



West Coast

– District Health Board –

Te Poari Hauora a Rohe o Tai Poutini

ADVISORY COMMITTEE MEETING

23 March 2018

10.30am

**St John
Water Walk Road, Greymouth**

AGENDA AND MEETING PAPERS

**ALL INFORMATION CONTAINED IN THESE COMMITTEE
PAPERS IS SUBJECT TO CHANGE**

WEST COAST DISTRICT HEALTH BOARD

ADVISORY COMMITTEE MEMBERS

Elinor Stratford (Joint Chair)

Michelle Lomax (Joint Chair)

Chris Auchinvole

Jenny Black

Lynnette Beirne

Kevin Brown

Sarah Birchfield

Cheryl Brunton

Paula Cutbush

Helen Gillespie

Chris Lim

Jenny McGill

Chris Mackenzie

Joseph Mason

Eddie Moke

Mary Molloy

Peter Neame

Nigel Ogilvie

Francois Tumahai

EXECUTIVE SUPPORT

David Meates (*Chief Executive*)

Karyn Bousfield (*Director of Nursing*)

Gary Coghlan (*General Manager, Maori Health*)

Mr Pradu Dayaram (*Medical Director, Facilities Development*)

Michael Frampton (*General Manager, People & Capability*)

Carolyn Gullery (*General Manager, Planning & Funding*)

Dr Cameron Lacey (*Medical Director, Medical Council, Legislative Compliance and National Representation*)

Dr Vicki Robertson (*Medical Director, Patient Safety and Outcomes*)

Karalyn van Deursen (*Strategic Communications Manager*)

Stella Ward (*Executive Director, Allied Health*)

Philip Wheble (*General Manager, West Coast*)

Justine White (*General Manager, Finance*)

Kay Jenkins (*Board Secretary*)

WEST COAST ADVISORY COMMITTEE MEETING
To be held at St John, Water Walk Road Greymouth
Friday 23 March commencing at 10.30am

ADMINISTRATION

10.30am

Karakia

Welcome by Board Chair

Apologies

1. **Interest Register**

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

2. **Minutes of the Previous Meetings**

- *Hospital Advisory Committee – 23 November 2017*
- *Community & Public Health & Disability Support Advisory Committee – 23 November 2017*
- *Carried Forward Items/ Action Points*

3. **Patient Story**

REPORTS/PRESENTATIONS

10.40am

4. **Community and Public Health Update**

Kerry Marshall
Community and Public Health 10.40am – 10.50am

5. **Planning & Funding Update**

Melissa Macfarlane
Team Leader, Accountability, Planning & Funding 10.50am – 11.00am

6. **Alliance Update**

Stella Ward
Executive Director, Allied Health 11.00am – 11.10am

7. **Operational Update**

Philip Wheble
General Manager, West Coast 11.10am – 11.20am

8. **Advisory Committee Finance Report - 28 February 2018**

Justine White
General Manager Finance & Corporate Services 11.20am – 11.30am

9. **Transalpine Services Presentation**

Philip Wheble
General Manager, West Coast 11.30am – 12.10pm

10. **General Business**

Elinor Stratford
Joint Chair 12.10pm – 12.20pm

ESTIMATED FINISH TIME

12.20pm

INFORMATION ITEMS

- Disability Support Services Newsletter – February 2018
- 2018 Committee Work Plan (Working Document)
- West Coast DHB 2018 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Friday 11 May 2018

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.

WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS INTERESTS REGISTER



Disclosure of Interest	
Jenny Black Board Chair	<ul style="list-style-type: none"> Chair, Nelson Marlborough District Health Board Life Member of Diabetes NZ Chair, South Island Alliance Board Chair, National DHB Chairs
Chris Auchinvole Board Member	<ul style="list-style-type: none"> Director Auchinvole & Associates Ltd Trustee, Westland Wilderness Trust Trustee, Moana Holdings Heritage Trust Justice of the Peace Daughter-in-law employed by Otago DHB
Lynnette Beirne	<ul style="list-style-type: none"> Patron of the West Coast Stroke Group Incorporated Daughter employed as nurse for West Coast DHB Chair of West Coast DHB Consumer Council Consumer Representative on WCDHB Falls Coalition Committee Consumer Representative on WCDHB Stroke Coalition Committee Running a Homestay for DHB Students Member, Accessible West Coast Coalition Group
Sarah Birchfield	<ul style="list-style-type: none"> West Coast Autism Support Group – Volunteer and Support Person West Coast Special Olympics Steering Committee – Member Parkinsons New Zealand – West Coast Committee Member Member, Accessible West Coast Coalition Group
Kevin Brown Board Member	<ul style="list-style-type: none"> Trustee, West Coast Electric Power Trust Wife works part time at CAMHS Patron and Member of West Coast Diabetes Trustee, West Coast Juvenile Diabetes Association President Greymouth Riverside Lions Club Justice of the Peace Hon Vice President West Coast Rugby League
Cheryl Brunton	<ul style="list-style-type: none"> Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) Member - Public Health Association of New Zealand Member - Association of Salaried Medical Specialists Member - west coast Primary Health Organisation Clinical Governance Committee Member – National Influenza Specialist Group Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation Member – DISC Trust

Paula Cutbush	<ul style="list-style-type: none"> • Owner and stakeholder of Alfresco Eatery and Accommodation • Daughter involved in Green Prescriptions • Justice of the Peace
Helen Gillespie Board Member	<ul style="list-style-type: none"> • Employee, DOC – Healthy Nature, Healthy People Project Coordinator • Husband works for New Zealand Police • Member - Accessible West Coast Coalition Group • Member - Kowhai Project Committee
Chris Lim	<ul style="list-style-type: none"> • No interests to declare
Michelle Lomax Board Member	<ul style="list-style-type: none"> • West Coast Community Trust – Trustee • St John Youth – Area Youth Manager • Employee - Damien O'Connor's Electorate Office • Daughter is a recipient of WCDHB Scholarship
Chris Mackenzie Board Deputy Chair	<ul style="list-style-type: none"> • Development West Coast – Chief Executive • Horizontal Infrastructure Governance Group – Chair • Mainline Steam Trust – Trustee • Christchurch Mayors External Advisory Group - Member
Jenny McGill	<ul style="list-style-type: none"> • Husband employed by West Coast DHB • Peer Support – Mum4Mum • Information Consultant for West Coast Disability Resource Service • Member, Accessible West Coast Coalition Group
Joseph Mason	<ul style="list-style-type: none"> • Representative of Te Runanga o Kati Wae Wae Arahura • Employee Community and Public Health, Canterbury DHB
Edie Moke Board Member	<ul style="list-style-type: none"> • South Canterbury DHB – Appointed Board Member • Nga Taonga Sound & Vision - Board Member (elected) <p>Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.</p>
Mary Molloy	<ul style="list-style-type: none"> • Spokesperson for Farmers Against 1080 • Executive Member - Ban 1080 Political Party • Director, Molloy Farms South Westland Ltd • Trustee, L.B. & M.E. Molloy Family Trust • Executive Member, Wildlands Biodiversity Management Group Inc.
Peter Neame Board Member	<ul style="list-style-type: none"> • White Wreath Action Against Suicide – Board Member and Research Officer • Author and Publisher of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books.
Nigel Ogilvie Board Member	<ul style="list-style-type: none"> • Chairman, Life Education Trust • Managing Director, Westland Medical Centre • Shareholder/Director, Thornton Bruce Investments Ltd • Shareholder, Hokitika Seaview Ltd • Shareholder, Tasman View Ltd • White Ribbon Ambassador for New Zealand • Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre • Sister is employed by Waikato DHB

	<ul style="list-style-type: none"> • Board Member West Coast PHO • Wife is Board Member West Coast PHO
Elinor Stratford Board Member	<ul style="list-style-type: none"> • Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Trustee, Canterbury Neonatal Trust • Member, Arthritis New Zealand, Southern Regional Liaison Group • President, New Zealand Federation of Disability Information Centres • Member, West Coast Coalition Group • Chair, Kowhai Project Committee
Francois Tumahai Board Member	<ul style="list-style-type: none"> • Te Runanga o Ngati Waewae - Chair • Poutini Environmental - Director/Manager • Arahura Holdings Limited - Director • West Coast Regional Council Resource Management Committee - Member • Poutini Waioara Board - Co-Chair • Development West Coast – Trustee • West Coast Development Holdings Limited – Director • Putake West Coast – Director • Waewae Pounamu – General Manager • Westland Wilderness Trust – Chair • West Coast Conservation Board – Board Member

DRAFT
**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH
AND DISABILITY SUPPORT ADVISORY COMMITTEE**
held in the Board Room, Corporate Office, Grey Base Hospital
on Thursday 23 November 2017 commencing at 9.30am

PRESENT

Elinor Stratford (Chairperson); Sarah Birchfield; Cheryl Brunton (via Video conference); Jenny McGill; Mary Molloy; Peter Neame; and Jenny Black.

APOLOGIES

An apology was received and accepted from Lynnette Beirne; Francois Tumahai and Joseph Mason.

EXECUTIVE SUPPORT

Carolyn Gullery (General Manager, Planning & Funding) (via video conference), Gary Coghlan (General Manager, Maori Health); Philip Wheble (General Manager, West Coast); and Kay Jenkins (Minutes).

IN ATTENDANCE

Item 4 – Gail McLauchlan, Community & Public Health.

WELCOME

Gary Coghlan led the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Mary Molloy advised that she is no longer an Executive Member of Wildlands, Biodiversity Management Group Inc.

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING **Resolution (5/17)**

(Moved: Sarah Birchfield/Seconded: Jenny McGill - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 26 October 2017 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

It was noted that the Consumer Council presentation was not now going to be undertaken today due to illness. The presentation will be re-scheduled in the New Year.

The Carried Forward/Action Items were noted.

4. COMMUNITY & PUBLIC HEALTH UPDATE

Gail McLauchlan, Community & Public Health, presented this update on the following topics:

Early Childhood Centres Improving Healthy Eating

CPH staff visited ten Early Childhood Centres in Greymouth and Westland, with nine of these centres signed up for, or in the process of, achieving their Healthy Heart Award. This is a fantastic achievement and shows great commitment from the centres and their staff to enhance the wellbeing of tamariki and their whānau. The Healthy Heart Award provides guidance and structure to create an environment that promotes healthy eating and physical activity. It has three different levels and works like a bronze, silver, gold system.

CPH's Jade Winter presented a paper on the development of the 'Nourishing Futures with Better Kai' resource at the Public Health Association's national conference in Christchurch which resulted in wide media coverage. CPH staff also presented on making healthy eating easy for whānau at a Community Wellness Day in Ross. The presentation fitted in well with some healthy kai sold at the event and the 10-15 people attending were actively engaged with the presentation.

Appetite for Life

CPH staff delivered an Appetite for Life course in Greymouth with ten participants in attendance. All participants were highly engaged and committed to attending each session. Some of the highlights included participants decreasing their consumption of saturated fat in favour of more healthy fats, placing more emphasis on a healthy breakfast, enjoying treats mindfully, choosing water over soft drink, including more vegetables and choosing wholemeal bread.

West Coast Accessibility Coalition

CPH helped organise and contributed to the recent Accessibility West Coast Coalition workshop. The workshop focussed on areas to be included in the development of a Strategy and Action Plan. The 15 participants from across the Coast used the NZ Disability Strategy to workshop potential areas of focus for the Coalition.

Alcohol Licensing

At this time of the year preparations are being made for all of the annual horse racing events on the West Coast. Traditionally these events have held special licences to serve alcohol. Prior to the submission of licence applications for these events, CPH's Alcohol Licensing Officer teamed up with the West Coast Police Prevention Manager and the local District Licensing Inspectors to discuss the events with the racing committees. These discussions focused on the safe and responsible supply of alcohol at the events and the control of consumption of alcohol to reduce incidents of intoxication. The racing clubs' response to this initiative by the licensing agencies has been positive and we hope it will contribute to reduced alcohol related harm at the events.

Oranga Hā

CPH's smoking cessation workers aim to increase referrals of Māori pregnant women and new mothers to improve the likelihood of children being born into smoke free homes. They have engaged with Family Start and in the first instance are assisting with the drafting of a Stop Smoking Policy for their Board. Family Start has also committed to every whānau engaging with their services being offered smoking cessation support. This is having an immediate effect with increasing referrals to Oranga Hā.

Gambling Harm

CPH has assisted the new gambling harm service provider, the Salvation Army – Oasis, to connect with key local agencies and promote their services. While this service will be run remotely from

Christchurch, a number of relationships with agencies on the West Coast have now been established to improve access.

While many people enjoy gambling, for example Lotto, betting on track racing or playing the pokies, gambling can have a negative effect on health and wellbeing. West Coast service providers and community agencies have been introduced to a national Brief Gambling Screening tool to support capture of accurate data from the region and the tool is ready for immediate use among them.

Drinking Water

Westport's water supply situation continues to remain stable with reservoir capacity above 95%. Work on a replacement pipeline between the reservoirs and the treatment plant has begun and this pipeline will replace the "bandaged" concrete pipes. The Buller District Council has also agreed to the installation of 500m of piping through the collapsed water tunnel in order that the original water source can be reinstated. Until this is done, the supply remains vulnerable.

Communicable Diseases

CPH's health protection staff have had a busy month following up cases of notifiable disease. Spring usually brings an increase in the number of cases of enteric diseases, such as campylobacteriosis, cryptosporidiosis and giardiasis and many of these are attributable to animal contact, such as calving. We have also dealt with a confirmed case of meningococcal disease and two suspect cases. Our response to these cases is an urgent one as we identify and provide antibiotics to people who have been in close contact with the case to help prevent further transmission.

The Committee noted that the Buller District Council members have voted in favour of a long term solution to upgrade the water supply for Westport residents which will hopefully be carried out by this time next year. Along with the work needing to be carried out on the Westport water supply the Punakaiki supply which utilises UV light to disinfect still has an on-going problem of cloudiness, leaving it vulnerable to bacteria. A watching brief will be kept on this over the summer months.

The report was noted.

5. CONSUMER COUNCIL PRESENTATION

To be re-scheduled in the New Year.

6. PLANNING & FUNDING UPDATE

Carolyn Gullery, General Manager, Planning & Funding, presented this update. The report provided the Committee with an update on progress made on the Minister of Health's Health and Disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

Key Achievements

- **ED Health Target:** Performance remains well above target, with a monthly result of 98.7% of patients admitted, discharged or transferred from Grey Base ED within six hours in October. Official health target results are expected shortly, with preliminary results positive.
- **Cardiovascular Risk Assessment Checks:** The West Coast DHB continued to achieve target for this measure, with 91.1% of PHO-enrolled patients having had their cardiovascular risk assessment completed within the last 5 years, as at the end of the September 2017.
- **ESPI 5 | First Specialist Assessment (FSA) to treatment:** West Coast DHB is within compliance levels, with just two plastic surgery patients waiting more than 120-days from FSA

to surgical treatment as at the end of September 2017. Both patients are booked for their surgery with a visiting plastic surgeon in November.

Key Issues & Associated Remedies

- **ESPI 2 | FSA:** There were 47 orthopaedic patients waiting over 120 days for their outpatient FSA at the end of September. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints. We are engaging with the Ministry of Health and working on a recovery plan to resolve this issue.

Carolyn Gullery, General Manager, Planning & Funding provided the Committee with an update on some recent meetings she had attended between Primary Care, DHBs, the Ministry of Health and the Minister of Health to look at the direction around Primary Care. Discussions included possible reductions in GP fees, free doctor's appointments for children under 14, and the introduction of a free check for people over 65 on an annual basis.

The Committee noted that for the West Coast capacity to undertake this is an issue and some balancing around workforce would need to take place for the additional activity in Primary Care.

Ms Gullery also provided the Committee with an update on the work taking place around contractual arrangements with Pharmacies.

Discussion took place regarding the changes to align models of care in CAMHS and the Committee noted that this process is to ensure the whole system is integrated and how services can be improved for patients.

Discussion also took place regarding early intervention with the use of neurological testing. The Committee noted that a Paediatric Neurologist is based in Canterbury however there is not currently the capacity in the system to undertake this type of testing. Ms Gullery commented that she believed that there will be a lot more of a focus on mental health through the Social Investment Agency.

An issue was raised regarding the stocking of medication on the West Coast and management will look at this issue which will be added to the carried forward list.

Discussion also took place regarding falls prevention and breast feeding statistics which are provided by Plunket.

The report was noted.

7. ALLIANCE UPDATE

Carolyn Gullery, General Manager, Planning & Funding, presented this update which was taken as read and provided the following information:

Alliance Leadership Team (ALT)

At their meeting in November the ALT:

- Reviewed the final draft of the Community Health Model of Care. This was endorsed in principle and final recommendations were made for strengthening the message about integrating the community health work style into the hospital environment.

Health of Older Persons

- There were 88 active clients in the In-home Falls Prevention (Strength and Balance) programme in Quarter 1.

- The Community Group Strength and Balance programme, in collaboration with ACC, is in the preliminary stages. The Lead Agency has been appointed and will be working to support the implementation of this programme.
- Following completion of the HealthCert audit, Granger House has been recertified for another year. The DHB is working with the facility to allow new admissions.

Integrated Family Health Service (IFHS) Workstreams (Primary & Community Project, Buller & Reefton)

- A review of the merged Greymouth Medical Centre and the new planned /unplanned process has commenced with an initial meeting with the full practice team, and individual feedback forms completed by the staff. Data is now being gathered to inform the effectiveness of the new process and any areas requiring attention.
- A review of Homecare Medical Limited contracted services in South Westland is now underway. A public meeting was attended in Fox Glacier to commence the process of engaging the community for feedback. This group recommended a survey out to each community from their regular RNS to encourage feedback on both the Virtual Medical Receptionist service and After Hours service. This is a significant piece of work that will feed well into the Hub design and development project when the time comes.

Healthy West Coast (HWC)

- Nutrition support across the community continues to develop with PHO Dietitians looking to provide support for children identified with a high BMI (Body-Mass Index) at their B4School Check.
- Healthy West Coast were pleased to support West REAP in their application to the Health Promotion Agency Community Partnership Grant. The application to fund 6 “Moving Smart” workshops across the Grey and Westland districts has been successful. These workshops will provide education for Early Childhood Teachers and parents about active play for pre-schoolers in an effort to increase capability in the sector.

Child and Youth

- Preliminary results have been released against the new suite of Well Child Tamariki Ora Quality Improvement Indicators. Initial analysis shows good performance against 5 of the 6 new indicators (5 for Māori), improvement against a further 7 (7 for Māori) and unchanged performance against 1 (3 for Māori) out of a total 18 indicators. The Coast is at or ahead of the national average result for 9 indicators (13 for Māori) including Core contact coverage, breastfeeding at 3 months and screening for Family Violence. Once confirmed data is received analysis will begin focusing on those indicators where performance has dropped or is below the national average.

Pharmacy

- The planned meeting between Olsens Pharmacy and Greymouth Medical Centre (GMC) was held in October resulting in some productive discussions. It was agreed that the pharmacists will attend two of the GMC meetings to enhance communications, and be more involved in the orientation of the RMOs. Registration onto the patient portal was also identified as an area that the pharmacies can assist with. In the mean time they will distribute information about registering.

The report was noted.

8. 2018 DRAFT COMMITTEE WORK PLAN

The Board Chair provided an overview of the Annual Planning session to be held on Thursday 25 January 2018.

She also invited Committee members to provide any suggestions they may have on any

improvements that could be made around reporting and how Committees and the Board add value to the organisation.

INFORMATION ITEMS

- Board Agenda – 3 November 2017
- Chair’s Report to last Board meeting
- West Coast DHB 2018 Meeting Schedule

There being no further business the meeting concluded at 10.40am.

Confirmed as a true and correct record:

Elinor Stratford, Chair

Date

DRAFT

DRAFT

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING held in the Board Room, Grey Base Hospital, Corporate Office, on Thursday 23 November 2017, commencing at 11am

PRESENT

Kevin Brown (Deputy Chair) Michelle Lomax (Chair – via video conference); Chris Auchinvole; Paula Cutbush; Gail Howard; Chris Lim; and Jenny Black.

APOLOGIES

An apology was received and accepted from Nigel Ogilvie.

MANAGEMENT SUPPORT

Philip Wheble (General Manager, West Coast); and Kay Jenkins (Minutes).

IN ATTENDANCE

Elinor Stratford

Item 5 – Justine White, General Manager, Finance & Corporate Services

WELCOME

Everyone joined together in the Karakia

1. INTEREST REGISTER

There were no additions or alterations to the interest register.

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

There were no perceived conflicts of interest.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (18/17)

(Moved: Gail Howard/Seconded: Paula Cutbush – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 26 October 2017 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

The carried forward items were noted.

4. HOSPITAL AND SPECIALIST SERVICE (H&SS) MANAGEMENT REPORT

Philip Wheble, General Manager, presented the report. He highlighted the following most notable features as:

- A new focus from Clinical Managers and team leaders in completing the new operations reporting template including identifying and setting KPIs.
- The new Clinical Nurse Manager Inpatients has joined our team and seems to be fitting in well to the culture of the West Coast.

Mr Wheble provided an outline of the new operations reporting template which is now being cascaded through the organisation. This has a focus on:

- Culture, strategy and workforce development;
- Right Care/Right Place/Right Time; and
- Enabling our Workforce

Discussion took place regarding the amount of time spent by clinicians completing documentation and the importance of decreasing the administrative load on clinical staff.

Discussion also took place regarding ESPI 2 non-compliance. The Committee noted that a lot of work is taking place in the service, looking at whether there is a good plan in place around this. No financial penalty has been placed on the DHB to date. For the DHB the issue is around addressing this as quickly as possible and communicating with the Ministry of Health.

A comment was made regarding the improved DNA rate overall but how is the DHB addressing the increase in Maori DNA rates. The Committee noted that there is definitely some work taking place around this in multiple different ways and it was agreed that a presentation would be made to the Committee in the New Year regarding this work.

Resolution (19/17)

(Moved: Michelle Lomax/Seconded: Chris Auchinvole – carried)

That the Committee:

- Notes the management report.

5. FINANCE REPORT

Justine White, General Manager, Finance, presented this report which showed that the consolidated West Coast District Health Board financial result for the month of October 2017 was a deficit of \$301k, which was \$31k unfavourable to budget. The year to date position of a net deficit of \$995k is \$18k unfavourable to budget.

The Committee noted that the main areas of concern were travel related costs with 23 patient transfers during the month and also clinical supplies which is treatment related. It was also noted the revenue is down however some of this is a timing issue around a Home Based Support Invoice.

Discussion took place regarding co-payments and also payment up front from patients attending GP surgeries.

Resolution (20/17)

(Moved: Chris Lim/Seconded: Paula Cutbush – carried)

That the Committee

- Notes the finance result and related matters for the period ending 31 October 2017.

6. CLINICAL LEADERS REPORT

Philip Wheble, General Manager, West Coast presented this report which was taken as read.

Mr Wheble spoke about the DHB Studentships. He advised that this year's studentship recipients were awarded on Monday 13 November. The Committee noted that four studentship recipients

are studying physiotherapy, nursing, midwifery and psychology/Maori/Pacific Island Indigenous studies and that each has been allocated a project to work on over the studentship period and at the conclusion they will present the outcomes and achievements of their work. The studentship and scholarship programme remains an important part of our workforce development, succession planning and growing our own local people into health careers.

Resolution (21/17)

(Moved: Kevin Brown/Seconded: Gail Howard – carried)

That the Committee

- i. Notes the Clinical Leaders' Update

7. DRAFT 2018 COMMITTEE WORKPLAN

The Board Chair provided an outline of the annual planning session to take place on the morning of Thursday 25 January 2018 and advised that the Board would be looking at how it operates and the current reporting. Members were asked to forward any ideas for improvements to the Chair, Committee Chair or Board Secretary.

GENERAL BUSINESS

Michelle Lomax, Committee Chair, thanked Mr Wheble for his work for the Committee during the year and she also thanked the Committee for their input and wished everyone a happy Festive season.

INFORMATION ITEMS

- Chair's report to last Board meeting
- Board Agenda – 3 November 2017
- West Coast DHB Meeting Schedule 2018

There being no further business the meeting closed at 12.20pm

Confirmed as a true and correct record.

Michelle Lomax, Chair

Date

CARRIED FORWARD/ACTION ITEMS



WEST COAST ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 23 MARCH 2018

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	23 November 2017	Water Quality	On-going updates to be provided to the Committee	As required

UPCOMING PRESENTATIONS

TOPIC	STATUS
Transalpine Services	On Today's Agenda
Consumer Council	11 May 2018
Rural Generalist Project Update	29 June 2018
Oral Health	10 August 2018
Facilities Presentation	28 September 2018

TO: Chair and Members
West Coast Advisory Committee

SOURCE: Community and Public Health

DATE: 23 March 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

This report is to provide the Committee with information regarding items of interest around Community and Public Health on the West Coast.

2. RECOMMENDATION

That the Advisory Committee:

- i notes the Community and Public Health Update

3. APPENDICES

Appendix 1: Community and Public Health Update

Report approved for release by: Dr Cheryl Brunton, Public Health Specialist
Community and Public Health

COMMUNITY AND PUBLIC HEALTH UPDATE

March 2018

Emergency Response

Last month saw Community and Public Health stand up its emergency management structure in response to the severe weather events associated with ex-tropical cyclones Fehi and Gita. Our staff worked closely with the West Coast DHB's Incident Management Team on each occasion and we were also supported from our Christchurch office. Our initial roles were to provide public health advice to the general public and the Civil Defence teams at each council and to act as liaison within their Emergency Operations Centres. We have also provided support to the West Coast DHB's welfare functions, including psychosocial recovery. The latter is an area where we can draw on the expertise of our Christchurch colleagues which is based on evidence and the experience of community recovery from the 2010 and 2011 earthquakes, the Kaikoura earthquake and the Port Hills fires. We have taken the opportunity to debrief our response to the two recent weather events and identified ways in which we can make our response even more efficient and effective. We were pleased to note that even in the short time between the events, we were able to make improvements in our communications and links with other agencies, including the DHB.

Smokefree Public Places

Community and Public Health, as a member of Healthy West Coast, Active West Coast and the West Coast Tobacco Free Coalition made written and verbal submissions to the Grey District Council's proposed Smoke Free Public Places Policy. At their meeting on Monday 12 February, Council voted unanimously to adopt the Policy which covers outdoor spaces including the new Greymouth Town Square.

Smokefree Families – Little Lungs, Pūkahukahu Iti

Community and Public Health and the West Coast Primary Health Organisation have completed work on the Little Lungs Pūkahukahu Iti project with West Coast early childhood centres. Little Lungs is a smokefree initiative to support smokefree homes and cars and aims to reduce the health effects of second hand smoke on children's developing lungs. Workshops have been held with staff from sixteen early childhood centres from Buller, Grey and Westland Districts. Early childhood centres have been provided with resources and support to help them have conversations with parents and whānau to encourage them not to smoke around their tamariki.



Smokefree Enforcement

Community and Public Health's Smokefree Enforcement Officer undertook further training in Christchurch in January. The training included involvement in three controlled purchase operations and tobacco retailer compliance visits. We will carry out tobacco retailer education visits on the West Coast during March in preparation for future local controlled purchase operations.

Improving Environments for Walking and Cycling Across the Coast

Community and Public Health has been working with the three District Councils to bring Rod Tolley to the West Coast. Rod is the Director of Walk 21 and is an expert in building flourishing communities by focussing on creating walking friendly environments. He will be spending time in each of the three districts during March, and will work with each Council and give a public presentation in each centre.

Alcohol Licensing

The annual Hokitika Wildfoods Festival will be held on 10th March. This is one of the largest events on the Coast and we have worked with the organisers over the years to help reduce alcohol-related harm related to the event. As usual, our alcohol licensing officer has been liaising with the Westland District Licensing Inspector and the West Coast Police Prevention Manager about the Special Licence applications for this year's event. Along with these licensing partners, we will be providing pre-festival 'Sale and Supply of Alcohol Act 2012' compliance training sessions for the groups involved in the sale and supply of alcohol at the festival. These include members of a West Coast rugby club who operate the beer tent and members of a West Coast Volunteer Fire Brigade who are operating the wine tent at the festival. We will also be involved in alcohol monitoring at the event and in the township during the day and evening.

Nutrition for All Ages

Community and Public Health's nutrition health promoters are working in partnership with the Heart Foundation to provide intensive support to Early Childhood Centres on the West Coast. Two Early Childhood Centres have recently fulfilled the criteria to receive their Healthy Heart Awards, one at Pa-Harakeke (Gold) level and one at Rito (Bronze) level. These will be awarded at the end of March. Many other centres are working towards their awards with great passion and commitment.

An Appetite for Life course is due to start in Hokitika in the first week of March, with 16 participants enrolled. This course is being provided in response to a request from an Early Childhood Centre, which identified the growing interest amongst parents and community members in continuing the learning begun at our early childhood centre nutrition sessions.

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

SOURCE: Planning & Funding

DATE: 23 March 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee notes the Planning & Funding Update.

3. SUMMARY

✓ Key Achievements

- **ED Health Target:** Performance remains well above target, with a monthly result of 97% of patients admitted, discharged or transferred from Grey Base ED within six hours in January 2018.
- **Cardiovascular Risk Assessment Checks:** The West Coast DHB continued to achieve target for this measure, with 90.9% of PHO-enrolled patients having had their cardiovascular risk assessment completed within the last 5 years, as at the end of the December 2017.
- **ESPI 5 | First Specialist Assessment (FSA) to treatment:** 100% of West Coast patients received treatment within 120 days of their First Specialist Assessment at 31 December 2017.

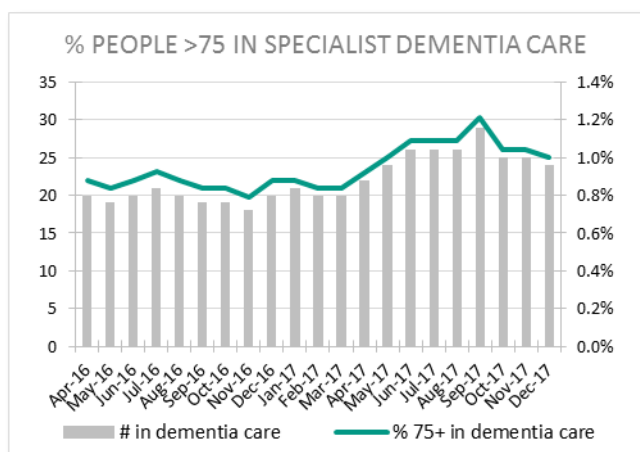
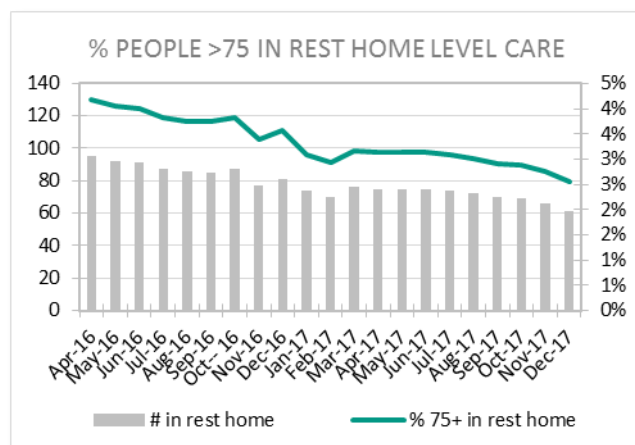
✗ Key Issues & Associated Remedies

- **ESPI 2 | FSA:** There were 99 orthopaedic patients waiting over 120 days for their outpatient FSA at the end of December. This places us in risk of financial penalty for non-compliance. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints. We are currently working on a recovery plan to try to resolve this and are engaging with the Ministry of Health with the orthopaedic general manager in order to keep them informed of the resource issue.

Report prepared by: Planning & Funding

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

Health of Older Persons

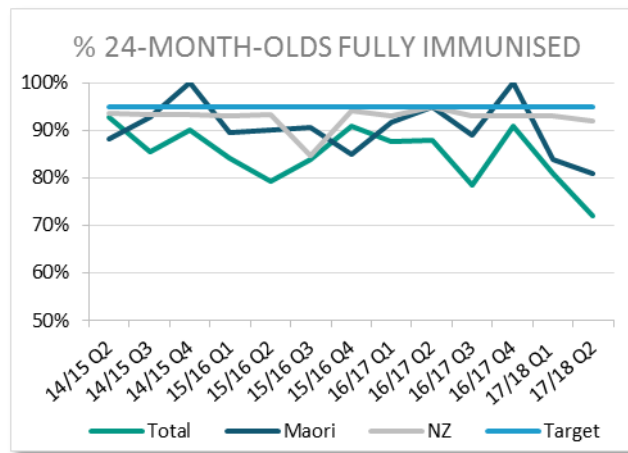
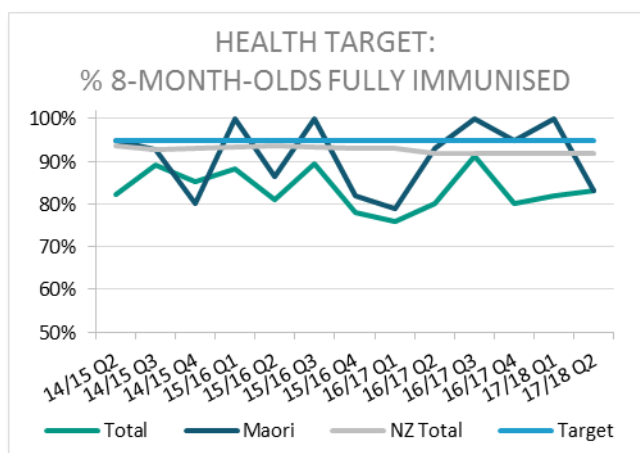
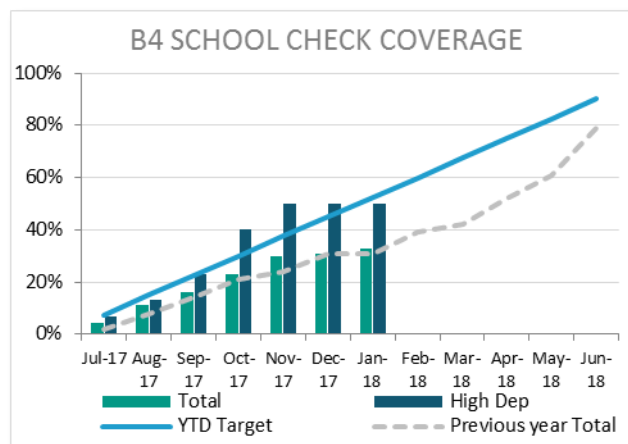
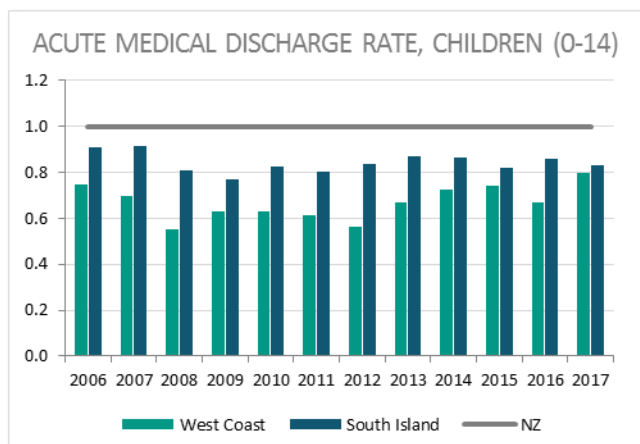


Achievements / Issues of Note

InterRAI Assessments in Aged Residential Care Facilities: 90% of people currently in aged residential care on the West Coast have had an interRAI long term care facility (LTCF) assessment completed within 230 days of their previous assessment. This is well above the national target of 75%.

Falls and Fracture Prevention: The Community Group Strength and Balance programme work has commenced. All known local class providers have been contacted and feedback thus far has been positive with two of the larger local providers having shown interest in joining the programme. Individual class assessments will commence in the coming weeks.

Child, Youth & Maternity



Achievements / Issues of Note

Immunisation: Quarter two results show that 83% of all eight-month-olds were fully immunised against the 90% target—a 1% increase on the previous quarter. Strong results were achieved for NZE and Asian tamariki while only 83% of Māori tamariki were vaccinated.

B4 School Check Coverage: 120 children (including 15 high deprivation children) had received their B4 School Check by the end of January 2018. This brings the result to 33% (50% high deprivation) against a year to date target of 53%—an improvement on this time last year.

Following the resignation of the B4SC Coordinator in December, a new appointment has been made and orientation commenced in January.

Breastfeeding: Latest results for Breastfeeding rates at 3 months show 61% of West Coast babies being fully breastfed (57% for Māori). This is ahead of the National average of 59% (45% Māori) but below the target of 65%.

A South Island wide stocktake of activities to support Breastfeeding has recently commenced, led by the South Island Alliance to which the West Coast has contributed. Learnings from this will be shared as soon as they become available.

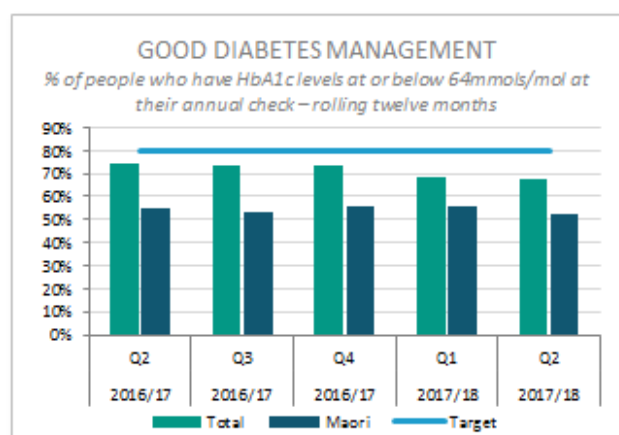
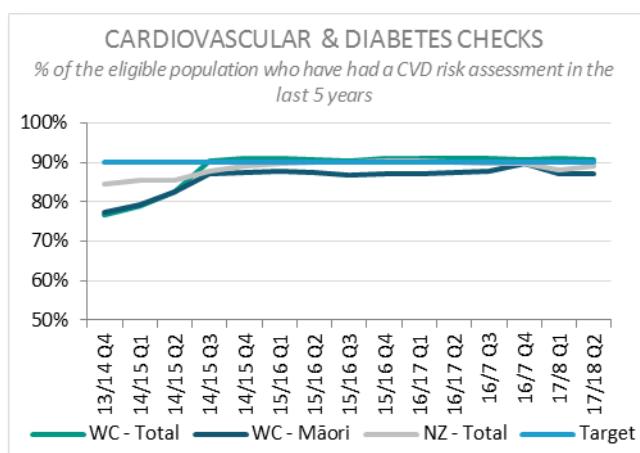
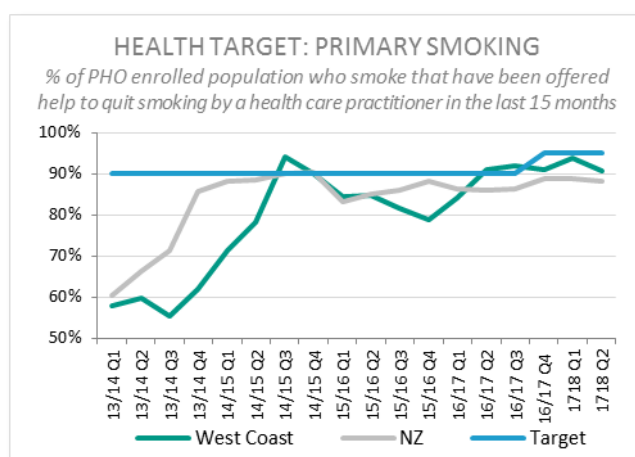
Mental Health

Achievements / Issues of Note

Future Services Project:

Stakeholder workshops are planned for future Alcohol and Other Drug Services and Child and Adolescent Services with a focus on how to develop a more integrated approach that better serves the community. The information gathered will contribute to the overarching model for implementation.

Primary Care & Long-Term Conditions



Achievements / Issues of Note

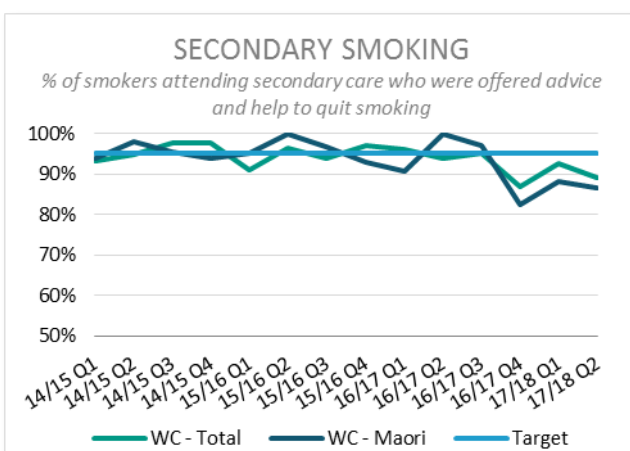
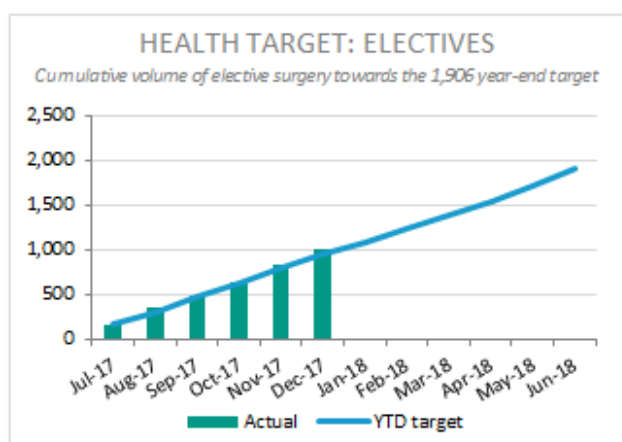
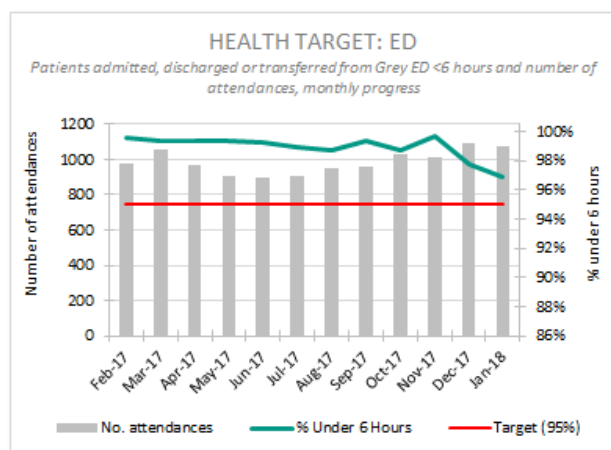
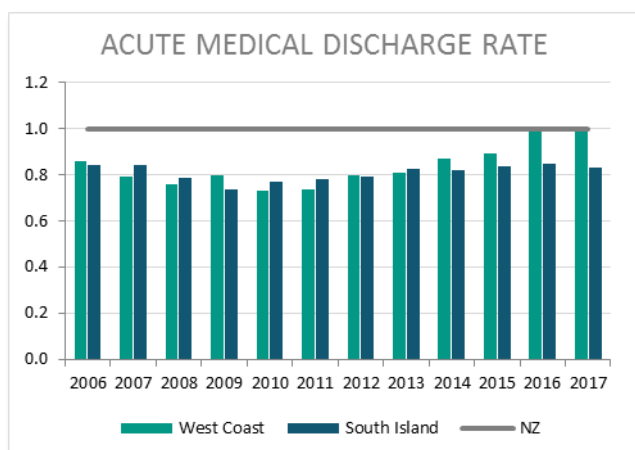
Health Target | Primary Care Smoking: The target was again exceeded in Quarter 2 for total population (91%), as well as High Needs (91%), and met for Māori (90%).

Cardiovascular and Diabetes Checks: The West Coast DHB continued to maintain overall performance in Quarter 2 2017/18, with 90.9% of the eligible enrolled population having had a cardiovascular and diabetes risk assessment against the 90% target. Results for Māori remained slightly lower at 87.2%, and Māori men aged 35-44 years at 72.8% (up from 71% in the previous quarter).

Diabetes Management: Diabetes and its complications remain a significant and growing risk to the health of the West Coast population. Using the PHO-enrolled population, 1,035 people aged 15-74 with established diabetes had an annual review in general practices in the 12-months to 30 September 2017. Of these, 67.5% had good management of their diabetes (defined by having an HbA1c level at or below 64mmol/L). The result for Māori remained significantly lower at 53.3%.

The West Coast PHO and Poutini Waiora staff continue to work closely together to better engage with Māori and their whānau to reduce risk factors. This is to target Māori who are pre-diabetic and encourage self-management. A programme has also been formulated to provide expert support in the areas of nutrition, smoking cessation and exercise for Māori with complex needs (in partnership with Community Public Health, the PHO, and Sport West Coast). Poutini Waiora nurses are also working in general practices across the West Coast specifically to connect Māori who are not accessing health services through their Practice – this includes undertaking Diabetes Annual Reviews and Diabetes Education.

Secondary Care & System Integration



Achievements / Issues of Note

Health Target | ED: The West Coast DHB continues to achieve this target with 97% of patients admitted, discharged or transferred from Grey Base ED within six hours in the month of January (Target: 95% within 6 hours). This was down slightly from 99% in December. Of those attending in January, 87% were seen within four hours.

Secondary Smoking: Quarter two results show that West Coast DHB staff provided 86.3% of all hospitalised smokers with smoking cessation advice and support against the 95% national target (86.7% for Māori). The Smokefree Services Coordinator has been working with specific departments to review the ABC data capture process.

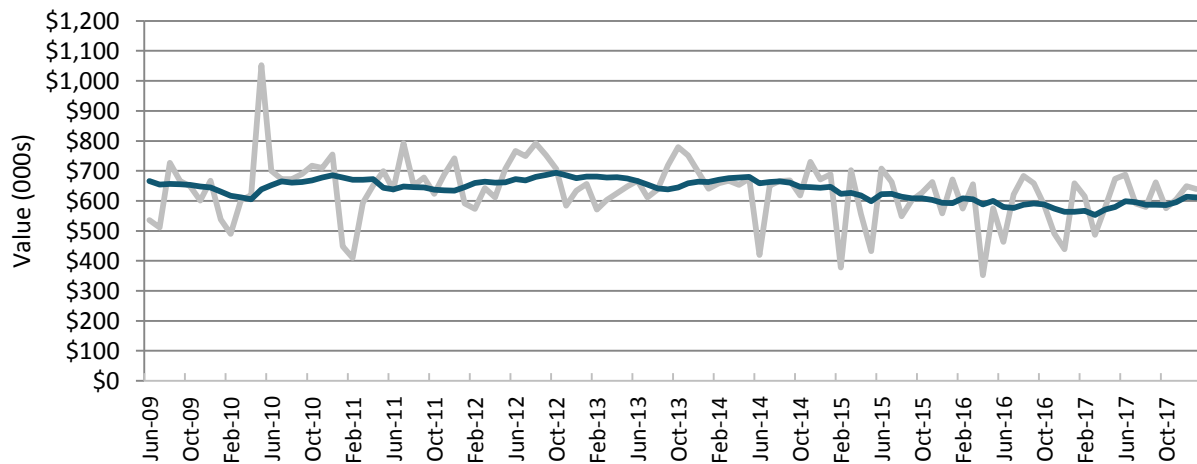
Health Target | Electives: The West Coast DHB was 49 discharges ahead of year-to-date target at the end of December, with 995 elective and arranged surgeries having been undertaken (105% of year-to-date target). It is not envisaged that there will be any difficulties in meeting the elective surgery target of 1,905 discharges by 30 June 2018.

ESPI Compliance | ESPI 2 (First Specialist Assessment): There were 99 orthopaedic patients waiting over 120 days for their outpatient FSA at the end of December. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints. We are working on a recovery plan to resolve this issue and engaging with the Ministry of Health.

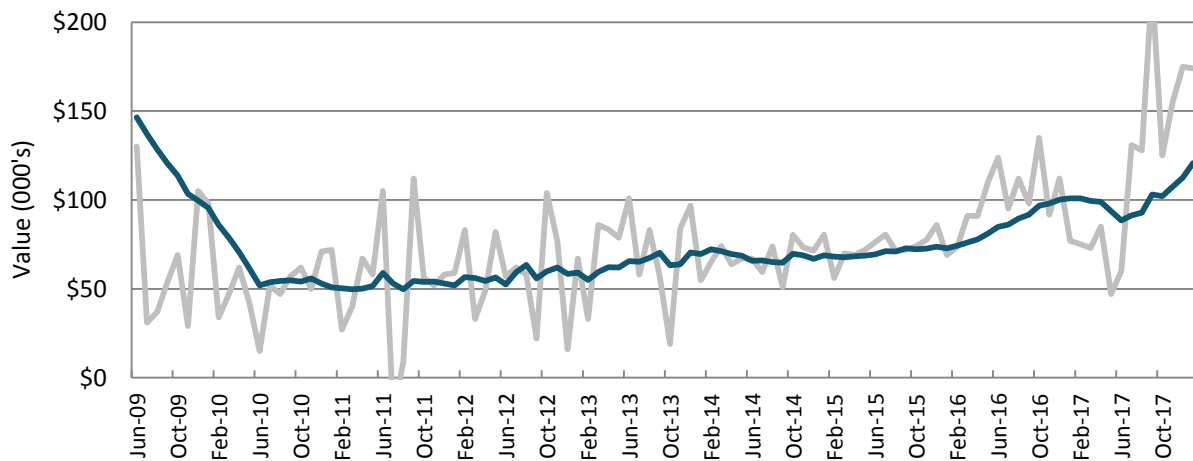
ESPI Compliance | ESPI 5 (FSA to Treatment): No booked patients with certainty of treatment were waiting over 120-days from FSA to surgical treatment as at the end of December 2017.

Financials

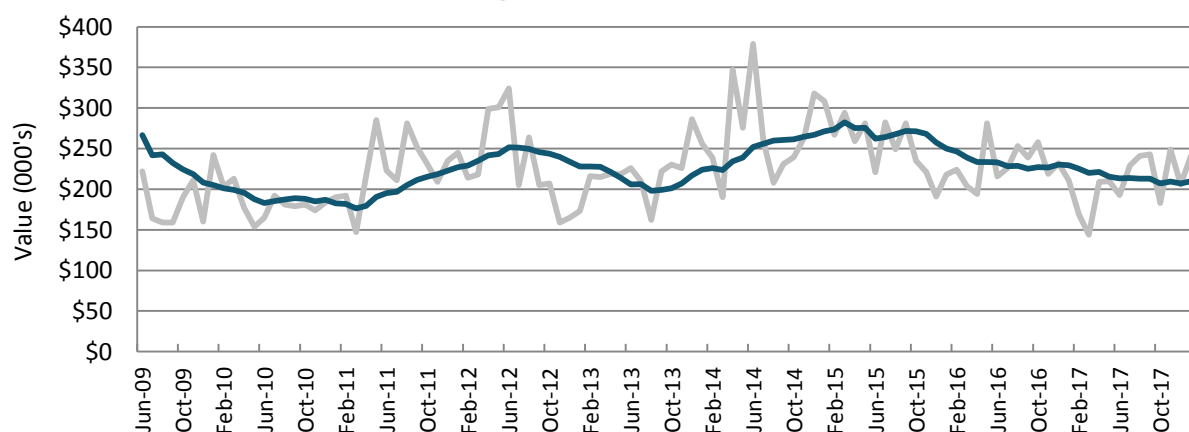
PHARMACY EXPENDITURE

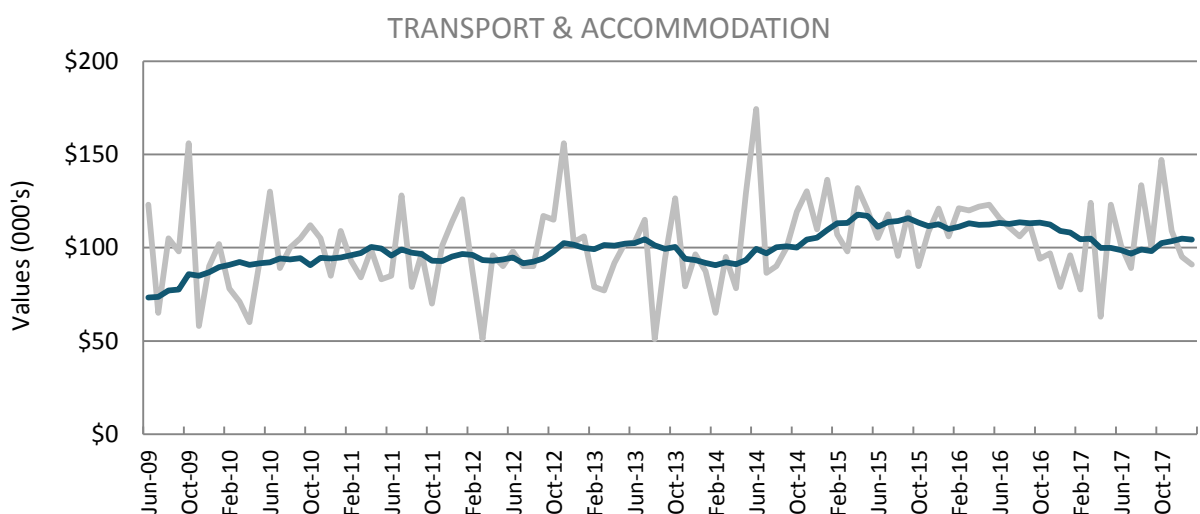
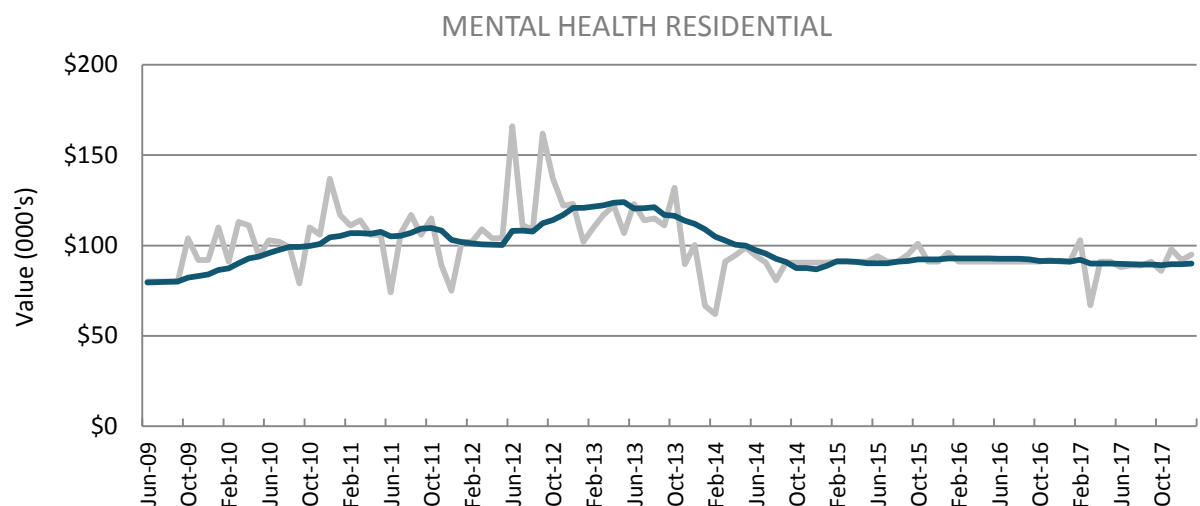
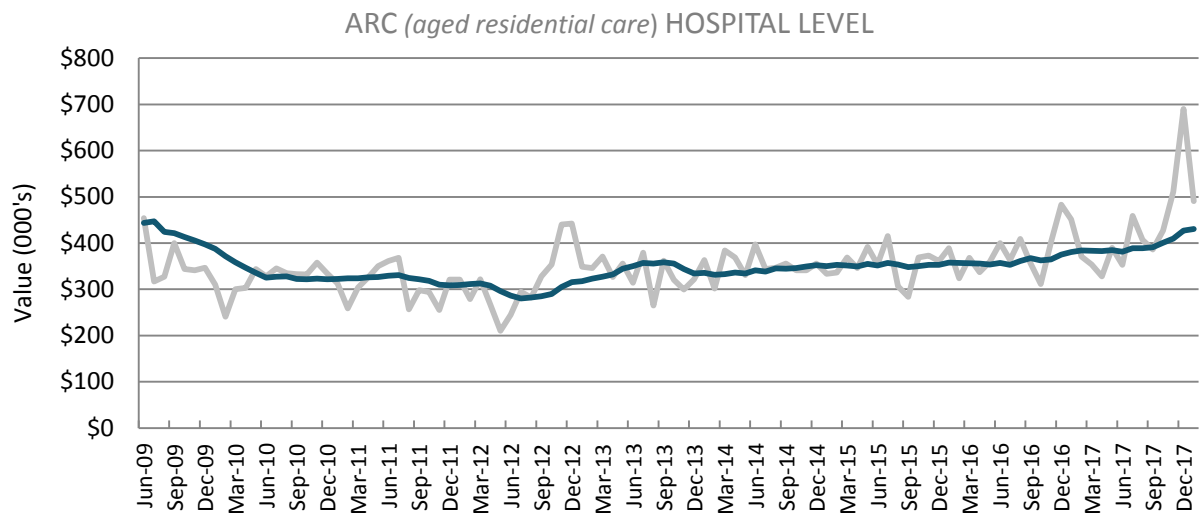


HOME SUPPORT



ARC
(aged residential care)





TO: Chair and Members
West Coast Advisory Committee

SOURCE: Alliance Leadership Team

DATE: 23 March 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made by the West Coast Alliance.

2. RECOMMENDATION

That the Committee;

- i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

Alliance Leadership Team (ALT)

At their meeting in December the ALT:

- Noted that the workstreams are on track with some vulnerabilities in resourcing which have been allocated to the ASG to find solutions.
- Had a substantial conversation about Telehealth and improving the relationships between Canterbury, the West Coast, and the wider South Island, including how to champion this work.
- Endorsed unanimously the importance of a focus on health literacy across our health system and that we add this as a core element for all workstreams to consider as part of their activity.
- Endorsed the Community Health Model of Care document.

At their meeting in February the ALT:

- Noted the fantastic work being done in Palliative Care to increase the profile and capacity of services.
- Was pleased to note that the Community Health Project is on track
- Agreed to sharing their recommendations to the Board with the Consumer Council and the inclusion of consumers as representatives on the Workstreams

Health of Older Persons

- The bone density scanner has been installed and is being utilised. A specialist visited the West Coast and facilitated several education sessions covering use of the scanner and osteoporosis. These were well attended by clinicians, including primary practice.
- The Palliative Care team presented to the Aged Residential Care Forum on Te Ara Whakapiri: Principles and guidance on the last days of life. This covered best practice components and considerations required to promote quality care at the end of life. It also includes a toolkit of checklists, flowcharts, tools and patient resources to support this approach.
- The issues regarding Aged Residential Care facilities have been stabilised.

Integrated Family Health Service (IFHS) Workstreams (Primary & Community Project, Buller & Reefton)

- Tatau Pounamu representative has been appointed to the Buller IFHS workstream.
- A review of the merged Greymouth Medical Centre general practice and the new planned/unplanned process has commenced with an initial meeting with the full practice team, and individual feedback forms completed by the staff. Data is now being gathered to inform the effectiveness of the new process and any areas requiring attention.
- An all day workshop was held in Buller, facilitated by Carol Limber, to look at ambulance referral pathways, transport options and the role of the St John clinical hub on the West Coast. This was a useful day which generated a number of actions to progress this work

Healthy West Coast (HWC)

- Work has begun to review how alcohol use is captured and reported at Greymouth ED. This follows a request for an update from the South Island Alcohol Working Group.
- Healthy West Coast has made a submission to the Grey District Council's consultation on their proposed Smokefree Policy. This submission supports the policy in intent but has made some suggestions in regards to practical application.
- Following the successful funding application by WestREAP, supported by HWC, five "Moving Smart" workshops have been held in Greymouth, Hokitika and Whataroa during February aimed at supporting parents, whānau and teachers of young children to understand the importance physical play has on developing healthy children.

Child and Youth

- The Health Target "Raising Healthy Kids" has been met by the West Coast for the first time in Q2 2017-18 with all children identified as obese at their B4School Check being offered a referral for support.
- The vacancy for the B4SC Coordinator role has been filled. It is anticipated this will reduce the impact on the service, however there is now a backfilling process underway leaving a gap in the Public Health Nursing team.
- The Community & Public Health Mental Wellbeing and Healthy Relationships Health Promoter has resigned. This position also covered the co-facilitator of the Youth Health Action Group. Discussions are underway to understand how best to support the work of this group for the rest of this year.
- The Ministry for Children Oranga Tamariki are in the process of establishing a Youth Team across the top of the South Island in response to the growing needs in this age group. The team will work with at risk youth in a proactive way with an aim to prevent behaviours progressing to the level of Justice system intervention.

Pharmacy

- People enrolled in the Long-Term Conditions Pharmacy Service for ongoing adherence support from their pharmacist currently number 750, short of the workstream's target of 900 for 2017/18. There is a need for more Medicines Use Reviews for those particularly at-risk from poor medicines management, for instance following discharge from hospital.

Report prepared by:

Jenni Stephenson, Planning & Funding

Report approved for release by:

Stella Ward, Chair, Alliance Leadership Team

ADVISORY COMMITTEE FINANCE REPORT TO 28 FEBRUARY 2018



TO: Chair and Members
West Coast Advisory Committee

SOURCE: Finance

DATE: 23 March 2018

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The purpose of this paper is to provide a regular report of the financial results of the West Coast District Health Board and other financial related matters.

2. RECOMMENDATION

That the Committee:

- i. notes the financial result and related matters for the period ended 28 February 2018.

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of February 2018 was a surplus of \$360k, which was \$82k unfavourable to budget. The year to date position of a net deficit of \$1.252m is \$92k unfavourable to budget.

The table below provides the breakdown of February's result.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,139	6,920	219	✓	57,579	56,158	1,421	✓
Governance & Administration	501	69	432	✓	1,010	552	458	✓
Funder	5,068	5,290	(222)	✗	40,809	42,223	(1,414)	✗
	12,708	12,279	429	✓	99,398	98,933	465	✓
EXPENSES								
Provider								
Personnel	5,251	4,940	(311)	✗	43,757	43,240	(517)	✗
Outsourced Services	8	12	4	✓	83	95	12	✓
Clinical Supplies	774	644	(130)	✗	6,078	5,548	(530)	✗
Infrastructure	1,036	1,011	(25)	✗	8,659	8,478	(181)	✗
	7,069	6,607	(462)	✗	58,577	57,361	(1,216)	✗
Governance & Administration	69	69	0	✓	578	551	(27)	✗
Funder	4,837	4,754	(83)	✗	38,467	38,923	456	✓
Total Operating Expenditure	11,975	11,430	(545)	✗	97,622	96,835	(787)	✗
Surplus / (Deficit) before Interest, Depn & Cap Charge	733	849	(116)	✗	1,776	2,098	(322)	✗
Interest, Depreciation & Capital Charge	373	407	34	✓	3,028	3,258	230	✓
Net surplus/(deficit)	360	442	(82)	✗	(1,252)	(1,160)	(92)	✗

4. APPENDICES

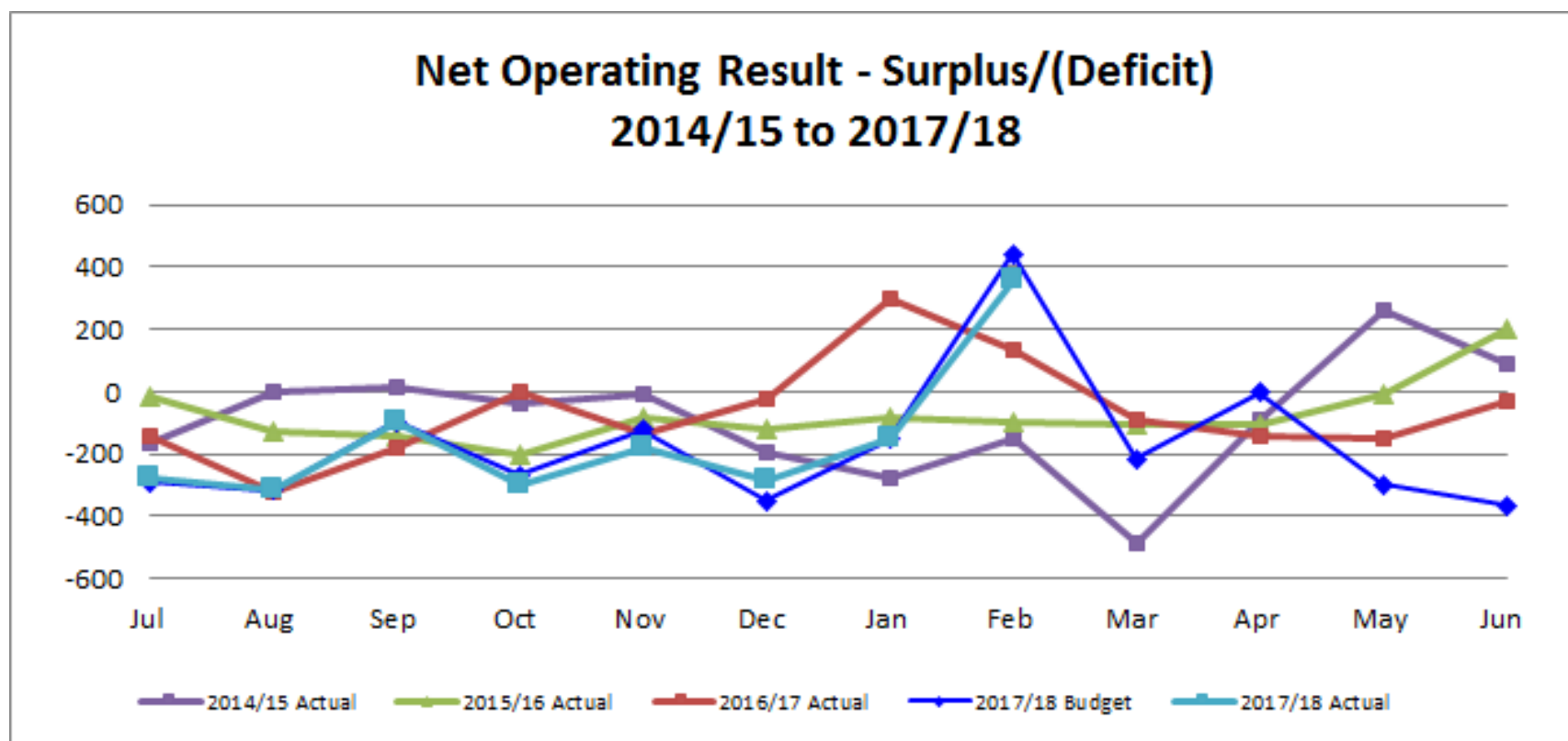
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

Report prepared by: Justine White, General Manager Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – FEBRUARY 2018

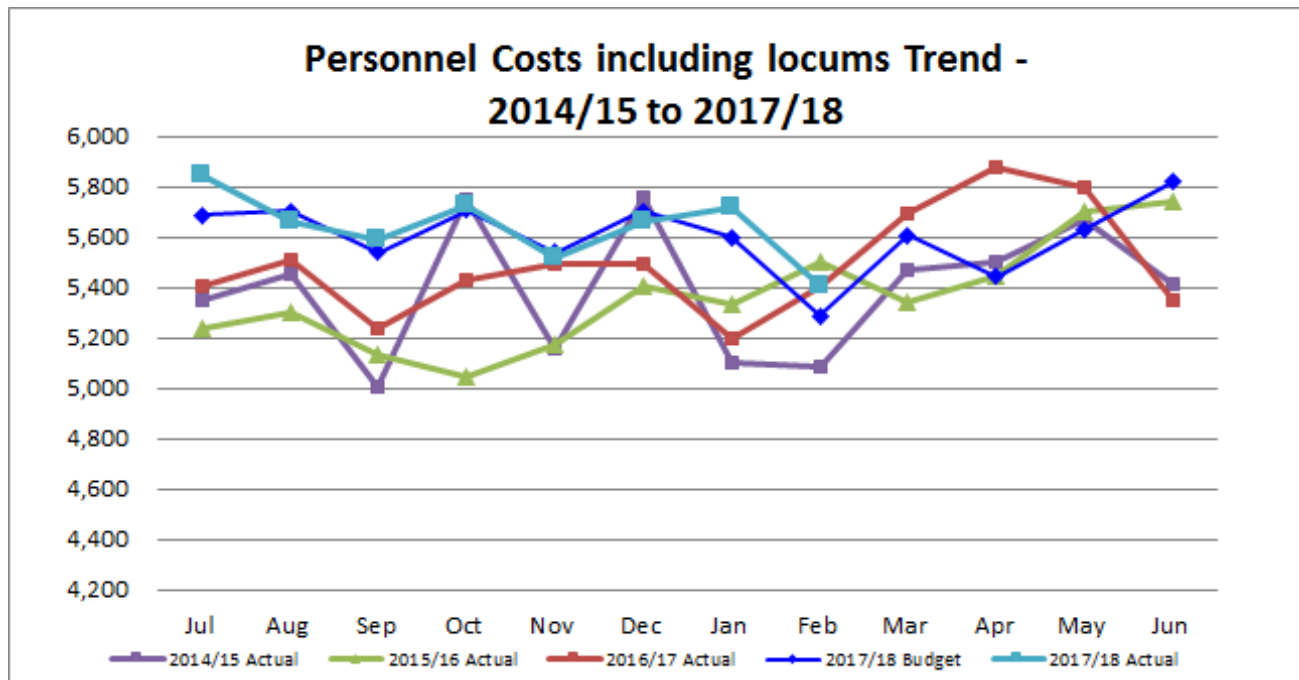
	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	360	442	(82)	-19%	✗	(1,252)	(1,160)	(92)	8%	✗



We have submitted an Annual Plan with a planned deficit of \$2,041k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016, the actual funding provided for the 2017/18 year, and the developing situation in regard to Dunsford Ward in Buller.

PERSONNEL COSTS (including locum costs)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Medical	1,486	1,368	(118)	-9% ✗	12,177	11,867	(310)	-3% ✗
Nursing	2,354	2,072	(282)	-14% ✗	19,111	18,459	(652)	-4% ✗
Allied Health	818	897	79	9% ✓	7,279	7,747	468	6% ✓
Support	79	85	6	8% ✓	721	741	19	3% ✓
Management & Admin	663	693	29	4% ✓	5,827	5,899	73	1% ✓
Total	5,401	5,115	(286)		45,114	44,713	(402)	

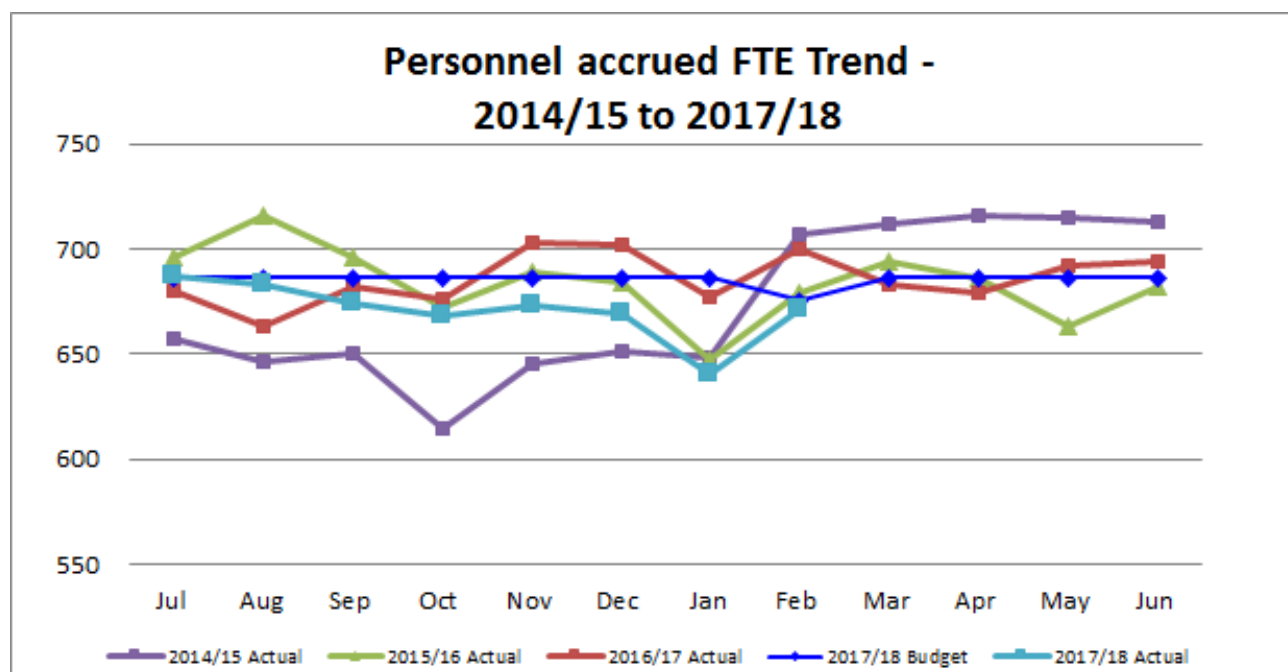


Personnel costs are slightly unfavourable for the month. The underlying level of the combined personnel costs is not a cause for concern at this stage. While we have rebalanced the expected budget between personnel costs and locum categories to reflect the experience of last year, this is an area that will be watched closely between Finance and operational leaders to understand the drivers for the increased costs, and to manage the impacts of this going forward, this includes detailed reviews of resource capacity and demand activity matching and roster analysis.

KEY RISKS AND ISSUES: Although better use of stabilised rosters and leave planning has been embedded within the business, this stability is frustrated by continued turnover, and planned leave in the smaller services, this requires reliance on short term placements, which are more expensive than permanent staff.

PERSONNEL ACCRUED FTE

	Month Actual	Month Budget	Month Variance		YTD Average FTE Actual	YTD Average FTE Budget	YTD Variance	
Medical	40	39	(1)	-2% ✗	40	39	(1)	-3% ✗
Nursing	329	325	(4)	-1% ✗	323	325	2	1% ✓
Allied Health	165	178	14	8% ✓	167	178	11	6% ✓
Support	16	18	2	9% ✓	17	18	1	4% ✓
Management & Admin	121	126	4	3% ✓	123	126	2	2% ✓
Total	671	686	15		671	686	15	



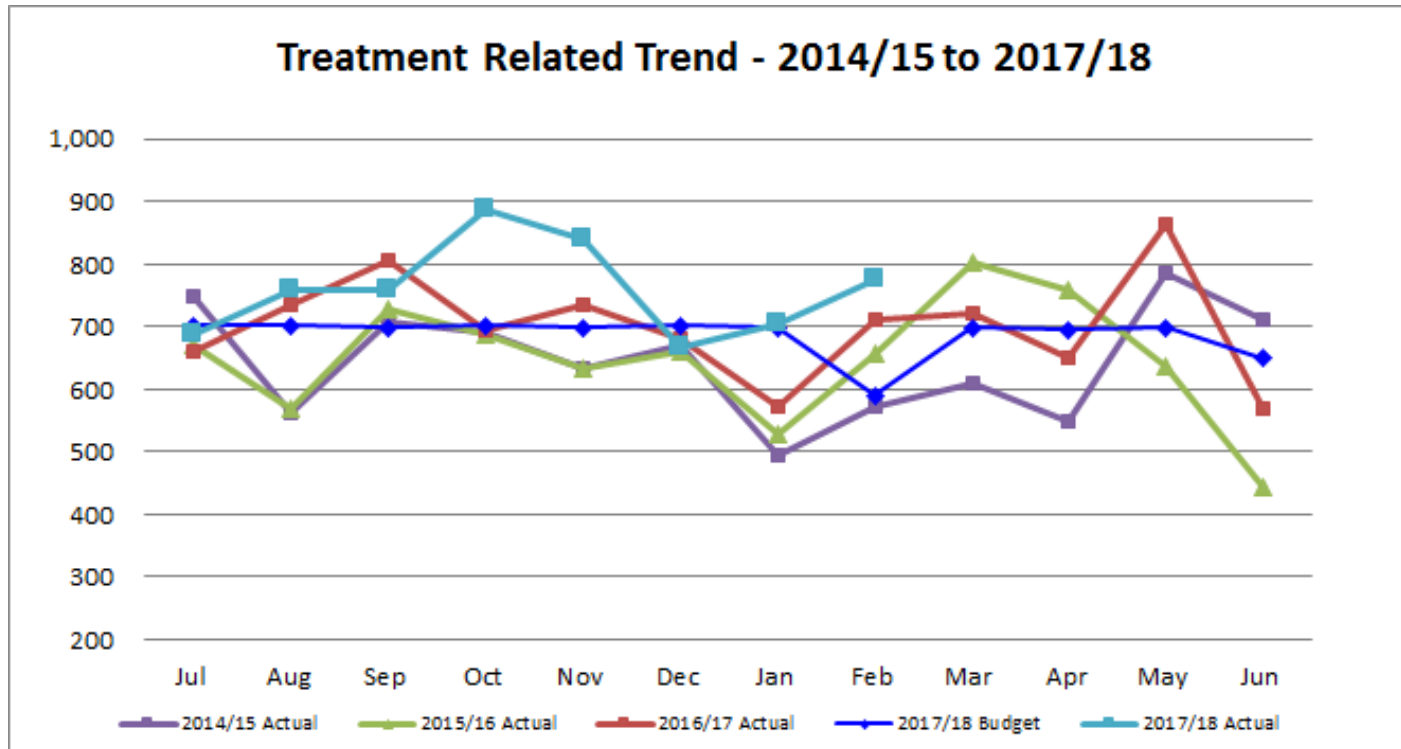
Accrued FTE is influenced by leave taken throughout the period, the current period results are impacted by general employee churn and recruitment of staff in the Buller region.

NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

KEY RISKS AND ISSUES: The Ministry of Health has a keen focus on ensuring DHBs do not exceed their management and administration staff FTE numbers. There are many ways FTE can be calculated, depending on the purpose. Using Ministry of Health calculations we remain under our overall management and administration staff cap. Expectations from the Ministry of Health are that we should be reducing management and administration FTE each year. This is an area we are monitoring intensively to ensure that we remain under the cap, especially with the anticipated facilities development programme.

TREATMENT RELATED COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Treatment related costs	774	644	(131)	-20%	✗	6,079	5,548	(531)	-10%	✗

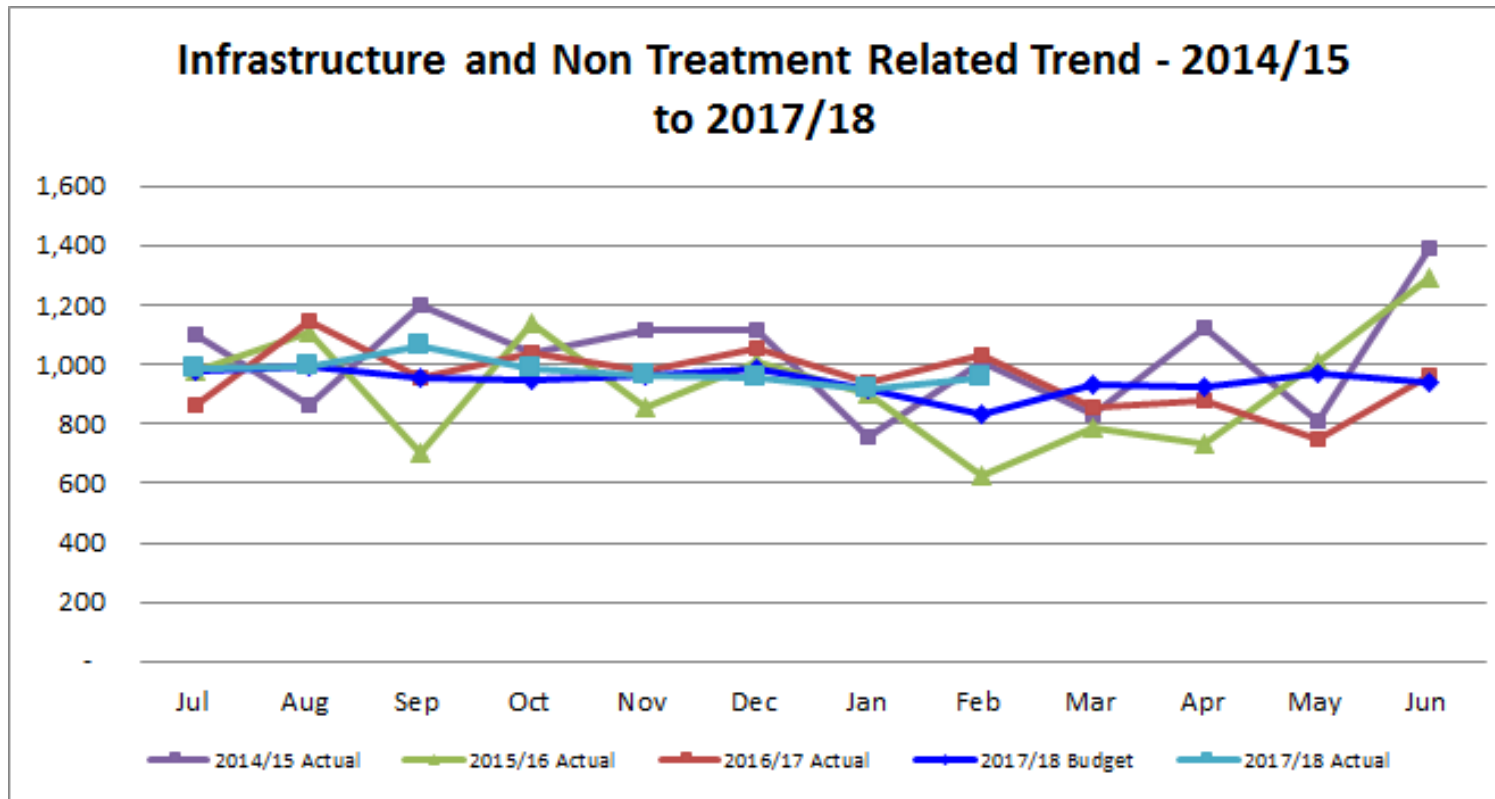


Treatment related costs are unfavourable to budget for the month. The unfavourable variance over Annual Plan year to date reflects the continued trend in the use of high cost medicines, in this month there has been one particularly high cost patient and the continuing impact of the oncology pharmaceutical costs which have contributed to this unfavourable variance. Patient transfers and air retrievals continue to be a significant cost with over 23 transfers this month.

KEY RISKS AND ISSUES: High costs treatment particularly in oncology and rheumatology medicines has caused significant concern on costs in this category, we are continuing to review to define areas for cost reductions.

INFRASTRUCTURE AND NON TREATMENT RELATED COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Non Treatment related costs	951	830	(121)	-15% ✗	7,807	7,561	(246)	-3% ✗



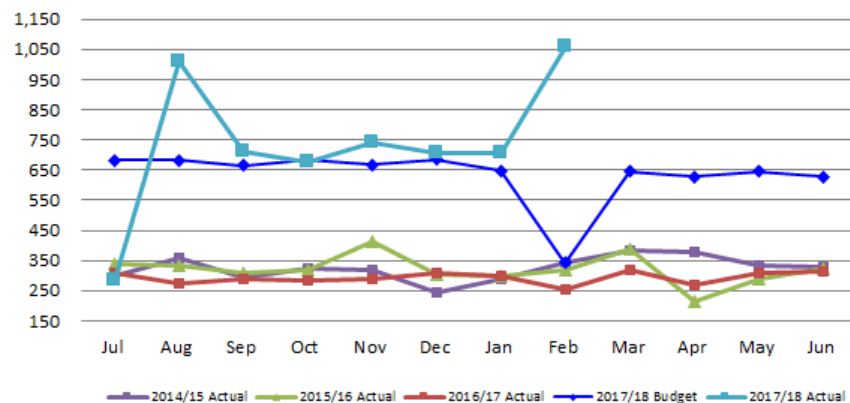
One off ITC expenses and corporate costs such as transport, travel and stationary have been high this month. This category of expenditure is closely monitored to ensure appropriate plans are in place to remain on budget over the year.

KEY RISKS AND ISSUES: Timing influences this category significantly, however overall we are continuing to monitor to ensure overspend is limited where possible.

OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Interest Received	31	35	(4)	-10% ✗	256	280	(24)	-9% ✗
Donations	-	-	-	0% ✓	1	-	1	0% ✓
Rental	18	16	3	17% ✓	106	126	(21)	-16% ✗
Other	449	18	430	100% ✓	653	150	503	335% ✓
Total Other Revenue	499	69	429	620% ✓	1,015	557	458	82% ✓
Interest Expense	-	-	-	0% ✓	-	-	-	0% ✓
Depreciation	254	283	29	10% ✓	2,107	2,266	159	7% ✓
Capital Charge Expense	117	124	7	6% ✓	920	992	72	7% ✓
Total Other Costs	371	407	37	9% ✓	3,028	3,258	231	7% ✓

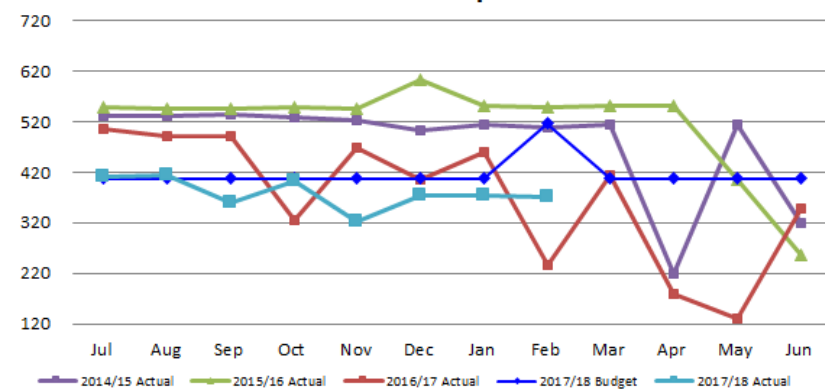
Total Patient Related and Other Revenue



Other Revenue this month has been impacted by the variable nature of presentations, clinics and other facilities where co-payments are sourced.

KEY RISKS AND ISSUES: Ensuring co-payments are recovered continues to be an area of focus for the WCDHB. Co-payments stretch from contributions to meals on wheels to partial recovery of clinical services and full recovery from non-eligible patients.

Total Other Expenses



Generally Other Costs are in line with budget.

KEY RISKS AND ISSUES: Prior to the shift to the new build in 2018, assets not expected to transfer to the new facility will be identified. Any assets not required by the WCDHB in Greymouth will be reallocated to other centres and clinics or otherwise dealt with.

FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			Annual Budget \$'000
Equity	23,646	25,380	(1,734)	-7%	✗	104,272
Cash	13,097	11,380	1,717	15%	✓	12,687

KEY RISKS AND ISSUES: The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild.

APPENDIX 2: WEST COAST DHB STATEMENT OF COMPREHENSIVE REVENUE & EXPENSE

For period ending
in thousands of New Zealand dollars

28 February 2018

	Monthly Reporting				Year to Date				Full Year 17/18	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,504	11,543	(39)	(0.3%)	92,360	92,490	(130)	(0.1%)	138,695	137,591
Inter DHB Revenue	2	0	2	0.0%	12	0	12	0.0%	1	2
Inter District Flows Revenue	143	142	1	0.7%	1,140	1,136	4	0.4%	1,706	1,661
Patient Related Revenue	560	525	35	6.7%	4,872	4,751	122	2.6%	7,017	2,666
Other Revenue	500	69	431	622.5%	1,015	557	458	82.3%	834	851
Total Operating Revenue	12,709	12,279	430	3.5%	99,399	98,933	466	0.5%	148,252	142,771
Operating Expenditure										
Personnel costs	5,401	5,097	(304)	(6.0%)	45,114	44,570	(544)	(1.2%)	67,073	65,887
Outsourced Services	0	0	(0)	0.0%	2	0	(2)	0.0%	0	(9)
Treatment Related Costs	774	644	(131)	(20.3%)	6,079	5,548	(531)	(9.6%)	8,288	8,402
External Providers	3,259	3,052	(206)	(6.8%)	25,963	25,419	(545)	(2.1%)	38,162	35,843
Inter District Flows Expense	1,579	1,701	123	7.2%	12,504	13,507	1,003	7.4%	20,258	17,317
Outsourced Services - non clinical	14	18	4	21.3%	155	142	(13)	(8.8%)	214	229
Infrastructure and Non treatment related costs	951	918	(33)	(3.6%)	7,807	7,650	(157)	(2.1%)	11,412	11,446
Total Operating Expenditure	11,978	11,430	(548)	(4.8%)	97,624	96,835	(789)	(0.8%)	145,406	139,116
Result before Interest, Depn & Cap Charge	731	849	(118)	(13.9%)	1,775	2,098	323	15.4%	2,846	3,655
Interest, Depreciation & Capital Charge										
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0	343
Depreciation	254	283	29	10.4%	2,107	2,266	159	7.0%	3,400	3,373
Capital Charge Expenditure	117	124	7	5.9%	920	992	72	7.2%	1,488	739
Total Interest, Depreciation & Capital Charge	371	407	37	9.0%	3,028	3,258	230	7.1%	4,888	4,455
Net Surplus/(deficit)	360	442	(82)	18.6%	(1,252)	(1,160)	(92)	(8.0%)	(2,041)	(800)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	360	442	(82)	18.6%	(1,252)	(1,160)	(92)	(8.0%)	(2,041)	(800)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

28 February 2018

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment

Intangible assets

Work in Progress

Other investments

Total non-current assets

Current assets

Cash and cash equivalents

Patient and restricted funds

Inventories

Debtors and other receivables

Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings

Employee entitlements and benefits

Other

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings

Creditors and other payables

Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity

Other reserves

Retained earnings/(losses)

Trust funds

Total equity

Total equity and liabilities

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	21,907	22,923	(1,016)	(4.4%)	23,623
Intangible assets	483	416	67	16.1%	636
Work in Progress	4,033	3,194	839	26.3%	3,194
Other investments	567	567	0	0.0%	0
Total non-current assets	26,990	27,100	(110)	(0.4%)	27,453
Current assets					
Cash and cash equivalents	13,097	11,380	1,717	15.1%	10,811
Patient and restricted funds	56	74	(18)	(23.9%)	72
Inventories	1,060	1,007	53	5.3%	1,060
Debtors and other receivables	4,721	5,121	(400)	(7.8%)	4,992
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	18,935	17,582	1,353	7.7%	16,935
Total assets	45,925	44,682	1,242	2.8%	44,387
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,849	2,703	(146)	(5.4%)	2,779
Other	70	70	(0)	(0.0%)	70
Total non-current liabilities	2,919	2,773	(146)	(5.3%)	2,848
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	9,163	6,965	(2,197)	(31.5%)	6,875
Employee entitlements and benefits	10,197	9,564	(633)	(6.6%)	9,557
Total current liabilities	19,360	16,530	(2,830)	(17.1%)	16,431
Total liabilities	22,279	19,303	(2,976)	(15.4%)	19,280
Equity					
Crown equity	86,062	87,492	1,430	1.6%	86,062
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(84,498)	(84,194)	304	0.4%	(83,036)
Trust funds	0	0	0	0.0%	0
Total equity	23,646	25,380	1,734	6.8%	25,108
Total equity and liabilities	45,925	44,682	1,243	2.8%	44,387

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

28 February 2018

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date			
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance
Cash flows from operating activities									
Cash receipts from Ministry of Health, patients and other revenue	12,086	12,320	(234)	(1.9%)	11,356	75,775	98,556	(22,781)	(23.1%)
Cash paid to employees	(5,730)	(5,355)	(375)	(7.0%)	(5,777)	(33,444)	(45,060)	11,616	25.8%
Cash paid to suppliers	(917)	(1,504)	587	39.0%	(938)	(9,819)	(13,035)	3,216	24.7%
Cash paid to external providers	(3,616)	(3,180)	(436)	(13.7%)	(2,679)	(18,327)	(25,441)	7,114	28.0%
Cash paid to other District Health Boards	(299)	(1,688)	1,389	82.3%	(1,388)	(10,309)	(13,505)	3,196	23.7%
<i>Cash generated from operations</i>	1,524	592	932	157.4%	574	3,876	1,515	2,361	155.9%
Interest paid	0	0	0	0.0%	(57)	0	0	0	0.0%
Capital charge paid	0	(124)	124	100.0%	(68)	(687)	(992)	305	30.7%
Net cash flows from operating activities	1,524	468	1,056	225.7%	449	3,189	523	2,666	510.0%
Cash flows from investing activities									
Interest received	31	35	(4)	(10.4%)	41	232	280	(48)	(17.2%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0	0.0%
Acquisition of property, plant and equipment	(678)	(208)	(470)	(226.0%)	(29)	(1,135)	(1,664)	529	(31.8%)
Acquisition of intangible assets	0	0	0	0.0%	0	0	0	0	0.0%
Net cash flows from investing activities	(647)	(173)	(474)	273.8%	12	(903)	(1,384)	481	34.8%
Cash flows from financing activities									
Proceeds from equity injections	0	0	0	0.0%	0	0	1,432	(1,432)	100.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0	0.0%
<i>Cash generated from equity transactions</i>	0	0	0	0.0%	0	0	1,432	(1,432)	100.0%
Borrowings raised	0	0	0	0.0%	0	0	0	0	0.0%
Repayment of borrowings	0	0	0	0.0%	0	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%	0	0	0	0	0.0%
Net cash flows from financing activities	0	0	0	0.0%	0	0	0	0	0.0%
Net increase in cash and cash equivalents	877	295	582	197.4%	461	2,286	569	1,717	301.9%
Cash and cash equivalents at beginning of period	11,944	11,085	858	7.7%	8,733	10,811	10,811	(0)	(0.0%)
Cash and cash equivalents at end of year	12,821	11,380	1,440	12.7%	9,194	13,097	11,380	1,717	15.1%

Disability Support Services e-newsletter

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From Toni Atkinson Group Manager Disability Support Services

Happy New Year everyone! The team is back from their summer holidays and re-energised for the coming year. Here in Wellington we have had some fabulous weather over the holiday period and I hope you are enjoying a great summer where you are.

There are some big pieces of work from Disability Support Services over the coming year, including an update of Whaia te ao Marama (Māori Disability Action Plan), Faiva Ora (Pasifika Disability Action Plan), the Respite Strategy and Community Residential Strategy.

We are pleased to have worked with a small group of providers and the New Zealand Disability Support Network (NZDSN) to progress the residential pricing model to test our assumptions and comment on the way the model works. I would like to thank those providers for their contribution so far.

We are also looking to move pay equity funding into some of our contract lines over the next few months and will be writing to providers to ask for feedback on how we plan to do this.

Lastly, the system transformation team is busy finalising a more detailed plan for the MidCentral region. We will be working closely with the team on the transition planning for these changes. We are excited by the proposed changes and are keen to support the transition process.

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Page 4	System transformation
Page 5	Spotlight on quality
Page 7	Project updates
Page 10	Provider news
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Page 12	New staff at Disability Support Services

Enabling Good Lives

Christchurch

Hannah Perry, Enabling Good Lives lead, Ministry of Health

Kia ora koutou. The Enabling Good Lives Christchurch team has already linked with over half the young people who are expected to leave school this year. It is helpful to start early with planning and thinking about life beyond school.

People can use their Enabling Good Lives personal budgets and use them to get the most out of their last year at school. Some students have chosen to employ a favourite teacher aide outside of school hours, go on a camp and push themselves physically, or buy equipment to improve their independence.

The Enabling Good Lives independent facilitators are looking forward to meeting with many of the 2018 school leavers and whānau at our annual 'meet the independent facilitator family event' on Saturday 3 March. This will be followed by the 'Next Steps' expo on 16 April, where we partner with community organisations and service providers to showcase the groups and connections that Christchurch has to offer (details on page 10).

We will also be hosting a variety of events and forums through the year as we start to think about what the transformation of the disability support system might mean for us in Canterbury. The first meetings are on 8 and 9 March and we will have invitations out soon.

In the meantime, earlier Enabling Good Lives participants are getting on with their good lives. There are young people who are flatting with their friends, and pooling their budgets so they have the support they require, when they want it and from people they choose to work with. Some people are pursuing further education at a variety of places including ARA, National Trades Academy and Hagley Community College.

Finally, we hear wonderful stories about people having fun and developing strong friendships and relationships with others. There is a young man who invites his friends over for a swim (in what has been a very hot summer!); a woman whose fine weaving is made into a garment (pictured) and sold in a shop; and a young man who loves working outside and has secured a job at a gardening store and café.

Waikato

Kate Cosgriff, Director, Enabling Good Lives Waikato

There are now more than 300 disabled people and families involved in Enabling Good Lives Waikato. They are diverse in every way: their age, ethnicity, geography, living situation, family make up and support, dreams and goals and disability.

Two hundred and forty-three people have personal budgets and are buying the supports, services and items that make sense for them. The remaining 60 people are working through the Enabling Good Lives process and will move to budgets over the next couple of months.

Demand for Enabling Good Lives remains high, with 102 people currently waiting to join.

The Enabling Good Lives Waikato leadership group continues to ensure the work of the demonstration is well supported and aligned with the Enabling Good Lives principles and approach. In addition, regular forums run by families, disabled people and providers also support the Enabling Good Lives approach. The leadership group is contributing to the system transformation work.

In December, a tangata whaikaha hui was held in Hamilton, attracting people from Huntly/Ngaruawahia, Raglan/Kawhia, Te Awamutu and Hamilton. Twenty-three disabled Māori and whānau attended. The major aim of the hui was to connect participating whānau with each other and share information and stories. Feedback was that people thoroughly enjoyed themselves, especially meeting others, sharing kai and karaoke. A second hui is being planned for south Waikato.

Enabling Good Lives Waikato needs to be able to respond easily and quickly to changes in people's lives. Sometimes people need budget increases and, at other times, their budget can reduce and this needs to be an easy and straightforward process.

A recent example is of a one-off, 12-month investment into a young person, Brigid. She used her Enabling Good Lives budget to connect with community activities, improve her communication, purchase one-on-one mentoring from a service provider, secure a part-time job, attend a conference, join the gym and to help her become comfortable going out.

Brigid's mum summarised their year with Enabling Good Lives: 'The support from Enabling Good Lives has enabled Brigid not only to achieve the plan we originally put in place, but so much more. I feel Brigid has been able to achieve the strategies she will need to be successful next year and be able to cope with what lies ahead.'

There is other recent feedback.

This, from Rose: ‘I can’t believe how this has changed Te Kaha and my life, we are able to be free, spontaneous and to live life. I am allowed to be Te Kaha’s mother and act like a mother, not a keeper . . . we can live life like ordinary people. I can ensure the best for Te Kaha and we as a family can plan the future with and for Te Kaha. Enabling Good Lives has given us freedom and Te Kaha independence from service provider life.’

Another young woman and her mum described that Enabling Good Lives gave them back independence and the control of her life that the disability took away. ‘Enabling Good Lives enabled us to make a whole shift to look at life differently and try things again. We should be renaming Enabling Good Lives to . . . Hope.’

System transformation

Sacha O’Dea, Programme Lead, Ministry of Health

It’s been a busy start to the year as we meet with new Ministers about the prototype for the transformed disability support system, planned to be rolled out in MidCentral later this year.

To recap where we’ve got to: the system transformation team was formed in April 2017. We then had a three-month co-design process with the sector where we came up with the high-level design. That was followed by almost 20 working groups developing the detailed design.

Before Christmas, the team set up virtual testing groups for the information front end hub; funding mechanism for disabled people and whānau; information tools, pathways and processes; team roles; system responsiveness; provider analysis and capability; and environmental support services. We are using an online space called Loomio that helps groups to read documents, test ideas and make collective decisions. The prototypes which the working groups have developed are posted on Loomio and people are reading and commenting on these.

Now we are working on a Cabinet paper that is asking for agreement to the detailed design for the prototype to be rolled out in MidCentral, for the funding to do that, and for decisions on what funding comes across from other government agencies. It also outlines the process for making decisions about how organisations will be arranged to support the new disability support system.

Virtual testing groups in regards to safeguarding and network building have been set up in the last week, along with virtual testing groups on government interfaces such as ACC, Education and the Ministry of Social Development. We will also be starting new working groups on market shaping, brand and identity, Whānau Ora and organisational arrangements for the new system.

Up to this point, communication has been about the design process, what we've been doing in terms of working groups and testing groups and how it's being pulled together. This year it will focus much more on what the changes will look like in practice and what it will mean for you, whether you are a disabled person, a family member, a provider or you are currently working within a NASC or a government agency.

Thank you to everyone who has participated and provided feedback. There is still time to be part of virtual testing groups. If you are interested in taking part, please contact us at **STfeedback@moh.govt.nz**

Spotlight on quality

Christina Curd, Senior Advisor, Ministry of Health

Complaints

Anyone can make a complaint to the Ministry of Health about problems or concerns with a Disability Support Services-funded service. We aim to resolve all complaints within 20 working days, depending on their complexity. If a complaint is not resolved in 20 working days, complainants can expect regular updates on the status of their complaint.

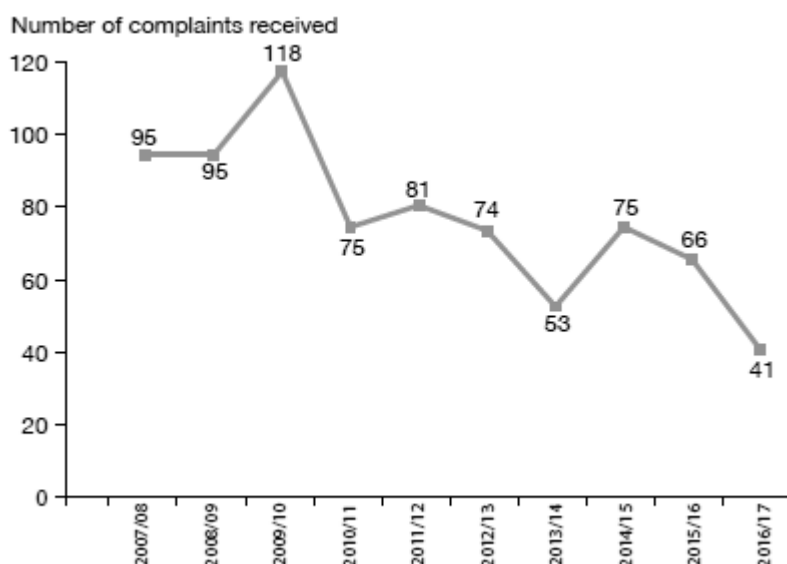
The information collected from complaints gives Disability Support Services opportunities to look at how to improve the quality and delivery of Ministry-funded services for disabled people.

Number and types of complaints

During 2016/17, Disability Support Services received 41 complaints relating to 27 providers, with an average of 3.4 complaints per month. This was a decrease in complaints received compared to the previous year (66 complaints). This continues the trend over the last 10 years of a decreasing number of complaints received by Disability Support Services.

Number of complaints received by financial year

We want a culture where people can speak up about the supports they receive and use the complaints process as an opportunity to improve the quality of provider services. As only seven of the 41 complaints made last year were by disabled people, we also need to seek ways to make the complaints process more accessible. Most complaints were made by relatives of the people using the services (including partner, parents or other family members).



The most common reason for complaints (71%) was about service delivery (eg, inappropriate care, understaffing and vetting of staff, communication). The second most common reason for complaints (17%) was about allegations of abuse including staff to client, client to staff or client to client.

For more information on who to contact if you've got a question about Ministry-funded disability support services, or to make a complaint, go to: **www.health.govt.nz/your-health/services-and-support/disability-services/more-information-disability-support/contact-disability-support-services**

We are always looking at how we can improve our complaints process and make it more accessible to people with disabilities. If you have any suggestions please contact us on **dsscomplaints@moh.govt.nz**

Project updates

Transforming respite

Deborah Mills, Development Manager, Ministry of Health

We expect to see good progress in implementing the respite strategy during 2018. During the next few months we will:

- publish information on the disability respite market on the Ministry's website – this is to support providers to respond to opportunities for service development arising from implementation of the respite strategy. The document includes information about the number/age/ethnicity of Disability Support Services' clients in each region and provides a snapshot of what services are currently available and the potential gaps
- make the results of a disability respite stocktake available online – this is to help disabled people and their whānau to find out about the respite options currently available in each region
- continue with planning to change Carer Support to 'flexible respite budgets'. Once available, families will be able to use flexible respite budgets to achieve a break from caring in the way that suits them best. We will also release new purchasing guidelines that will show families how the budgets can be used.

Disabled people, their families/whānau and existing or new providers of disability support are welcome to contact us at any time to discuss the opportunities that may be available for them through changes to respite (respitestategy@moh.govt.nz).

Te Ao Mārama: The Māori Disability Advisory Group

Jason Moses, Senior Advisor Maori, Ministry of Health

Disability Support Services is looking for new members for Te Ao Mārama, the Māori Disability Advisory Group. Te Ao Mārama is responsible for:

- monitoring the implementation of Whāia Te Ao Mārama, the Māori Disability Action Plan
- providing advice to Disability Support Services (and the wider Ministry of Health) on the effectiveness of the plan to improve the lives of tāngata whaikaha Māori (Māori people with disabilities)
- providing advice and support to the future design and implementation of the disability support system.

Members of Te Ao Mārama should:

- have a good understanding of and connections to Te Ao Māori (the Māori world)
- be excited and passionate about improving the disability support system so that it is more responsive to the needs of tāngata whaikaha Māori and their whānau
- be able to translate their experience of living with a disability, or as a caregiver or parent of a tāngata whaikaha Māori, into possible service improvements and future actions
- be available and willing to provide timely advice to Disability Support Services on providing health and disability services to tāngata whaikaha Māori.

If you are interested in being a member of Te Ao Mārama, please contact Jason Moses on jason_moses@moh.govt.nz or telephone 021 936 864.

Faiva Ora: Pasifika Disability Action Plan

Bella Bartley, Contract Relationship Manager, Ministry of Health

Faiva Ora: National Pasifika Disability Plan 2016–2021 builds on past achievements of previous Faiva Ora plans¹ and provides a coordinated and collaborative response by the Ministry of Health (the Ministry) to address issues faced by Pacific people with a disability. Support from across government agencies, health and disability services, DHBs and NGOs is required for addressing the needs of Pacific peoples with disabilities and their families.

Over the next five years, the Faiva Ora plan will deliver four priority outcomes and will focus on:

1. improving outcomes for Pasifika disabled children, youth and their families
2. strengthening Pasifika communities to engage with and support people with disabilities and their families to participate in their communities
3. increasing the cultural responsiveness of disability support services
4. stakeholders working together to address challenges experienced by Pasifika disabled people and their families.

In 2017, the Ministry contracted Le Va to lead the implementation of some actions of Faiva Ora. Le Va works alongside Vaka Tautua and various community groups and services to ensure important health and disability messages and information to access support is reaching the Pasifika community.

Faiva Ora Community Innovation Fund provides an opportunity for innovative projects from Pasifika community groups and support for people who support Pasifika people with disabilities. It is aligned with priority outcome 2 of the Faiva Ora Action Plan 2016–2021. This innovation fund helps community groups and individuals with

¹ Faiva Ora 2010–2013; Faiva Ora 2014–2016

disabilities to live independently, raise awareness of disability services and challenge and eliminate stigma.

The Faiva Ora Community Innovation Fund has been promoted widely within the health and disability sector and also on all of Le Va's social media platforms. Applications have now closed for 2017–18. The assessment process is under way and successful applicants will be notified.

Engaging Pasifika cultural competency training programme ensures that the health and disability workforce learn how to effectively engage with Pasifika disabled people and their families.

Le Va delivered five training sessions in late 2017 in Auckland, Palmerston North and Christchurch. A total of 148 disability workers successfully completed the Engaging Pasifika programme. Participants were from 13 health and disability organisations. Providers are encouraged to contact Le Va to book training time for staff on (09) 261 3490 or visit the website: **www.leva.co.nz**

Faiva Ora Leadership Group (FOLG) enables Pasifika people with disabilities and their families to champion Pasifika disability issues by having their views represented at the highest levels in New Zealand. The first Faiva Ora Leadership group meeting for 2017/18 was held on 11 December, 2017. The next meeting is scheduled for April this year. The group has also provided valuable feedback and input into the system transformation project.

New service

Liz O'Callaghan, Development Manager, Ministry of Health

Over recent years the Ministry of Health has identified the need to develop individualised services for a small number of people currently living within mental health and intellectual disability services.

These people have an intellectual disability and/or mental health conditions. They have been in long-term hospital level care but have not made significant gains in moving towards community placement. This group often present significant risk to themselves and/or others.

The Ministry is working with Capital and Coast District Health Board (CCDHB) to develop a business case for a new service for this group of people. A number of single units at Ratonga Rua Hospital in Porirua, Wellington, have been suggested to be used for this service. This will give this small group of people increased independence, a greater quality of life and a reduction in restrictive practice. The project is still in its early stages of development.

The Ministry will be running information sessions on the new service over the coming months. Regular updates will also be available on the Ministry's website.

Provider news

Community Living delivers accessible housing

Charlotte Tollervey, Advisor Communications, Community Living Trust, Hamilton

Five new houses at 32 Fifth Avenue, Enderley have now become homes to the people we support. The new houses were in response to the lack of affordable housing in our community and for suitable homes for the people we support.

In 2014, a property within Community Living Trust's own portfolio was identified as having the potential to provide such housing.

In 2015, the decision was made to demolish the existing building and develop five new homes in its place. Demolition began in July 2016, with groundwork starting in August 2016.

The homes were completed in August 2017 and the site now has three, two-bedroom units and two, four-bedroom houses.

Being in the convenient Hamilton location of Enderley and offering affordable housing that also meets the needs of those living with an intellectual disability and/or a physical disability, the houses were quick to be tenanted.

The build was headed by our Property and Assets Manager – Ron Pollock, who lived and breathed the project and to whom we are so grateful for his dedication and tenacity. At the opening event Ron commented: 'The project's greatest success was the way that numerous contractors worked alongside each other, new and existing partners really came together to support the project.' The homes have all been designed according to the Lifetime Design principles, ensuring accessible, adaptable, inclusive and usable housing.

The homes all meet the 33 design features listed to gain a Lifemark award including level entry points, widened doors and passageways, and provision for future installation of a stair lift. Community Living also opted to install fire sprinkler systems throughout to add an additional level of safety for residents, sound proofing, and HRV fresh air systems. The homes have been constructed from quality, sustainable materials to extend the lifetime of the properties.

Our Chief Executive Marese McGee commented: 'We're proud to be providing much needed safe, secure and healthy homes for those with intellectual disabilities or those in need of social housing in Hamilton.'

The houses were officially opened at a ceremony with Stu and Camille from The Breeze Waikato and with many of the partners who assisted with the build, staff and board members.

Upcoming disability events

Show Your Ability – 2018

Enable NZ information sessions on disability support system change

The next steps for transforming New Zealand's disability support system is under way. Come along to one of the information sessions.

Information sessions at Show Your Ability 2018

Information sessions from Enable New Zealand on the Ministry of Health disability support system transformation are being presented at Show Your Ability 2018 at the following times:

Auckland ASB Showgrounds, Tuesday 27 February 2018, 8–9 am and 2–3 pm

Hamilton Claudelands Event Centre, Thursday 1 March 2018, 8–9 am and 2–3 pm

Palmerston North Central Energy Trust Arena, Friday 2 March 2018, 8–9 am and 2–3 pm

Christchurch Pioneer Recreation & Sports Centre, Monday 5 March 2018, 8–9 am and 2–3 pm

Dunedin Edgar Stadium, Tuesday 6 March 2018, 8–9 am

Registration to attend is not required.

Next Steps Expo 16 April 2018

The Next Steps Expo showcases the different community groups and organisations that support Enabling Good Lives.

New staff at Disability Support Services

Kia ora tatou

My name is Victoria Parsons and I am the new Development Manager in the Family and Community Support team in Disability Support Services.

I have joined Disability Support Services after working as an Educational Psychologist at the Ministry of Education. Prior to this I also worked as a communications specialist with the NGO sector and within government. In all my roles I have supported schools and communities to create cultures that are inclusive and responsive to children and their families. I am looking forward to working in Disability Support Services to support children and their families access the right support to enable them to thrive and lead good lives.

I will be responsible for the Autism Spectrum Disorder portfolio and working with Child Development Services. As part of this work I will be representing Disability Support Services on the cross-agency Enabling Good Lives project.

I am passionate about working as part of a team to create services that are child and whānau centred and finding ways to deliver consistent and integrated support.

Please contact me with any ideas, comments or questions at **victoria_parsons@moh.govt.nz**

Contact Disability Support Services

Email: **disability@moh.govt.nz** Phone: **0800 DSD MOH (0800 373 664)**

Web: **www.health.govt.nz/disability**

To be added to the email list of this newsletter, or if you no longer wish to receive this newsletter, please email **disability@moh.govt.nz**.

	23 March	11 May	29 June	10 August	28 September	2 November
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items Patient Story	Karakia Interests Register Confirmation of Minutes Carried Forward Items Patient Story	Karakia Interests Register Confirmation of Minutes Carried Forward Items Patient Story	Karakia Interests Register Confirmation of Minutes Carried Forward Items Patient Story	Karakia Interests Register Confirmation of Minutes Carried Forward Items Patient Story	Karakia Interests Register Confirmation of Minutes Carried Forward Items Patient Story
REPORTS	Operational Update Planning & Funding Update Community & Public Health Update Alliance Update Hospital Services Finance Report	Hospital Services Dashboards Community & Public Health Dashboards Planning & Funding Dashboards Maori Health Dashboards Alliance Dashboards Finance Dashboards Health Target Report Q2	Hospital Services Dashboards Community & Public Health Dashboards Planning & Funding Dashboards Maori Health Dashboards Alliance Dashboards Finance Dashboards Health Target Report Q3	Hospital Services Dashboards Community & Public Health Dashboards Planning & Funding Dashboards Alliance Dashboards Finance Dashboards	Hospital Services Dashboards Community & Public Health Dashboards Planning & Funding Dashboards Maori Health Dashboards Alliance Dashboards Finance Dashboards Health Target Report Q4	Hospital Services Dashboards Community & Public Health Dashboards Planning & Funding Dashboards Alliance Dashboards Finance Dashboards
PRESENTATIONS	Transalpine Services	Consumer Council	Rural Health Services	Oral Health	Facilities	
DISABILITY REPORTING	Disability Support Services Newsletter	Disability Action Plan Update Disability Support Services Newsletter	Disability Support Services Newsletter	Disability Action Plan Update Disability Support Services Newsletter	Disability Support Services Newsletter	Disability Action Plan Update Disability Support Services Newsletter
INFORMATION ITEMS	Committee Work Plan 2018 Schedule of Meetings	Committee Work Plan 2018 Schedule of Meetings	Committee Work Plan 2018 Schedule of Meetings	Committee Work Plan 2018 Schedule of Meetings	Committee Work Plan 2018 Schedule of Meetings	Committee Work Plan 2018 Schedule of Meetings

REVISED FEBRUARY 2018**WEST COAST DHB – MEETING SCHEDULE****FEBRUARY – DECEMBER 2018**

DATE	MEETING	TIME	VENUE
Friday 9 February 2018	BOARD MEETING	10.15am	St John, Water Walk Rd, Greymouth
Friday 23 March 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 23 March 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 26 April 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 11 May 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 11 May 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 7 June 2018	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 29 June 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 29 June 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 26 July 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 August 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 10 August 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 13 September	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 28 September	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 28 September 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 25 October 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 2 November 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 2 November 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 6 December 2018	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 14 December 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.

REVISED FEBRUARY 2018