Coast is the 5<sup>th</sup> largest geographical region in New Zealand but has a very small and diffused resident population base – at 30,300, it is less than 1% of New Zealand’s entire population and has the lowest population density of any DHB area in New Zealand.

Approximately 41% of the West Coast population lives rurally, which is considerably higher than the national average, of 15%. Additionally, nationally at least 90% of people are able to access

<sup>3</sup> Including shorter life expectancy, higher mortality rates, higher hospitalisation rates and higher smoking rates.

<sup>4</sup> The average income on the West Coast is \$14, 600 compared to \$18,500 nationally.

health care and social support services within 30 minutes' travel time from their homes. On the West Coast only 64% of people live within 60 minutes drive of these services.

Compounding the isolation is the lack of public transport and the number of households without access to cars, or to telephones. With the exception of Greymouth<sup>5</sup> there are no public intra-regional bus services in any of the West Coast towns. Taxi services are available in Westport, Greymouth and Hokitika, outlying townships and population centers do not enjoy these luxuries.

The number of households on the West Coast with access to cars is lower than the national average (89.9%) and the Buller TA has a lower percentage with access to a motor vehicle (86.4%) than the Grey or Westland Regions. There are rural areas within this with even lower access to transport, with only 78.4% of households in Granity having access to a motor vehicle.

Additionally, inter-regional public transport on the West Coast is set up to service the more than 4000 visitors to the area each day, not around residents need for public transport.

### *Social Isolation*

A lack of mobility can cause real hardship. As well as reducing employment and educational opportunities, a lack of transport can have an impact more widely on people's health and quality of life by reducing access to or excluding people from accessing health and social services and leisure activities.

Telecommunications are also important in accessing health services as well as an important means of social connection to others and are used to facilitate a range of other activities of daily life. Household access to telecommunications on the West Coast, and more specifically the Buller District, is lower than any other region in the South Island.

Social exclusion in rural areas tends to be much more dispersed than in urban areas and hence can be harder to target with area-wide solutions. Tackling social exclusion in rural areas demands a detailed understanding of the type of area and the problems to be addressed. People experiencing social exclusion can live dispersed amongst apparent affluence, rather than be concentrated in specific areas, as is often the case in urban areas.

### *Increasing number of births to young mothers*

In New Zealand fertility rates have been lower than replacement levels for over 20 years, while overall there are fewer NZ women in their teens and 20s are having children, and births to those over 30 are increasing. The trend varies significantly for Maori women however, who continue to have higher fertility rates and younger maternal ages than women of European origin.

The West Coast differs from this national pattern with NZ European women having higher fertility rates and younger maternal age than national average. Combined with a similar fertility rate and younger maternal age for Maori, the rate of births to young women on the West Coast is higher than national rates.

Young Maternal age is a risk factor for low birth weight babies and the initiation of breastfeeding. Additionally young women have had less opportunity for educational attainment.

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<sup>5</sup> Where a limited shuttle service runs between Cobden, Runanga and Greymouth twice a week.

### *Low levels of education, especially tertiary education*

Parental education, especially levels of tertiary education impacts on children’s future health outcomes. The West Coast has a proportion of the usually resident population without any qualifications that is 45% higher than the New Zealand average. Māori have an even higher proportion with no qualifications than non-Māori in the area, although they are only slightly above the rate for total Māori in New Zealand.

*West Coast Census Usually Resident Population Count Aged 15 Years and Over without Any Qualifications, 2001*

	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Maori</b>
West Coast	41.6%	38.2%	39.9%	45.6%
New Zealand	28.2%	27.1%	27.6%	43.6%

Source: Statistics New Zealand from Census 2001.

Furthermore, the proportion of the usually resident population in West Coast DHB with a university degree is less than half of the New Zealand average

*West Coast Census Usually Resident Population Count Aged 15 Years and Over with University Degrees, 2001*

	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Maori</b>
West Coast	5.2%	5.3%	5.3%	2.3%
New Zealand	12.4%	11.2%	11.8%	4.8%

Source: Statistics New Zealand from Census 2001.

### *Child Health Statistics*

Given the high proportion of West Coast children living in low socio economic areas and the impact that has on health it is not surprising that West Coast Children experience higher rates of some diseases than children living in other parts of New Zealand.

### *Low Birth Weight Babies*

The most recent comparison of national child health data (October 2004 – September 30<sup>th</sup> 2005) identifies the West Coast as having the highest rate per 1000 of Low birth Weight babies of any DHB. During the 12 month period there were 19 low birth weight babies born.

*Discharge Rate Low Birth Weight Babies per 1000 total births West Coast vs. National Oct 2004 - Sept30<sup>th</sup> 2005*

	<b>Maori</b>	<b>Non Maori/Non Pacific</b>	<b>Total</b>
West Coast	-	47.2	48.7
National	33.4	35.7	34.2

**Breast Feeding Rates**

Breast feeding has considerable benefits for child health with research concluding that children who are not exclusively breastfed for 6 months are more at risk being hospitalised for respiratory infections like asthma and pneumonia and more likely to experience diarrhoea and recurrent ear infections. As well as being more likely to develop type 1 diabetes, or become overweight or obese.

West Coast data show that just 20% of Plunket enrolled babies were exclusively or fully Breast feed at 6 months. These rates are also lower than the New Zealand average, although similar to the NZ targets for 2005.

**Plunket enrolled Exclusive and Fully Breast Feed babies 2004/05**

	<b>WC 2004/05</b>	<b>Total</b>	<b>WC 2004/05</b>	<b>Maori</b>	<b>NZ 2005</b>	<b>Targets</b>	<b>NZ 2010</b>	<b>Targets</b>
6-weeks	62%		37%		74%		90%	
6-months	20%		21%		21%		27%	

The lower rates of breastfeeding on the West Coast are consistent with what is known about the predictors of breastfeeding. Women who breastfeed are more likely to be educated and have a higher incomes, while West Coast women are more likely to have no formal qualifications and to earn less per annum than their NZ counterparts.

**Immunisation Coverage**

Immunisation coverage amongst West Coast children is considered to be low, and while data quality has always been poor the number of cases of vaccine preventable diseases, particularly cases of whooping cough, indicated that vaccination coverage was not optimal.

The implementation of the National Immunisation Register gives accurate vaccination coverage of children born since November 28<sup>th</sup> 2005. In January 2006 these babies started to become eligible for their 6 week vaccinations, and data for the first 3 months of the year indicates that vaccination coverage rates of West Coast children are indeed low.

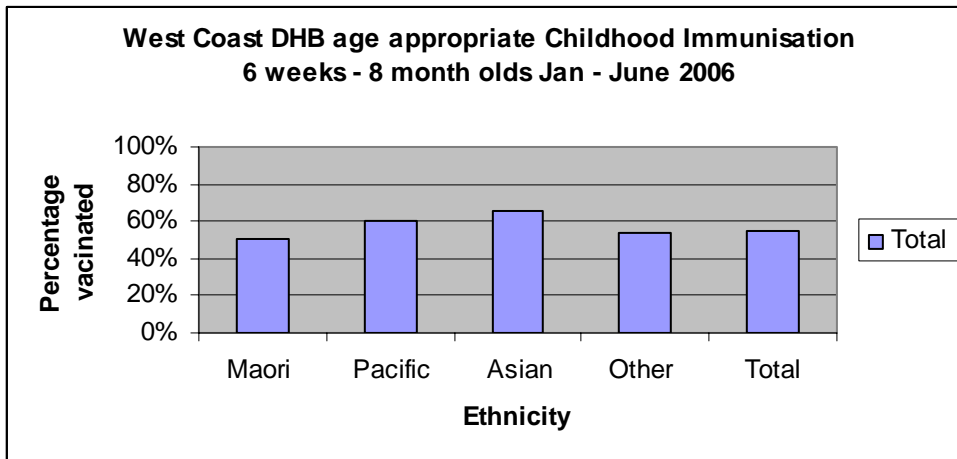
As of March 31<sup>st</sup> 2006 58% of eligible infants had received their 6 week vaccinations and 36% had received their three month vaccinations.

**Regular childhood immunisation coverage, West Coast children born after 28<sup>th</sup> November 2005**

<b>Immunisation Event</b>	<b>January 2006</b>		<b>February 2006</b>			<b>March 2006</b>		
	Number eligible	% vaccinated	Number eligible	% vaccinated	% Change	Number eligible	% vaccinated	% Change
<i>6 Week</i>	42	29%	78	55%	26%	97	58%	3%
<i>3 Months</i>	4	0%	36	33%	33%	61	36%	3%
<i>5 Months</i>	0	N/A	0	N/A	N/A	N/A	0	0

Further, no improvement in overall immunisation coverage rates of 6 week to - 8 month olds having completed the age appropriate vaccinations was evident by the end of June 2006. The rate of 55% remains well below the Ministry of Health target of 95%, even when our high rate of declines (over 10 %) is taken into account.

Maori have the lowest rate of age appropriate vaccination <sup>6</sup> and this lower than the coverage for the total population by 4%.



Data on the vaccination coverage rates of 11 year olds, against tetanus, diphtheria and polio<sup>7</sup> is not as readily available. However, from the experience of other DHB's and the Meningococcal B Vaccination campaign, we know that coverage in this age group increases when vaccinations are carried out in the school setting. This is particularly so for Maori children and for children residing in NZDep 9 and 10 areas.

### Tooth Decay

With 47% of West Coast children living in NZDep 8, 9 and 10 areas, and socio-economically disadvantaged children being consistently more likely to experience poorer oral health outcomes, and 100% of West Coast children living in non fluoridated areas it is hardly surprising that comparisons with national data indicate that West Coast children have higher rates of tooth decay at age 5.

#### Percentage of West Coast 5 year olds seen by the School Dental caries free 2004/05

	Maori	Pacific	Other
Actual	34.55%	33.33%	43.67%
Target	40.00%	-	49.00%

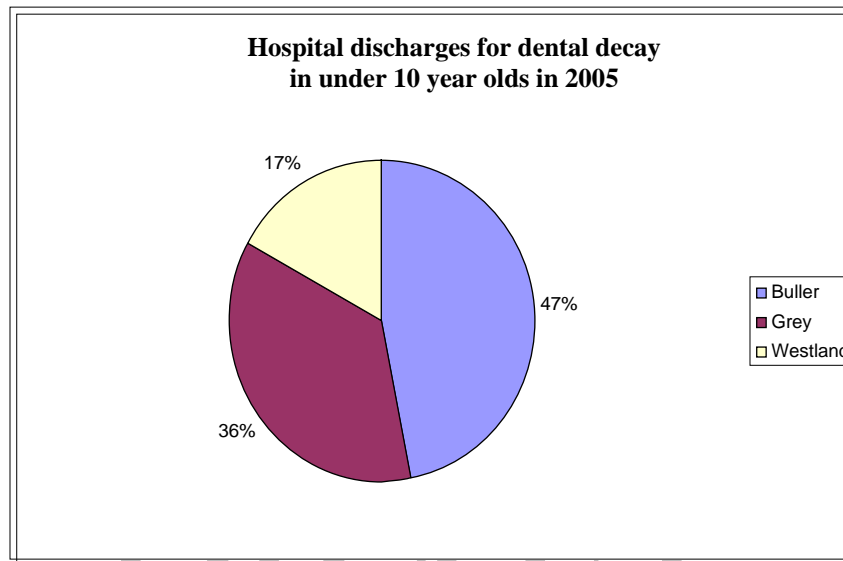
Additionally, tooth decay is a leading cause of hospitalisations for West Coast children, and an area where there is considerable inequality in outcome for Maori children and children residing in NZDep 8, 9 and 10 areas.

In 2005 the burden of hospitalisation for tooth decay lay with those under 10 years, of age with 3-5 year old accounting for the majority of the hospitalisations for tooth decay. 65% of those hospitalised were of NZ European decent, however, Maori were disproportionately represented, accounting for 16% of the population but for 28% of hospitalisations for tooth decay.

<sup>6</sup> Small numbers of Asian and Pacific babies mean that this data should be interpreted with caution.

<sup>7</sup> If a fourth dose has not been received.

Further, children in the Buller region were disproportionately affected making up 47% of hospitalisations, but just 31% of the population, aged 0-10 years.



### Hospital Admissions

National Comparison for the 12 months Oct 2004 - Sep 2005 shows that without exception the West Coast had lower rates of injury preventable and ambulatory sensitive hospital admissions admission for under 5 year olds and 5-14 year olds than the national average.

Population preventable admissions however, were higher, with admission for Maori for 5-14 year olds more than double the national average.

*West Coast Population preventable Hospital discharges rates per 1000 Oct 2004 – Sept30<sup>th</sup> 2005*

	Maori		Other		Total	
	Under 5	5-14	Under 5	5-14	Under 5	5-14
West Coast	-	7.2	8.8	2.6	5.0	3.3
New Zealand	7.5	3.1	6.8	2.2	5.9	2.5

The leading causes of hospitalisations for West Coast Children aged 1-14 years are injury, tooth decay, respiratory infections, gastroenteritis, & viral infections. With feeding difficulties the leading cause, excluding birth, for under 1 year olds.

### Exposure to Cigarette Smoke

Smoking has a significant impact on child health, contributing to increased rates of sudden infant death syndrome (SIDS), respiratory conditions, glue ear, and subsequent hearing loss.

Exposure to cigarette smoke from parental smoking is a major issue for West Coast children. Smoking prevalence is significantly higher amongst adults in NZDep 9 and 10 areas, where a considerable % of West Coast children reside. More significantly however, just 53% of West Coast year 10 students (aged 14 -15) indicted in the 2005 ASH survey that they live in smoke free homes.

### **Family Violence**

Family violence has a major impact on child health, with children being victims of direct violence and neglect as well as witnesses to the violence perpetrated against others. Between 4% and 10 % of New Zealand children experience physical abuse and approximately 18% of all children experience sexual abuse.

In addition to this evidence suggests that partner violence often begins or worsens during pregnancy. Studies have shown that partner violence affects almost 20% of pregnant women; exposure to violence during pregnancy increases the likelihood of miscarriages and abortions, leads to low birth weight, low weight gain, anaemia, infections, higher rates of still births, premature labour, and poor attendance at antenatal care.

Services for children who have witnessed or experienced family violence are provided by West Coast by Women’s Refuge, and individual counselling services provided by Relationship Services. These programs are however only funded for protected persons, and children who are not named on a protection order are not funded.

### **Mental Health**

There is no health without mental health, and good mental health in childhood has long term benefits for health outcomes in adulthood. Mental Health Services for children with a moderate to severe mental illness are provided through the WCDHB Child & Adolescent Mental Health Service (CAMHS), working out of services in Greymouth, Westport and Hokitika.

*Child access to Secondary Mental health Services West Coast 2001-2003*

	<b>Total Population</b>	<b>2001</b>		<b>2002</b>		<b>2003</b>	
0-9 years	4416	90	2.0%	96	2.1%	67	1.5%
10-14 years	2400	161	6.7%	175	7.2%	162	6.7%
Total	6016	251	4.1%	271	4.5%	229	3.8%

Primary mental health services, for those with a mild to moderate mental illness are however, not as readily available. There is a service gap existing around family counselling services, and individual counselling services for children, currently provided in Greymouth by Relationship Services, but not available in Westport or Hokitika.

### **Nutrition, Physical Activity and Obesity**

Nutrition, physical activity and obesity have immediate benefit to children’s health and long term benefits in preventing diseases including diabetes, heart disease, and cancer.

The national children's nutrition survey shows that younger children have better food and nutrient intake than older children and are less likely to be overweight or obese. However, just 43 % of New Zealand children ate fruit at least twice a day. Improving the consumption of fruit and vegetables would contribute to lowering the risk of chronic diseases and the increasing obesity risk.

Rates of obesity for West Coast children are about 2% lower the national average with 19% of west coast children being overweight or obese.

## *Children's perspectives on Health*

*"I think good health is, getting out and getting fit, staying a sensible weight, playing lots of sport, keeping up your hygiene, keeping you house tidy/clean, eating lots of fruit and veges [which means only eat a little bit of ice cream] avoid watching tv and go outside and get active."*

(Room 1 student at Kokatahi Kowhitirangi School).

Children's perspectives on 'what is health' in the form of art, letters and teacher lead discussion of children aged 4-8, predominantly focused on healthy eating (eating lot's of fruit and vegetables) and physical activity. Examples of physical activity identified included;

- Take the dog for a walk
- Bouncing on the trampoline
- Walk in the rain
- Playing soccer
- Flying a kite
- Playing on the swings
- Running in the park with your friends
- Play at the park

Concepts of health such as social connectedness, 'playing with friends', and the importance of family were also discussed and illustrated, including 'eating meals with your family' and having 'warm loving relationships'. Emotional/mental wellbeing concepts were evident through the description and illustration of enjoyable activities such as 'playing with my train set' and 'writing and drawing'.

The prevention of harm and disease also emerged 'cleaning our teeth' and protecting our health by 'wearing earmuffs' or 'wearing a hat' identified.

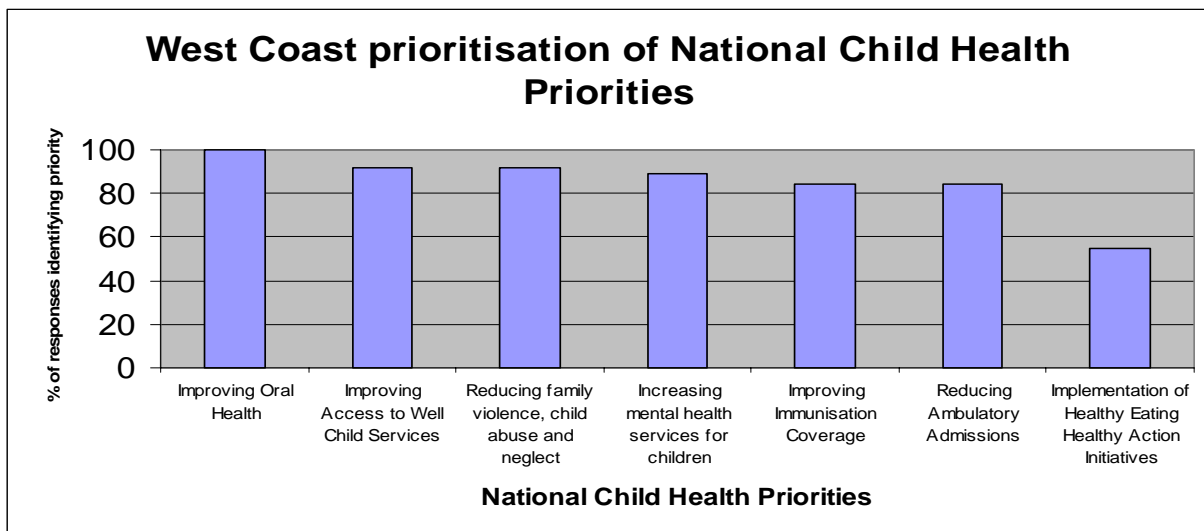
Children's understanding of some of the complex aspects of health, and knowledge of the benefit of physical activity, good nutrition, and carrying out tasks that have long term preventative benefit, needs to be nurtured.

Recommendations and activities need to be implemented in a way that provides opportunity for children to develop and take ownership of activities, particularly when these are being implemented in schools children spend much of their time.

## Community priorities

Responses to the survey of health, education and social service providers has given rise to a vast amount of information about priorities for improving Child Health Outcomes on the West Coast.

Nationally identified health priorities were rated by the respondents (n=38) to form a West Coast priority list with all respondents identifying improving oral health as an important priority for improving West Coast Children’s Health. Improving access to well child services and reducing family violence, child abuse and neglect were rated by 92% as West Coast priorities.



The key issues impacting on West Coast Children’s’ Health were identified as;

- Health services (access to services, lack of doctors, lack of services/ choice of provider)
- Oral health,
- Nutrition and
- Parenting support and education

In contrast with these key issues identified, with the exception of primary Mental Health services, access, availability or choice of providers did not emerge as a priority that the West Coast DHB should be addressing.

Oral health, and parenting support & education were identified as priority areas by health, education and social community service providers. Immunisation coverage, family violence, healthy eating and mental health services were identified by two sets of providers as priorities. With Vision and Hearing identified by education providers.

Top 5 Child Health Priority areas for the WCDHB to address		
Health Providers	Education Providers	Social/Community Service Provider
Oral Health	Parenting Support & Education	Oral Health
Immunisation Coverage	Mental Health	Family Violence
Healthy Eating	Oral Health	Parenting Support & Education
Family Violence	Healthy Eating	Immunisation Coverage
Parenting Support & Education	Hearing & Vision	Mental Health

When combining these priorities with the prioritisation ranking for the National health priorities for child health, the following priority ranking occurs;

- Oral Health
- Nutrition
- Mental Health services for children
- Immunisation Coverage
- Parenting Support & Education Services
- Family Violence, Child Abuse & Neglect

### *Initiatives and Strategies to address identified priorities*

An analysis of data, and community consultation processes, including key informant interviews identified the issues around these priorities, and the inequalities in outcomes / service delivery that exist in each area.

It is from this analysis that the solutions to address each of the 6 priority child health area have been identified.

#### ***Oral Health***

1. Provide training and education for practice nurses, pharmacists, well child providers, parents and early childhood educators around oral health, regular brushing, nutrition, and the benefits of fluoride on developing teeth.
2. Establish a high fluoride varnish service free to preschoolers in the Buller District, ensuring the service is accessible for tamariki Maori.
3. Investigate the possibility of supplying toothbrushes and toothpaste for distribution by Well Child providers at 2 year checks, and for children upon admission to hospital.
4. Establish a range of fixed and /or mobile child and adolescent oral health facilities to ensure accessibility for all children living on the West Coast.

#### ***Nutrition***

5. Implement the BREAST feeding initiative for Tai Poutini, to increase community support and develop peer support for breast feeding and improve access to Lactation Consultation (with a focus on increasing rates among women living in NZDep 8,9 and 10 areas, young women and Maori women).
6. Renew the push on Health Promoting Schools, with a particular focus on decile 1-4 schools, increasing the number of schools achieving, or working towards achieving health promoting schools status.
7. Expand the implementation of HEHA through the continuation of the school challenge within the Spring into Action programme, with a focus on increasing the number schools and number of children involved in the activity.
8. Implement Fruit in Schools programme (dependent on securing funding) with a focus on schools with a decile rating of 1-3 or those in NZDep, 9 and 10 areas.

***Mental health services for children***

9. Review the availability of Family and Individual Counselling Services available to children, with a view to increasing availability and accessibility of these services where needed.
10. Increase awareness of the support agencies, and telephone support services available to children and their parents.

***Immunisation Coverage***

11. Implement an Outreach Immunisation Service that targets populations with low coverage (currently Maori children, and children residing in NZDEP 7-8), and includes active recall, community vaccination clinics & home based vaccinations.
12. Provide catch up vaccinations in schools and community clinics to 5 year olds who have missed their 4 year old vaccinations,
13. Provide catch up vaccinations in schools and community clinics for 11 year old vaccinations.
14. Implement lunch time training session and vaccination updates for primary care providers.

***Parenting Support & Education Services***

15. Support the Implementation of Family Start Services in the Buller and Grey Districts, and establish referral processes to the service upon its implementation.
16. Continue to support the development of parent education services in the Buller District.

***Family Violence, Child Abuse & Neglect***

17. Implement a hospital response to Family Violence including screening and referral (to police, child youth and family, women's refuge, family start, or other community agency as appropriate) for family violence, child abuse and neglect.
18. Actively participate in the development and coordination of strategies to raise awareness of and respond to family violence, child abuse and neglect through the West Coast Te Rito Group.

***General Recommendations***

19. Identify key indicators of West Coast Child Health Status and monitor these areas to identify inequalities and improvements in outcomes.
20. Establish an intersectoral network, including PHO, NGO and DHB providers to review the provision of child health, and parent education and support services and work to fill identified gaps.

**Appendix 1: Health, Education and Social Service Providers Surveyed**

<b>Organisation</b>	<b>Organisation</b>	<b>Organisation</b>
Access Home Health	Whataroa Rural Nurse Specialist	Reefton Area School
ADD/ADHD Support Group	Whataroa School	Reefton Catholic Church
All Saints Anglican Church	Harihari Rural Nurse Specialist	Reefton Medical Centre
Apostolic Church	Healthy Inangahua Project	Reefton Play Group
Arthritis Society	High Street Medical	Reefton Public Health Nurse
Autism West Coast	Hokitika Association Of Anglican Women	Reefton Sports Centre
Awahono School	Hokitika Baptist Church	Reefton Who Cares
Baha'i Faith	Hokitika Bible Society	Relationship Services
Barnardos Early Learning Centre	Hokitika Church Of Christ	Ross Anglican Church - Ross
Barrie Wood Dentist	Hokitika District Nurse	Ross Catholic Church
Barrytown Play Group	Hokitika Jehovah's Witnesses Church	Ross Elim Youth Group
Barrytown School	Hokitika Multicultural Trust	Ross Play Group
Blackball Community Centre	Hokitika Neighbourhood Nurses	Ross School
Blaketown School	Hokitika Physiotherapist	Rotomanu Play Group
Buller High School	Hokitika Primary School	Runanga School
Buller Learning and Behaviour Unit	Hokitika Scenicland Preschool	Sacred Heart School
Buller Pharmacy	Holy Trinity Anglican Church	Sara Roberts Physiotherapy
Buller Physiotherapy	Holy Trinity Assn Of Anglican Women	Sisters of Mercy
Buller REAP	Home Builders	South Westland Anglican Church
Buller Westland Play Centre Association	Home To Home	South Westland Area School
Cancer Society	Homebuilders West Coast	Special Education Services
Catherine Van Passen Optometrists	Housing New Zealand	Speech Language Therapist
CCS	Ikamatua Play Group	Sport Buller
Child And Adolescent Mental Health Services	Inangahua Junction	Sport West Coast
Child Caner Foundation	Inangahua Play Group	St Andrews United Church
Child Development Coordinator (WCDHB)	Integrity Christian Counselling	St Canices School
Child Youth And Family	Inter School Christian Fellowship	St James Church – Franz Joseph
Coast Birth Midwifery	J West Optometrist	St Mary's School
Coastal Podiatry	Jacobs River School	St Patrick's Catholic Church

Cobden Gospel Hall	JB's Dental Services	St Patrick's School
Cobden Scenicland Preschool	John Paul Ii High School	Stillborn & New Born Death Support
Cobden School	Kaniere Play Centre	Strengthening Families
Community And Public Health	Kaniere Playgroup	Supporting Families (Sf) West Coast
Cot Death Group	Kaniere School	Tainui Trust
CPH Smoking Cessation Co-Ordinator	Karamea Area School	Te Oho Ake Whanau Trust
Disability Information Services	Karamea Medical Centre	Te Rama Arahi O Kawatiri
Dobson Heath Clinic	Karamea Rural Nurse Specialists	Te Runanga O Makawhio
Dr Weston	Karoro Kids First Kindergarten	Teenage Mums Support Group
Family Dental Centre	Karoro School	Unichem Apothecary
Family Focus Services	Kati Waewae Runaka	Waimangaroa School
Family Medical Centre	Kawatiri Midwives	WCDHB Social Work Department
Fox Glacier Catholic Church Committee	Kawatiri Maori Women's Welfare League	WCDHB CAMHS Music Therapist
Fox Glacier Play Group	Kids First Greymouth	WCDHB GP Liaison
Fox Glacier Rural Nurse Specialists	Kids First Hokitika	WCDHB Gynaecology & Obstetrics
Fox Glacier School	Kids First Karoro	WCDHB Hearing Therapist
Franz Josef Glacier School	Kokatahi-Kowhitirangi School	WCDHB Immunisation Coordinator
Gary Rae Dentist	Kumara School	WCDHB Maternity Ward
Gloriavale Christian Community	Lake Brunner School	WCDHB Paediatric Ward
Granity School	Life Links	WCDHB Paediatric Occupational Therapist
Greymouth Association Of Anglican Women	Maruia School	WCDHB Paediatrician
Greymouth Anglican Church – Greymouth	Masons Healthcare Reefton	WCDHB Smoking Cessation Coordinator
Greymouth Baptist Church	Masons Pharmacy Greymouth	WCDHB Vision Hearing Tester
Greymouth Catholic Church	Mercy Trust – Cobden	Well Women's Centre
Greymouth Catholic Women's League	Moana Rural Nurse Specialists	West Coast Home Birth Assn
Greymouth Church Of Jesus Christ Of Latter Day Saints	Multiple Sclerosis West Coast	West Coast Women's Refuge
Greymouth Dental Centre	Musculoskeletal Clinic	West REAP
Greymouth District Council Of Churches	Ngahere Catholic Church	Westland High School
Greymouth Elim Church	Ngakawau Rural Nurse Specialists	Westland Medical Centre
Greymouth High School	Olsen's Pharmacy	Westmount School
Greymouth Jehovah's Witnesses Church	Pact West Coast	Westport Anglican Church – Westport
Greymouth Kids First Kindergarten	Paparua Range	Westport Catholic Church

Greymouth Main School	Parents As First Teachers	Westport Church Of Latter Day Saints
Greymouth Medical Centre	Parents Centre - Grey	Westport Dental Clinic
Greymouth Public Health Nurse	Paroa School	Westport Early Learning Centre
Greymouth Public Health Nurses	Plunket	Westport North School
Greymouth Salvation Army	Potikohua Trust	Westport Pharmacy
Greymouth Scenicland Preschool	Presbyterian Church	Westport Public Health Nurse
Greymouth Uniting Church	Psychiatric Needs Assessor	Westport Salvation Army
Haast Play Group	Rape Crisis And Sexual Abuse Support	Westport South School
Haast Rural Nurse Specialists	Rata Maori Women's Welfare League	Whataroa Catholic Women's Group
Haast School	Rata Tamariki Ora Worker	Whataroa Rural Clinic
Harihari Anglican Women's Guild	Rata Te Awhina Trust	Whataroa Play Group
Harihari Catholic Women's Group	Reefton Anglican Church – Reefton	

**Appendix 2: Early Childhood Centres and Primary Schools participating Consultation**

School	Ages	Number
Granity School	5-7 year olds	13
Karoro Kids first	4 year olds	27
Westport North School	7 year olds	7
Cobden Scenicland Preschool and Nursery	4 year olds	6
Kokatahi Kowhitirangi School	5-8 year olds	

**Appendix 3: What ‘Health’ Means to 4-8 year old West Coast children**

Physical Activity	Healthy Eating	Prevention	Relationships	Things we like
Physical Activity (6)	Healthy Food (39)	Cleaning teeth	Playing with friends (2)	Flowers (2)
Take the dog for a walk	Eating sweets & ice-cream/ junk food sometimes (3)	Protecting ears with ear muffs in dads helicopter	Parents	Writing/drawing
Bouncing on the trampoline		Staying a sensible Weight	Running in the park with your friends	Playing in the sandpit
Playing on the swings (2)		Wearing a hat to protect from sun	Family Meals together	Playing with my train set
Walk in the rain				
Playing soccer				
Flying a kite				

**Appendix 4: Consultation Interviews undertaken and area consulted on.**

<b>Person</b>	<b>Position</b>	<b>Organisation</b>	<b>Consulted on</b>
Anne-Marie Douglas	PAFT Educator	PAFT	Parenting Education & Support
Betty Gilsenan	Immunisation Co-ordinator & Public Health Nurse	West Coast DHB	Immunisation Coverage Parenting Education & Support
Cecile Lee	Family Violence Response Co-ordinator	Work & Income	Family Violence
Christine McKenna	Manager	Child Youth & Family	
Clair Newcombe	Family Violence Response Coordinator, WCDHB	West Coast DHB	Family Violence Parenting Education & Support
David Rumble	SI Regional Dental Officer	SISSAL	Oral Health
Desma Ready	Child Development Officer	West Coast DHB	Family Violence Parenting Education & Support Primary Mental Health
Greville Wood			
Heather Salter	Manager	West Coast Women's Refuge	Family Violence Parenting Education & Support
Ian Newcombe	Manager	Family Focus	Family Violence Parenting Education & Support
Karen Davidson	Reefton Whanau Nurse	West Coast DHB	Parenting Education & Support Nutrition/Physical Activity Oral Health
Lerey Aitkens	Manager	Potikohua Trust	Family Violence Parenting Education & Support
Lyn Stovie	PAFT Educator	PAFT	Parenting Education & Support
Martin Lee	Principal Dental Officer, CDHB	CDHB	Oral Health
Maureen Kilner	Family Court Coordinator	Family Court	Family Violence Primary Mental Health
Nikki Sill	Relationship Services	Relationship Services	Family Violence Parenting Education & Support Primary Mental Health
Raewyn McLeod	Greymouth Dental therapist,	West Coast DHB	Oral Health

			Nutrition
Richard Wallace		Rata Te Awhina Trust	Family Violence
Sarah Haskell	Manager, Child & Adolescent Mental Health Services	West Coast DHB	
Shane Stevenson	Child Psychologist	CAMHS	Family Violence Mental Health Parenting Education & Support
Shar Ransom	Clinical Leader	Plunket	Family Violence Mental Health Parenting Education & Support Nutrition Immunisation Oral Health
Sharon Marsh	Mother & Pepi Worker,	Rata Te Awhina Trust	Nutrition Primary Mental Health
Silvia James	Manager	Buller REAP	Parenting Education & Support Primary Mental Health
Trish Hunt	Parent Education Program Facilitator	Nurturing the Future Trust	Family Violence Parenting Education & Support

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