



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

ADVISORY COMMITTEE MEETING

29 June 2018

10.45am

**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

Michelle Lomax (Joint Chair)
Elinor Stratford (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
Edie 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 (*Chief People Officer*)
Carolyn Gullery (*Executive Director, Planning, Funding & Decision Support*)
Dr Cameron Lacey (*Medical Director, Medical Council, Legislative Compliance and National Representation*)
Dr Vicki Robertson (*Medical Director, Patient Safety and Outcomes*)
Karalyn van Deursen (*Executive Director, Communications*)
Stella Ward (*Chief Digital Officer*)
Philip Wheble (*General Manager, West Coast*)
Justine White (*Executive Director, Finance & Corporate Services*)
Kay Jenkins (*Board Secretary*)

WEST COAST ADVISORY COMMITTEE MEETING
To be held at St John, Water Walk Road Greymouth
Friday 29 June commencing at 10.45am

ADMINISTRATION

10.45am

- Karakia
- 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**
- 3. **Carried Forward/Action Items**
- 4. **Patient Story**

REPORTS/PRESENTATIONS

10.50am

- | | | |
|--|--|-------------------|
| 5. Presentation - Facilities Update | Mark Newsome
<i>Director, Facilities Development</i> | 10.50am – 11.15am |
| 6. Community and Public Health Update | Gail McLauchlan
<i>Community and Public Health</i> | 11.15am – 11.20am |
| 7. Planning & Funding Update | Melissa Macfarlane
<i>Team Leader, Planning & Funding</i> | 11.20am – 11.30am |
| 8. Health Target Report – Q3 | Melissa Macfarlane
<i>Team Leader, Planning & Funding</i> | 11.30am – 11.35am |
| 9. Alliance Update | Cheryl Brunton
<i>Acting Chair, Alliance Leadership Team</i> | 11.35am – 11.40am |
| 10. Maori Health Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 11.40am – 11.50am |
| 11. Operational Update | Philip Wheble
<i>General Manager, West Coast</i> | 11.50am – 12noon |
| 12. Advisory Committee Finance Report – 30 May 2018 | Justine White
<i>Executive Director, Finance & Corporate Services</i> | 12noon – 12.10pm |
| 13. Briefing Presentation – Aerial 1080 | Cheryl Brunton
<i>Medical Officer of Health</i> | 12.10pm – 12.20pm |

ESTIMATED FINISH TIME

12.20pm

INFORMATION ITEMS

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

NEXT MEETING

Date of Next Meeting: Friday 10 August 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 Member of West Coast DHB Clinical Board as Consumer Council Chair
Sarah Birchfield	<ul style="list-style-type: none"> West Coast Autism Support Group – Volunteer and Support Person MS - Parkinsons New Zealand – West Coast Committee Member Member, Accessible West Coast Coalition Group Member West Coast DHB Consumer Council
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"> • 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 • 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
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"> • 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 • 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

	<ul style="list-style-type: none"> • 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 • MS - Parkinsons New Zealand – West Coast Committee Member
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 Waiora 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 WEST COAST ADVISORY COMMITTEE
held at St John, Water Walk Road, Greymouth
on Friday 11 May 2018 commencing at 10.30am

PRESENT

Michelle Lomax (Joint Chair – in the Chair); Elinor Stratford (Joint Chair); Chris Auchinvole; Lynnette Beirne; Kevin Brown; Sarah Birchfield; Cheryl Brunton;; Helen Gillespie; Chris Lim; Jenny McGill; Chris Mackenzie; Joseph Mason; Edie Moke; Mary Molloy; Peter Neame; and Nigel Ogilvie.

APOLOGIES

Apologies were received and accepted from Jenny Black; Francois Tumahai and Paula Cutbush.

EXECUTIVE SUPPORT

David Meates (Chief Executive) Karyn Bousfield (Director of Nursing); Gary Coghlan (General Manager, Maori Health); Cameron Lacey (Medical Director); Melsissa Macfarlane (Team Leader, Accountability, Planning & Funding); Karalyn van Deursen (Executive Director, Communications); Philip Wheble (General Manager, West Coast); and Kay Jenkins (Minutes).

IN ATTENDANCE

Item 4 – Gail McLauchlan, Community & Public Health.

Gary Coghlan to lead the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Elinor Stratford asked that MS Parkinsons Committee be added to her interests

Jenny McGill asked that West Coast Disability Resource be removed

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 (3/18)

(Moved: Kevin Brown/Seconded: Mary Molloy - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 23 March 2018 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION ITEMS

The Carried Forward/Action Items were noted.

4. PATIENT STORY

The Patient Story was viewed.

5. COMMUNITY & PUBLIC HEALTH UPDATE

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

Visitor promotes physical activity and healthy communities

Dr Rod Tolley is a geographer, sustainable transport researcher and conference director of Walk 21, a global organisation which works to support the development of 'walkable communities' as a means to achieving healthy and vibrant communities. CPH worked with the three District Councils, WestREAP, Development West Coast and others to bring Rod to the Coast, ten years after his first visit, to work with Councils, run 'walkshops' and make presentations to promote walkability.

Thirty-five people attended the walkshop in Greymouth. Rod spent some time with council staff in the afternoon then approximately 50 people attended his public presentation in council chambers. In Westport, Rod worked alongside an urban design special project. He also presented to Council staff and some Councillors and provided a public presentation to 20 attendees. The Buller Mayor showed great interest in signing the Walk 21 Charter. At least 16 people turned up to the walkshop in Hokitika which generated a lot of conversations, questions and public engagement. Rod spent time with council staff and a community member of the South Westland Cycletrail project group. A further 13 people attended his evening presentation.

Rod's ideas have been discussed in local media, and in at least one community action group meeting in Hokitika. CPH is asking each of the councils to consider becoming a signatory to the Walk 21 www.walk21.com

Building Healthy Public Policy

CPH has made a submission to the Grey District Council's Long Term Plan. The submission included comments on improving water supplies, planning for climate change and a request that Council consider becoming a signatory to the Walk 21 Charter. CPH also led Active West Coast's submission on the Plan and focused on promoting physical activity opportunities, offering assistance to implement Council's new Smokefree Public Places Policy and promoting youth development.

Nutrition

An Appetite for Life course is in its final week in Hokitika with 16 participants and a very high level of engagement and some significant lifestyle changes made by attendees. There is plenty of interest for future courses in all three districts.

CPH is planning to run three early childhood nutrition workshops with various early learning centres and their parents in May. These are a part of a wrap-around approach to improve nutrition outcomes for under-5s and their whānau.

Alcohol Licensing

CPH staff worked with Police and the Westland District Licensing Inspector to monitor alcohol at the Hokitika Wildfoods Festival, and also at licensed premises in Hokitika over the Festival weekend. A controlled purchase operation took place at the Festival and on and off-licence premises in the town. We are very pleased to report that there were no sales of alcohol to our underage volunteers at the Festival or elsewhere and that the Festival this year was a great event with very few alcohol-related problems.

Smoke-free Enforcement

CPH staff carried out compliance visits to tobacco retailers across the West Coast in March and early April. This was followed by a controlled purchase operation on the 17-19th April where 43

retailers were visited. Unfortunately three of the retailers sold to our underage volunteer, despite the recent visits to remind them of their responsibilities.

Child-focused school partnership meetings pilot in Westport

In response to growing concern about poor communication between professionals and issues with cohesion of services for at risk children, CPH's Health Promoting Schools Facilitator and a senior Social Worker in School have facilitated a pilot of fortnightly school partnership meetings between the principal, public health nurse, social worker in schools and resource teacher of learning and behaviour at Westport North and Westport South primary schools (with support from the Ministry of Education and Oranga Tamariki). These meetings are designed to help identify lead workers and develop plans for at risk tamariki/rangatahi and their whānau. The meetings were unanimously supported and will continue as the year progresses.

The report was noted.

6. PLANNING & FUNDING UPDATE

Melissa Macfarlane, Team Leader, 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 97.3% of patients admitted, discharged or transferred from Grey Base ED within six hours in March 2018.
- **Elective Services Health Target:** West Coast DHB remains ahead of target for the year to date for delivery of elective surgery, with 1262 elective and arranged procedures delivered to the end of February 2018.

Key Issues & Associated Remedies

- **ESPI 2 | FSA (first specialist assessment):** There were 122 patients waiting over 120 days for their outpatient FSA at the end of February; principally in orthopaedics. This places us in risk of financial penalty for non-compliance. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar challenges. We are currently working on a recovery plan to try to resolve this and are engaging with the Ministry of Health.

Discussion took place regarding breastfeeding data and it was raised that Plunket do not extend fully the length of the West Coast. It was noted that Plunket contract with the Ministry to provide 80% cover with the rest being covered by Poutini Waioara. It was also noted that Plunket data is held nationally and a fresh update has just been released so will be updated for the next report.

The report was noted.

7. MAORI HEALTH UPDATE

Gary Coghlan, General Manager, Maori Health, presented this update which was taken as read. A query was made regarding whether there were any statistics available for the West Coast around Kia Ora Haurua. Mr Coghlan undertook to find out. He added that he is really happy with progress in this area.

The point was raised that some of the data appears to be behind and it was noted that this is mainly a timing issue.

In regard to Cultural Competency Mr Coghlan commented that there is an aspiration to see all staff undergo training in this area and also that there is a huge amount of interest across the South Island around this.

The Maori Health update was noted.

8. OPERATIONAL UPDATE

Philip Wheble, General Manager, West Coast, presented this update.

He highlighted:

- the Rural Generalist Medical Workforce Project which was presented at Health Workforce New Zealand and will soon be presented at DHB Shared Services. The operationalisation of this will be a focus in the coming months; and
- the appointment of the West Coast's second Nurse Practitioner. He congratulated Jennie Bell who will be working in the acute zone and primary care.

Mr Wheble commented that this is building what will be the core of the DHBs future workforce and it is exciting to see how this is now progressing.

Mr Wheble drew the Committee's attention to the waiting times in Primary Care which have peaked a little. It was noted that in Westport this was due to unplanned leave for GPs. It was also noted that for most Practices there is a full GP workforce through until September. Discussion took place regarding the triaging of patients in Primary Care and ensuring that urgent cases are addressed.

In relation to B4 School checks and accommodating children with disabilities it was noted that the DHB are more than happy for families to call and make special arrangements for appointments.

Discussion took place regarding ESPI2 and it was noted that this remains a challenge particularly around Orthopaedics and will continue to be a challenge over the next 3 – 4 months. Mr Wheble advised that there is a focus on looking at solutions for both long term and short term in this area.

A query was made regarding Hospital Services Incidents and whether there were any trends in this area. It was noted that over a longer period of time falls are being looked at and also there is good Clinical Leadership around incidents and complaints.

A query was made regarding the 4 emergency caesarean sections and the Committee noted that each case was looked at and it was confirmed that each of these was necessary,

The report was noted.

9. ADVISORY COMMITTEE FINANCE REPORT

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

It was noted that the consolidated West Coast District Health Board financial result for the month of March 2018 was a deficit of \$887k, which was \$672k unfavourable to budget. The year to date position of a net deficit of \$2.139m is \$764k unfavourable to budget.

The report was noted.

10. ALLIANCE UPDATE

Karen Bousfield, Director of Nursing, presented this update which was taken as read and provided

the following information:

Alliance Leadership Team (ALT)

At their last meeting in March the ALT:

- Received a presentation detailing the fantastic work being done by Norma Campbell and her team in the Maternity, Midwifery, and transalpine services space and look forward to hearing about the progression of this work
- Received an update from Cameron Lacey and recognised the importance and breadth of the Mental Health Project. They look forward to future updates as this piece of work progresses.
- Noted the opportunities for the West Coast arising from the Pharmacy action plan.
- Noted the establishment of a Smokefree Public Places policy by the Grey District Council.
- Endorsed the terms of reference for the Hub project. The Hub represents a single, integrated rural health service centre for the West Coast. Its role is to support the IFHS with information and resource to best meet the local needs of their communities

Health of Older Persons

- The workstream Terms of Reference and membership have been reviewed to ensure that the right people are engaged and are committed to achieving the outcomes of the workplan.

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

- Children of parents enrolling in the Mental Health Long Term Conditions Programme at Buller Health are being identified and offered support to keep them well. Where consent has been given these children are being referred and supported and work continues to gain consent for others.
- The final combined workshop for Poutini Waiora and CCCN took place in March. This was a positive meeting resulting in the development of six recommendations that, once implemented, will promote a more integrated and collaborative working relationship between the two services.

Healthy West Coast (HWC)

- The South Island Breastfeeding report completed by the South Island Alliance Programme Office has now been released with recommendations to strengthen breastfeeding support initiatives. This will be considered by HWC and actions will be aligned to local initiative where appropriate.

Child and Youth

- The DHB was invited to hear about the development of a new digital strategy by Plunket and this was encouraging with some innovations which will be useful in the Coast context. It also provided some positive reassurance that some barriers to information will soon be resolved.
- The newly established Youth Team at Oranga Tamariki are now working with young people who are at risk of entering the Youth Justice system. These young people will also be offered a Gateway assessment where appropriate.
- A recent review of the ED Child Injury Assessment process has resulted in some improvements being made to the way this process is documented and has enhanced responsiveness.

Pharmacy

- DHBs have completed consultation with pharmacists and others on a proposal, 'Delivering on the Pharmacy Action Plan', for future pharmacist services contracts and collaborative service development both nationally and locally. Pharmacist feedback is currently being assessed. There was some interest from pharmacists in greater scope for local service development (e.g. delegation by rural general practitioners to rural pharmacists of responsibility for therapy continuation), but also some concern about the implications of allowing in future the separate provision of medicines

supply and pharmacist clinical roles.

It was agreed that an Alliance presentation would be added to the work plan.

The report was noted.

11. CONSUMER COUNCIL PRESENTATION

Lynnette Beirne, Chair, Consumer Council, provided a presentation on the Consumer Council.

Lynnette spoke regarding: Key Functions of the Council; Leadership/Support; having a positive influence; and advised that a communications strategy is to be developed for the Council.

The Chair thanked Lynnette for her presentation.

12. MENTAL HEALTH UPDATE - PRESENTATION

Cameron Lacey, Medical Director, provided an update on Mental Health Future Service Project. Mr Lacey spoke regarding Phase 3 – Locality & Community Based Services. He advised that three main themes emerged from feedback from workshops in this phase::

- i. Foster & build community capacity
- ii. Promote rural generalism across the age span
- iii. Appropriate and timely access to specialist support

Phase 4 will address Coast Wide Services.

Discussion took place regarding the Rural Generalist Framework; Cultural Competency; the 2014 Review issues; Facilities; and the National Mental Health Review.

The Chair thanked Dr Lacey for his presentation.

13. GENERAL BUSINESS

A query was raised regarding 1080 and the large number of operations over the winter period in South Westland. A request was made for this to be reviewed and for testing to take place before and after the drops. This matter was to be referred to the Chief Executive for advice to the Board.

INFORMATION ITEMS

- 2018 Committee Work Plan (Working Document)
- West Coast DHB 2018 Meeting Schedule

There being no further business the meeting concluded at 12.30pm.

Confirmed as a true and correct record:

Michelle Lomax, Joint Chair

Date

CARRIED FORWARD/ACTION ITEMS



WEST COAST ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 29 JUNE 2018

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	23 March 2017	Water Quality	On-going updates to be provided to the Committee	As required
2.	23 March 2018	Older Persons Health	Update	As required
3.	11 May 2018	Kia Ora Hauora	Statistics for West Coast	Included in today's Maori Health Update

UPCOMING PRESENTATIONS

TOPIC	STATUS
Facilities Presentation	Today
Rural Generalist Project Update	10 August 2018
Oral Health Update	28 September 2018
Alliance Presentation	2 November 2018

COMMUNITY AND PUBLIC HEALTH UPDATE



TO: Chair and Members
West Coast Advisory Committee

SOURCE: Community and Public Health

DATE: 29 June 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

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

REPORT TO WCDHB ADVISORY COMMITTEE COMMUNITY AND PUBLIC HEALTH (CPH)

June 2018

Building Healthy Public Policy

CPH made a submission to the Buller District Council's Long Term Plan. Topics included improving water supplies, planning for climate change and a request to become a signatory to the Walk 21 Charter. CPH also led Active West Coast's submission to the BDC LTP and focused on promoting physical activity opportunities, supporting good urban planning and design, and promoting youth development. CPH also coordinated Active West Coast submissions to the following: the Government Policy Statement on Land Transport, the Tax Working Group's Future of Tax consultation, and the Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill (2).

Smokefree Environments

The Bonzai Café in Greymouth has become the first café in Greymouth to make its outdoor eating area Smokefree. This initiative was launched as part of the activities promoting World Smokefree Day on 31st May. The Bonzai Café was approached by CPH's Trish Hunt (member of the West Coast Tobacco Free Coalition) to make their outdoor eating area smokefree. Sam White, the manager, was encouraged by the success of the Fresh Air Project in Canterbury which saw more than 20 cafés adopt smokefree outdoor dining. Since the launch last month Sam has had positive feedback from the community and local media. Other cafes on the West Coast will also be approached to become smokefree outdoors.



Sam White and Dee Pascoe of the Bonzai Café enjoy their smokefree outdoor area with CPH's Trish Hunt

Smoke-free Enforcement

As the result of our last controlled purchase operation in April, penalties have now been issued to two tobacco outlets (one in Hokitika and one in Greymouth). In each case, the staff member who sold tobacco to an underage volunteer has pleaded guilty and been fined \$500.00. The owner of each outlet has also received a formal warning. Compliance visits will be carried out with tobacco retailers in South Westland over the next month, with a controlled purchase operation to follow in that region later in the year.

Nutrition

CPH nutrition health promoters have run a successful Appetite for Life course in Hokitika, with 17 people attending. This course was in response to a request from an Early Childhood Centre, which identified growing interest amongst parents and community members in continuing the learning begun at our early childhood centre nutrition sessions. There were many nutrition and physical activity lifestyle changes made and lifelong learning achieved.

CPH staff have also been writing weekly 'nutrition bites' which are currently being distributed to three schools on the West Coast to be published in their newsletters. Each week, a nutrition topic is covered and a seasonal recipe is provided. These 'nutrition bites' will also be shared more widely through the West Coast PHO's Facebook page.

Alcohol

CPH's Alcohol Licensing Officer presented evidence on behalf of the Medical Officer of Health during a hearing before the Westland District Licensing Committee in opposition to a proposal by a licensed premises in Franz Josef to licence their outside decks until 4.00am, Monday to Sunday. This opposition was a proactive attempt to prevent the amenity and good order of Franz Josef being reduced to more than a minor extent by the granting of the variation to this premises' licence. The Committee approved the variation and it remains to be seen what effect this has, particularly during the summer months.

Pink Shirt Day

CPH engaged workplaces in Greymouth, including the West Coast DHB, to promote the message of reporting, and stopping work place bullying on Pink Shirt Day. This awareness day is an annual event and is focussed on creating environments where individuals are supported to prevent harm to others. In the lead up to Pink Shirt Day, CPH promoted mental health awareness through articles in the Messenger and the Westport News on topics such as understanding stress, embracing conversations about mental health (for employers), and what is bullying and cyber-bullying?



TO: Chair and Members
West Coast Advisory Committee

SOURCE: Planning & Funding

DATE: 29 June 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

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:

- i. notes the Planning & Funding Update.

3. SUMMARY

✓ Key Achievements

- **Health Targets:** Performance remains positive against the national health targets. The DHB achieved four for the six health national targets in quarter three.

Results were well above target for the Shorter Stays in ED, the Improved Access to Elective Surgery and Raising Healthy Kids targets.

The DHB missed only a few patients for the Faster Cancer Treatment (3 patients) and Increased Immunisation targets (six children).

A refreshed health target dashboard for quarter 3 is provided for the Committee's review, as a separate item on the agenda.

✗ Key Issues & Associated Remedies

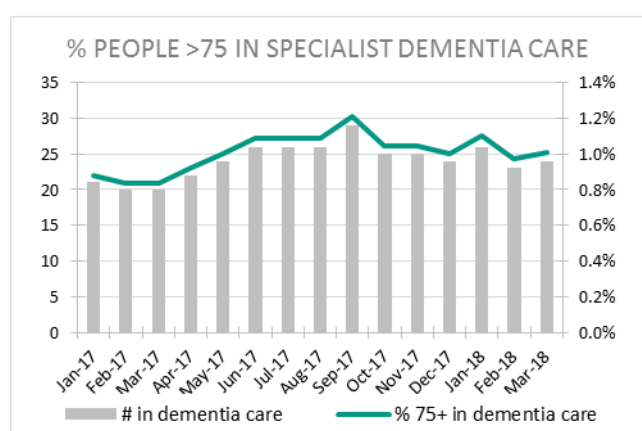
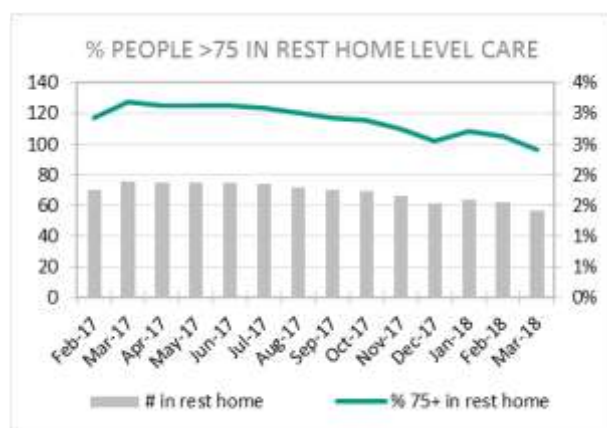
- **ESPI 2 | FSA (first specialist assessment):** There were 138 patients waiting over 120 days for their outpatient FSA at the end of March; again, principally in orthopaedics. This places the DHB at risk of financial penalty for non-compliance. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar challenges.

We are currently working on a recovery plan to try to resolve this and are engaging with the Ministry of Health.

Report prepared by: Planning & Funding

Report approved by: Carolyn Gullery, Executive Director Planning & Funding & Decision Support

Health of Older Persons



Achievements / Issues of Note

Aged Care: The Planning & Funding Older Persons Health team is investigating the online platform, My Care. My Care is established in Canterbury and has allowed people to directly manage their in-home care requirements. The DHB is working directly with My Care to determine its viability of this tool for our Older population.

The Palliative Care team have started palliative care study days. The first study day was well attended by the Aged Residential Care (ARC) team. Due to the success of the day more have been planned for coming months.

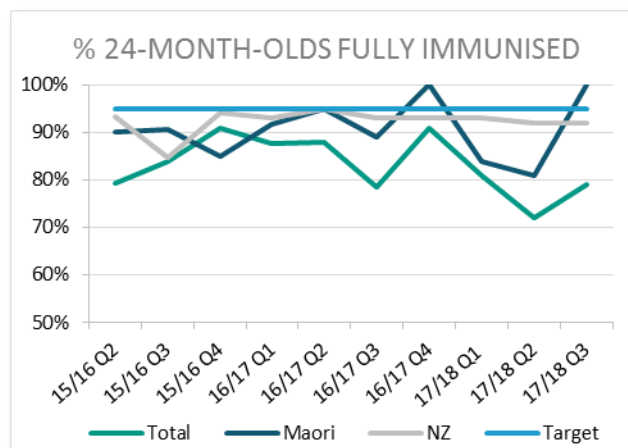
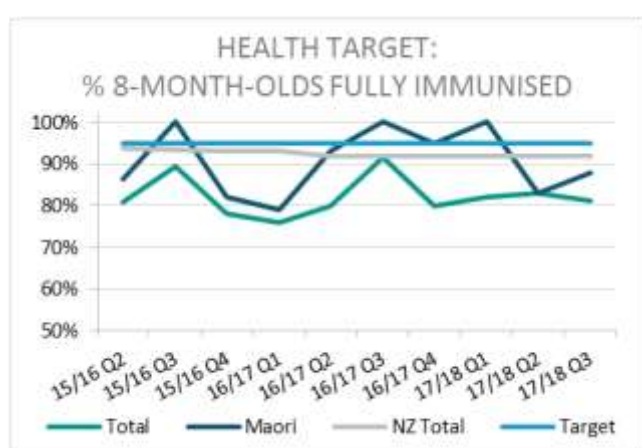
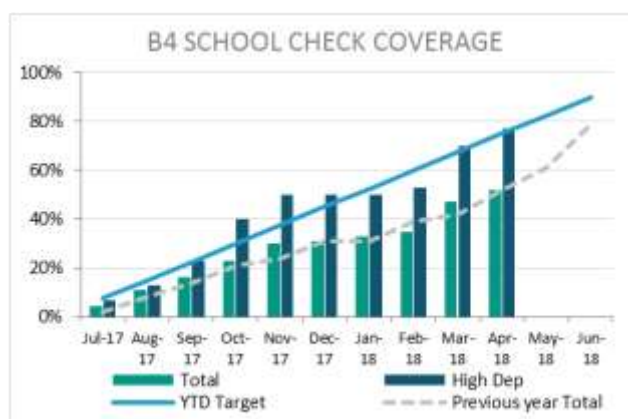
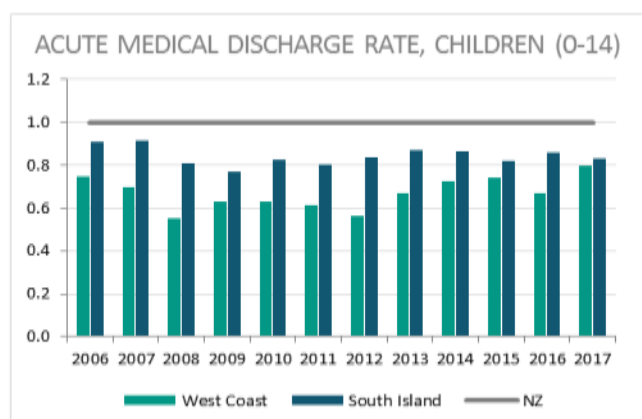
There is a new online learning package called Fundamental Series: Palliative Care via HealthLearn, the DHB's learning management system. This is now available to all staff, including staff in Aged Residential Care where there is a Memorandum of Understanding with the DHB.

In-Home Strength and Balance Programme: The Programme is progressing very well. Several classes were approved as certified strength and balance classes in the weeks leading up to the end of quarter 3. Providers have begun taking class rolls to capture attendees from the beginning of quarter 4. Currently there are 190 places available per week, across 9 different classes. This number is expected to increase as more classes and providers go through the approval process.

During quarter 3 there were:

- 3 referrals for <65s
- 8 referrals for those aged 65-74
- 30 referrals for those aged 75+

Child, Youth & Maternity



Achievements / Issues of Note

Immunisation: Of the 98 eight-month-old children eligible for immunisation, only six children were missed during the quarter three period. Two are now fully vaccinated, one is clinically unable to be vaccinated and another is uncontactable. Just two children are overdue with their GP. Strong results were achieved for Asian tamariki at 100%. We continue to see positive outcomes for 24-month-old Māori children with 100% immunised on time. Unfortunately there were a high number of opt offs and declines (16) this quarter.

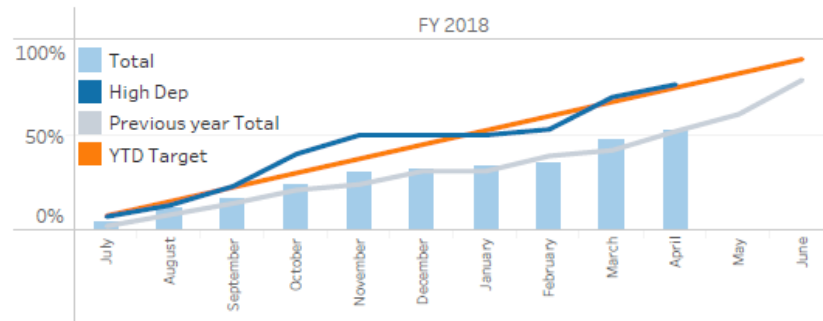
B4 School Check Coverage: The DHB's performance is on track for children of higher need (living in areas of higher deprivation) but we have more work to do to meet target for the total population. Please refer to the following page for a breakdown which details the volume of checks completed to the end of April, checks completed this year by month and referrals made as a result of a B4 School Check. Also included is a breakdown of the raw numbers contributing to the DHB performance against the Raising Healthy Kids Health Target.

The DHB achieved the Raising Health Kids health target in Quarter three with 100% of children identified as obese at their B4 School Check being offered a referral for further support.

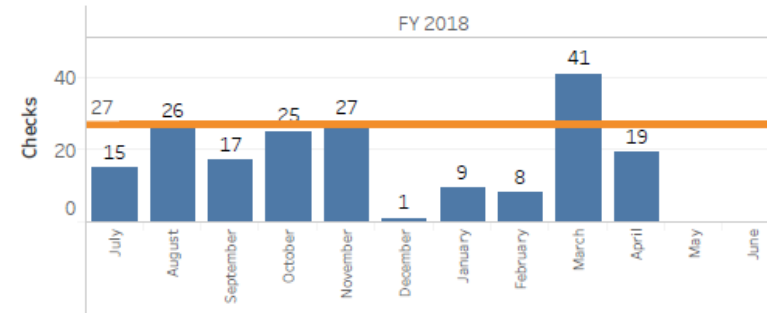
Breastfeeding: In response to discussions at an earlier Committee meeting, please refer to the following pages for a summary of breastfeeding at different age points. This breakdown details the various time points at which breastfeeding status is currently captured and the figures available, both percentages and raw numbers.

B4 School Checks completed on the West Coast

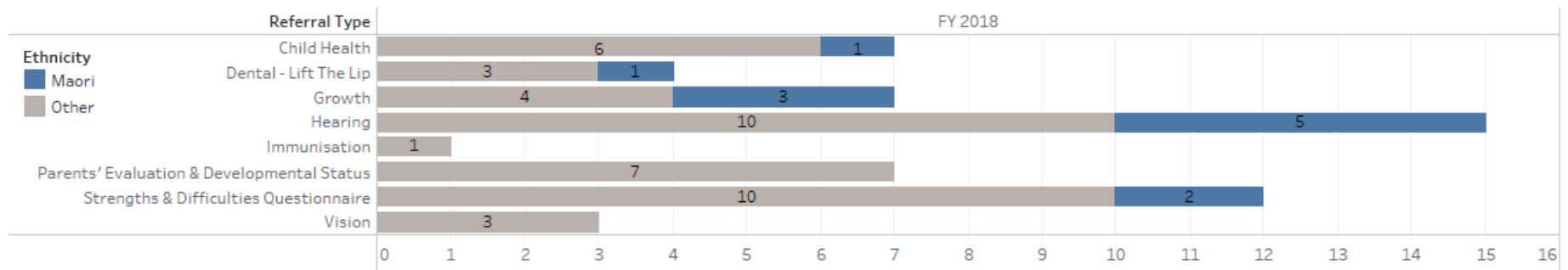
B4 SCHOOL CHECKS COVERAGE



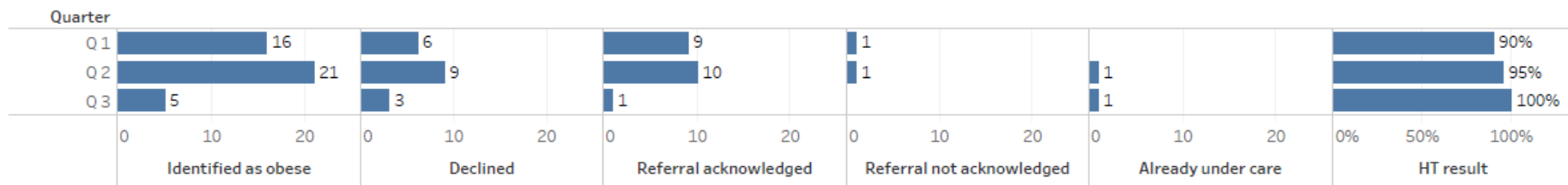
B4 School Checks Completed



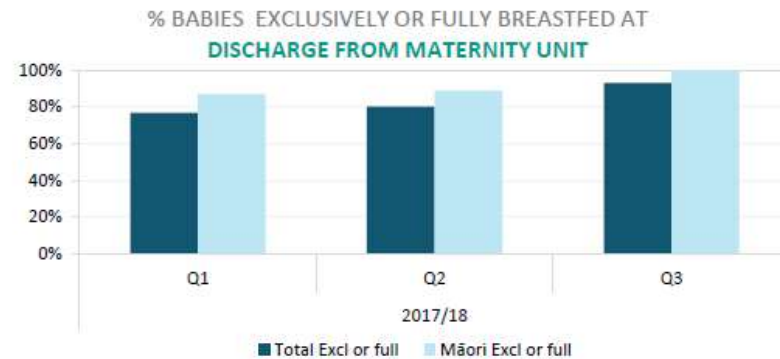
Referrals Made from B4 School Checks



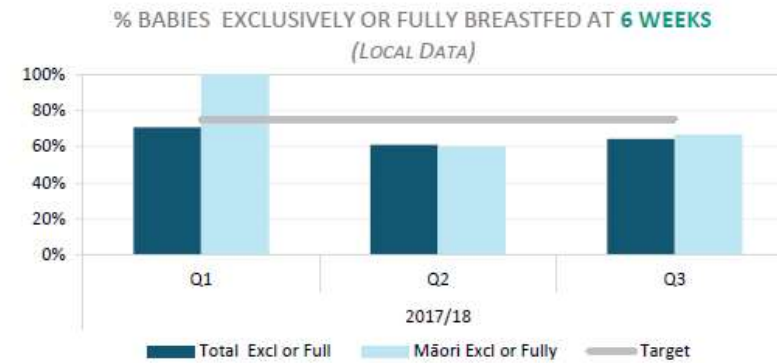
Raising Healthy Kids reporting to the Ministry of Health



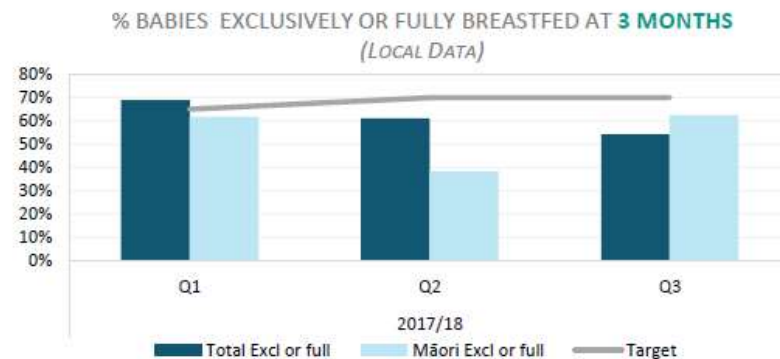
Quarterly breastfeeding data | Local



Number		Q1	Q2	Q3
		50/65	57/71	55/59
	Māori	20/23	8/9	6/6



Number		Q1	Q2	Q3
		46/65	44/72	45/70
	Māori	11/11	9/15	10/15

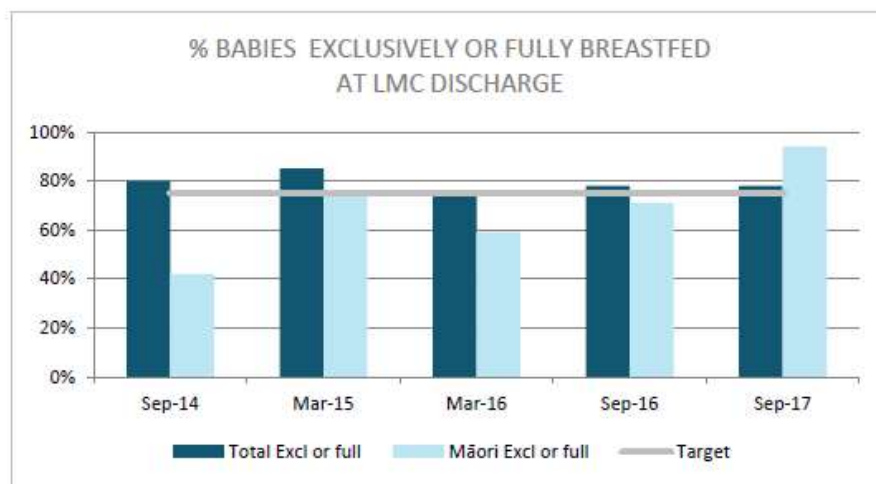
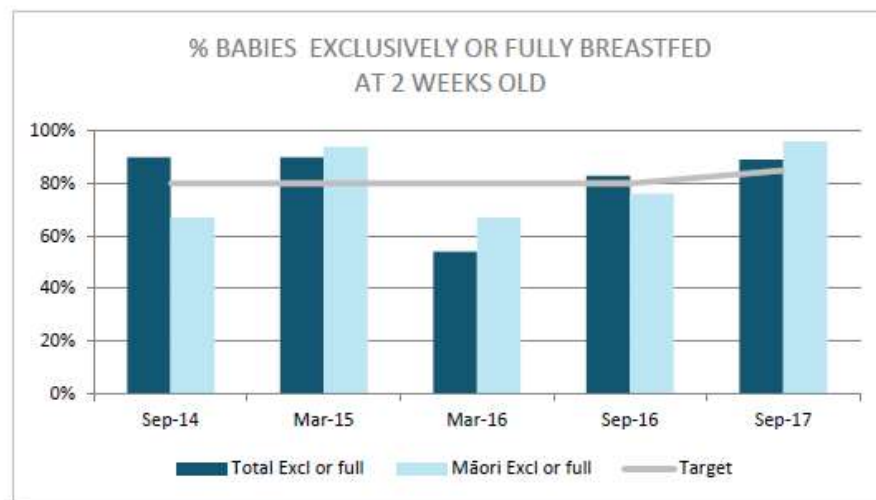


Number		Q1	Q2	Q3
		60/87	33/54	38/70
	Māori	13/21	5/13	5/8



Number		Q1	Q2	Q3
		33/84	16/81	18/83
	Māori	5/16	1/18	5/13

Monthly breastfeeding data | Ministry of Health



Data in these charts is sourced from the National Maternity Collection (MAT) which is submitted directly by self-employed Lead Maternity Carers (LMCs) through their invoice claims.

While the chart shows data for Sep 2017, the result actually reflects babies born between July and December 2016 (nine months earlier). The time period for these results reflects the date the result was published through the Well Child Tamariki Ora Quality Improvement Indicators (WCTO QIF). This is one of the well-known challenges in capturing accurate claims-based data, with the MAT collection always in arrears to allow time for LMCs to make claims.

This delay in reporting makes comparison to local data difficult for these two indicators.

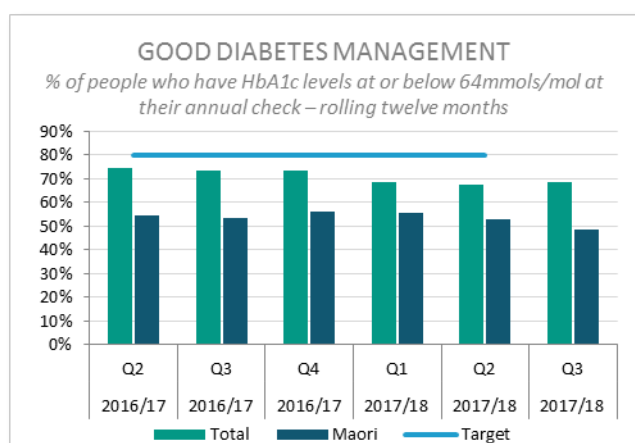
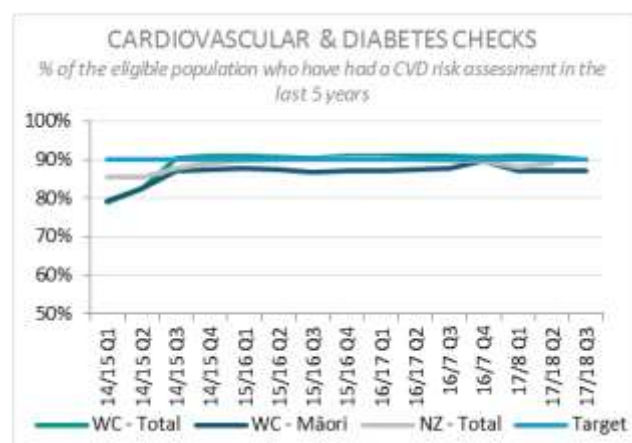
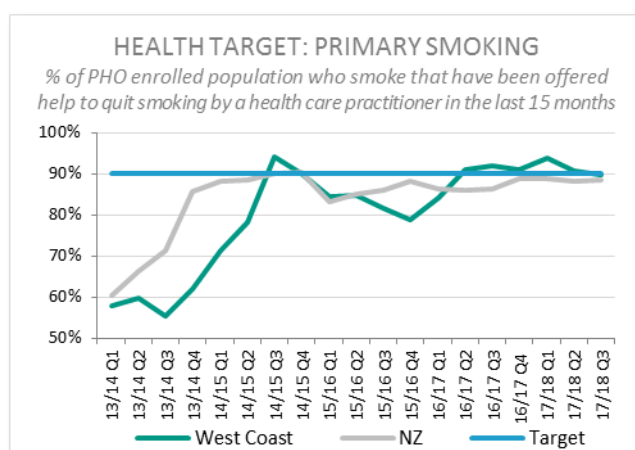
Mental Health

Achievements / Issues of Note

The focus for the Mental Health System continues to be on improving existing services by increasing the use of data to inform current practice as well as clearly documenting processes. These expectations apply to all parts of the system and will support future changes that bring services closer to local communities.

The Mental Health Inquiry Panel is visiting early July with clear plans to engage with as many people as possible. An agenda is being developed with the panel and as soon as this is confirmed, information will be widely circulated to encourage a broad range of people to participate.

Primary Care & Long-Term Conditions



Achievements / Issues of Note

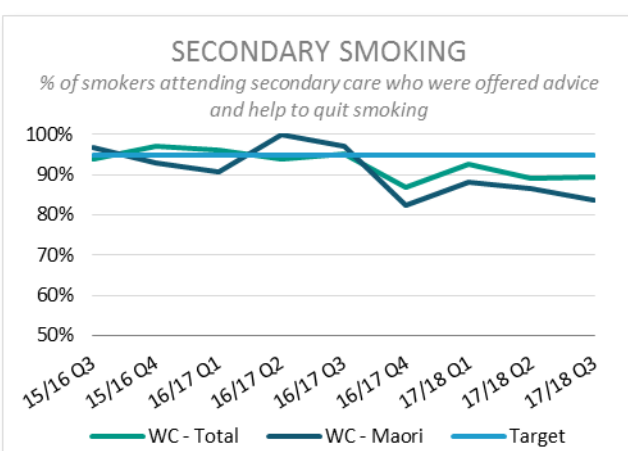
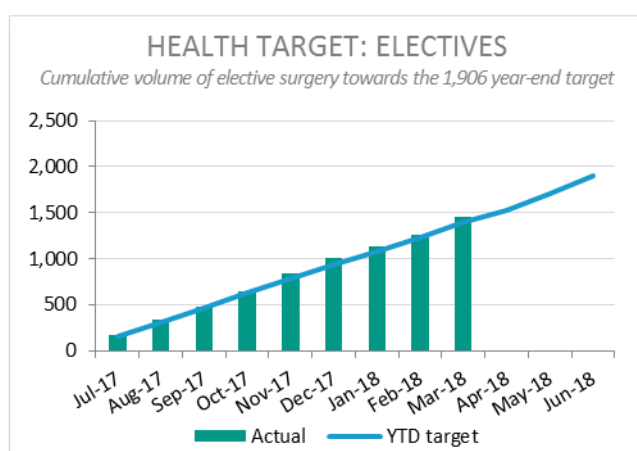
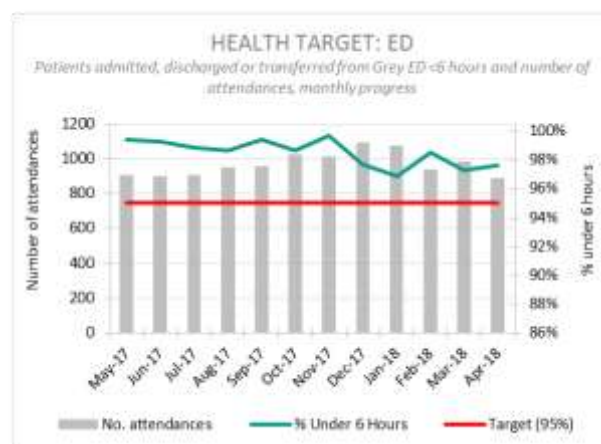
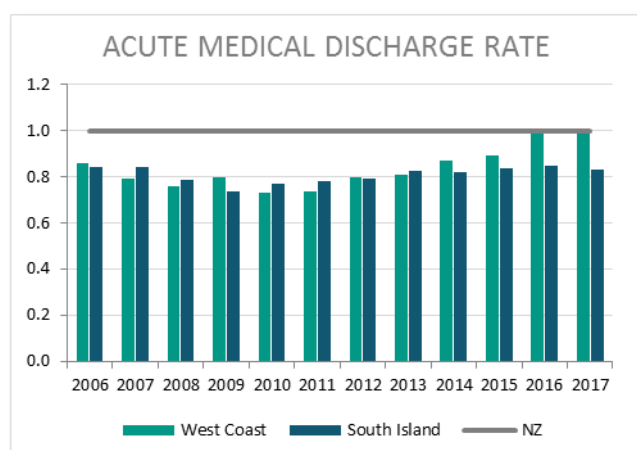
Health Target | Primary Care Smoking: The target was met in quarter 3 with 90% of people identified as smokers in the primary care having been offered help to quit. The high need and Māori cohorts were close to target with both at 89%.

Cardiovascular and Diabetes Checks: The West Coast DHB continued to maintain overall performance in Quarter 3 2017/18, with 90.2% of the eligible enrolled population having had a cardiovascular and diabetes risk assessment against the 90% target. Results for Māori remained slightly lower at 87.3%, although the results for Māori men aged 35-44 years (the high priority group) has improved to 73.7% (up from 71% in the previous quarter).

Diabetes Management: As previously noted, diabetes and its complications remain a significant and growing risk to the health of the West Coast population. Using the PHO-enrolled population, 989 people aged 15-74 with established diabetes had an annual review in general practices in the 12-months to 31 March 2018. Of these, 68.6% had good management of their diabetes¹. The result for Māori remained significantly lower at 48% and further focus and support is needed to lift this rate.

¹ Defined by having an HbA1c level at or below 64mmol/L

Secondary Care & System Integration



Achievements / Issues of Note

Health Target | ED: The West Coast DHB continues to achieve this target with 98% of patients admitted, discharged or transferred from Grey Base ED within six hours in quarter three and 97.6% in the month of April. Of those attending in April, 86.5% were seen within just four hours.

Health Target | Electives: The West Coast DHB was 56 discharges ahead of year-to-date target at the end of March, with 1,452 elective and arranged surgeries delivered (104% of year-to-date target). It is not envisaged that there will be any difficulties in meeting the target of 1,905 discharges by 30 June 2018.

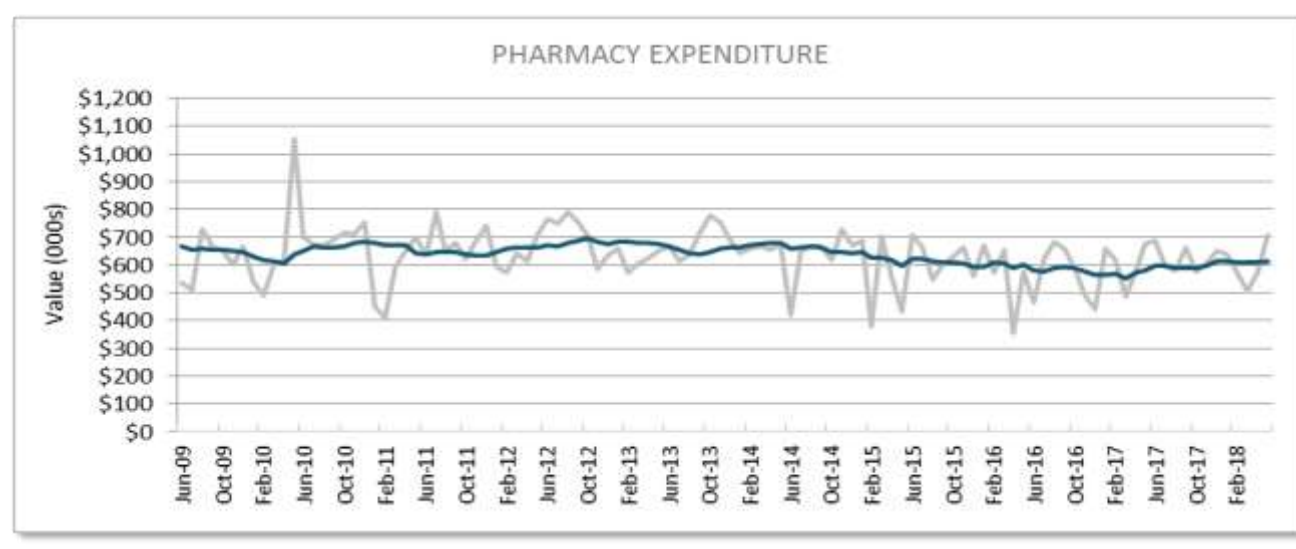
ESPI Compliance | ESPI 2 (FSA - First Specialist Assessment): There were 138 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of March 2018. Of these, 137 were orthopaedic cases. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints. There remains a risk that we will face financial penalties for non-compliance. Work on a recovery plan and engagement with the Ministry of Health on this issue is continuing. A newly recruited transalpine orthopaedic surgeon begins work in Greymouth in May.

ESPI Compliance | ESPI 5 (FSA to Treatment): Ten patients were waiting over 120-days from FSA to surgical treatment as at the end of March 2018; 1 general surgery 1 orthopaedic, and 8 plastics patients. These results were within compliance tolerance levels, at 4.7% of total wait listed cases overall.

Secondary Smoking: Quarter three results show that DHB staff provided 89.5% of all hospitalised smokers with smoking cessation advice and support against the 95% national target (83.6% for Māori). The Smokefree Services Coordinator has been working with specific departments to review the ABC data capture process.

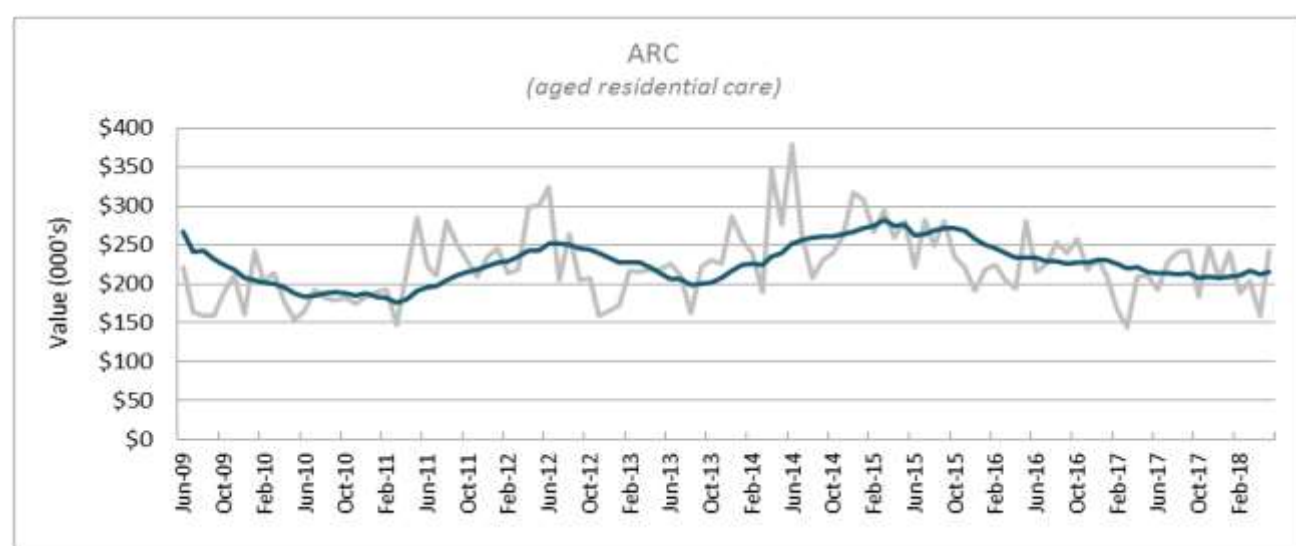
Financials

Expenditure trends for five major areas where cost and volumes are not capped are shown in graphics below. Each graphics shows the monthly expenditure together with a rolling annual average to smooth out any annual seasonality within the period. The cost trend dating back to Jun 2009 are shown in each graphic.



Achievements / Issues of Note

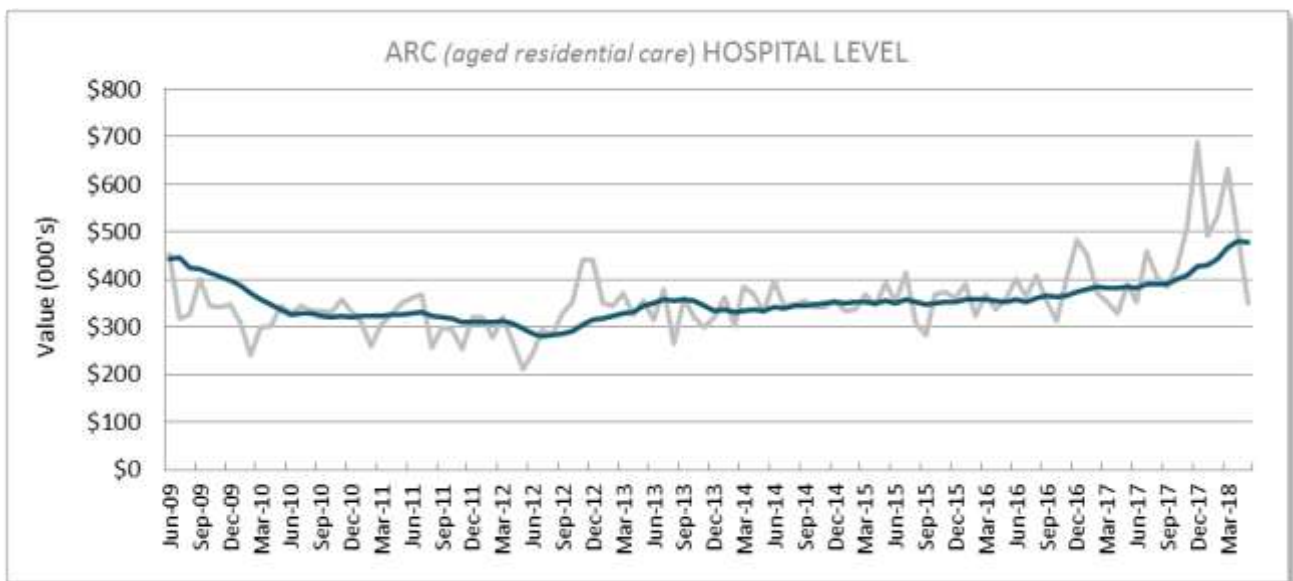
The trend for community referred pharmaceutical expenditure decreased since 2019. This has trend started reversing since early 2017 as expenditure increased due to the introduction of additional government funding for new and high cost drugs (such as for cancer, hepatitis C and multiple sclerosis). This expenditure increase is expected to continue with the additional funding continuing into 2018/19, and as DHBs seek to improve patient outcomes through investing further in pharmacy services (e.g. medicines management and optimisation). Additional cost pressure will be placed on this area as the cost for dispensing is currently under negotiation.



Achievements / Issues of Note

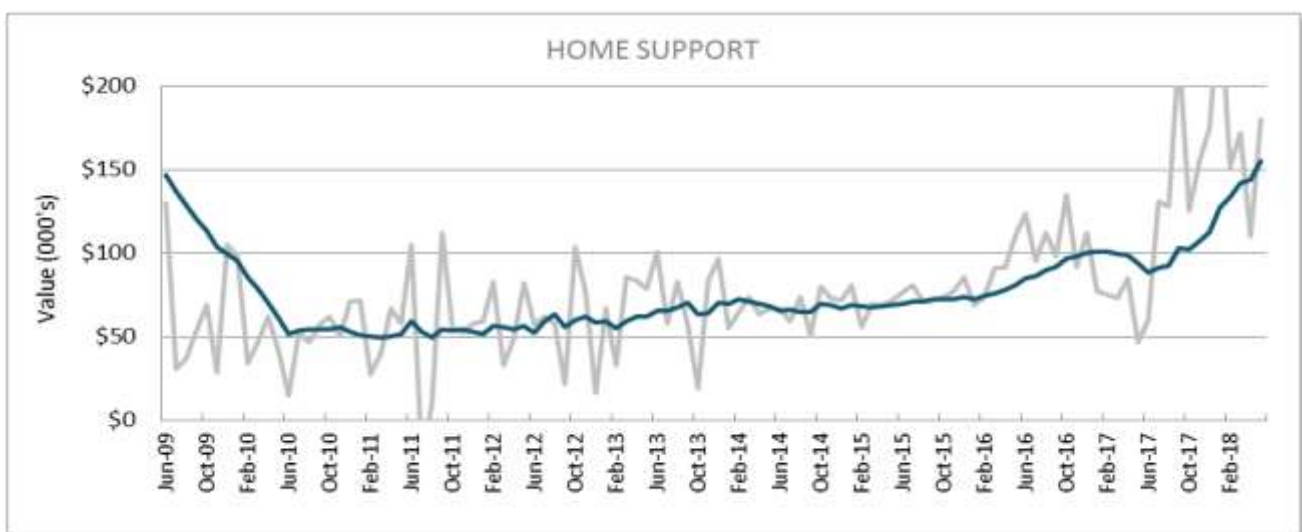
Since 2014 there has been a decreasing trend for rest home level beds however the opposite has occurred for hospital level care beds. The trend line will increase from the 1 July 2018 as payments made service provider include the costs for the support workers' pay equity settlement. The trend line will start to stabilise at the beginning of 2018/19.

Financials



Achievements / Issues of Note

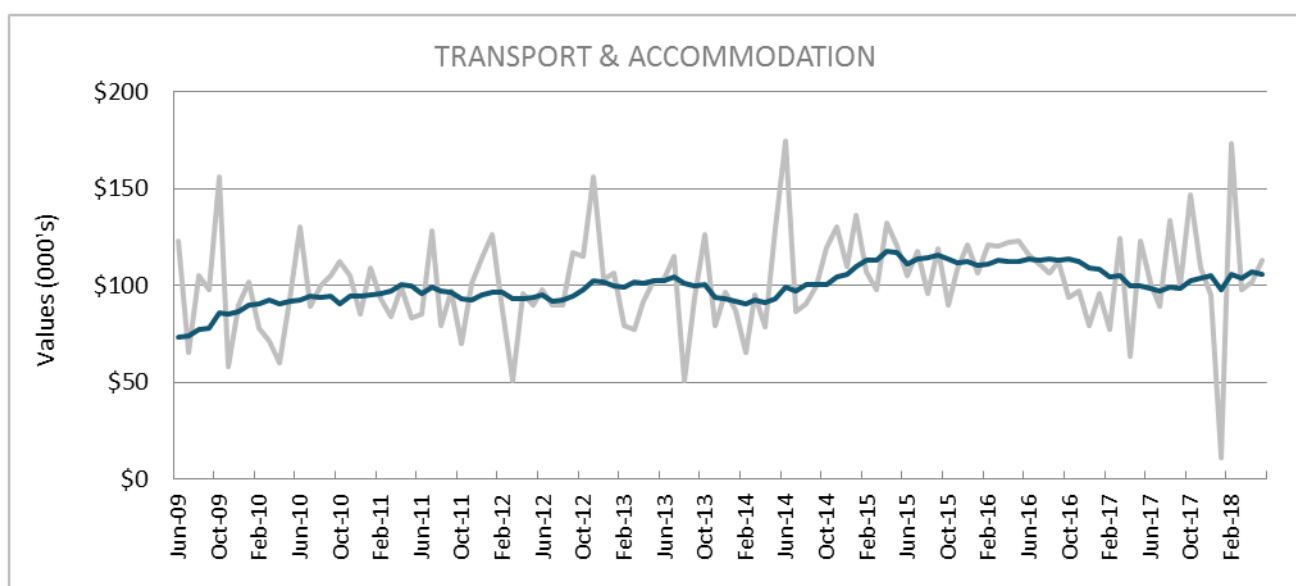
Refer above to rest home level commentary. In addition to the long term trend and pay equity recognition, expenditure levels will increase in this service due to the recent transition of clients from the hospital owned facility to community facilities.



Achievements / Issues of Note

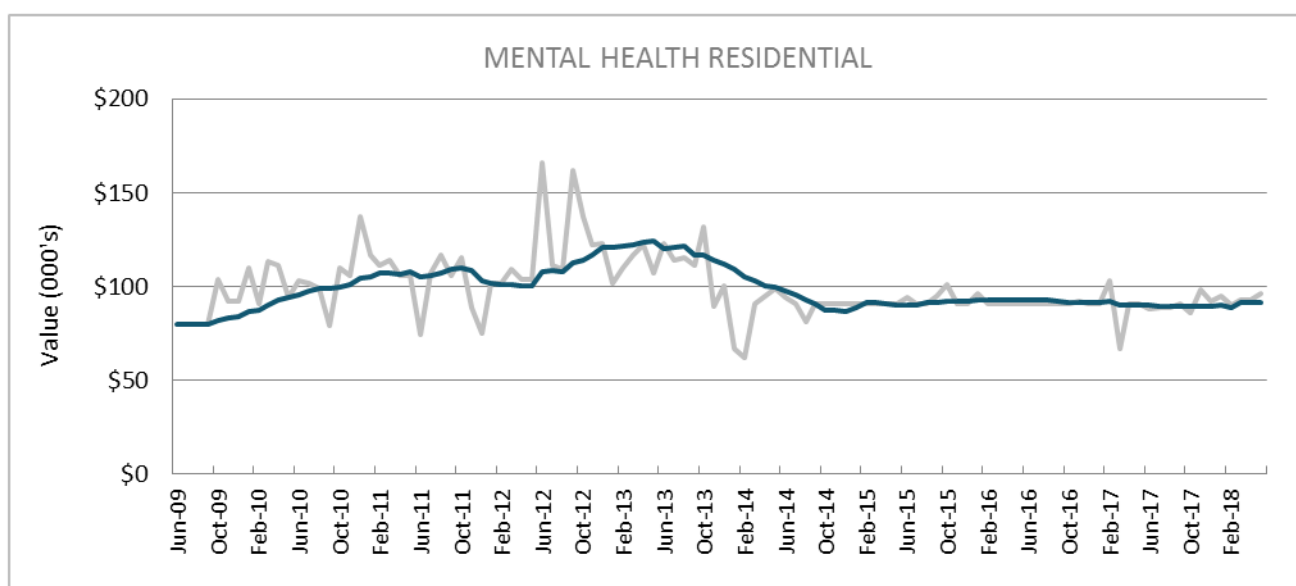
Since July 2016 there has been cost growth in this service. There are three components to this increase. An increase in demand for the service together with a stepped increase to providers recognising in-between travel and guaranteed hours to workers. Then from July 2017, there has been an additional increase recognising the support workers' pay equity settlement.

Financials



Achievements / Issues of Note

The fluctuation in actuals for transport and accommodation in the last quarter is due to the timing of an accounting adjustment.



Achievements / Issues of Note

Since late in 2014, the contracting for this service changed from largely demand driven bed day contracts to capacity capped. Since then there has been a smoothing in the expenditure trend line.

TO: Chair and Members
West Coast Advisory Committee

SOURCE: Planning & Funding

DATE: 29 June 2018

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Advisory Committee with the DHB's latest performance results against the national Health Target.

2. RECOMMENDATION

That Committee:

- i. notes performance against the Health Targets for Quarter 3 2017/18.

3. SUMMARY

This dashboard report summarises the DHB's performance against the Health Targets for the third quarter of 2017/18. This is a new report and includes the six national health targets and two supplementary measures: the hospital Better help for Smokers to Quit measure (a former Health Target), and the maternity Better help for Smokers to Quit measure (a new national developmental measure).

The national Health Target league tables, previously published in the paper have not been released by the Ministry this year. This report identifies the national performance for each target to enable the Committee to compare the West Coast performance and will be prepared and circulated following the end of each quarter.

The West Coast achieved four of the six national targets in the third quarter: Shorter Stays in ED, Improved Access to Elective Surgery, Better Help for Smokers to Quit and Raising Healthy Kids. The DHB received an outstanding rating from the Ministry, for the Raising Health Kids target, having achieved 100%.

The DHB missed two targets this quarter, the Faster Cancer Treatment and Increased Immunisation targets.

Performance against the Increased Immunisation measure decreased slightly from 83% to 81%. The challenges for the West Coast in delivering against this target are well understood and just six children were missed this quarter.

Performance improved against the Faster Cancer Treatment measure, from 80% to 81% against the 90% target. Small numbers have a dramatic impact on this measure with the result referring to just three people who were seen outside the target time. A breach analysis is undertaken for every non-compliant case.

Prepared by: Sarah Fawthrop, Accountability Coordinator, Planning & Performance
Melissa Macfarlane, Team Leader, Planning & Performance

Approved by: Carolyn Gullery, Executive Director, Planning & Funding & Decision Support

West Coast DHB health target report

Quarter 3 2017/18: January - March 2018



What are the health targets?

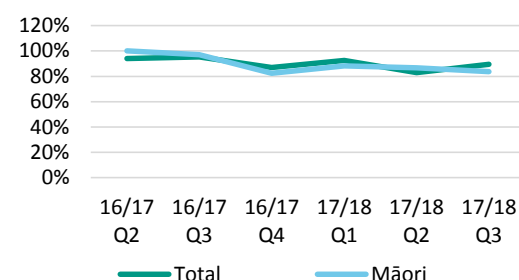
The health targets are a set of national performance measures specifically designed to improve performance of the health sector in areas that reflect significant public and government priorities. They provide a focus for action. Three of the six health targets focus on patient access, and three focus on prevention. Health targets are reviewed annually to ensure they align with health priorities and targets are set nationally for all DHBs.

DHBs report progress to the Ministry quarterly, who in turn publish the targets online and in newspapers via a national league table.



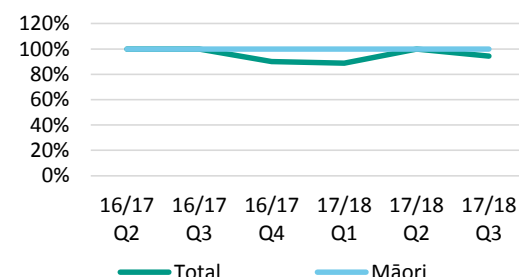
Supplementary indicators

Better help for smokers to quit: secondary smoking



This was previously the health target: better help for smokers to quit in public hospitals

Better help for smokers to quit: maternity smoking



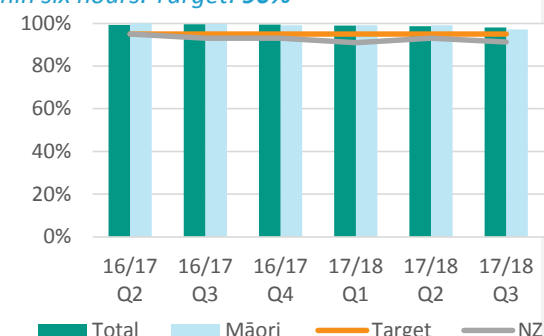
The Ministry sources this from the national Maternity Data Set. However, the source of this data only represents around 80% of all pregnancies nationally. Therefore the Ministry provides these results for information only and will not publish them online or in newspapers.

Shorter stays in ED

98%



Patients admitted, discharged or transferred ED within six hours. Target: 90%



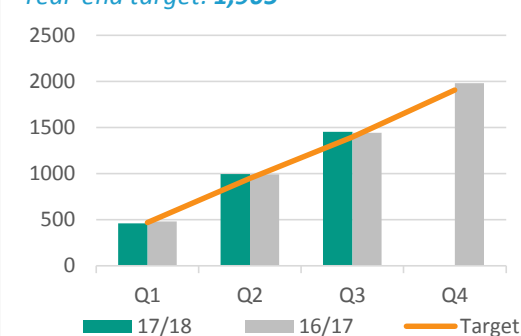
The West Coast continues to achieve the ED health target, with 98% of patients admitted, discharged or transferred from ED within 6 hours during quarter three.

Improved access to elective surgery

104%



Patients receiving planned surgery Year-end target: 1,905



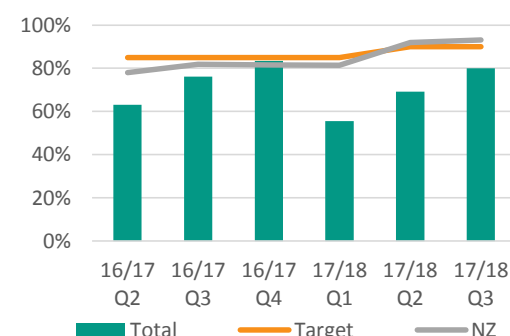
This quarter, West Coast DHB provided 1,452 elective surgical discharges, delivering 104% of planned discharges.

Faster cancer treatment

81%



Patients getting their first cancer treatment within 62 days. Target: 90%



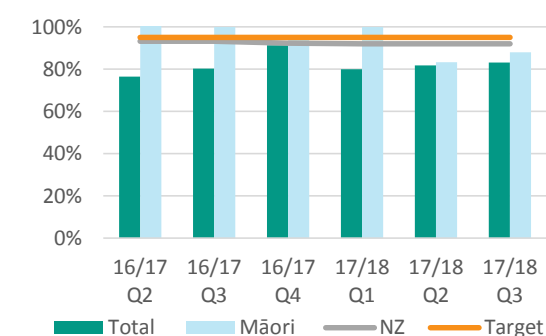
Performance against the health target continued to increase this quarter to 81% of patients receiving treatment on time. Small numbers are challenging with this result reflecting only three patients who were not seen within the 62 day period. A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

Increased immunisation

81%



Eight-month-olds fully immunised



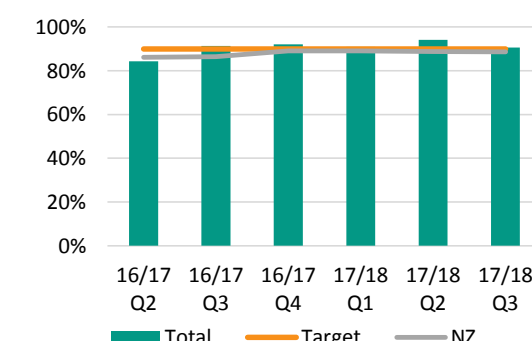
Six children were missed and 94% of eligible (consenting) 8-month-olds were fully immunised. This is an increase on the previous quarter. Strong results were achieved for Asian (100%) tamariki.

Better help for smokers to quit

90%



Patients in the community who smoke are offered help to quit. Target: 90%



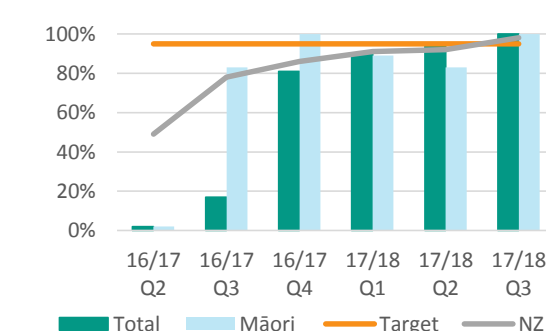
The DHB continues to meet this health target. Three practices have shown significant improvements and have been supported by input from the Smokefree Services Coordinator and PHO Clinical Manager.

Raising healthy kids

100%



Children with obesity referred for support Target: 95%



100% of children identified as obese at their Before School Check (B4SC) were offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions for quarter three.

Measure	Full description	Data source	Reporting period	Notes
Shorter Stays in ED	Patients admitted, discharged or transferred from Grey Base ED	West Coast DHB data submitted to the Ministry via quarterly reporting.	FY Quarter	
Improved access to elective surgery	Volume of elective surgery delivered, increasing by a national average of 4,000 discharges each year	National Minimum Dataset (NMDS)	Cumulative FYTD quarterly result	Published by the Ministry via quarterly reporting and the monthly via the Elective Services website. This is a cumulative annual target for the full year.
Faster cancer treatment	Patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	West Coast DHB data	Rolling six months to FY quarter end.	Note the target and definition changed from Q1 2017/18, with results prior to this not directly comparable. Patients who choose to delay treatment, or whose treatment is delayed for clinical reasons, are now excluded from the health target count.
Increased immunisation	Eight-month-olds fully immunised	National Immunisation Register (NIR)	FY Quarter	
Better help for smokers to quit	PHO-enrolled population who smoke that have been offered help to quit smoking by a health care practitioner in the last 15 months	Ministry of Health	FY Quarter	
Raising healthy kids	Children identified as obese at their B4SC having had a referral sent and acknowledged for a clinical assessment and healthy lifestyle intervention.	National B4 School Check database	Rolling six months one month in arrears from (FY) quarter end.	Results are based on all referrals that have been both sent and acknowledged .
Supplementary targets				
Maternity smoking	90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking	Ministry of Health	FY Quarter	The Ministry sources this from the national Maternity Data Set. However, the source of this data only represents around 80% of all pregnancies nationally. Therefore the Ministry provides these results for information only and will not publish them online or in newspapers.
Secondary smoking	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking	West Coast DHB		Due to delays in coding, results are often provisional and can change retrospectively.

TO: Chair and Members
West Coast Advisory Committee

SOURCE: Alliance Leadership Team

DATE: 29 June 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

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 last meeting in May the ALT:

- Were impressed by the high quality of nominees for this year's Open for Leadership Awards. The calibre is so high that a performance matrix is needed in order to decide a winner. The ALT plans to acknowledge and celebrate all nominees this year with a joint ceremony.
- Endorsed the Rural SLA's recommendation regarding distribution of Rural funding.
- Recognised the 1718 System Level Measure Improvement Plan is progressing well.
- Reviewed an early draft of the 1819 System Level Measures Improvement Plan and approved its direction (subject to receipt of the Ministry's Annual Plan guidance for DHBs).
- Were generally happy with the current progress of the workstreams.

Alliance Support Group (ASG)

The ASG have been reviewing their membership and function so that this group can provide appropriate and timely operational support to the workstreams and the activities in the Alliance work plan.

Annual Planning

The workstreams have been busy developing draft plans for activity during the 2018/19 year. These plans have been developed alongside the System Level Measures Framework Improvement Plan and the DHB Annual Plan to ensure projects and goals are aligned and meet the expectations of the Ministry of Health.

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

- The initial meeting of the Hub Project Team was held in April. At this meeting the structure of the project was discussed and agreed, breaking the work into 6 project streams. The Hub represents a single, integrated rural health service centre for the West Coast. Its role is to support the IFHS with information and resource to best meet the local needs of their communities.

Healthy West Coast (HWC)

- The workstream are pleased to now have access to more complete breastfeeding figures on a regular basis.
- Positive progress is being made towards understanding the level of alcohol involvement in ED presentations.

Child and Youth

- “Lift the Lip” training for Practice Nurses has commenced at the two practices in Westport. Nurses are now being encouraged to complete a Lift the Lip check on children attending for their 15 month immunisations to reinforce the Baby Teeth Matter message.

Report prepared by: Jenni Stephenson, Planning & Funding

Report approved for release by: Cheryl Brunton, Acting Chair, Alliance Leadership Team

TO: Chair and Members
West Coast Advisory Committee

SOURCE: General Manager, Maori Health

DATE: 29 June 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

1. ORIGIN OF THE REPORT

This report is provided to Community & Public Health & Disability Support Advisory Committee and the Board as a regular update.

2. RECOMMENDATION

That the Board:
i notes the Maori Health Plan Update.

3. DISCUSSION

Maori Health Quarterly Report – Q3, 2017/18

Takarangi Cultural Competency – West Coast

A 2nd Wananga was held at Arahura Marae on the 1st and 2nd March. There were 21 participants including Nurse Managers, Nurses, Mental Health workers and Social Workers. The feedback has been extremely positive. The challenge we have now is to ensure that the pathway is supported for the completion of portfolios which evidence the change in practice.

Poutini Waiora Spirometry clinics

The Whanau ora nurses continue to deliver regular spirometry clinics targeting Maori who smoke.

Health Equity Assessment Tool

We were invited to the WCPHO team meeting to deliver a condensed presentation to the teams about health equity and the use of the HEAT tool. This is a way to improve knowledge around inequity and how this looks for our Maori population on the West Coast. The application of the tool takes a bit longer and we welcome the invitation from services and organisations to work alongside them and assist if they think it would be useful to apply the tool.

Te Ara Mate Pukupuku Ki Te Waipounamu – Improving the Cancer Pathway for Maori

The sessions provided by Dr Melissa Cragg to share the findings of the project were very well supported with a number of doctors, nurses and health workers attending. Whilst the formal part of the contract is coming to a close there will be ongoing work as a result of this initiative. A group made up of our health partners (CPH, WCPHO, Poutini Waiora and the DHB) are beginning to plan for a series of hui across the Coast that will aim

to raise awareness of cancer, reduce the fear, improve health literacy in terms of the early signs and symptoms of cancer, along with screening and support services available once on the cancer pathway. This work has been a result of a Maori Health Promoter from Community and Public Health and the DHB Cancer Nurse Coordinator travelling to Motueka to observe how these hui worked with the Maori community in Te Tau Ihu and localising it to suit our Maori community here on Te Tai o Poutini. There will be 5 hui held in total and this could be an ongoing initiative.

Additionally we are developing a West Coast version of the Cancer Korero booklet which also aims to improve health literacy among Maori who may have a diagnosis of cancer and information on recognising signs and symptoms and keeping healthy.

Kia ora Hauora Rangatahi Placement – Educators Breakfast

The Rangatahi Placement is scheduled to take place on August 10, 11th and 12th. We are developing a very interactive programme for our Rangatahi and they will be welcomed on the Marae at Arahura with a formal powhiri.

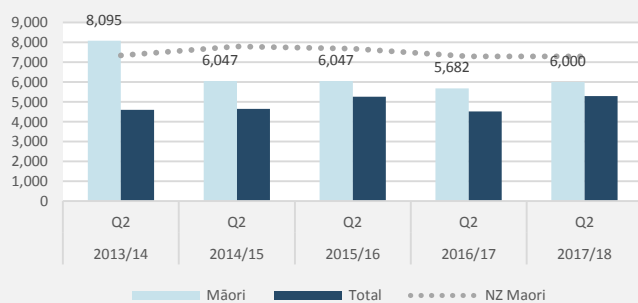
Cervical Screening

The emphasis on targeting Maori for Cervical screening continues to be a focus for the West Coast PHO, DHB and Poutini Waiora and they are achieving excellent results at the practice level. The data set that we use for reporting screening is based on the projected population rather than the enrolled population and so we would expect that the percentage of Maori who are enrolled in a practice and have completed their screening within the last three years is higher than the National Screening Unit who use projected population figures.

Tamariki Health and Wellbeing

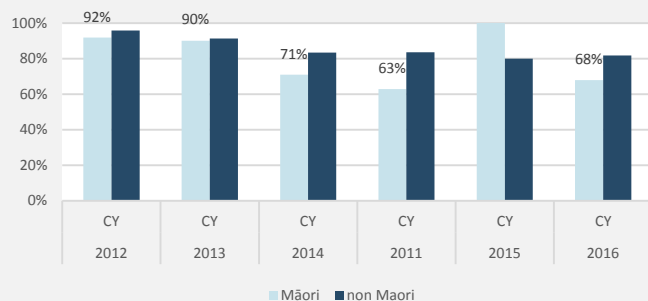


EARLY INTERVENTION
ASH rate per 100 000 people - Children 0-4 years old

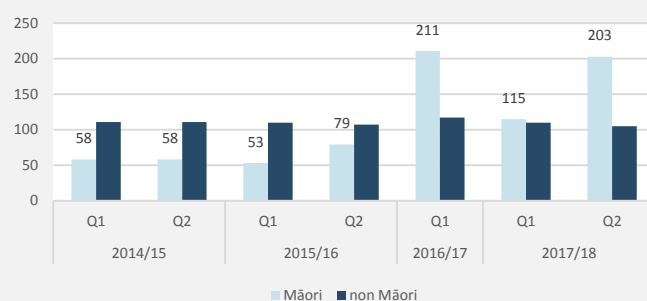


Adult Health and Wellbeing

SMOKING
% of women smokefree at two weeks postnatal



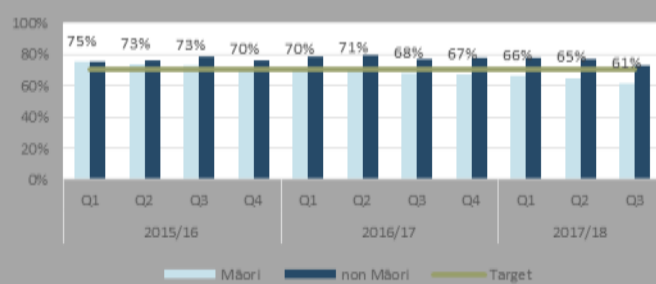
MENTAL HEALTH
Community Treatment Orders Rate per 100 000 people



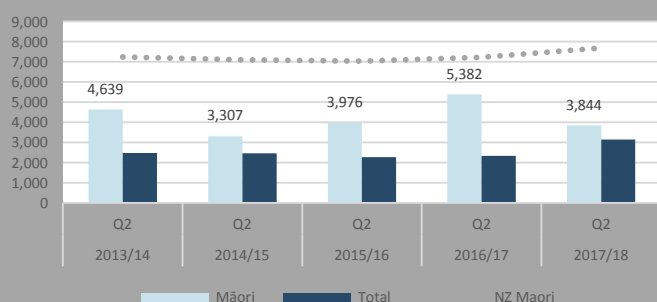
CANCER
% of eligible women aged 25-69 years who had a cervical screen in the previous three years



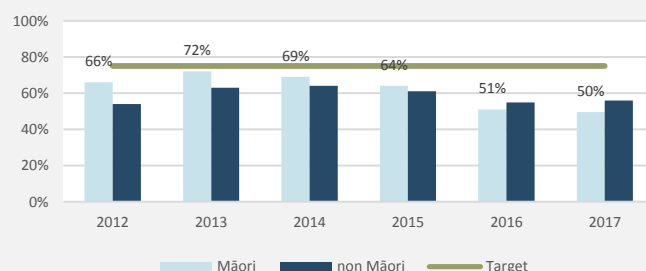
CANCER
% of eligible women aged 50-69 years who had a breast screen in the previous two years



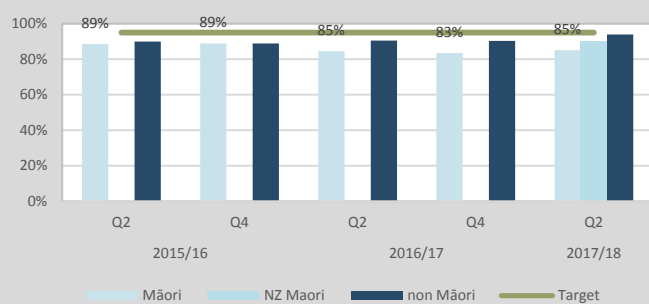
EARLY INTERVENTION
ASH rate per 100 000 people - Adults 45-64 years old



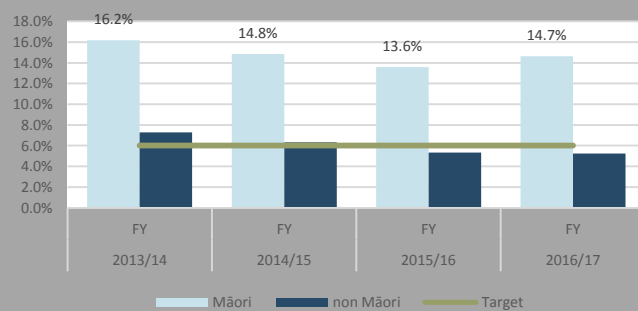
IMMUNISATION - INFLUENZA
% of population (65+ years) who have had a seasonal influenza vaccination



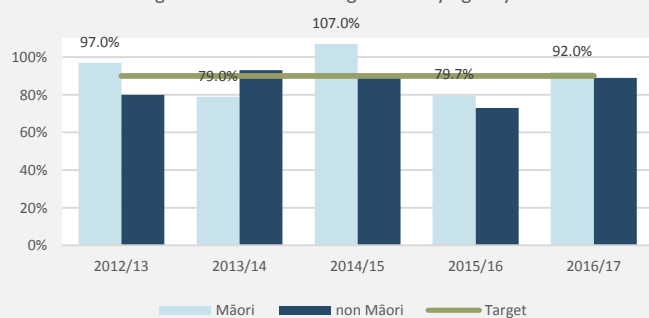
ENGAGEMENT % of the population enrolled with a PHO



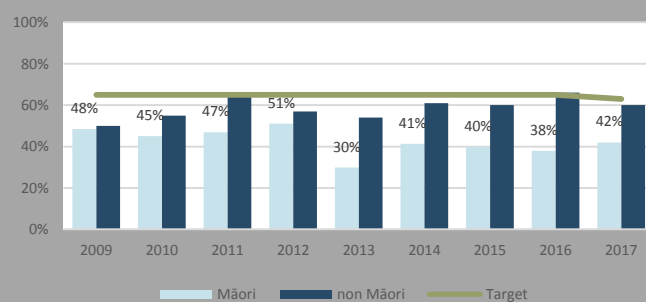
NON ATTENDANCE % of Did Not Attend responses to outpatient appointments



B4SCHOOL CHECK Percentage of children receiving a B4SC by age 4 years



ORAL HEALTH % of childrent caries free at age 5 years



ADVISORY COMMITTEE FINANCE REPORT TO 31 MAY 2018



TO: Chair and Members
West Coast Advisory Committee

SOURCE: Finance

DATE: 29 June 2018

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The purpose of this paper is to provide a regular monthly 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 31 May 2018.

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of May 2018 was a deficit of \$600k, which was \$304k unfavourable to budget. The year to date position of a net deficit of \$2.737m is \$1.061m unfavourable to budget.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,110	7,005	105	✓	79,058	77,127	1,931	✓
Governance & Administration	90	69	21	✓	1,253	759	494	✓
Funder	5,260	5,267	(7)	✗	56,319	58,049	(1,730)	✗
	12,460	12,341	119	✓	136,630	135,935	695	✓
EXPENSES								
Provider								
Personnel	5,832	5,462	(370)	✗	61,437	59,425	(2,012)	✗
Outsourced Services	2	12	10	✓	112	130	18	✓
Clinical Supplies	774	698	(76)	✗	8,320	7,638	(682)	✗
Infrastructure	1,291	1,074	(217)	✗	11,826	11,611	(215)	✗
	7,899	7,246	(653)	✗	81,695	78,804	(2,891)	✗
Governance & Administration	89	69	(20)	✗	820	758	(62)	✗
Funder	4,907	4,915	8	✓	52,887	53,569	682	✓
Total Operating Expenditure	12,895	12,230	(665)	✗	135,402	133,131	(2,271)	✗
Surplus / (Deficit) before Interest, Depn & Cap Charge	(435)	111	(546)	✗	1,228	2,804	(1,576)	✗
Interest, Depreciation & Capital Charge	165	407	242	✓	3,965	4,480	515	✓
Net surplus/(deficit)	(600)	(296)	(304)	✗	(2,737)	(1,676)	(1,061)	✗

4. APPENDICES

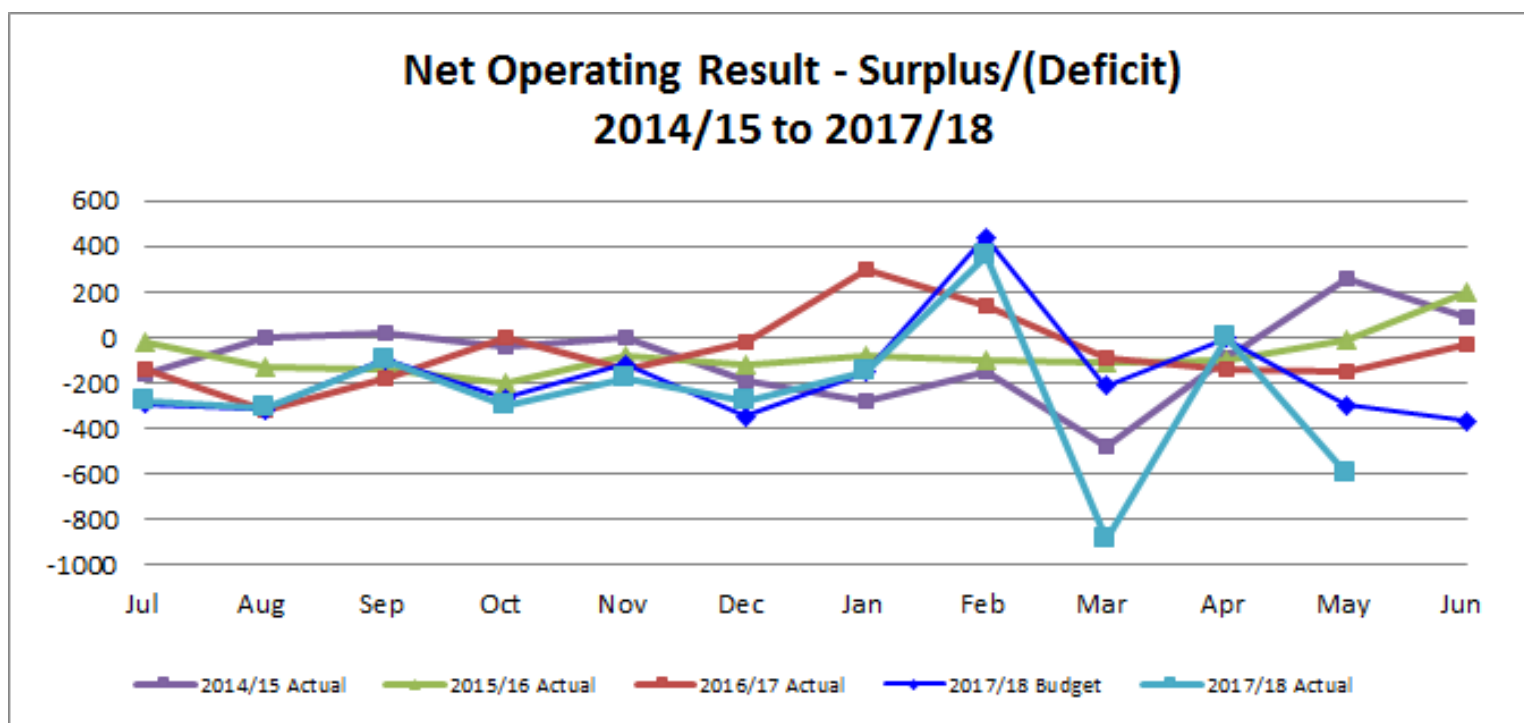
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

Report prepared by: Justine White, Executive Director Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – MAY2018

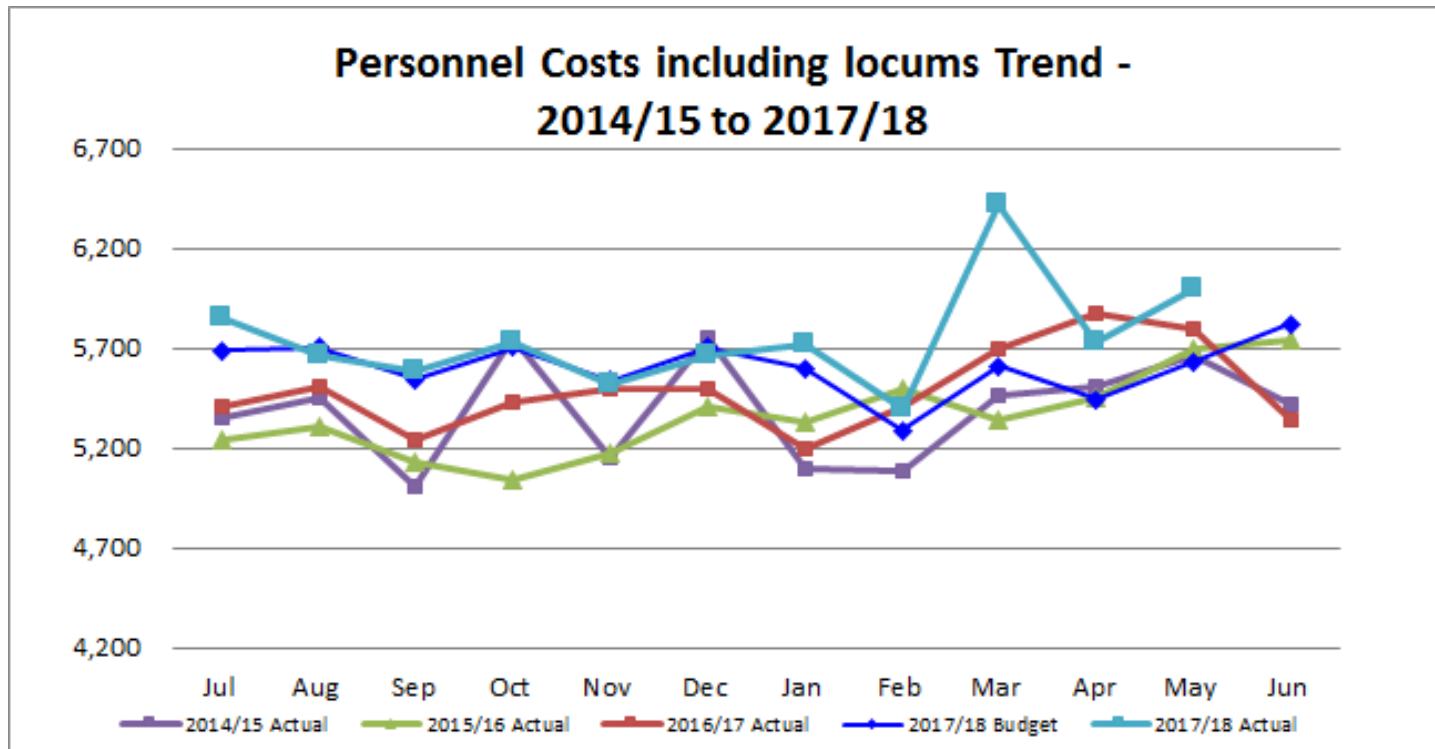
	Month Actual \$'000	Month Budget \$'000	Month Variance		YTD Actual \$'000	YTD Budget \$'000	YTD Variance	
Surplus/(Deficit)	(600)	(297)	(303)	102% ✗	(2,737)	(1,675)	(1,062)	63% ✗



We have submitted an Annual Plan with a planned deficit of \$2.041m, 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 anticipated delays in regard to plans for ARC/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	1,590	1,512	(78)	-5%	16,823	16,355	(468)	-3%
Nursing	2,542	2,298	(244)	-11%	27,064	25,272	(1,792)	-7%
Allied Health	980	998	18	2%	10,221	10,688	466	4%
Support	106	95	(11)	-12%	1,102	1,020	(82)	-8%
Management & Admin	772	744	(28)	-4%	8,048	8,112	63	1%
Total	5,990	5,647	(343)		63,258	61,447	(1,812)	

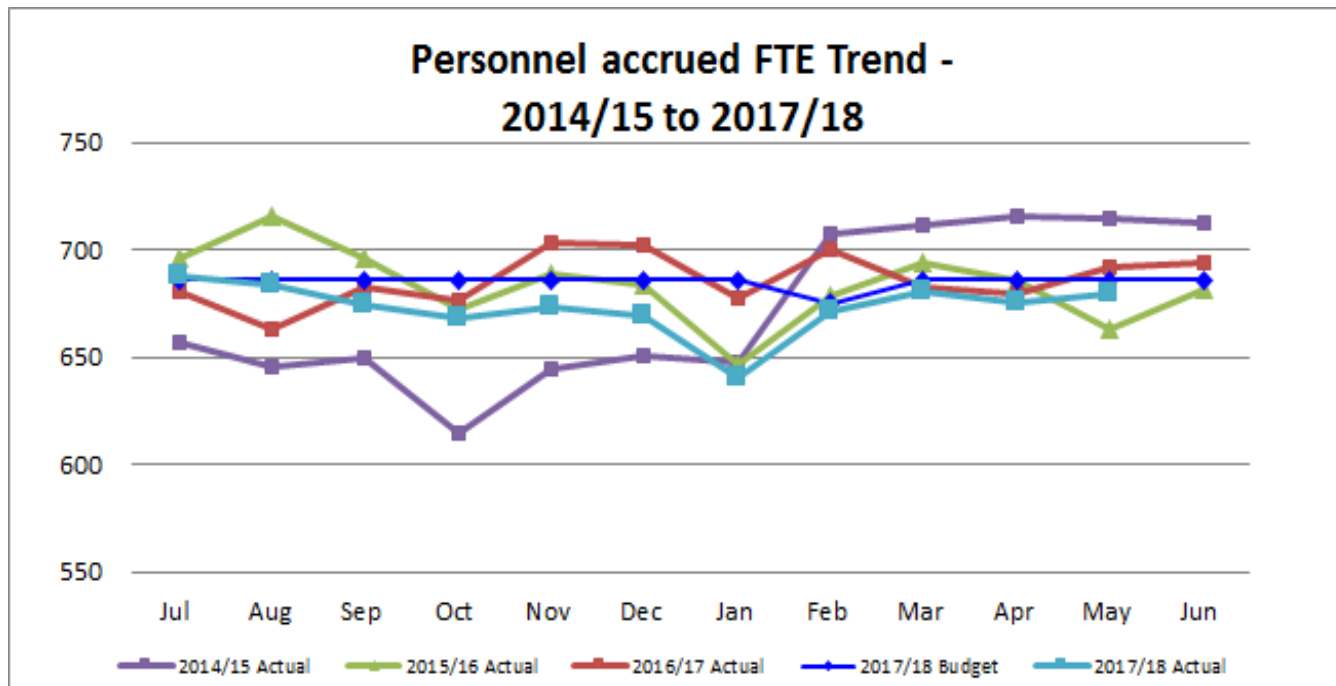


Personnel expenses (combined employee costs and outsourced services) has been impacted by the inclusion of some components of anticipated MECA settlements.

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	44	39	(5)	-12%	✗	41	39	(2)	-4% ✗
Nursing	320	325	5	2%	✓	322	325	3	1% ✓
Allied Health	171	178	7	4%	✓	168	178	10	6% ✓
Support	18	18	0	3%	✓	17	18	1	3% ✓
Management & Admin	127	126	(2)	-1%	✗	124	126	1	1% ✓
Total	680	686	6			673	686	13	



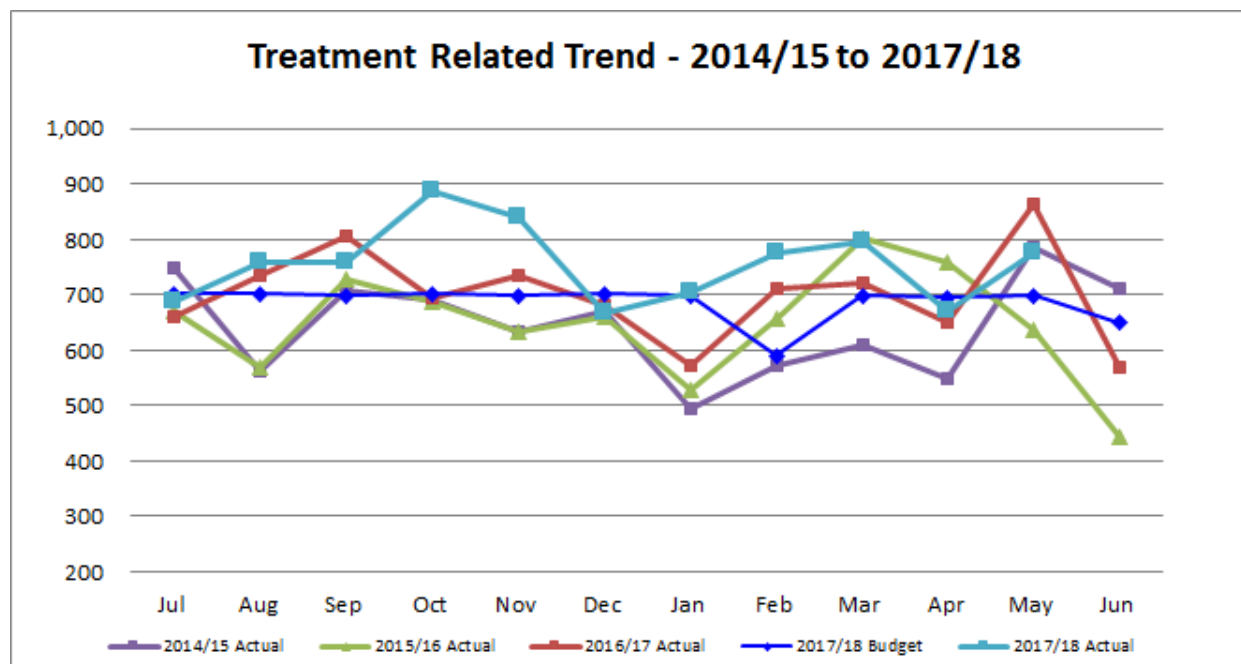
Accrued FTE is influenced by leave taken throughout the period, the current period results are impacted by general employee churn and recruitment of staff in the Buller region.

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	698	(76)	-11%	✗	8,320	7,638	(682)	-9%	✗

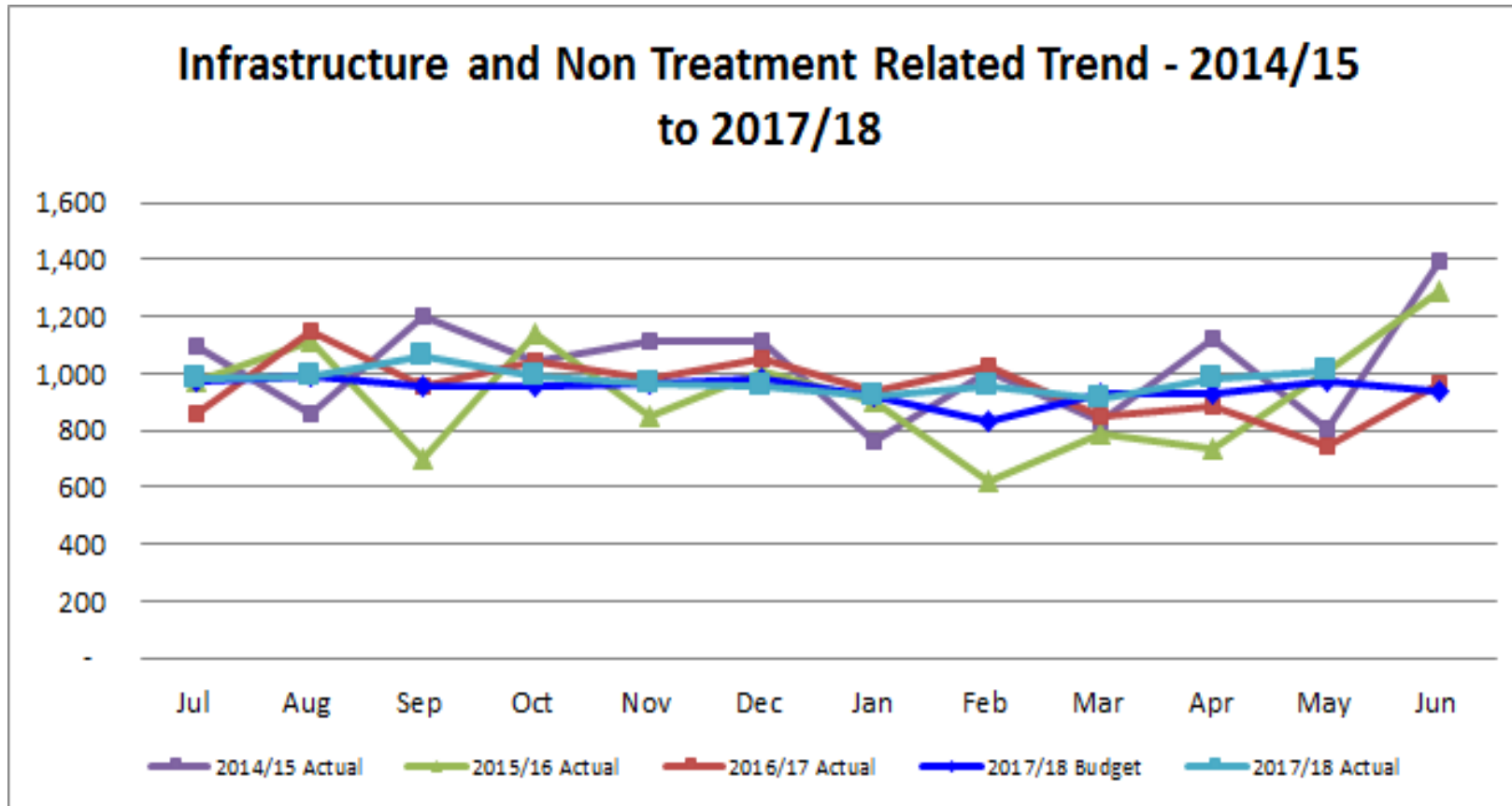


Treatment related costs are unfavourable to budget for the month. The unfavourable variance reflects the continued trend in the use of high cost medicines (oncology and rheumatology pharmaceuticals), and air retrieval costs. In March 2018 we had unplanned expenditure on radiology equipment which also contributed to the unfavourable variance.

KEY RISKS AND ISSUES: High cost treatments 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	1,011	970	(40)	-4% X	10,709	10,388	(322)	-3% X

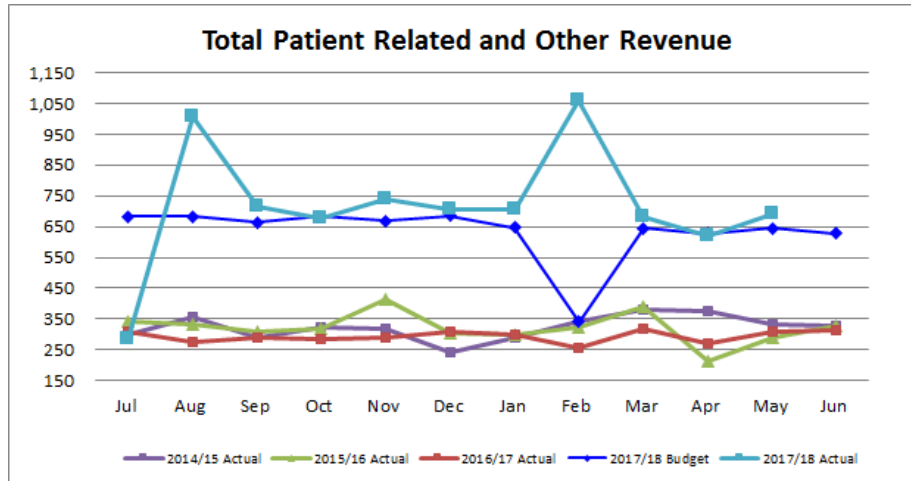


No major variance to report for this month. This category of expenditure is closely monitored to ensure appropriate plans are in place to remain on budget over the year.

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

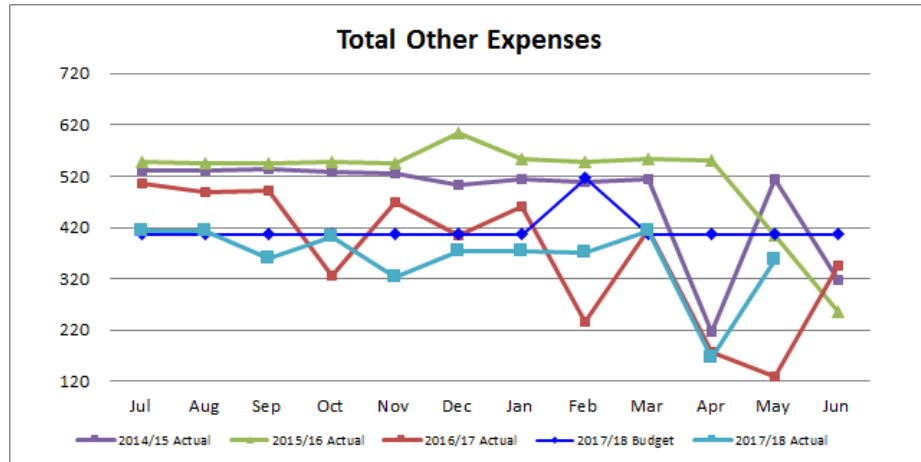
OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Interest Received	31	35	(4)	-13% ✗	349	385	(36)	-9% ✗
Donations	1	-	1	0% ✓	2	-	2	0% ✓
Rental	17	16	1	9% ✓	174	174	(0)	0% ✗
Other	90	18	72	100% ✓	724	205	519	253% ✓
Total Other Revenue	139	69	70	101% ✓	1,249	764	484	63% ✓
Interest Expense	-	-	-	0% ✓	-	-	-	0% ✓
Depreciation	241	283	42	15% ✓	2,693	3,116	423	14% ✓
Capital Charge Expense	117	124	7	6% ✓	1,272	1,364	92	7% ✓
Total Other Costs	358	407	49	12% ✓	3,965	4,480	515	12% ✓



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.



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	22,368	24,865	(2,498)	-10%	✗	104,272
Cash	11,540	10,804	736	7%	✓	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

31 May 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	11,624	11,554	70	0.6%	127,167	127,149	18	0.0%	138,695	137,591
Inter DHB Revenue	0	0	0	0.0%	13	0	13	0.0%	1	2
Inter District Flows Revenue	143	142	1	0.7%	1,567	1,562	5	0.3%	1,706	1,661
Patient Related Revenue	554	576	(22)	(3.8%)	6,633	6,460	173	2.7%	7,017	2,666
Other Revenue	139	69	70	100.9%	1,249	764	484	63.4%	834	851
Total Operating Revenue	12,460	12,341	119	1.0%	136,629	135,935	694	0.5%	148,252	142,771
Operating Expenditure										
Personnel costs	5,990	5,629	(361)	(6.4%)	63,258	61,250	(2,008)	(3.3%)	67,073	65,887
Outsourced Services	0	0	(0)	0.0%	3	0	(3)	0.0%	0	(9)
Treatment Related Costs	774	698	(76)	(10.9%)	8,320	7,638	(682)	(8.9%)	8,288	8,402
External Providers	3,317	3,231	(86)	(2.7%)	35,571	35,003	(568)	(1.6%)	38,162	35,843
Inter District Flows Expense	1,591	1,685	94	5.6%	17,316	18,567	1,251	6.7%	20,258	17,317
Outsourced Services - non clinical	19	18	(1)	(5.9%)	223	195	(28)	(14.4%)	214	229
Infrastructure and Non treatment related costs	1,011	970	(40)	(4.2%)	10,709	10,476	(233)	(2.2%)	11,412	11,446
Total Operating Expenditure	12,702	12,231	(471)	(3.9%)	135,401	133,130	(2,271)	(1.7%)	145,406	139,116
Result before Interest, Depn & Cap Charge	(242)	110	(352)	(319.4%)	1,228	2,805	1,577	56.2%	2,846	3,655
Interest, Depreciation & Capital Charge										
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0	343
Depreciation	241	283	42	14.9%	2,693	3,116	423	13.6%	3,400	3,373
Capital Charge Expenditure	117	124	7	5.6%	1,272	1,364	92	6.7%	1,488	739
Total Interest, Depreciation & Capital Charge	358	407	49	12.1%	3,965	4,480	515	11.5%	4,888	4,455
Net Surplus/(deficit)	(600)	(297)	(303)	(102.0%)	(2,737)	(1,675)	(1,062)	(63.4%)	(2,041)	(800)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(600)	(297)	(303)	(102.0%)	(2,737)	(1,675)	(1,062)	(63.4%)	(2,041)	(800)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 May 2018

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment	21,853	22,780	(927)	(4.1%)	23,623
Intangible assets	404	334	70	21.1%	636
Work in Progress	4,723	3,194	1,529	47.9%	3,194
Other investments	567	567	0	0.0%	0
Total non-current assets	27,547	26,874	673	2.5%	27,453

Current assets

Cash and cash equivalents	11,540	10,804	736	6.8%	10,811
Patient and restricted funds	57	74	(17)	(23.4%)	72
Inventories	1,094	1,007	87	8.7%	1,060
Debtors and other receivables	3,913	5,123	(1,210)	(23.6%)	4,992
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	16,604	17,008	(404)	(2.4%)	16,935

Total assets

44,151	43,882	269	0.6%	44,387
---------------	---------------	------------	-------------	---------------

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,960	2,703	(257)	(9.5%)	2,779
Other	71	70	(1)	(1.3%)	70
Total non-current liabilities	3,031	2,773	(258)	(9.3%)	2,848

Current liabilities

Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	8,478	6,679	(1,798)	(26.9%)	6,875
Employee entitlements and benefits	10,274	9,564	(710)	(7.4%)	9,557
Total current liabilities	18,752	16,244	(2,509)	(15.4%)	16,431

Total liabilities

21,783	19,017	(2,767)	(14.5%)	19,280
---------------	---------------	----------------	----------------	---------------

Equity

Crown equity	86,062	87,494	1,432	1.6%	86,062
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(85,776)	(84,710)	1,066	1.3%	(83,036)
Trust funds	0	0	0	0.0%	0
Total equity	22,368	24,865	2,498	10.0%	25,108

Total equity and liabilities

44,151	43,882	269	0.6%	44,387
---------------	---------------	------------	-------------	---------------

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

Statement of cash flows

For period ending

31 May 2018

in thousands of New Zealand dollars

Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue

Cash paid to employees

Cash paid to suppliers

Cash paid to external providers

Cash paid to other District Health Boards

Cash generated from operations

Interest paid

Capital charge paid

Net cash flows from operating activities

Cash flows from investing activities

Interest received

(Increase) / Decrease in investments

Acquisition of property, plant and equipment

Acquisition of intangible assets

Net cash flows from investing activities

Cash flows from financing activities

Proceeds from equity injections

Repayment of equity

Cash generated from equity transactions

Borrowings raised

Repayment of borrowings

Payment of finance lease liabilities

Net cash flows from financing activities

Net increase in cash and cash equivalents

Cash and cash equivalents at beginning of period

Cash and cash equivalents at end of year

	Monthly Reporting					Year to Date			
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance
Cash receipts from Ministry of Health, patients and other revenue	12,306	12,320	(14)	(0.1%)	11,356	136,954	135,515	1,439	1.1%
Cash paid to employees	(5,775)	(5,499)	(276)	(5.0%)	(5,777)	(62,419)	(62,215)	(204)	(0.3%)
Cash paid to suppliers	(1,869)	(1,552)	(316)	(20.4%)	(938)	(19,207)	(17,920)	(1,287)	(7.2%)
Cash paid to external providers	(2,662)	(3,180)	518	16.3%	(2,679)	(32,296)	(34,981)	2,685	7.7%
Cash paid to other District Health Boards	(2,245)	(1,688)	(557)	(33.0%)	(1,388)	(19,451)	(18,569)	(882)	(4.7%)
Cash generated from operations	(245)	400	(645)	(161.3%)	574	3,581	1,829	1,751	95.7%
Interest paid	0	0	0	0.0%	(57)	0	0	0	0.0%
Capital charge paid	0	(124)	124	100.0%	(68)	(687)	(1,364)	677	49.6%
Net cash flows from operating activities	(245)	276	(521)	(188.8%)	449	2,894	465	2,428	521.7%
Cash flows from investing activities									
Interest received	31	35	(4)	(12.8%)	41	389	385	4	1.0%
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0	0.0%
Acquisition of property, plant and equipment	(350)	(208)	(142)	(68.4%)	(29)	(2,555)	(2,288)	(267)	11.7%
Acquisition of intangible assets	0	0	0	0.0%	0	0	0	0	0.0%
Net cash flows from investing activities	(320)	(173)	(147)	84.9%	12	(2,166)	(1,903)	(263)	(13.8%)
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%
Cash generated from equity transactions	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	(565)	103	(668)	(649.0%)	461	728	(8)	736	(9751.3%)
Cash and cash equivalents at beginning of period	12,104	10,701	1,403	13.1%	8,733	10,811	10,811	(0)	(0.0%)
Cash and cash equivalents at end of year	11,539	10,804	736	6.8%	9,194	11,539	10,804	736	6.8%

Disability Support Services e-newsletter

No. 69 May 2018

ISSN 2253-1386

From Toni Atkinson Group Manager Disability Support Services



Welcome to the May edition of our disability newsletter. It's hard to believe we are nearly halfway through the year!

In April we held our Consumer Consortium meeting. This meeting is held over three days with people from a range of organisations that represent people with a disability. I was pleased to attend a presentation by William Luskie, a consumer consortium member who talked about his experience moving out of residential care and into a flat of his own. It was shocking to hear from William how little control he had over his life in a residential service and his struggle to make his own choices on how and where he wanted to live. It was a timely reminder to us all that the Community Residential Strategy is about how we change this experience for all the future 'Williams'.

We are also making progress on our other strategy work – Whāia te ao Mārama (Māori Disability Action Plan), Faiva Ora (Pasifika Disability Action Plan) and Transforming Respite. These documents are on the Ministry's website, health.govt.nz if you would like to understand more about the strategy work we are doing over the coming year.

May is a busy time for us as we work to land our budget for 2018/19. Trying to meet growing demand pressures, particularly for equipment, respite and behaviour support, and responding to wider cost pressures across the sector continues to be an ongoing challenge.

We are excited about the progress that is being made on System Transformation. You can find out more in this newsletter and by accessing the Enabling Good Lives website www.enablinggoodlives.co.nz

Please take the time to read about developments in Disability Support Services. We are always happy to receive your feedback.

Contents

Page 2

Enabling Good
Lives

Page 4

System
Transformation

Page 6

Spotlight on
Quality

Page 7

DSS Project
Updates

Page 9

News from Our
Providers

Page 11

Upcoming
Disability Events

Page 12

A Reminder to
Our Providers

Enabling Good Lives

Christchurch

Hannah Perry, Enabling Good Lives Lead, Ministry of Health

Kia ora koutou. The Enabling Good Lives Christchurch team continue to meet young people who are leaving school this year to help them and their families to plan for and build connections for a great life in a welcoming community.

As young people transition from school, their teachers and supporters are encouraging flexibility which, for many students, will result in less time in the classroom and more time in the community as the year progresses.

I had the pleasure of attending an individual education plan meeting recently, where I saw the principles of Enabling Good Lives in action. The young woman was encouraged to take a leadership role within her school, and her views and ideas were asked for and actioned throughout the meeting. The focus was for her to use her final year at school to gain the credits she needs for the further education she is hoping to pursue. Her perspective was sought over the best use of her teacher aide hours, and there was emphasis on making sure that any decisions made promoted the young woman's social inclusion, sense of belonging and enhanced her mana both within and beyond the school environment. She was encouraged to extend herself, to aim high and to believe in herself as it was clear to everyone in the room that she was very capable.

Our annual Next Steps Expo was held in April, and showed how 38 service providers and community groups worked together to plan and run the event. Special thanks must go to Rawdon Wallace from IDEA Services for his oversight and organisation. Collaboration was evident on the day. As we learnt more about what others had to offer, we were able to suggest and create alternative options and possibilities. For example, 'instead of always having residential respite in a group home, perhaps you could use that same funding and go for a mini-break supported by the organisation at the next table!'

The highlight of the event was the young entrepreneurs who were selling their products and creations: Kate from Kate's Art Shed, Tamara from Pure Delight Aromatherapy and Olivia from Live Life Creatively (look them up on Facebook and place some orders!).



Kate from Kate's Art Shed



Tamara from Pure Delight Aromatherapy



Olivia from Live Life Creatively



Something Delicious

The social enterprise Something Delicious kept us all well fed. I can't think of a better way to showcase what is possible, and I know that many of the attendees and their families will have taken inspiration and encouragement from these young people.

Waikato

Kate Cosgriff, Director, Enabling Good Lives Waikato

There are now 318 disabled people and families engaged in Enabling Good Lives Waikato, with 264 people with a personal budget in place. The great majority of people manage their own funding and are flexibly buying the supports, services and items that make sense for them.

A highlight in early February was a visit from Minister Sepuloni and local Hamilton MP Jamie Strange. The Minister met with the leadership group, the lead evaluator, the director and three participants. Minister Sepuloni was particularly interested in how Enabling Good Lives works on the ground and what the impact has been for the disabled people and family she met with. It was a positive visit and the Enabling Good Lives participants really enjoyed meeting the Minister. We also had a visit from Paula Tesoriero, the Disability Rights Commissioner, who also really enjoyed meeting people participating in Enabling Good Lives.

The Waikato team continues to contribute to the system transformation work, including participating in several working groups and virtual testing groups and responding to a wide range of queries from both the transformation team and stakeholders in MidCentral. It is exciting to see developments and their alignment with Enabling Good Lives.

A number of new videos have been made or are in development and are on the Enabling Good Lives website www.enablinggoodlives.co.nz. The video posted in February incorporated our kaumātua, Matua Tame Pokaia, talking about the important concepts of mana and manaaki, followed by three people sharing their Enabling Good Lives experiences.

Demand for Enabling Good Lives Waikato remains high. Quite a number are young people who want to create positive futures as young adults. The flexibility offered by Enabling Good Lives has supported many young people to build a great life after school.



Recent feedback received from a young person and his family:

Sam: 'It's been cool, I'm glad I have things to do this year.'

Sam's mum: 'It has been fantastic. I wish I had heard of Enabling Good Lives sooner, before what happened at school, it could have all been avoided . . . it meets what we actually need and want with Sam's life.'

And feedback from a dad who is raising his children on his own. This feedback was at his 12-month catch up, as he was thinking back on his teenage daughter's first year with Enabling Good Lives:

'I'm 100 percent better in myself. I'm not exhausted at the end of the year, like I've been other years and am not stressed. I've been sleeping better for the past 4 months.'

System Transformation

Sacha O'Dea, Programme Lead, Ministry of Health

There is excitement among the system transformation team that the Government has given the go-ahead to trial the new disability support system.

It will be launched on 1 October 2018, initially in MidCentral, which includes Palmerston North, Horowhenua, Manawatu, Ōtaki and Tararua districts.

The funding of \$23.842 million over two years is to implement the new system and to continue the demonstrations in Christchurch and Waikato.

Its features include:

- being welcomed into the system and finding out information in multiple ways
- access to a connector who will walk alongside disabled people and whānau to help them identify what they want in their lives, and the supports available
- easy-to-use information and processes
- connected support across government
- streamlined funding and allocation, including access to a personal budget to be used flexibly
- capability funding for disabled people and whānau to build their skills
- greater system accountability for disabled people and whānau.

There will be a try, learn and adjust approach when the new system is up and running in MidCentral. Feedback from disabled people and whānau will help improve and finalise the system before it is rolled out across New Zealand. Decisions on the final model and expansion will be sought from Cabinet in 2020.

For disabled people and whānau in MidCentral, whatever support they are getting on 30 September 2018, they will have on 1 October 2018. There will be no change until either they contact somebody in the new system, ie, a connector or disability information specialist, or disabled people and whānau are contacted on their regular review date.





Members of the disability sector meet Ministers Sepuloni and Genter in Palmerston North.

At that point, the connector will work with disabled people and whānau to identify the supports they require to live the life they are seeking. Even then, if disabled people and whānau like the supports they are getting, they can continue to receive them.

Two teams

For a long time, we have heard there is a real need to keep the Connector role, an ally who can walk alongside disabled people and families, separate from funding decisions. To do this, there will be two teams. One will be about the front face and connecting with disabled people and whānau. This will be a new team made up of connectors and a network builder, which will be established within the Ministry of Health.

The second, the back office team, will be made up of government liaisons, disability information specialists and business and administration roles. This team will be delivered and led by Enable, the current NASC, and there have been questions as to why it is continuing to be involved. This is a temporary and practical step ahead of the set-up of the future organisation. Decisions about the future options for this organisation will be developed for the Ministers' consideration.

Providers

There have been questions from providers about whether they will still have contracts. Providers will have contracts; either individual contracts with disabled people and their whānau or with the Ministry for those disabled people and whānau who do not wish to be on an individual agreement.

This is what we think might happen and will be tested.

- A high number of disabled people are expected to choose to continue with government-contracted supports, at least to begin with.
- We expect the number of disabled people who choose to make major changes to their support to be between 10 and 30 percent of the disabled population by the end of two years.
- As well, a number of support types are unlikely to be wholly purchased through personal budgets. The details of how those supports will be purchased are being developed for Cabinet decisions in June. Those mixed models of funding will be made available once those decisions have been made.



Looking forward

There is still a lot to do before the new system is launched. There is work on market shaping, brand and identity, tax treatment, early intervention, monitoring and evaluation, and developing funding allocation, process and tools. The first phase of information on funding allocation is out for virtual testing, and if you would like to participate, please contact us at STfeedback@moh.govt.nz

Spotlight on Quality

Annual audit and developmental evaluation programme

Christina Curd, Senior Advisor, Ministry of Health

Developmental evaluations and audits provide useful information for both Disability Support Services and providers to support the continuous quality improvement of their services and to keep the focus on ensuring quality of life outcomes are achieved for disabled people.

The audit and developmental evaluation programme is carried out annually by Disability Support Services. The programme makes sure DSS-funded providers are meeting their contractual obligations and that disabled people are receiving quality services. It also identifies developmental opportunities for improvement for providers, DSS and the wider health sector. The programme covers a routine sample of all DSS-funded services.

DSS may also carry out issues-based audits as necessary. As much as possible, we strive to reduce the compliance burden on providers by coordinating with the HealthCERT audit programme and the MSD accreditation programme.

Who does the audits and developmental evaluations?

DSS contracts with four independent agencies to carry out the developmental evaluations and audits:

- Enhancing Quality Services (EQS)
- Standards and Monitoring Services (SAMS)
- Margaret Wylie
- Dr Aloma Parker.

Agencies are allocated audits or developmental evaluations based on their location, skills and knowledge. For more information on auditors and evaluators, please see www.health.govt.nz/our-work/disability-services/contracting-and-working-disability-support-services/audit-and-evaluation-disability-service-providers/developmental-evaluation-disability-support-services/about-lead-developmental-evaluators

If you have been involved with a DSS-funded audit or developmental evaluation, we are keen to hear your feedback about our evaluation agencies. Please email your feedback to disability@moh.govt.nz





Where can I find the developmental evaluation and audit reports?

For services that are certified under the HealthCERT programme (residential services with five or more beds in a house) the Ministry publishes the summary reports resulting from midpoint developmental evaluations. Evaluation summary reports fully protect the rights and confidentiality of all people in the disability service evaluated. The midpoint summary reports can be read at www.health.govt.nz/our-work/disability-services/contracting-and-working-disability-support-services/audit-and-evaluation-disability-service-providers/developmental-evaluation-disability-support-services

For all other reports, please contact the relevant provider.

DSS Project Updates

Transforming Respite

Deborah Mills, Development Manager, Ministry of Health

In April 2018, we published a report on the disability respite market. This publication helps current and prospective providers of respite support and services to better understand the characteristics of the respite market in each region and areas of expected demand.

As part of implementing the respite strategy, we would like to see a diverse range of respite options available, so that disabled people and their families/whānau have a choice of both mainstream and disability specific services and family and community support.

We are encouraging mainstream and disability-specific providers and non-governmental organisations to work with disabled people, families/whānau and community groups to design innovative respite solutions in response to local demand.

The report is on our website: www.health.govt.nz/publication/disability-respite-market

If you would like any further information, please email respitestategy@moh.govt.nz

Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan

Jason Moses, Senior Advisor Maori, Ministry of Health

Whāia Te Ao Mārama is a culturally anchored approach to supporting Māori with disabilities (tāngata whaikaha) and their whānau because Māori are more likely to be disabled in New Zealand than other ethnicities.

Most tāngata whaikaha identify as Māori first, so access to Te Ao Māori (the Māori world) is important to them.





The previous version of the plan, Whāia Te Ao Mārama 2012 to 2017, led to changes that improved outcomes for tāngata whaikaha and their whānau. While much has been achieved between 2012 and 2017, improving outcomes for tāngata whaikaha and their whānau remains an important priority.

Whāia Te Ao Mārama:

- supports tāngata whaikaha to achieve their aspirations and to reduce the barriers they face
- builds on the foundation, vision and outcomes of Whāia Te Ao Mārama 2012 to 2017
- outlines progress and changes since 2012
- documents goals and actions for 2018 to 2022
- was developed in partnership with Māori disability stakeholders and with the oversight and endorsement of Te Ao Mārama: the Māori Disability Advisory Group.

Whāia Te Ao Mārama recognises that everyone must work together to achieve the vision – tāngata whaikaha pursue a good life with support. It outlines what the Ministry is committing to do from 2018 to 2022 and provides examples of actions tāngata whaikaha, whānau, health and disability providers, iwi and other organisations can take.

Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan is on the Ministry website: www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-maori-disability-action-plan

Purchasing Guidelines

Murray Penman, Development Manager, Ministry of Health

The Ministry of Health Purchasing Guidelines have been revised and a new version is on the Ministry website: www.health.govt.nz/publication/what-people-can-buy-disability-funding-ministry-health-purchasing-guidelines

These Purchasing Guidelines are used for:

- Enhanced Individualised Funding – available in the Bay of Plenty region
- Choice in Community Living – available in Auckland, Waikato, Hutt and Otago/Southland regions
- Enabling Good Lives Christchurch demonstration.

The revised Purchasing Guidelines now have four criteria. People can use funding to purchase supports that:

1. help people live their life or makes their life better
2. are a disability support
3. are reasonable and cost effective
4. are not subject to a limit or exclusion, for example, illegal activity.

Training for Choice in Community Living providers, Flexible Disability Supports providers, host providers and NASCs is being held this month.

Kapa haka leaders call in the experts

Kapa Haka enthusiasts from all over the country flew into Auckland in December last year for a master class in Māori performing arts.

Around 70 IHC/IDEA services staff and kiritaki (Māori service users) spent a day at Te Manukanuka o Hoturoa Marae at Auckland airport polishing their performance skills ahead of an IDEA Services national kapa haka festival being held later this year.

A key concept within Whāia Te Ao Mārama 2018 to 2022 is 'Te Ao Māori', which sets a vision that tāngata whaikaha Māori (Māori people with disabilities) have access to Te Ao Māori, which includes being active in whanau, hapū and iwi including hui, tangihanga, iwi development and celebrations.

Te Anga Paua Kapa Haka Symposium, the master class, organised by the IDEA Services Māori Advisory Committee, was supported by leading national kapa haka experts Te Matatini and early childhood leadership programme Rukumoana Te Kohanga Reo.

Annette Wehi from Te Matatini told Māori TV's Te Kāea: 'Their goal is to perform on the Te Matatini stage. We all know how difficult that is, but there's no harm in trying.'

Taki Peeke, Kaitakawaenga (IDEA Services Māori Advisor), says kapa haka is an important part of connecting people with disabilities with their Māori culture. 'We are using kapa haka as the vehicle to drive it,' he told Te Kāea.

Northern Region General Manager Vonny Davis says 'kapa haka opens the door for people to their Māoritanga. It's kapa haka that has kept and retained the history and culture'.

The majority of IDEA Services staff and kiritaki have never had formal teaching of kapa haka, but they see their peers and whānau performing on stage and television and many want to take part. At the same time, many cultural festivals



James Riini (left) and Kris Roguski hold the taonga that carries the mauri for the IDEA Services kapa haka festivals and is passed on from area to area. James works as a Support Worker for IDEA Services in Eastern Bay/Whakatane and Kris is a service user living in Rotorua.



Annette Wehi from Te Matatini leads one of the sessions.



← have strong expectations on items that need to be performed, and performing on stage in front of audiences from 500 to 5000 people can be a hugely daunting experience for our kiritaki.

Participants in the December symposium were shown how to teach and deliver mōteatea (chant), waiata-ā-ringā (action song), poi, haka and waiata tira (choral), and stagecraft. Workshops also focused on composition of kupu (words) and taki (beat) appropriate to the learning ability of people with disabilities. The sessions were filmed to share with groups all over the country.

The plan is to have a national festival every two years, alternating with regional festivals. Regional and national IDEA Services kapa haka festivals will be non-competitive and designed to support kiritaki to participate and improve their capability with performances.

Anywhere between 800 and 1000 are expected to attend the national festival in Hamilton in December this year. 'We know the interest is out there with other providers,' Vonny says.

Mahi Rawe

Te Pou o te Whakaaro Nui is proud to be progressing work on Mahi Rawe, a programme that aims to increase diversity in the disability workforce so more disabled people can be supported by people of a similar age and cultural background to them.

To promote career pathways to prospective entrants to the disability workforce, Te Pou is developing a series of online courses aimed at supporting jobseekers to build the skills and knowledge they need.

Once jobseekers have completed the online courses, they will have the opportunity to reflect on their confidence and work readiness and identify roles in the workforce that will suit them the most.

One of the courses, developed in partnership with leading experts and thought leaders, The 7 Real Skills will support job seekers to develop the seven essential skills under the Let's Get Real: Disability framework – New Zealand's flagship disability workforce quality initiative.

Let's Get Real: Disability sets out the essential attitudes, values, skills and knowledge needed by everyone who works in disability. It aims to support the disability workforce to better meet the needs and aspirations of disabled people, their carers, families and whānau, now and in the future.

Working in the disability sector is an incredibly rewarding career, and The 7 Real Skills will support job seekers to reflect on all the potential opportunities.



From left Jade Farrar, Te Pou Strategic Disability Advisor shooting a video for The 7 Real Skills with Elena Fa'amoe-Timoteo (MV Consulting), Fatima Akehurst (Pacific Services Co-ordinator, Blind Foundation) and Helen Robertshaw (General Manager Vocational Services, Framework Trust).



The 7 Real Skills will include videos of discussions with disability sector leaders that will give life to Let's Get Real: Disability as they share the importance of each skill from both personal and professional perspectives.

The videos, developed in partnership with disabled persons and whānau with the support of Youthline Manukau, will also address common stigmas around working in the disability sector by sharing positive stories of community success and career development. They will demonstrate to younger people the opportunities that exist within the disability sector, not only from an economic standpoint but also in terms of learning and development.

Te Pou will keep the sector informed of further progress on the Mahi Rawe programme over the coming months. For further information, please contact Manase Lua, Te Pou Disability and Pacific Workforce Manager at Manase.Lua@tepou.co.nz

Upcoming Disability Events

ASID NZ 2018 Conference

Australasian Society for Intellectual Disability

The ASID NZ 2018 Conference is being held at Rydges Hotel in Wellington on 2 and 3 July. The theme of the conference is: 'Responding to the call – Building partnerships that enrich lives'.

The keynote speakers are:

- Judge Andrew Beecroft – Children's Commissioner
- Dr Sheridan Forster (Australia) – speech pathologist and researcher focussing on how to maintain contact with people who may not use or understand speech
- Dr Martyn Matthews (NZ) – specialist in intellectual disability and autism
- Sarah Letch – BILD (UK) – specialist educator in positive behaviour support (TBC).

ASID aims to improve the quality of life for people with an intellectual disability by promoting evidence based practice. ASID conferences are a great place to keep up to date with the latest in the New Zealand intellectuality disability sector and also to develop relationships with others involved in the sector.



International Initiative for Disability Leadership Network Meeting

Every 18 months, the International Initiative for Disability Leadership (IIDL) hosts a network meeting and exchange in association with its sister body in Mental Health (IIMHL). This year, the meeting and exchange is being held in Stockholm, Sweden, for the first time, on 28 May to 2 June 2018.

New Zealand is a sponsoring country of IIDL, and many disability sector leaders have had the opportunity to attend these network meetings and exchanges in different countries around the world.

This year's theme is Building Bridges Beyond Borders. Attendance at the meeting and matches is free for New Zealand participants.

If you would like more information on this event, you can access the website at:
www.iimhl.se

A Reminder to Our Providers

Vulnerable Children Act 2014: Safety Check by 1 July 2018

Lara Penman, Manager Quality, Ministry of Health

The Vulnerable Children Act 2014 (the Act) introduced measures to ensure that children are better protected from abuse and neglect both in their homes and in the community. The Act requires all paid employees and contractors who work with children for state-funded organisations to be safety checked. The requirements also apply to people doing unpaid work with children as part of an educational or vocational training course (eg, trainees or students). The purpose of the safety check is to protect children and to keep them safe from harm. All existing core workers will need to have this safety check by 1 July 2018.

A detailed letter is being emailed to all DSS providers this week, outlining what is required and to provide some guidance on the process for getting children's workers checked by 1 July 2018.

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 or removed from the email list for 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	Operational Update Community & Public Health Update Planning & Funding Update Maori Health Update Alliance Update Finance Update	Hospital Services Dashboards Community & Public Health Update Planning & Funding Update Maori Health Dashboards Alliance Update Finance Report 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 Presentation Mental Health Update	Facilities Presentation Briefing – Aerial 1080	Rural Health Services	Oral Health Presentation	Alliance Presentation
DISABILITY REPORTING	Disability Support Services Newsletter		Disability Support Services Newsletter	Disability Action Plan Update	Disability Support Services Newsletter	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 2019 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