



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

## **ADVISORY COMMITTEE MEETING**

**29 March 2019**

**11.20am**

**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

Peter Neame

Nigel Ogilvie

Francois Tumahai

#### EXECUTIVE SUPPORT

David Meates (*Chief Executive*)

Ginny Brailsford (*Team Leader, Planning & Funding*)

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*)

Jacqui Lunday-Johnstone (*Executive Director, Allied Health*)

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 March 2019 commencing at 11.20am**

## ADMINISTRATION

**11.20am**

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 Meeting**

- 15 February 2019

**3. Carried Forward/Action Items**

## REPORTS FOR RECOMMENDATION TO THE BOARD

- |                                     |   |                   |
|-------------------------------------|---|-------------------|
| 4. Accessible West Coast            | Kathy O'Neill<br><i>Planning &amp; Funding</i>  | 11.25am – 11.35am |
| 5. Draft 2019/20 Public Health Plan | Cheryl Brunton<br><i>Community and Public Health</i><br>Gail McLauchlan<br><i>Regional Manager, Community &amp; Public Health</i> | 11.35am – 11.45am |

## REPORTS/PRESENTATIONS

**11.45am**

- |  |   |                   |
|--|---|-------------------|
| 6. Disability Action Plan - Verbal Update & Discussion | Kathy O'Neill<br><i>Planning &amp; Funding</i>                  | 11.45am – 11.55am |
| 7. Community and Public Health Update                  | Cheryl Brunton<br><i>Community and Public Health</i>            | 11.55am – 12.05pm |
| 8. Alliance Update                                     | Cheryl Brunton<br><i>Acting Chair, Alliance Leadership Team</i> | 12.05pm – 12.15pm |
| 9. Operational Update                                  | Philip Wheble<br><i>General Manager, West Coast</i>             | 12.15pm – 12.25pm |

## ESTIMATED FINISH TIME

**12.25pm**

## INFORMATION ITEMS

- West Coast DHB 2019 Meeting Schedule
- 2019 Committee Work Plan – Working Document
- Advisory Committee Revised Terms of Reference

## NEXT MEETING

**Date of Next Meeting:** Friday 10 May 2019

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



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Elinor Stratford <b>Joint Chair</b>	<ul style="list-style-type: none"> <li>Clinical Governance Committee, West Coast Primary Health Organisation The West Coast PHO Clinical Governance Committee (CGC) act as an advisory committee to its Board. The CGC's role is to assist the Board with any clinical aspects that relate to its business.</li> </ul>	N	Perceived
	<ul style="list-style-type: none"> <li>Active West Coast – Committee Member Active West Coast (AWC) is a network of agencies and groups committed to improving the health of West Coasters through the promotion of healthy life styles such as physical activity, nutrition, smoke free, youth and older person's health.</li> </ul>	N	Perceived
	<ul style="list-style-type: none"> <li>West Coast Sub-branch - Canterbury Neonatal Trust – Chairperson</li> </ul>	N	Perceived
	<ul style="list-style-type: none"> <li>Canterbury Neonatal Trust – Trustee The primary focus of The Neonatal Trust (Canterbury) is to support families who are going through or have been through a neonatal journey.</li> </ul>	N	Perceived
	<ul style="list-style-type: none"> <li>Accessible West Coast Coalition Group – Member A group that works together to improve access to all aspects of the community.</li> </ul>	N	Perceived
	<ul style="list-style-type: none"> <li>Kowhai Project Committee - Chair The Kowhai Project, is a community project and is raising money to provide an inner courtyard for staff, patients and visitors including plantings for the entry and the parking areas at the new Te Nikau, Grey Hospital and Health Centre</li> </ul>	N	Perceived
	<ul style="list-style-type: none"> <li>MS - Parkinsons New Zealand – West Coast Committee Member MS Parkinsons provides education, information and help people make informed decisions about living with Parkinson's.</li> </ul>	N	Perceived
Michelle Lomax <b>Joint Chair</b>	<ul style="list-style-type: none"> <li>Daughter is a recipient of WCDHB Scholarship</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Community Law Canterbury - Part-time Advisor on Disability Issues</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Daughter is part of the Rural Medicine Emerging Programme in Greymouth</li> </ul>	N	
Chris Auchinvole <b>Board Member</b>	<ul style="list-style-type: none"> <li>Director Auchinvole &amp; Associates Ltd</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Trustee, Westland Wilderness Trust</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Justice of the Peace</li> </ul>		

	<p>Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand</p> <ul style="list-style-type: none"> <li>Daughter-in-law employed by Otago DHB</li> </ul>	N	
Lynnette Beirne	<ul style="list-style-type: none"> <li>Patron of the West Coast Stroke Group Incorporated</li> <li>Daughter employed as nurse for West Coast DHB</li> <li>Consumer Representative on WCDHB Stroke Coalition Committee</li> <li>Running a Homestay for DHB Students &amp; Staff</li> <li>Member, Accessible West Coast Coalition Group</li> <li>Consumer Representative on West Coast DHB Health of Older Persons Committee</li> </ul>	N N N N N N	Perceived  Perceived
Sarah Birchfield	<ul style="list-style-type: none"> <li>Member, Accessible West Coast Coalition Group</li> <li>Member West Coast DHB Consumer Council</li> <li>Member, West Coast DHB Child &amp; Youth Committee</li> </ul>	N N N	
Jenny Black <b>Board Chair</b>	<ul style="list-style-type: none"> <li><b>Chair, Nelson Marlborough District Health Board</b> Appointed as Chair for a third term by the Minister of Health. Member of Statutory Committees and Audit Committee.</li> <li><b>Chair, South Island Alliance Board</b> The South Island Alliance enables the regions five DHBs to work collaboratively to develop more innovative and efficient health services than could be achieved independently.</li> <li><b>Chair, National DHB Chairs</b> Elected position from the National DHB Chairs.</li> <li><b>West Coast Partnership Group</b> This is a Partnership Group set up by government to provide governance for the facilities development of the new Grey Hospital &amp; Health Centre and a health facility at Buller.</li> <li><b>Health Promotion Agency (HPA) – Member</b> The Health Promotion Agency is an evidence-based health promotion organisation, influencing all sectors that contribute to health and wellbeing. Their key role is to lead and support health promotion initiatives to: promote health and wellbeing and encourage healthy lifestyles; prevent disease, illness and injury; enable environments that support health, wellbeing and healthy lifestyles; and reduce personal, social and economic harm.</li> </ul>	Y  N  N  N  N	Perceived  Perceived  Perceived  Perceived

Kevin Brown <b>Board Member</b>	<ul style="list-style-type: none"> <li>West Coast Electric Power Trust - Trustee The West Coast Electric Power Trust was formed in 1992 as a consequence of the passing of the Energy Companies Act 1992. The six Trustees hold the shares of Westpower Ltd and the associated companies on behalf of the electricity consumers of the West Coast.</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Diabetes West Coast - Patron and Member</li> </ul>	N	Perceived
	<ul style="list-style-type: none"> <li>West Coast Juvenile Diabetes Association - Trustee Diabetes West Coast provides services for people with diabetes.</li> </ul>	N	Perceived
	<ul style="list-style-type: none"> <li>Greymouth Lions Club – Member</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand</li> </ul>	N	
Cheryl Brunton	<ul style="list-style-type: none"> <li>West Coast Rugby League - Hon Vice President West Coast Rugby League is a sporting organisation</li> </ul>	N	Perceived
	<ul style="list-style-type: none"> <li>Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Member - Public Health Association of New Zealand</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Member - Association of Salaried Medical Specialists</li> </ul>	N	
Paula Cutbush	<ul style="list-style-type: none"> <li>Member - West Coast Primary Health Organisation Clinical Governance Committee</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Member – National Influenza Specialist Group</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Member – DISC Trust</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Owner and stakeholder of Alfresco Eatery and Accommodation</li> </ul>	N	
Helen Gillespie <b>Board Member</b>	<ul style="list-style-type: none"> <li>Daughter involved in Green Prescriptions</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Justice of the Peace</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature.</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team</li> </ul>	N	
	<ul style="list-style-type: none"> <li>Accessible West Coast Coalition Group - Member - I represent the Department of</li> </ul>		

	<p>Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people</p> <ul style="list-style-type: none"> <li>• Kowhai Project Committee – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors.</li> </ul>	N	
Chris Lim	<ul style="list-style-type: none"> <li>• No interests to declare</li> </ul>	N	
Chris Mackenzie <b>Board Deputy Chair</b>	<ul style="list-style-type: none"> <li>• <b>Development West Coast</b> – Chief Executive Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a "Deed of Trust" which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future.</li> <li>• <b>Horizontal Infrastructure Governance Group</b> – Chair A Memorandum of Understanding was agreed in September 2013 between the Government and the Christchurch City Council to create this group to focus on lessons learned from one of New Zealand's most challenging civil engineering projects: rebuilding the earthquake damaged pipes, roads, bridges and retaining walls in the city of Christchurch 2011 - 2016.</li> <li>• <b>Mainline Steam Trust</b> – Trustee Mainline Steam is an organisation devoted to the restoration and operation of historic mainline steam locomotives.</li> <li>• <b>Christchurch Mayors External Advisory Group</b> – Member An External Advisory Group set up by Government and the Christchurch City Council to provide independent advice on Christchurch City Council's long-term capital works programme and related spending plans.</li> </ul>	N  N  N  N	
Jenny McGill	<ul style="list-style-type: none"> <li>• Husband employed by West Coast DHB</li> <li>• Peer Support – Mum4Mum</li> <li>• Member, Accessible West Coast Coalition Group</li> </ul>	Y N N	
Joseph Mason	<ul style="list-style-type: none"> <li>• Representative of Te Runanga o Kati Wae Wae Arahura</li> <li>• Employee Community and Public Health, Canterbury DHB</li> </ul>	N Y	Perceived
Edie Moke <b>Board Member</b>	<ul style="list-style-type: none"> <li>• South Canterbury DHB – Appointed Board Member; Chair: Disability Support Advisory Committee; Deputy Chair: Maori Health Advisory Committee; and Member: Audit and Assurance Committee</li> <li>• Nga Taonga Sound &amp; Vision - Board Member (elected); Chair: Assurance and Risk</li> </ul>	Y  N	Perceived



	Committee; and Member: Property Committee 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.		
Peter Neame <b>Board Member</b>	<ul style="list-style-type: none"> <li>White Wreath Action Against Suicide – Board Member and Research Officer White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders.</li> <li>Author and Publisher of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books.</li> </ul>	N  N	Perceived
Nigel Ogilvie <b>Board Member</b>	<ul style="list-style-type: none"> <li>Westland Medical Centre - Managing Director</li> <li>Thornton Bruce Investments Ltd - Shareholder/Director</li> <li>Hokitika Seaview Ltd - Shareholder</li> <li>Tasman View Ltd - Shareholder,</li> <li>White Ribbon Ambassador for New Zealand</li> <li>Sister is employed by Waikato DHB</li> <li>West Coast PHO - Board Member</li> <li>Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre</li> <li>Wife is Board Member West Coast PHO</li> </ul>	Y N N N N N Y  Y  Y	Actual      Perceived  Actual  Perceived
Francois Tumahai <b>Board Member</b>	<ul style="list-style-type: none"> <li>Te Runanga o Ngati Waewae – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast.</li> <li>Poutini Environmental - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification.</li> <li>Arahura Holdings Limited – Chief Executive</li> <li>West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991.</li> <li>Poutini Waiora Board - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care</li> </ul>	N  N  N  N  Y	       Actual



**DRAFT**  
**MINUTES OF THE WEST COAST ADVISORY COMMITTEE**  
**held at St John, Water Walk Road, Greymouth**  
**on Friday 15 February 2019 commencing at 10.30am**

## **PRESENT**

Elinor Stratford (Joint Chair – in the Chair); Chris Auchinvole; Lynnette Beirne; Jenny Black; Sarah Birchfield; Dr Cheryl Brunton;; Helen Gillespie; Chris Lim; Michelle Lomax; Chris Mackenzie; Joseph Mason; Edie Moke; and Peter Neame; Nigl Ogilvie; and Francois Tumahai.

## **APOLOGIES**

Apologies were received and accepted from: Paula Cutbush and Jenny McGill.

## **EXECUTIVE SUPPORT**

David Meates (Chief Executive); Gary Coghlan (General Manager, Maori Health); Melissa Macfarlane (Team Leader, Planning & Performance); Stella Ward (Chief Information Officer); Philip Wheble (General Manager, West Coast); Justine White (Executive Director, Finance & Corporate Services) and Kay Jenkins (Minutes).

## **IN ATTENDANCE**

Item 4 – Bridget Lester, Planning & Funding

Joe Mason opened the meeting with a Karakia.

## **1. INTEREST REGISTER**

### **Additions/Alterations to the Interest Register**

Chris Auchinvole advised that he had requested previously for his interest as a Trustee of Moana Holdings Heritage Trust be deleted.

Elinor Stratford advised that she is no longer President of NZ Federation of Disability Information Centres and it should be removed.

Sarah Birchfield asked that member of West Coast DHB Child & Youth Committee be added to her interests.

Kevin Brown advised that his wife no longer works at CAMHS and this should be removed.

Lynnette Beirne advised that she is no longer Chair of the Consumer Council and that the West coast Coalition has no pecuniary interest.

Michelle Lomax advised that Streetwise Charitable Trust should be removed and add that her daughter is part of the Rural Medical Emerging Programme in Greymouth.

### **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 (1/19)**

(Moved: Edie Moke/Seconded: Sarah Birchfield - carried)

“That the minutes of the meeting of the West Coast Advisory Committee held on 10 August 2018 be confirmed as a true and correct record.”

## **3. CARRIED FORWARD/ACTION ITEMS**

The Carried Forward/Action Items were noted.

## **4. ORAL HEALTH PRESENTATION**

Bridget Lester, Planning & Funding, provided a presentation to the Committee on Oral Health on the West Coast.

Ms Lester spoke about the 2014 Oral health Review and took the Committee through progress since that time.

Discussion took place regarding: pre school enrolments; caries free Maori children; the establishment of a West Coast Oral Health Model of Care Process; succession planning; private/public partnerships; oral health for children with disabilities; moving of children from school to private dentists; and early intervention.

The Chair thanked Bridget for her presentation.

## **5. COMMUNITY AND PUBLIC HEALTH UPDATE**

Cheryl Brunton, Medical Officer of Health, presented the West Coast DHB Public Health Report July – December 2018 which was taken as read. Ms Brunton advised that this is the report on the Public Health Annual Plan that the Board approved last year.

Discussion took place regarding: pertussis rates; immunisation rates; Healthy West Coast; and Accessible West Coast.

The Public Health Report July – December 2018 was noted.

## **6. PLANNING & FUNDING UPDATE**

Melissa Macfarlane, Team Leader, Planning & Performance, presented this update. She advised that this is a new report which will become a standing quarterly agenda item for the Committee and will be circulated to operational and management teams and shared with the Ministry of Health.

Overall there is good progress across most focus areas. Delays in some areas, related to staff capacity, hospital build delays and confirmation of business cases and proposals for change, are anticipated to be resolved for quarter three.

### **Key Points to Note:**

- A Mental Health Workstream has been re-established under the West Coast Alliance to oversee the implementation of the new model of care, once the proposal for change process is completed. Following a number of engagement hui, a review of Māori Mental Health Services will support the development of a model that provides improved cultural support for Māori.

- All general practices on the West Coast have signed up to the national 'zero fees' initiative for children under 14 years and the initiative to provide 'lower cost general practice visits'.
- A Falls Coalition workshop was held in the past quarter, focused on rehabilitation and promoting improved pathways for older people and Māori at risk of harm from falling.
- A recruitment workshop was held with a broad range of people attending to look at our future workforce strategies, to enable the transformation of models of care and support the sustainability of our system. Out of this communications and recruitment strategy focused around our rural generalist model has been developed and implementation is now underway. Work is also underway on the development of a Maori Workforce Strategy, including applying the Health Equity Assessment Tool to DHB recruitment processes.

Discussion took place regarding the areas where targets had not been met and it was noted that processes are in place to improve these in partnership with the PHO.

The report was noted.

## **7. ALLIANCE UPDATE**

Cheryl Brunton, Acting Chair, Alliance Leadership Team presented this update which was taken as read.

Ms Brunton advised that at last night's meeting of the Alliance Leadership Team discussion took place around draft work plans with particular focus on identifying at least one action around diabetes. Discussion also took place regarding the current workstreams to ensure these are still in keeping with the current direction of travel.

The update was noted.

## **8. MAORI HEALTH UPDATE**

Gary Coghlan, General Manager, Maori Health, presented this update which was taken as read.

Discussion took place regarding DNA rates; oral health; and breast feeding reporting.

It was noted that separate Maori feedback has been provided on the mental health review which is available on the mental health inquiry website.

It was agreed that the update on mental health would be brought forward on the work plan from November.

The update was noted.

## **9. OPERATIONAL UPDATE**

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

Mr Wheble highlighted the following as the most notable features of the report:

- Wait times continue to be challenging with Westport at 11 days, Grey at 5 days and Reefton at 6 days for a routine appointment. While people can be seen on the day for an urgent appointment the teams continue to work towards more planned appointments to bring wait times down to our target of 2 days.

- Greymouth based Diabetes Nurse Specialist has achieved Nurse Prescribing rights which will allow the team to provide improved services to our community, in collaboration with our Standing Order's and General Practice.
- The first of the new graduate Physiotherapists has commenced work and we look forward to welcoming two more in coming months. We have also welcomed our dedicated Community Rehabilitation Service Physiotherapist this month.

Discussion took place regarding ESPI results and in particular First Specialist Appointments. It was noted that there will be a decrease in ESPI 2 and a slight increase in ESPI 5 for a period of time. It was also noted that it was expected that plastics would be caught up in the first quarter of the new year.

The update was noted.

## **10. DRAFT COMMITTEE WORK PLAN 2019**

It was noted that this is a working document and it is important to have a disability focus on each agenda..

### **INFORMATION ITEMS**

- West Coast DHB 2018 Meeting Schedule

There being no further business the meeting concluded at 12.50pm.

Confirmed as a true and correct record:

\_\_\_\_\_  
Elinor Stratford, Joint Chair

\_\_\_\_\_  
Date

## CARRIED FORWARD/ACTION ITEMS



### WEST COAST ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 29 MARCH 2019

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	23 November 2017	Water Quality	Presentation with updated data	Mid 2019
2.	15 February 2019	Accessible West Coast	Update	On Today's Agenda

**TO:** Chair and Members  
West Coast Advisory Committee

**SOURCE:** Allied Health

**DATE:** 29 March 2019

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

This paper introduces the Accessible West Coast Plan and seeks endorsement that the West Coast DHB will become a signatory to the Accessible West Coast Plan

## 2. RECOMMENDATION

That the Committee recommends to the Board that they:

- i. endorse the Accessible Te Tai Poutini West Coast Strategic Plan 2019–2022 and
- ii. agree that the West Coast DHB become a signatory to the plan.

## 4. SUMMARY

The draft Accessible West Coast Plan is detailed in Appendix 1.

## 5. APPENDICES

Appendix 1: Draft Accessible West Coast Plan

Approved for release by: Jacqui Lunday-Johnstone, Executive Director, Allied Health



# **Draft** Accessible Te Tai Poutini West Coast Strategic Plan **2018 - 2021**



## **Vision**

The West Coast is an enabling and inclusive society.

## **Mission Statement**

Working together to make the West Coast safe and accessible for everyone

## **Foreword**

We are thrilled to introduce the Accessible Te Tai Poutini West Coast Strategic Plan.

The West Coast is a people-centred community and we want to encourage and enable everyone to contribute and participate. However, for an increasing proportion of our population, participation in society can be limited by physical and social environments that are not designed to cater for a diversity of needs and abilities.

This Plan's purpose is to meet the objectives of accessibility specified in Article 9 of the United Nation's Convention on the Rights of People with a Disability. It focusses on improving inclusion, opportunity and independence through improved accessibility. It aims to support people and partnerships to reduce and eliminate social and physical barriers in facilities, services and programmes to enable participation, and advocates for availability of communications including communication technologies and systems

We believe this Plan will influence West Coast-based organisations and services to keep accessibility in mind at all times.

**All West Coasters and visitors will benefit from a more  
Accessible West Coast.**

**Poipoia te Kakano  
Kia puawai  
Nuture the seed and it will blossom**

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**Buller District Mayor**

**Grey District Mayor**

**Westland District Mayor**

**Chair Regional Council**

**Chair West Coast District Health Board**

**Te Runanga o Ngati Waewae**

**Te Runanga o Ngati Mahaki Makaawhio**

**Coalition members**

## Introduction

Development of the Accessible Te Tai Poutini West Coast Strategic Plan has received support and input from a wide catchment of interested groups and community members including the disability sector, older person's communities, councils, and health and community services (Appendix 1).

A West Coast wide coalition was formed in late 2016 to bring together a wide range of organisations and stakeholders to develop the Strategic Plan. The Coalition is tasked with influencing change through six key themes including; advocacy and influence, acting as a watch-dog, having a collective voice, listening and understanding, storytelling, and monitoring. See Appendix Three for the Coalition's Terms of Reference.

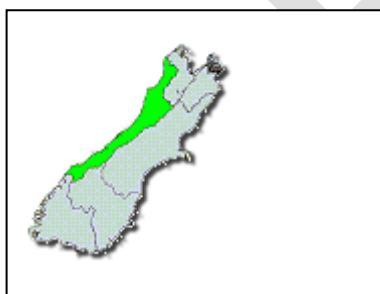
## Background

Providing accessible services, communication channels, transport, buildings and public spaces can make Te Tai Poutini West Coast (the Coast) a more inclusive place for everyone. Improved accessibility will improve lives, enhance diversity and help the region remain attractive to residents and visitors of any age and ability.

Adopting the principle of universal design allows us to consider access for everyone. This includes people with disabilities, parents with children in pushchairs, and older people with mobility and/or sensory impairment.

We want to build a reputation as an inclusive and socially responsible region that is accessible, safe, and easy to get around. This Plan will guide activities to enhance people's independence, and ability to participate, engage in and benefit from key services.

## Te Tai Poutini West Coast



At the 2013 Census the Coast was home to a resident population of 32,134 people, less than 1% of the total New Zealand resident population.

The population is spread across a large geographical area with a high proportion of people living in highly rural/remote areas. Fewer West Coasters have access to a motor vehicle than other New

Zealanders, while 3.4% of West Coast households have no telecommunication systems; this is the highest proportion of any region in New Zealand.

The population is expected to remain static or decline in the short term however the proportion of people 65 years of age and over is expected to increase.

Population percentage 2013 Census	Maori % West Coast	Maori New Zealand	Total West Coast	Total New Zealand
Under 15	33.2	33.8	19.1	20.4
65 and over	6	5.4	16.1	14.3

The West Coast region has the lowest population percentage of Māori: 9.1% compared with 14.11% nationally. From 2006 to 2013 the region has become more ethnically diverse (Pacific up 67%, Asian up 71%, MELAA up 136%), with over 60 nationalities currently residing here.

The Coast has a higher proportion of people 65 years of age and over and a lower proportion of people under 15 years of age compared to total New Zealand. While Māori population percentages for these age groups closely reflects that of Māori in New Zealand, Māori on the Coast are significantly younger than the total West Coast population with just over 33% aged under 15 years compared to 19.1% for total West Coast. Only 6% of the West Coast Māori population are aged 65 and over compared to 16.1% of the total West Coast population.

Mana whenua over the Coast is held by the two Poutini Ngāi Tahu hapu: Ngāti Waewae in the north and Ngāti Mahaki Makaawhio in the south. Poutini Ngāi Tahu comprises about 60% of the Māori population. The remaining 40% are members of iwi from throughout New Zealand.

According to the 2013 Disability Survey 27% of people on the Coast live with a disability compared with 24% of the New Zealand population. Just over half of all people living with a disability have more than one type of impairment.

### **Development of the Strategic Plan (Workshops)**

A series of Community Collaborative Workshops was held across the Coast during 2016-17. Participants were tasked with identifying 'What's working well?', 'What's not working so well', and 'Where to next?' in relation to accessibility on the Coast for both residents and visitors.

From the workshops the following list of strengths and weakness were identified:

### Areas of Strengths:

- The Coast is made up of many small places; people often know each other and work together using established networks and relationships to get things done.
- Community flexibility and resilience is very effective locally.
- There is an inclusive attitude toward addressing disability with community projects such as new walkways and cycleways.
- Some infrastructure (eg housing, transport schemes; St Johns, Westland Taxi Scheme & Total Mobility) is in place to support accessibility however it is not necessarily appropriate or suitable.
- Stakeholders are close to decision making processes and end-users.

### Areas of Weakness:

- Buildings and other infrastructure (footpaths, road crossings, shopping areas and green spaces) are generally old and were designed when lower access standards applied so do not support good accessibility.
- Remoteness from experts and agencies that specialise in, and can advocate for, Disability and Accessibility issues.
- Rurality, limited public transport and lack of inter-region connectivity affects the ability to appropriately meet the needs of people with disability.
- A lack of consistent health resources.
- An insular and silo-ed approach to resources and activities can result in a fragmented, non-collaborative way of working.
- A lack of effective leadership and/or strategic direction means good intentions are usurped or lost by established networks, reinforcing the silo effect.
- Limited awareness and understanding of people experiencing disabilities in the community

### Three priority areas were decided upon for future focus:

- Ease and safety of travel across and around the West Coast
- Access to information, services and venues on the West Coast
- Community participation in decision making on access issues.

## **Principles**

Actions within this Strategic Plan are underpinned by the commitment to ensure the Coast is an inclusive and universally accessible region where all residents and visitors can fully participate in community and civic life. The Strategic Plan supports outcomes for places, people and partnerships that will:

- Reduce and eliminate social and physical barriers in our facilities, programmes, services, communication and information streams
- Provide best-practice examples in planning for universal access and service delivery as well as in the development and implementation of policies
- Provide awareness and development opportunities that will help enhance the community's understanding and delivery of this Plan
- Strengthen advocacy and partnerships within government departments and other community stakeholders to address and eliminate barriers to participation
- Reinforce a culture that celebrates the diversity of all people who live, work, and study in or visit our region.

These outcomes are framed in the following six groupings, each with their own particular goal and specific actions:

1. Social, sports and recreation
2. Civic Engagement and decision making
3. Ease of travel across and around the Coast
4. Arts and culture
5. The built environment and open spaces
6. Economic development

## **Action Plan**

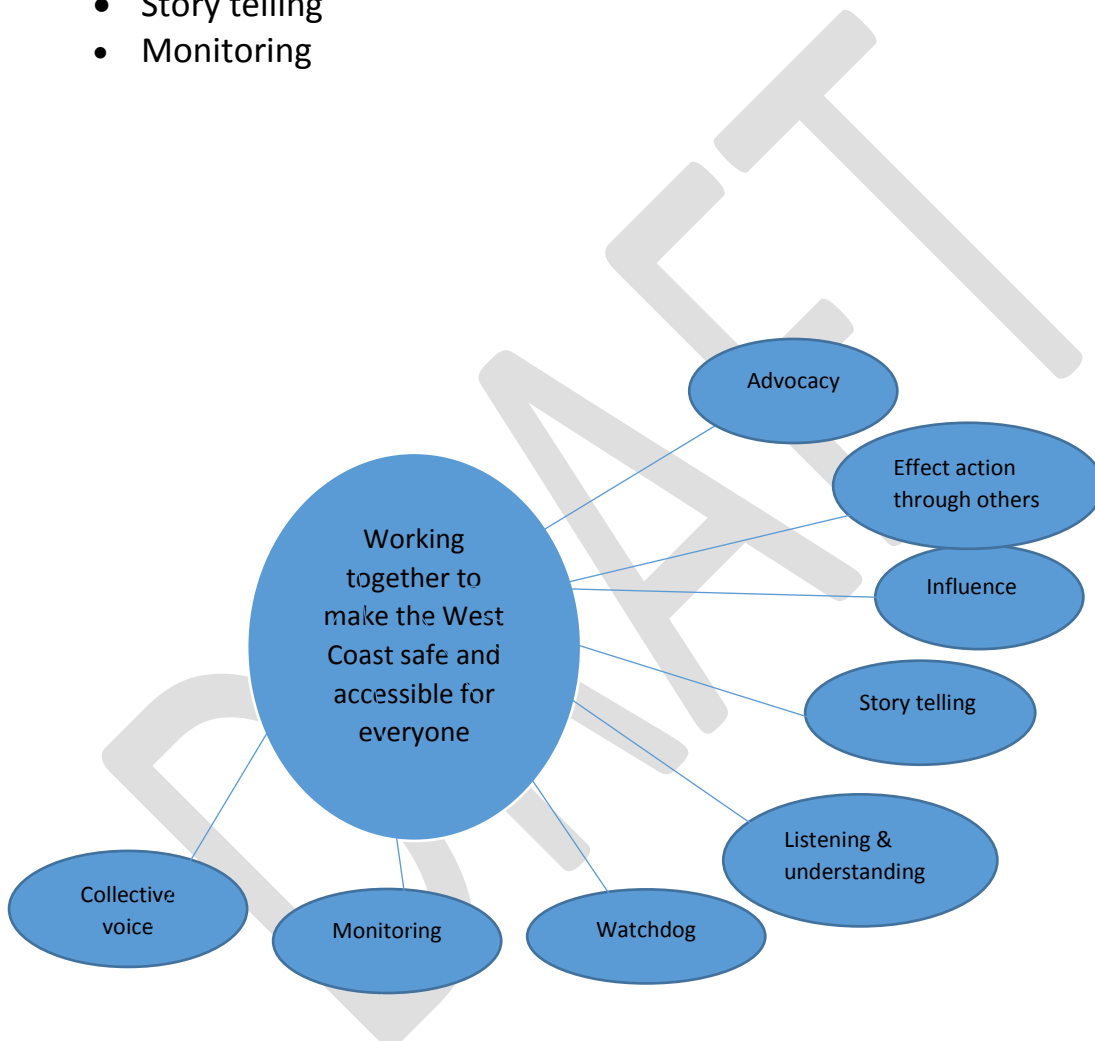
The Coalition will work towards creating vibrant, diverse and inclusive communities where people feel safe, valued, welcomed and respected. The following activities will enhance the Coast's reputation as an inclusive and socially responsible region that is accessible, safe and easy to get around.

The Action Plan is a starting point for coordinating current and future work. It makes recommendations of key actions for the Coalition to implement over the next three years. It is expected that members of the Coalition will have their own

organizational action/ implementation plan to assist in achieving the Strategy's goals.

The Coalition will effect change using the following methods:

- Advocacy & influence
- Acting as a watch-dog
- Having a collective voice
- Listening and understanding
- Story telling
- Monitoring



**The Action Plan is consistent with the following documents:**

- New Zealand Disability Strategy 2016- 2026 (NZDS)
- United Nations Convention on the Rights of Persons with Disabilities 2007 (Disability Convention) – ratified in New Zealand in 2008.
- Te Tiriti o Waitangi 1840
- Grey District Council's Equity and Access for People with Disabilities Policy (including older persons)

These foundation documents and the Action Plan are based on the social model of disability and on a vision of a fully inclusive society that protects and promotes the human rights of people with disabilities. The Action Plan will help deliver on several of the following NZDS outcomes:

### **Education**

We get an excellent education and achieve our potential throughout our lives.

### **Employment and economic security**

We have security in our economic situation and can achieve our full potential.

### **Health and wellbeing**

We have the highest attainable standards of health and wellbeing.

### **Rights protection and justice**

Our rights are protected; we feel safe, understood and are treated fairly and equitably by the justice system.

### **Accessibility**

We access all places, services and information with ease and dignity.

### **Attitudes**

We are treated with dignity and respect.

### **Choice and control**

We have choice and control over our lives.

### **Leadership**

We have great opportunities to demonstrate our leadership.

The **Disability Convention principles** as set out by the United Nations Convention on the Rights of Persons with Disabilities 2007 are:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons.
- Accessibility, and full and effective participation and inclusion in society.
- Non-discrimination, respect for difference and acceptance of persons with disabilities as part of human diversity and humanity.
- Equality of opportunity, and between men and women.
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.



The Action Plan is also consistent with the Treaty of Waitangi 1840, Universal Declaration of Human Rights 1948, New Zealand Sign Language Act 2006, and New Zealand Building Act 2004.

### **How will we know when the West Coast is an accessible region?**

The Plan will be effective when people are able to carry out community and civic activities without being impeded by social, physical and cultural barriers, and residents and visitors have:

- Ready access to information they require e.g. transport options, business and social services, employment, entertainment, hospitality, events, education, recreation, etc
- Reliable access to services and amenities such as accessible transport, and business, social, recreational and cultural services
- Easy access to buildings, green spaces and other shared public space.

The Plan will be monitored and reviewed annually through a variety of means including the meeting process, with outcomes being reported to the community as part of the Coalition's annual report.

### **Social, Sports and Recreation**

Strategic Goal: Participation in social, sports and recreational opportunities is accessible to all.

Everyone should be able to participate in and enjoy life as they choose and facilities, programmes and events on the Coast should offer a range of options to encourage and support participation.

Outcome: Everyone has access to information and resources to enable them to participate in social, sports and recreation opportunities of their choice.

### **Civic engagement and decision making**

Strategic Goal: Living with impairment is no barrier to participation in civic activities and involvement in decision-making.

Everyone has a right to be involved in civic life and decisions that affect them.

Outcome: People from diverse communities on the Coast are able to participate in civic activities and decision-making.

### **Ease of travel across and around the West Coast**

Strategic Goal: Transport networks on the Coast are increasingly more accessible and inclusive.

Transport is essential in supporting people to do what they want and/or need to do. It supports people to be involved in education, work, recreation and social activities that enhance their quality of life and supports their independence.

Outcome: People are able to use a method of transport that suits them and the journey they are making.

### **Arts and Culture:**

Strategic Goal: Participation in the cultural life of the Coast is accessible to all.

Rationale: Involvement in arts and culture contributes enjoyment, learning and the development of a sense of identity. Creating opportunities for inclusion in cultural and creative programmes and events requires accessible facilities and accessible programmes.

Outcome: People are supported to contribute to and participate in cultural and creative programmes and events of their choosing.

### **The built environment and open spaces:**

Strategic Goal: Everyone is able to access, use and enjoy public spaces.

Access to and use of public spaces supports business, education, and health and recreation activities and is therefore important to all of us. Incorporating the principle of universal design will ensure these spaces are accessible to all.

Outcome: The built environment and open spaces on the Coast are accessible to all who need or want to use them.

### **Economic Development:**

Strategic Goal: Everyone is able to access, use and enjoy business, education and employment opportunities.

A diverse workforce will support the future growth of the Coast.

Outcome: Education, business and employment opportunities are accessible to all.

## **Appendix 1: List of agencies & organisations involved in the process.**

Autism New Zealand  
Blind Foundation  
Brain Injury Association  
Buller District Council  
Buller REAP  
Cancer Society  
Canterbury District Health Board  
CCS Disability Action  
Community and Public Health  
Department of Conservation  
Department of Internal Affairs  
Grey District Council  
Grey Power  
Ministry of Social Development  
New Coasters  
New Zealand Police  
PACT Group  
Poutini Waiora  
Potikohua House- Number 37, Westport  
Presbyterian Support Services  
Sport Canterbury West Coast  
Te Hā o Kawatiri  
Te Runanga o Makaawhio  
Te Runanga o Ngati Waewae  
West Coast Disability Resource Service  
West Coast District Health Board  
West Coast Primary Health Organisation  
West Coast Regional Council  
West Coast Stroke Support Group  
Westland District Council  
West REAP

### **Special thanks to the following individuals:**

Brian Ericksen: Taranaki Disabilities Information Centre Trust  
Elinor Stratford MNZM: New Zealand Federation of Disability Information Centres

## **Appendix Two: Explanation of key terms**

### ***Accessibility***

A general term used to describe the degree to which a product, device, service, or environment is available to as many people as possible. In this context it refers to the removal of barriers that prevent people with impairments participating fully in community and civic life.

Accessibility is a very broad term covering all aspects of participation and includes: getting around, democratic activities, technology, sources of communication and media to ensure information. Designing products and services that are accessible and benefit everyone, which includes families with young children as well as people with age-related impairments.

The term 'accessibility' is also used in the Convention on the Rights of Persons with Disabilities as well as the term 'universal design'.

### ***Accessible journey***

Routes connecting destinations and services where approachability, accessibility and usability are enabling for people with disabilities.

### ***Accessible tourism***

Tourism and travel that is accessible to all.

### ***Barrier-free***

The removal of barriers, whether physical, social or sensory, and therefore allow the opportunity for people with disabilities to participate. (United Nations)

### ***Built environment***

Built Environment refers to human-made surroundings that provide the setting for human activity, ranging from buildings to parks. This also includes but is not limited to road corridors, footpaths, road pavement, kerb and channels, and paved areas.

### ***Disability***

A process that occurs when 'one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have'.

'Impairments' include physical, sensory, neurological, psychiatric, intellectual and any other impairment and encompass people with permanent, intermittent, temporary and perceived impairments.

### ***Disability sector***

All organisations and people whose purpose focuses on people with disabilities.

### ***Inclusion***

Enabling residents and visitors to participate in a full range of activities with as few barriers as possible.

***Open spaces***

Open space areas are parks, green spaces, and other open areas. They can range from playing fields to highly maintained environments to relatively natural landscapes. They are commonly open to public access.

***Universal design***

Refers to broad-spectrum ideas meant to produce buildings, products and environments that are inherently accessible to both people with disabilities and those without.

The term 'universal design' was coined by the architect Ronald L. Mace to describe the concept of designing all products and the built environment to be aesthetic and usable to the greatest extent possible by everyone, regardless of their age, ability or status in life.

Curb cuts or sidewalk ramps, essential for people in wheelchairs but also used by all, are a common example. There are also cabinets with pull-out shelves, kitchen counters at several heights to accommodate different tasks and postures, and amid many of the world's public transit systems, low-floor buses that 'kneel' (bring their front end to ground level to eliminate gap) and/or are equipped with ramps rather than on-board lifts.

***Usability***

Describes the extent to which a product (eg device, service or environment) can be used by specified users to achieve specified goals with effectiveness, efficiency and satisfaction.

***Watchdog***

The Coalition will maintain an overview on Accessibility within the Region and inform relevant organisations, agencies or communities of any potential or actual issues.

## Appendix Three:

### Accessible Te Tai Poutini West Coast Coalition Terms of Reference

**Background:** The issue of accessibility is wide ranging and will require all stake holders to work collaboratively to achieve the **vision of a more enabling inclusive society**.

**Mission Statement:** Working together to make the West Coast safe and accessible for everyone.

**Purpose:** To collectively increase and share understanding of accessibility issues, opportunities and effect positive change.

#### **Outcomes:**

Long term:

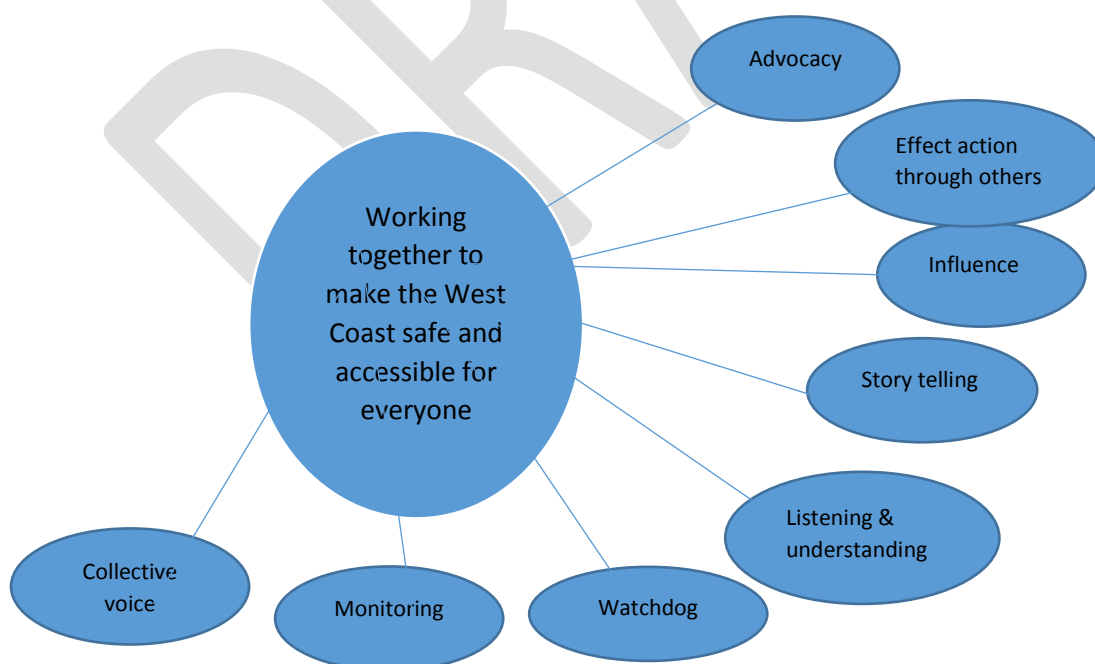
- The West Coast is safe and accessible for everyone

Short term:

- Increased awareness of accessibility issues across the West Coast.
- A Strategy and Implementation Plan and Monitoring Framework to address the issues

**Key activities:** The Coalition will effect change through the following actions:

- Advocacy & influence
- Acting as a watch-dog
- Having a collective voice
- Listening and understanding
- Story telling
- Monitoring



#### **Accountability**

- The Coalition will be accountable to the communities of the West Coast via an annual report.

## **Membership**

- The Coalition will formally come into effect upon sign-off from Mayors and CEOs of stakeholder organisations of the Terms of Reference.
- Membership is open to individuals and organisations committed to working collaboratively to achieve the vision of a more enabling inclusive society.
- Coalition membership will be identified by ongoing attendance and participation at meetings.

## **Meetings**

- There will be four meetings a year across the Region with a host decided on/ assigned at the prior meeting. Meetings will be held from 10-30 to 12-30 to allow time for travel.

## **Roles and Responsibilities:**

- West Coast Disability Resource Service (WCDRS) will send out minutes, reminders and take apologies.
- WCDRS will be responsible for maintaining the email distribution list and other relevant information to members
- Meeting hosts will arrange venue, refreshments, take and compile minutes and chair meeting.
- The Coalition will provide an annual report to the group to inform the Coalition's annual report
- The Coalition will develop and implement a Strategic Plan to inform, guide, review and monitor its activities.

## **Guiding Documents**

- The Coalition will be informed by and linked to the following:
  - The New Zealand Disability Strategy 2016-2026
  - The West Coast DHB Disability Strategy
  - Grey District Council Equity and Access for People with Disabilities Policy (including older persons)

### Photo credits:

Mountain Range image: Merle Bradley

Merle & Brenna: Merle Bradley

Hokitika Weld St scene: [Mountainjadebackpackers.co.nz](http://Mountainjadebackpackers.co.nz)

Man & Child: [littlecherubs.im](http://littlecherubs.im)

# DRAFT WEST COAST DHB PUBLIC HEALTH PLAN 2019-20



**TO:** Chair and Members  
West Coast Advisory Committee

**SOURCE:** Community and Public Health

**DATE:** 19 March 2019

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

The Public Health Annual Plan is generated as a Ministry of Health requirement. The attached Plan will be presented to the Ministry of Health as a first draft by 5<sup>th</sup> April and final draft by 21<sup>st</sup> June 2019.

## 2. RECOMMENDATION

That the Committee recommends to the Board that they::

- i. endorse the draft West Coast DHB Public Health Annual Plan, 2019-20.

## 3. SUMMARY

The draft West Coast DHB Public Health Annual Plan 2019-20 is prepared as part of the Community and Public Health (C&PH) contract with the Ministry of Health.

## 4. DISCUSSION

The Plan is based on a template which was developed in 2017 by the South Island Public Health Services and agreed by the Ministry of Health. The majority of outcomes in the Plan are shared across the South Island Public Health Services, with the priorities and some outcomes tailored to the West Coast DHB.

The Plan has two functions:

- as a appendix document to the West Coast DHB Annual Plan 2019-20, as the West Coast DHB Public Health Annual Plan,
- as the basis of the Community & Public Health contract with the Ministry of Health.

## 5. APPENDICES

Appendix 1: Draft West Coast DHB Public Health Plan 2019-20

Report prepared by: Daniel Williams, Public Health Specialist, Community & Public Health  
Approved for release by: Evon Currie, General Manager, Community & Public Health





# West Coast District Health Board Public Health Plan 2019-20

**Community and Public Health**

**Draft 25 February 2019**

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## 1. INTRODUCTION

### a. Keeping our people well

Public health is the part of our health system that works to keep our people well. Our goal is to improve, promote and protect the health and wellbeing of populations and to reduce inequities. Our key strategies are based on the five core public health functions<sup>1</sup>:

1. Information: sharing evidence about our people's health & wellbeing (and how to improve it)
2. Capacity-building: helping agencies to work together for health
3. Health promotion: working with communities to make healthy choices easier
4. Health protection: using the law to protect people's health
5. Supporting preventive care: supporting our health system to provide preventive care to everyone who needs it (e.g. immunisation, stop smoking).

The principles of public health work are: focusing on the health of **communities** rather than individuals; influencing **health determinants**; prioritising improvements in **Māori health**; reducing **health disparities**; basing practice on the best available **evidence**; building effective **partnerships** across the health sector and other sectors; and remaining **responsive** to new and emerging health threats.

Public health takes a life course perspective, noting that action to meet our goal must begin before birth and continue over the life span.

This plan describes how we will work to keep our people well in 2019-20.



### b. National context and priorities.

Guidance for public health unit planning is included in the Ministry of Health's [2019/20 DHB Annual Plan and Priorities Guidance](#). It acknowledges the value of PHU work and the

<sup>1</sup> Williams D, Garbut B, Peters J. Core Public Health Functions for New Zealand. NZMJ 128 (1418) 2015. <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vo-128-no-1418-24-july-2015/6592>

importance of PHUs' role in supporting greater integration of public health action and effort. PHU annual plans are to be included as Appendix 3 of DHB annual plans.

The Director-General's key message for strengthening public health action is to increase collaboration and integration to address determinants of health and achieve health equity and wellbeing.

The Government priorities included are: improving Maori health, achieving equity in health and wellness, child and youth wellbeing, mental health, and primary health care.

### **c. Regional context and priorities**

The five South Island DHBs together form the South Island Alliance, which is committed to the vision of "A connected and equitable South Island health and social system that supports all people to be well and healthy".

CPH plays an active role in development of public health services at regional and national levels, building on our local experiences and successes. CPH's principal role in regional activity is as a member of the South Island Alliance's South Island Public Health Partnership Workstream (SI PHP), which aims to "Improve, promote and protect the health and well-being of populations and reduce inequities".

The SIPHP has identified the following regional priorities for public health in 2019-:

- Collective impact and partnerships
  - Cross-sector and inter-health capacity development and initiatives to improve outcomes in the first 1,000 days
  - Partnership with Te Herenga Hauora to improve equity for Māori
- Facilitating a health promoting health system
- A "Health in All Policies" approach toward the social determinants influencing oral health, housing, environmental sustainability and water.
- Strategic and operational alignment of South Island public health units
- Consistent and coordinated regional strategic and operational approaches to key public health concerns, with particular foci on : planning; community resilience and psycho-social well-being; alcohol harm reduction; healthy eating and active lifestyles and regional systems to support on call, after- hours health protection services.

### **d. District Health Board priorities**

CPH's work aligns with the West Coast DHB vision of "an integrated West Coast health system that is both clinically and financially viable, a health system that wraps care around the patient and helps people to stay well in their own community."

Our work aligns with the West Coast DHB short and medium term strategic priorities for 2019-20:

- Equitable, accessible healthcare
- An environment where people thrive
- An engaged and informed community
- Integrated, sustainable services
- Standardised and streamlined processes
- Evidence-informed decision making.

### **e. Statutory responsibilities**

As a public health unit, CPH employs and trains medical officers of health, health protection officers, and other public health designated officers. Our staff fulfil a range of statutory

responsibilities and requirements as set out in the national Public Health Service Specifications. This includes meeting statutory reporting requirements.

#### **f. Working in partnership**

We are a regional service covering Canterbury, South Canterbury and the West Coast. Although the activities signalled in this plan will largely be carried out by the staff in our Greymouth office, some activities will be led or supported by staff in the Christchurch office. In addition to our partnership with the other South Island public health units, our work is based on strong partnerships with other parts of our health system and with other key agencies, including:

- West Coast DHB , West Coast PHO and Poutini Waiora
- Local iwi
- Local councils
- Government agencies
- Education settings
- Non-government organisations and networks (e.g. Sport Canterbury/West Coast).

#### **g. Key challenges/ priorities for keeping our people well**

The West Coast DHB has the smallest population of any DHB in New Zealand, at 32,600 people.

We also have the third largest geographical area, making the West Coast DHB the most sparsely populated DHB in the country with only 1.4 people per square kilometre.

Current key issues for our population are:

- higher levels of socioeconomic deprivation compared to the rest of New Zealand (including lower mean personal incomes and a higher proportion without educational qualifications)
- higher overall morbidity and mortality rates and a lower life expectancy compared with the New Zealand average
- almost a third (31%) of our adult population are obese, 22% are current smokers and 16% are hazardous drinkers
- poorer overall health status for our Māori population, which currently represents 12% of our population
- overall poor drinking water quality with many West Coast water supplies vulnerable to severe weather events. Council water suppliers have small rating bases and infrastructure improvements are expensive.

#### **h. Quality improvement**

The following key components of health excellence will be managed by our Divisional Leadership Team in 2019-20:

- The Treaty of Waitangi
- Leadership (including culture and communications)
- Strategy
- Partnerships
- Workforce
- Operations
- Results.

•

**i. Tuaiwi**

Our Tuaiwi (“backbone”) team provides infrastructure and support for effective public health action, including developing and supporting Healthscape, websites, and other online tools within and beyond CPH, supporting and co-ordinating our Operational Quality Improvement and Workforce Development Plans, and supporting planning and reporting of all our work.

**j. Reporting**

- We will provide full details of statutory activities required by the Ministry of Health.
- We will provide formal reports to the Ministry of Health and our DHBs in January and July. Reports will relate to the priorities and outcomes described in this plan, and will outline key achievements for the previous six months and describe any challenges and emerging issues.

## **2. SURVEILLANCE / MONITORING**

### ***“Tracking and sharing data to inform public health action”***

Our key surveillance/monitoring priorities for 2019-20 are:

- To monitor and report on communicable disease trends and outbreaks.
- To implement the recommendations of our monitoring/surveillance processes review with a focus on effective information sharing

The surveillance/monitoring **outcomes** we work towards are:

- Prompt identification and analysis of emerging communicable disease trends, clusters and outbreaks.
- Robust population health information available for planning health and community services.
- Improved public understanding of health determinants.

## **3. EVIDENCE / RESEARCH/ EVALUATION**

### ***“Providing evidence and evaluation for public health action”***

Our key evidence/research/evaluation priorities for 2019-20 are:

- To conduct and support evaluation of public health-focused initiatives.
- To provide evidence reviews and synthesis to support the work of our team and other public health focused work in our region.
- To collect, analyse and present data to inform public health action.

The evidence/research/evaluation **outcomes** we work towards are:

- Population health interventions are based on best available evidence and advice.
- Robust evaluation for public health initiatives.

## 4. HEALTHY PUBLIC POLICY

### *“Supporting development of health-promoting policies and approaches in other agencies”*

Our key healthy public policy priorities for 2019-20 are:

- To write submissions to influence public policy including, where appropriate, on behalf of Healthy West Coast and/or WCDHB.
- To work with local authorities on policies that affect health, for example, smokefree environments and drinking water.
- To ensure a public health perspective (e.g. equity for Māori health) is part of inter-agency work, including supporting council planning processes.

The healthy public policy **outcomes** we work towards are policies, practices and environments that support health and wellbeing, improve Māori health, and reduce disparities.

## 5. HEALTH-PROMOTING HEALTH SYSTEM

### *“Supporting development of health-promoting policies and approaches across our health system”*

Our key health-promoting health system priorities for 2019-20 are:

- To work towards alignment of health promotion messages and approaches across the West Coast health system.
- To ensure that health system policies support health and wellbeing, improve Māori health, and reduce disparities.

The health-promoting health system **outcomes** we work towards are policies, practices and environments in healthcare settings that support health and wellbeing, improve Māori health, and reduce disparities.

## 6. SUPPORTING COMMUNITY ACTION

### ***“Supporting communities to improve their health”***

Our key supporting community action priorities for 2019-20 are:

- To provide access to quality health information resources.
- To partner with marae and Māori settings and organisations to deliver culturally appropriate health promotion.
- To support communities to identify and address key health priorities.
- To support the development of local initiatives to improve food security.
- To support promotion of smoking cessation services.
- To work collaboratively to increase smokefree environments across a range of settings.
- The delivery of Smokefree enforcement activities.

The supporting community action **outcomes** we work towards are:

- Workplaces, Marae and other community settings that support healthy choices and behaviours.
- Effective community action that supports healthy choices and behaviours.

## 7. EDUCATION SETTINGS

### ***“Supporting our children and young people to learn well and be well”***

Our key supporting education setting priorities for 2019-20 are:

- Effective engagement with education settings to identify and address key health priorities, including nutrition in early childhood
- To support education settings to engage effectively with whānau and the wider community.
- To facilitate the provision of appropriate professional development, resources and support to education settings.

The education setting **outcomes** we work towards are:

- Education settings make the healthy choice the easy choice for students, whānau and staff.
- Education settings have the skills and resources to enable students to learn well and be well.



## 8. COMMUNICABLE DISEASE CONTROL

### *“Preventing and reducing spread of communicable diseases”*

Our key communicable disease control priorities for 2019-20 are:

- To follow up notifiable diseases promptly.
- To detect and control outbreaks.
- To promote infection prevention and control and immunisation in community and healthcare settings.

The communicable disease control **outcomes** we work towards are:

- Reduced spread of communicable diseases.
- Outbreaks rapidly identified and controlled.
- Improved immunisation rates.

## 9. HEALTHY PHYSICAL ENVIRONMENT

### *“Supporting communities to improve their health”*

Our key physical environment priorities for 2019-20 are:

- To work with local authorities to improve drinking water quality and security of supply.
- To meet our Ministry of Health statutory obligations in relation to the physical environment.
- To work with West Coast Regional Council to improve air quality.
- To work with West Coast Regional Council to improve recreational water quality.
- To manage public health risks of hazardous substances.
- To work with local authorities to ensure that their plans and policies support healthy physical environments.

The healthy physical environment **outcomes** we work towards are:

- Improved air quality.
- Improved quality and safety of drinking water.
- Improved quality and safety of recreational water.
- Improved safeguards and reduced exposure to sewage and other hazardous substances.
- Urban environments that support connectivity, mental health, wellbeing and physical activity.

## 10. EMERGENCY PREPAREDNESS

### *“Minimising the public health impact of any emergency”*

Our key emergency preparedness priorities for 2019-20 are:

- To review our Emergency Response plan to ensure alignment with WCDHB Health Emergency Plans.
- To ensure all staff have appropriate emergency response training.
- To participate in local emergency response exercises.
- To build and strengthen relationships in the community and with other key stakeholders, with a focus on DHBs and local CDEM partners
- To work with local rūnaka to support emergency response capacity of iwi Māori.

The supporting emergency preparedness **outcomes** we work towards are:

- Plans, training and relationships in place.
- Public health impact of any emergencies mitigated.
- Prepared resilient communities.

## 11. SUSTAINABILITY

### *“Increasing environmental sustainability practices”*

Our key sustainability priorities for 2019-20 are:

- To promote sustainability considerations including active transport in relevant submissions to local authorities.
- To reduce CPH’s own environmental impact.

The sustainability **outcome** we work towards is reduced environmental impact within and outside our health system.

## 12. SMOKING CESSATION SUPPORT

### *“Supporting smokers to quit”*

Our key smoking cessation support priorities for 2019-20 are:

- Effective and efficient delivery of quality stop smoking services to all West Coasters who smoke.
- Enhanced health professional and community understanding of how to motivate quit attempts and make quality referrals (including self-referral) to Oranga Hā stop smoking service.

The smoking cessation support **outcome** we work towards is for more smokers to stop smoking.

## 13. WELLBEING AND MENTAL HEALTH PROMOTION

### *“Improving mental health and wellbeing”*

Our key wellbeing and mental health promotion priorities for 2019-20 are:

- To maintain connections with relevant agencies to promote mental wellbeing.
- To work in and support education settings to promote wellbeing and mental health
- To continue to support the West Coast Suicide Prevention Action and Governance Groups.

The wellbeing and mental health promotion **outcome** we work towards is co-ordinated intersectoral action to improve mental health and wellbeing.

## 14. ALCOHOL HARM REDUCTION

### *“Reducing alcohol-related harm”*

Our key alcohol harm reduction priorities for 2019-20 are:

- To review and report on all alcohol license applications.
- To maintain an effective tri-agency partnership with Police and district licensing staff.
- To monitor high-risk premises and events.
- To support schools and their communities to address alcohol-related harm among young people with a focus on social supply.
- 

The alcohol harm reduction **outcomes** we work towards are:

- Effective working relationships with other agencies and organisations to reduce alcohol harm.
- Reduced risk of alcohol harm at and around licensed premises and events.
- A culture that encourages a responsible approach to alcohol.
- Young people are protected from alcohol harm.

# COMMUNITY AND PUBLIC HEALTH UPDATE



**TO:** Chair and Members  
West Coast Advisory Committee

**SOURCE:** Community and Public Health

**DATE:** 29 March 2019

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

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

## 2. RECOMMENDATION

That the Advisory Committee:

- i notes the Community and Public Health Update

## 3. APPENDICES

Appendix 1: Community and Public Health Update

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

## REPORT to JOINT COMMITTEE COMMUNITY AND PUBLIC HEALTH (CPH)

**March 2019**

### **Measles**

There is currently a large community outbreak of measles in Canterbury. As at the time of compiling this report there had been no confirmed cases of measles on the West Coast. CPH has sent an advisory to West Coast primary care practices. This advised healthcare workers to check that they are immune and to continue to carry out MMR (measles, mumps, rubella) vaccinations as usual. Children aged between 12-15 months can already have their first MMR dose any time after 12 months of age. We have also worked with our Canterbury colleagues and the Ministry to ensure that supplies of MMR vaccine to the Coast are disrupted as little as possible by the enhanced vaccination programme being put in place in Canterbury, though temporary delays are inevitable. Doctors and nurses have also been asked to be vigilant and notify us promptly of any suspected cases of measles.

### **Nutrition**

CPH staff delivered two nutrition sessions with ten Workcare clients as part of their 12 week pilot programme for getting back into work. The sessions covered nutrition for work; the importance of nutrition, lunchbox and meal ideas, and sharing clients' tips and tricks for eating on the West Coast (considering food cost and access). The sessions also promoted the Appetite for Life courses coming up in April (in Greymouth and in Hokitika) and a cooking skills class, and a referral process was agreed with Workcare. In response to a question from clients about keeping well from colds and flu, a demonstration was given of low-cost ways to make homes warmer for winter, including cheaper window insulation and curtain options. Workcare now have the details for curtain banks in Westport and in Christchurch. CPH staff also used the opportunity to mention the free stop smoking support service.

### **Physical Activity**

Tai Chi classes supported by CPH have restarted. Some classes are experiencing a growth in numbers of participants. Recently CPH arranged a visit to one of the classes by a Chinese Tai Chi practitioner. She gave a brief outline of her Tai Chi knowledge and a demonstration of the '24 Forms' to the group. The group found it informative and inspiring to see and hear her. CPH is already in discussion with her about providing some opportunities for instructor training as she will be on the Coast until the end of the year.



### **Alcohol Licensing**

Thorough preparation is a key strategy in managing large events to reduce alcohol related harm, and this was no more evident than at the Hokitika Wildfoods Festival held on 9 March 2019. Prior to the event representatives of NZ Police, the Medical Officer of Health and the event coordinator met with the groups controlling the Special Licence areas at the event. ON the day CPH staff also took part in regular monitoring of the special licence areas and the festival grounds to assess levels of intoxication. A controlled purchase

operation was also conducted at the Festival and alcohol outlets in Hokitika. There were no sales to the underage volunteers.

### Smokefree

Our health promoter worked with the Events Manager for the Wildfoods Festival to make the event Smoke and Vape-Free and implemented a policy to support this. Smokefree signage and flags were put up at the event to inform attendees that the event is Smokefree. We are currently evaluating how successful this was and plan to work with the Event Manager to make other events organised by Destination Westland Smoke and Vape-free.

CPH also co-ordinated West Coast Tobacco Free Coalition's submission on the Draft Westland Tai Poutini National Park Management Plan. This advocated for Smokefree signage to be implemented at all public facilities and areas such as lookouts, picnic areas, shelters, car parks and the gondola amenities area should that go ahead). It also suggested changing the current Smokefree signage at DOC Huts to a standalone internationally recognised Smokefree sign. The review process for this plan is currently paused until further notice.

### Health Promoting Schools

CPH's Health Promoting Schools (HPS) Coordinator has been working with a number of high schools (including area schools) to facilitate professional development for teachers around responding to students who are experiencing distress. This work is being assisted by West Coast PHO staff and also involves the pastoral care teams at the schools.

Our HPS co-ordinator has also been approached by the Mawhera Kahui Ako (community of learning) to be involved in their wellbeing focus. She has met with key people who will be leading this work. The response from the Kahui Ako, and the needs identified in the process, will determine how much of the HPS co-ordinator's time is needed, though some of the schools involved are already HPS schools.

### Oranga Hā Tai Poutini Stop Smoking Service

Oranga Hā is continuing to support smokers on the West Coast to quit smoking, with focus on reaching the Māori community. The programme's quarter 2 results are pleasing but we are always exploring new ways to increase referrals.

1.	Quarter 2 ( 1 <sup>st</sup> October – 31 December)
2. Clients referred	63
3. Clients enrolled*	61 (93% of referred clients) 23 Māori (38% of enrolled clients)
4. Set Target Quit Date (TQD)	38 (62%)
5. Clients quit **	28 (74%)

\* Clients enrolled defined as a person attends at least one session with a practitioner

\*\* Clients successfully quit defined as successfully quit at four weeks post TQD (validated by measurement of exhaled carbon monoxide (CO))

### Draft Accessible Te Tai Poutini/West Coast Strategy Update

The West Coast Regional Council signed off on the draft strategy at their February meeting. This means that all four West Coast councils have now given their support for the strategy.

**TO:** Chair and Members  
West Coast Advisory Committee

**SOURCE:** Alliance Leadership Team

**DATE:** 29 March 2019

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

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

## 2. RECOMMENDATION

That the Committee;

- i. Notes the Alliance Update.

## 3. SUMMARY

Progress of Note:

### **Alliance Leadership Team (ALT)**

At their meeting in February the Alliance Leadership Team (ALT):

- The ALT reviewed the Transalpine Disability Steering Group paper and provided direction for this
- The ALT had discussions regarding annual plan including discussion about rural inequity issues, not just ethnicity equity issues
- The ALT noted the need to improve the visibility of the planning in the community
- The ALT has reviewed the workplans and provided feedback to the workstreams including the reminder to ensure the workstreams are addressing diabetes for their population group
- The ALT plan to review all workstreams to ensure they all meet the agreed priority needs and are fit for purpose

### **System Level Measures Framework Improvement Plan 2018/19**

The ALT reviewed the progress report against this plan for Quarter 1 and were pleased to note the actions were mostly on track. Quarter 2 progress will be reviewed at the meeting in March.

### **System Level Measures Framework Improvement Plan 2019/20**

A working group has met to confirm the Contributory Measures (contributing to improvements against the National System Level Measures) to be included in the plan for the coming year. These will include:

- Increased wrap around support for oral health
- Reduced number of childhood admissions for respiratory illness
- Increased breastfeeding rates

- Increased Cardiovascular Risk Assessments for Māori men
- Increased routine screening for falls risk
- Improved patient experience relating to cultural competency in hospital
- Improved breast screening rates
- Increased engagement with Smokefree Pregnancy & Newborn Incentives Programme

### **Recruitment of Independent Alliance Chairperson**

Recruitment efforts so far have proved unsuccessful, however the ALT remain committed to appointing an independent person to this role.

**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, West Coast DHB

**DATE:** 29 March 2019

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

This is a standing report to the West Coast District Health Board Hospital Advisory Committee. It outlines progress in relation to service delivery across the District Health Board's Provider Arm.

## 2. RECOMMENDATION

That the West Coast Advisory Committee:

- i. notes the Operational Update.

## 3. SUMMARY

This report is intended to:

- provide greater insights into the nature and flow of activity in, and through, the secondary care component of the West Coast health system;
- reflect a patient-centric view of services, being the 'patient journey' through the system; and
- provide greater clarity of, and focus on, key metrics.

The report is broken into six sections: 4.1 - Activity, 4.2 - Workforce Updates, 4.3 - Patient, 4.4 - Health Targets, 4.5 - Quality, 4.6 - Specific Requests [when applicable]. Further changes to graphics and content will occur as well, including the graphic representation of primary care in the acute patient's journey.

The following are the most notable features of the report:

- Staff are working well together moving across all disciplines including Kahurangi to help when unexpected vacancies appear in the roster due to short notice sick leave.
- Communication between staff and patients has improved with the introduction of the care plan which has to have the patient's signature at the bottom.
- The transalpine Allied Health leaders continue to develop our RUFUS (rurally focused urban specialist) model of service delivery for all of our Child Development Services. This means that experienced clinicians, both from CDHB and from WCDHB, can support their transalpine colleagues to deliver the specialist care required for this high needs client group.

#### 4. **DISCUSSION**

##### **Volumes**

This Provider Arm Report includes base service level agreement volumes against delivery for the first eight months of the 2018-19 financial year (excluding ACC-funded activity).

##### **Inpatient Volumes**

Case-weighted discharge [CWD] throughput from Grey Base Hospital is down marginally by just 1.3% from the overall anticipated volume for the eight months to 28 February 2019. CWD throughput in surgical specialties remains down from anticipated volumes, with fewer acute and elective orthopaedic cases, and fewer elective general surgery, plastic and gynaecology CWDs. This was largely offset by higher CWD throughputs in ophthalmology and in general medical and paediatric medical specialty services. The split between acute and electives was as follows:

<b>CASE WEIGHTS [CWD]</b>	<b>ANTICIPATED YTD</b>	<b>ACTUAL YTD</b>	<b>VARIANCE</b>	<b>% VARIATION</b>
<b>Surgical</b>				
Acute	747.39	540.66	-206.73	-27.7%
Elective	821.83	653.81	-168.02	-20.4%
<b>Sub-Total Surgical:</b>	1,569.23	1,194.47	-374.76	<b>-23.9%</b>
<b>Medical</b>				
Acute	928.07	1,270.82	342.75	36.9%
Elective	0.00	0.00	0.00	0%
<b>Sub-Total Medical:</b>	928.07	1,270.82	342.75	<b>36.9%</b>
<b>TOTALS:</b>	<b>2497.30</b>	<b>2465.29</b>	<b>-32.01</b>	<b>-1.3%</b>

##### **Outpatient Volumes**

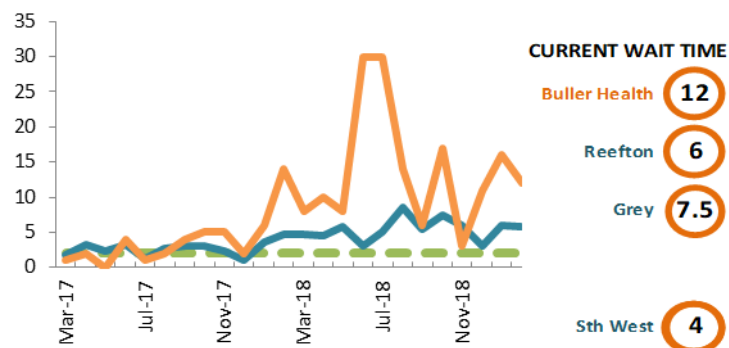
Outpatient delivery for specialist surgical and medical services are down overall from anticipated volumes during the financial year to 28 February 2019. There have been fewer than anticipated locally-delivered first specialist appointments to date in the specialties of orthopaedics and plastic surgery; and fewer follow-up outpatient attendances in orthopaedics, general surgery, gynaecology, general medicine, dermatology and rheumatology. First and follow-up attendances are up in ophthalmology, and in follow-up attendances to cardiology and renal medicine; with most other specialties currently tracking to around anticipated volume. The overall split between first and subsequent outpatient visits during the year was as follows:

<b>ATTENDANCES</b>	<b>ANTICIPATED YTD</b>	<b>ACTUAL YTD</b>	<b>VARIANCE</b>	<b>% VARIATION</b>
<b>Surgical</b>				
1 <sup>st</sup> Visit	2,383	2,151	-232	-9.7%
Sub. Visit	3,647	2,805	-842	-23.1%
<b>Sub-Total Surgical:</b>	6,030	4,956	-1,074	<b>-17.8%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	1,163	1,005	-158	-13.6%
Sub. Visit	2,564	2,144	-420	-16.4 %
<b>Sub-Total Medical:</b>	3,727	3149	-578	<b>-15.5%</b>
<b>TOTALS:</b>	<b>9757</b>	<b>8105</b>	<b>-1652</b>	<b>-16.9%</b>

## Outpatient Clinic DNA Rates

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]
February 2018	1578	1346	117	7.41%
March 2018	1545	1306	108	6.99%
April 2018	1721	1621	100	5.81%
May 2018	1839	1714	125	6.80%
June 2018	1743	1634	109	6.25%
July 2018	1536	1408	128	8.33%
August 2018	1621	1500	121	7.46%
September 2018	1566	1437	129	8.24%
October 2018	1637	1485	152	9.29%
November 2018	1644	1522	122	7.42%
December 2018	1155	1061	94	8.14%
January 2019	1507	1371	136	9.02%
February 2019	1544	1428	116	7.51%
<b>13 month rolling totals</b>	<b>20636</b>	<b>18833</b>	<b>1557</b>	<b>7.55% Average</b>

## Primary Care



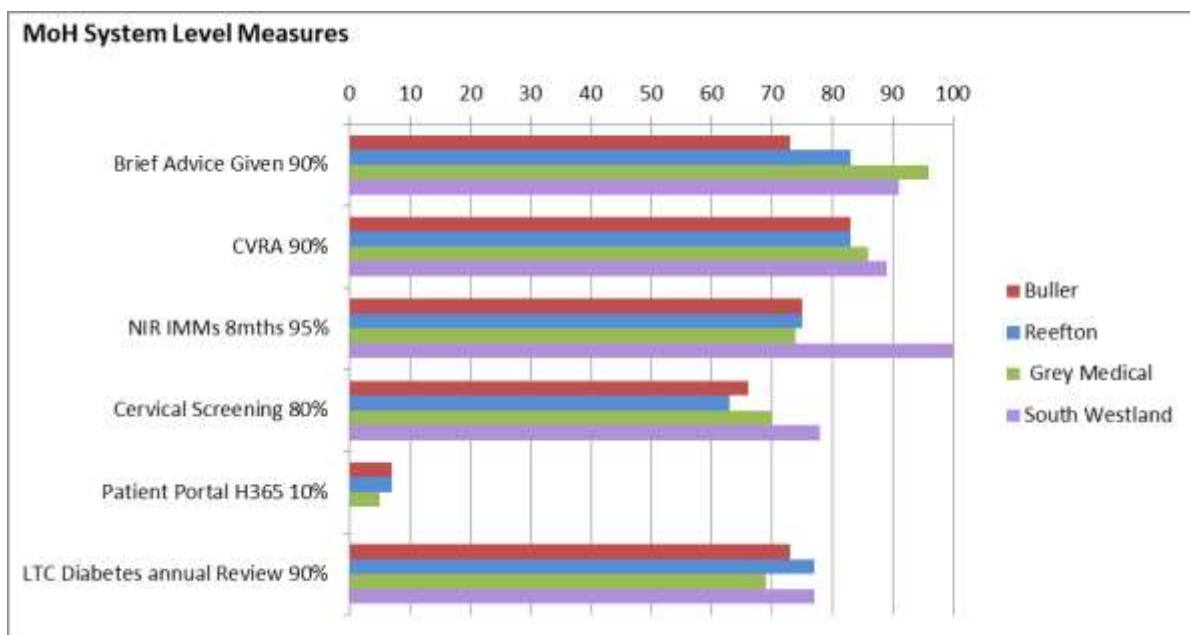
Wait times continue to be challenging as we target average wait times for a routine appointment of two days or less. While people can be seen on the day for urgent appointments we want to ensure good access to planned appointments and a greater focus on proactive care and good management of long term conditions.

We have good GP resourcing through to June and this directly impacts on reducing wait times. The team is now looking at the resourcing for the second half of the year with the period of July through to September the most challenging time for GP recruitment.

While there is a continued focus to recruit GP's, the service is provided by the whole team and with this in mind we are looking at opportunities across the whole team to improve services. We are recruiting Nurse Practitioners with a couple of interviews this week in Greymouth; they may provide some further support for the team. As previously mentioned additional nursing has been

provided in both Westport and Grey Medical as part of the nursing collective agreement. We are looking at Health Care Assistants (HCA's) to support the GP's so that the GP's can spend more time in front of patients.

Other activities include a Patient Portal registration campaign that will be held in March and South Westland is looking to provide this to its communities in the coming month. Community Pharmacists are working with the practices with regular meetings and the implementation of ePrescribing will improve communication and processes between prescribers and community pharmacy.



### Community

Our community services are an increasing part of the health services we provide to our community and we continue to look to provide more care as close to home as possible. We continue the development of the FIRST (Flexible Integrated Rehabilitation Support Team) service with the addition of two new team members starting work this week.

Additional resource has been provided to our Rheumatology service with a CNS working alongside specialists in CDHB. This has also allowed increased support for those patients with Irritable Bowel Syndrome (IBS), providing expert advice while they are being treated.

We are also seeing a reduction in the fluctuation of the median wait times for InterRAI assessments through the CCCN. This has been a focus of the team over the last year and it is pleasing to see their efforts being rewarded. We are continuing to look at how we can reduce the wait times of assessments for our clients, whether complex or non-complex.

## 4.2 Workforce Update

### Rural Generalist Workforce Strategy

A rural generalist workforce is an integrated style of working across services, including the medical, allied and nursing professions. Each profession works to the fullest extent of their scope of practice, working as part of a multi-professional and multi-disciplinary team to provide services within a 'system of care' to our community.

Rural generalism is part of the West Coast DHB's focus on continually providing better care for its community and professional development opportunities for its staff.

The rural generalism strategy sits alongside and interwoven with the transalpine strategy that builds on the collaborative relationship between West Coast and Canterbury DHBs. The transalpine strategy is essential to the success of the rural generalism strategy and vis-versa, developing a core workforce of rural generalists for the West Coast DHB workforce with support from the Canterbury DHB specialist teams.

### Medical

Work continues on the Rural Medical Generalist project as we start to look at resourcing requirements as we progress with this group supporting inpatient services more. We have a new Operations Manager for the hospital seconded in to support the team.

### Nursing

- Staff are working well together moving across all disciplines including Kahurangi to help when unexpected vacancies appear in the roster due to short notice sick leave. Communication between staff and patients has improved with the introduction of the care plan which has to have the patient's signature at the bottom. Staff are beginning to get excited about the new facility with some having the ability to walk through and see the progress; so far the feedback has been positive.
- A significant amount of staff were deployed out to other areas (trending up) which shows the embedding of the generalist workforce and a caring culture within Grey Base. We still have a number of vacancies in the Emergency Department due to staff changing positions which we are slowly filling and looking at different models for the maternity unit to ensure safe staffing levels.
- Overall, hospital occupancy for December was 72%, a 2% increase from January. Paediatrics had the biggest increase at 45%, whilst CCU was up 22%. Hospital services have seen an increase of 65% orientation hours largely down to the New Graduates joining the team. Sick leave has increased by 4%, 1:1 hours has decreased by 54%.

### Maternity

- Over February and the first 2 weeks of March, we had 22 births at Grey Hospital and 1 birth at Kawatiri. From a total of 23 births, 16 were normal vaginal births, 1 instrumental birth and 6 births by emergency caesarean section.
- The LMC midwifery workforce in Westport remains stable, with one LMC midwife starting maternity leave in March and a new LMC midwife joining the team in July. The LMC midwifery workforce in Greymouth remains stable.

- The core midwifery workforce in Greymouth is fragile. A core midwife position is being advertised on several websites. Discussions have been happening about having a Registered Nurse working alongside midwives and an RTA (Request to Appoint) for a position has been approved.
- A breastfeeding clinic called “BABES in arms” started on 7 March. The WCDHB now has a lactation consultant (0.4 FTE) that attends the clinic every Thursday.
- Over February and early March we had the following training sessions: Emergency Skills; Newborn Life Support; Epidural Practical and VIP Refresher.

### **Allied Health**

- Work continues to develop a robust audiology service within the district, that supports our commitment to delivering care as close to home as possible. Challenges include understanding the volumes of activity for the various services that are currently offered and limited regional resource particularly with paediatric audiologists.
- Occupational Therapy services are currently experiencing considerable pressure due to ongoing challenges with recruitment and increased requirement for Enable funding access.
- Recruitment remains ongoing for Radiology, Psychology, Pharmacy and Physiotherapy across Hospital Services, Mental Health and Primary & Community teams.
- As reported in previous months, delays in the new build process are creating risk within our radiology service, as a number of imaging technologies reach their end of life. This means that the technology may become less reliable, equipment may no longer be able to be repaired, parts may no longer be available, and the levels of radiation emitted may become too high for staff or patient safety. These factors are being monitored regularly and this risk has been elevated on the risk register.
- The transalpine Allied Health leaders continue to develop our RUFUS (rurally focused urban specialist) model of service delivery for all of our Child Development Services. This means that experienced clinicians, both from CDHB and from WCDHB, can support their transalpine colleagues to deliver the specialist care required for this high needs client group.
- The transalpine Allied Health leaders are also reviewing proposals for new graduate programmes that provide opportunities for therapists to work across the various campuses at CDHB and the WCDHB. The aim is to have these rotational programmes defined and ready for implementation at the beginning of 2020.
- Work is progressing on the ePharmacy programme that will align the electronic medication management systems with the SI-regional plan. This piece of work is crucial due to the current system Windose no longer being supported technically as of December 2019.
- A variety of ‘test of change’ processes are currently being shaped up to use Allied Health Assistants in new ways within inpatient and community settings, which support our Model of Care and commitment to releasing clinicians to work to the top of scope.
- A number of clinicians have participated in workshops with their CDHB colleagues in the last two months learning about new models of service delivery and ways they can lead at all levels of the organisation. Further workshop opportunities are planned, to engage the workforce in innovation and openness to change.

## Recruitment

New Vacancies	2
Total Open Vacancies	40
Appointed Vacancies	11

- Nursing – With the marketing work that we have completed with Kiwi Health Jobs we have had a large response to our nursing ad's which means that we are able to fill some of our vacancies through this talent pool. Midwifery are facing shortages of staff but programmes are being developed to resolve these issues.
- Allied Health – Minimal number of vacancies within our allied teams at this stage which is positive.
- Corporate – Small number of vacancies in this space as well, successful recruitment continues in this area.
- Medical – Challenges continue in GP recruitment and strong competition is occurring with private practice. Programmes of work are being developed and implemented at the moment to resolve these issues. Strong interest from RMO's wanting to work here has been of great help to staffing across the DHB.

### 4.3 Patient

#### Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals increased from 40 in November to 50 in December. The majority of transfers in both November and December were for medical and orthopaedic patients, with the principal methods of transportation being via ambulance in November and via ambulance and pressurised aircraft in December.
- The main reason for the transfers in November and December was for 'Specialty Care not available at Grey Base Hospital'.
- For patients transferred from Buller to Grey Base, the numbers remained steady with 17 in November and 19 in December. The majority of the transfers in November and December were for medical patients and surgical patients. They were transported to Grey Base predominantly via helicopter and hospital car in both November and December.
- Patient transfers from Reefton to Grey Base decreased from 6 in November to 1 in December. They were transported predominantly via ambulance and private vehicle in November and private vehicle in December.



## 4.4 Health Targets

### West Coast DHB national performance measures report

Quarter 2 2018/19: October - December 2018



#### What are the national performance targets?

This report presents current performance against the national performance measures formerly referred to as national health targets. A new set of high-level measures are being developed, however these have not been released to DHBs.

These measures still reflect Canterbury's performance in a range of significant public and government interest and continue to be tracked by the Ministry as part of the DHB's quarterly performance reporting suite. The targets remain in place until the new high-level measures set is released. We will continue to present performance across these priority areas. Three of the measures focus on patient access and three focus on prevention.

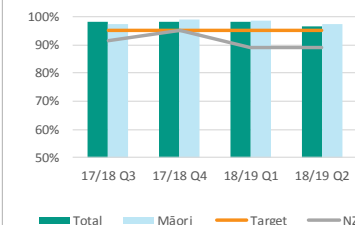


#### Shorter stays in ED

97%



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



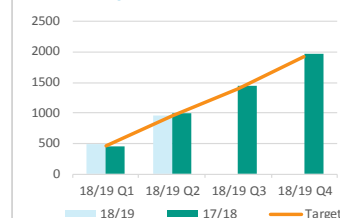
The West Coast continues to achieve the national ED target, with 97% of patients admitted, discharged or transferred from ED within 6 hours during quarter two.

#### Improved access to elective surgery

102%



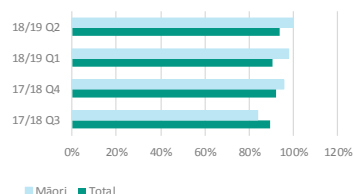
Patients receiving planned surgery Year-end target: 1,916



The West Coast DHB provided 963 elective surgical discharges, higher than anticipated, delivering 102% of planned discharges for quarter two.

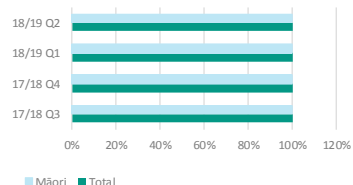
#### Supplementary indicators

Better help for smokers to quit: secondary smoking



This measure reflects patients in our hospitals, identified as smokers, being offered advice and help to quit smoking.

Better help for smokers to quit: maternity smoking



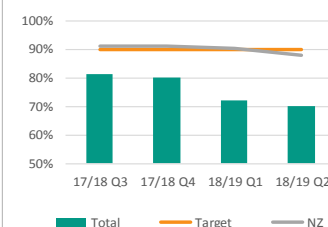
The Ministry sources this data for DHBs from the national Maternity Data Set. It should be noted that the source of the data only represents around 80% of all pregnancies nationally and the measure is still considered developmental. Results are provided for information only.

#### Faster cancer treatment

70%



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



This quarter 70% of patients received treatment on time. Small numbers are challenging with this result reflecting only seven patients who were not seen within the 62 day period.

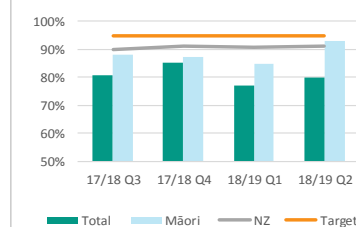
A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

#### Increased immunisation

80%



Eight-month-olds fully immunised Target: 95%



Three children were missed this quarter, a drop in performance compared to last quarter.

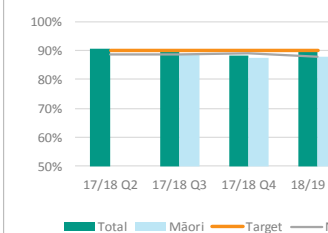
Overall, 96% of eligible (consenting) 8-month-olds were fully immunised. Strong results were achieved for Asian (100%) children.

#### Better help for smokers to quit

90%



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



West Coast health practitioners have reported giving 4,669 smokers cessation advice in the 15 months ending December 2018. This represents 89.8% of smokers against the 90% target.

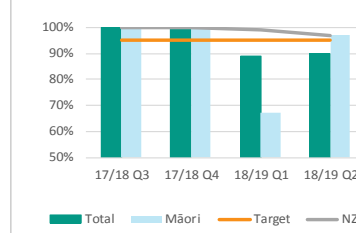
88.4% of Māori and 83.3% of our Pacific populations were given brief advice to quit smoking.

#### Raising healthy kids

90%



Children with obesity referred for support Target: 95%



During quarter one, 21 children were identified as obese and offered referrals for support. Fourteen of these were an acknowledged referral with one child already under care. Four declined a referral.

Two children were referred but acknowledgement was received outside of the 30 day target. Work with the primary practices will continue to highlight the importance of acknowledging referrals in a timely way.



## **Elective Services Patient Indicators [ESPI Compliance]**

### *ESPI 2 FSA (First Specialist Assessment)*

There were 178 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of January 2019. Of these, 138 were orthopaedic cases, with the balance being made up of patients waiting to be seen in plastic surgery (15), ophthalmology (14), respiratory (8), urology (2) and general surgery (1). Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints. Additional visiting plastic surgery outpatient and surgical days were undertaken in February to help address waiting time delays for patients, but this service is facing further delays at present due to capacity constraints.

Some of these patients currently indicated as being over the 120-day target have previously been offered appointments, but not turned up at their clinic appointments; the reasons for which may be quite variable depending on the individual patient and their particular circumstances.. They have been left on our waiting lists for re-booking, so as to offer them additional appointment dates to see a Specialist, rather than being simply removed and their referral returned to their primary care referrer.

### *ESPI 5 (Treatment)*

Eighteen patients were waiting over 120-days from FSA to surgical treatment as at the end of January 2019. Of these, 15 were waiting for plastic surgery, with one case each in ophthalmology, orthopaedics and urology. Additional plastic surgery and outpatient sessions were undertaken in February 2019 to help address the back-log and keep pace with the increased demand; however, waiting times over the 120 day target continue for some patients however, as service capacity constraints remain.



## 4.5 Quality

Hospital Services Incidents recorded in Safety1st for the 2 months to February 2019



### GREY / WESTLAND 2019

Grey Base & Reefton Hospitals	Jan	Feb
Behaviour & Safety	3	0
Blood Product	1	0
Drain and Tube	0	0
Employee	1	1
Facilities, Building & Property	0	1
Fall	8	7
Hazard Register	0	0
Infection	0	1
Intravascular Access Device	1	0
Labs / Specimen	2	3
Labour and delivery	0	1
Medication and IV Fluids	3	3
Provision of Care	3	7
Radiology	2	2
Restraint	0	0
Security	1	1
Skin / tissue	2	0
Totals	27	27

**Grey Base & Reefton Hospitals**  
Reported incident numbers stable; just slight variation across the different types of event.

**Buller Hospital**  
Stable reporting across both months.

Report prepared by:

Philip Wheble, General Manager West Coast DHB

# WEST COAST DHB – MEETING SCHEDULE

## FEBRUARY – DECEMBER 2019

DATE	MEETING	TIME	VENUE
Thursday 7 February 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 15 February 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 15 February 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 29 March 2019	Advisory Committee Meeting	11.30am	St John, Water Walk Rd, Greymouth
Friday 29 March 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 2 May 2019 (in place of ANZAC Day)	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 May 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 10 May 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Tuesday 18 June 2019	Special QFARC Teleconference	2.30pm	Boardroom, Corporate Office
Friday 28 June 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 28 June 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 25 July 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 9 August 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 9 August 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 27 September 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 27 September 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 24 October 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 1 November 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 1 November 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 28 November 2019	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 13 December 2019	BOARD MEETING	10.00am	St John, Water Walk Rd, Greymouth

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

# DRAFT 2019 WORKPLAN FOR WEST COAST ADVISORY COMMITTEE (WORKING DOCUMENT)



	15 February	29 March	10 May	28 June	9 August	27 September	1 November
<b>STANDING ITEMS</b>	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items		Karakia Interests Register Confirmation of Minutes Carried Forward Items
<b>REPORTS</b>	Community & Public Health Update Planning & Funding Update Alliance Update Maori Health Update Operational Update Committee Work Plan	Community & Public Health Update Alliance Update Operational Update Accessible West Coast 2019/20 Draft West Coast Public Health Plan	Community & Public Health Update Planning & Funding Update Alliance Update Maori Health Update Operational Update	Community & Public Health Update Alliance Update Operational Update	Community & Public Health Update Planning & Funding Update Alliance Update Maori Health Update Operational Update		Community & Public Health Dashboards Planning & Funding Update Alliance Update Maori Health Update Operational Update
<b>PRESENTATIONS</b>	Oral Health	Facilities Visit	Child & Youth Wellbeing Ageing Well on the West Coast	Mental Health	Maori Health		Strengthening the Delivery of Public Health Services Service Integration
<b>DISABILITY REPORTING</b>	Disability Support Services Newsletter	Disability Action Plan Update	Disability Support Services Newsletter		Disability Support Services Newsletter		Disability Support Services Newsletter
<b>INFORMATION ITEMS</b>	2019 Schedule of Meetings	Committee Work Plan 2019 Schedule of Meetings Revised Terms of Reference	Committee Work Plan 2019 Schedule of Meetings	Committee Work Plan 2019 Schedule of Meetings	Committee Work Plan 2019 Schedule of Meetings		Committee Work Plan 2019 Schedule of Meetings

# WEST COAST ADVISORY COMMITTEE

## DRAFT TERMS OF REFERENCE



### INTRODUCTION

The West Coast Advisory Committee is a Statutory Committee of the Board of the West Coast District Health Board established in accordance with the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the West Coast District Health Board.

The West Coast District Health Board has combined their three statutory committees to reflect the whole of system approach to health services and to allow discussions to take place from a whole of system perspective.

This Committee encompasses the purposes of Committees as detailed in the Health & Disability Act around hospital monitoring, advice on the health needs of the local population and advice on disability support needs.

These Terms of Reference will apply from 15 February 2019 until such time they are reviewed by the newly elected Board of the West Coast District Health Board who will also review the membership of the Committee.

### FUNCTIONS

This Committee encompasses the purposes and functions of the Statutory Committees as detailed in the Health & Disability Act around hospital monitoring, advice on the health needs of the local population and advice on disability support needs.

The functions and aims of the Statutory Committees as detailed in Schedule 4 of the NZ Health & Disability Act 2000 are:

#### Community and Public Health

*Provide advice and recommendations to the Board of the West Coast District Health Board on:*

- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

#### Disability Support

*Provide advice and recommendations to the Board of the West Coast District Health Board on:*

- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided”.*

#### Hospital

- *monitor the financial and operational performance of the hospital and specialist services of the West Coast District Health Board; and*
- *assess strategic issues relating to the provision of hospital and specialist services by the West Coast District Health Board; and*
- *give the Board advice and recommendations on that monitoring and that assessment”.*

Advice to the Board should be consistent with the priorities identified in the New Zealand Health Strategy and with the Annual Plan and Statement of Intent of the West Coast District Health Board.

The Committee can effect these functions by:

- Making appropriate recommendations to the Board, where necessary, for inclusion in the Annual Plan and Statement of Intent;

- Reviewing performance against the Annual Plan and making appropriate recommendations to the Board where necessary for inclusion in future plans;
- Reviewing information regarding environmental and demographic changes within the area that the West Coast District Health Board is working;
- Identifying Key Priority Actions from the Annual Plan and other Strategic Plans to review progress. (Management will report on key deliverables and measurable achievements associated with these Key Priority Actions);
- Monitoring community outcomes that reflect the priority needs of the West Coast population;
- Monitoring, reporting and making appropriate recommendations to the Board on those issues that fall within its terms of reference arising from matters delegated to it by the Board and from direct reporting to it. To facilitate this, Management will provide reporting to the Committee to measure against financial and operational issues. (Responsibility for the monitoring of individual contracts rests with management).

#### **KEY PROCESSES**

- The Board approves the Annual Plan, Statement of Intent, associated Regional Plans and any individual strategies developed to meet the health and disability needs of the West Coast population.
- The Committee's input at planning workshops and advice to the Board from meetings should be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and approved Strategic Plans and the Disability Action Plan of the West Coast District Health Board.
- Reports or pieces of work requested by the Committee should be consistent with the strategies outlined in the Annual Plan and other strategic documents.
- Updates on progress regarding the implementation of the strategies in the annual plan should detail any challenges and solutions around the provision of services.

#### **ACCOUNTABILITY**

The Advisory Committee is a Statutory Committee of the Board and as such its members are accountable to the Board.

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

#### **LIMITS ON AUTHORITY**

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

- The Committee provides advice to the Board by assessing and making recommendations on the reports and material submitted to it.
- Requests by the members of the Committee for work to be done by management or external advisors (from both within a meeting and external to it) should be made via the Committee Chair and directed to the Chief Executive or their delegate. Such requests should fall within the priorities of the Annual Plan.
- There will be no alternates or proxy voting of Committee members.
- The management team of the West Coast District Health Board makes decisions about the funding of services within the Board approved parameters and delegations.

## **RELATIONSHIPS**

The West Coast Advisory Committee should make themselves familiar with the work being undertaken by the Board to ensure a cohesive approach to health and disability planning and delivery

This can be achieved through the sharing of agendas which are available on the West Coast DHB website, regular information presentations at meetings and participation in annual planning workshops.

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

## **TERM OF MEMBERSHIP**

The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for reappointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills-mix of the committee and allow for a diverse and representative cross section of the community to have input into decision making.

## **MEMBERSHIP OF THE COMMITTEE**

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

Members of the Advisory Committee will be appointed by the Board who will comply with the requirements of the Act.

The Chair of the Advisory Committee will be a member of the Board and will be appointed by the Board, who may also appoint a Deputy Chair of the Committee.

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

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

All Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:

- The appointment term of members.
- A conflict of interest statement being required prior to nomination.
- Remuneration and
- Resignation, vacation and removal from office.

## **MEETINGS**

The West Coast Advisory Committee will meet regularly as determined by the Board with the frequency and timing taking into account the workload of the Committee.



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

#### **REPORTING FROM MANAGEMENT**

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

#### **MANAGEMENT SUPPORT**

- In accordance with best practice, and the delineation between governance and management, key support for the Advisory Committee will be provided by the Chief Executive or his representative. The Chief Executive or his representative will be involved in the preparation of agendas, reports and minutes of the Committee in liaison with the Chair of the Committee.
- In practice, attendance at the part or whole of the meetings by management and other support staff should be determined by the Chair based on items on the agenda.
- The Advisory Committee will also be supported by Community and Public Health staff and by internal secretarial, clinical support, hospital, Planning and Funding and financial management staff as required. The Board may appoint advisors to the Advisory Committee from time to time, for specific periods, to assist the work of that committee. The committee may also, through management, request input from advisors to assist with their work.

#### **REMUNERATION OF COMMITTEE MEMBERS**

- In accordance with Cabinet Guidelines, members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of \$250 per meeting up to a maximum of ten meetings, with a total maximum payment of \$2,500 per annum. The Committee Chair will be remunerated for attendance at meetings at the rate of \$312.50 per meeting, again up to a maximum of ten meetings, with a total maximum payment of \$3,125 per annum. Ex-officio members are not remunerated.
- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at Committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (i.e.: reasonable travel-related costs) for Committee members may be paid. Members should adhere to the West Coast District Health Board's travel and reimbursement policies.

Adopted by the West Coast District Health Board – 15 February 2019