



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

## **ADVISORY COMMITTEE MEETING**

**10 May 2019**

**10.30am**

**St John  
Water Walk Road, Greymouth**

## **AGENDA AND MEETING PAPERS**

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

### WEST COAST DISTRICT HEALTH BOARD

#### ADVISORY COMMITTEE MEMBERS

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*)  
Brittany Jenkins (*Acting Director of Nursing*)  
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 10 May 2019 commencing at 10.30am**

## ADMINISTRATION

**10.30am**

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**

- 29 March 2019

**3. Carried Forward/Action Items**

## REPORTS/PRESENTATIONS

**10.35am**

- |   |  |                   |
|---|--|-------------------|
| 4. <b>Mental Health Update</b>                                    | Dr Cameron Lacey<br><i>Medical Director</i>                          | 10.35am – 11.15am |
| 5. <b>Disability Action Plan - Verbal Update &amp; Discussion</b> | Kathy O'Neill<br><i>Planning &amp; Funding</i>                       | 11.15am – 11.35am |
| 6. <b>Community and Public Health Update</b>                      | Gail McLauchlan<br><i>Community and Public Health</i>                | 11.35am – 11.45pm |
| 7. <b>Alliance Update</b>   | Cheryl Brunton<br><i>Acting Chair, Alliance Leadership Team</i>      | 11.45pm – 11.55pm |
| 8. <b>Planning &amp; Funding Update</b>                           | Melissa Macfarlane<br><i>Team Leader, Planning &amp; Performance</i> | 11.55am – 12.05pm |
| 9. <b>Operational Update</b>                                      | Philip Wheble<br><i>General Manager, West Coast</i>                  | 12.05pm – 12.20pm |

## ESTIMATED FINISH TIME

**12.20pm**

## INFORMATION ITEMS

- Disability Support Services Newsletter March 2019
- West Coast DHB 2019 Meeting Schedule
- 2019 Committee Work Plan – Working Document

## NEXT MEETING

**Date of Next Meeting:** Friday 28 June 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> <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 N	
	<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
Cheryl Brunton	<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> <li>Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)</li> <li>Member - Public Health Association of New Zealand</li> <li>Member - Association of Salaried Medical Specialists</li> <li>Member - West Coast Primary Health Organisation Clinical Governance Committee</li> <li>Member – National Influenza Specialist Group</li> <li>Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation</li> <li>Member – DISC Trust</li> </ul>	N  N N N N N N	
Paula Cutbush	<ul style="list-style-type: none"> <li>Owner and stakeholder of Alfresco Eatery and Accommodation</li> <li>Daughter involved in Green Prescriptions</li> <li>Justice of the Peace</li> </ul>	N N N	
Helen Gillespie <b>Board Member</b>	<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> <li>Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team</li> <li>Accessible West Coast Coalition Group - Member - I represent the Department of</li> </ul>	N  N	

	<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  Y	     Actual



**DRAFT**  
**MINUTES OF THE WEST COAST ADVISORY COMMITTEE**  
**held at St John, Water Walk Road, Greymouth**  
**on Friday 29 March 2019 commencing at 11.20am**

## **PRESENT**

Elinor Stratford (Joint Chair – in the Chair); Chris Auchinvole; Lynnette Beirne; Jenny Black; Sarah Birchfield; Dr Cheryl Brunton; Paula Cutbush; Chris Lim; Michelle Lomax; Chris Mackenzie; Jenny McGill; Joseph Mason; Nigel Ogilvie; and Francois Tumahai.

## **APOLOGIES**

Apologies were received and accepted from: Helen Gillespie; Kevin Brown, Peter Neame and Edie Moke.

An apology for lateness was received and accepted from Chris Auchinvole (11.50am).

## **EXECUTIVE SUPPORT**

Philip Wheble (General Manager, West Coast); Brittany Jenkins (Acting Director of Nursing); Jenni Stephenson (Planning & Funding) and Kay Jenkins (Minutes).

Joe Mason opened the meeting with a Karakia.

## **1. INTEREST REGISTER**

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

There were no additions or alterations to the Interest Register

### **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 (2/19)**

(Moved: Chris Mackenzie/Seconded: Lynnette Beirne - carried)

“That the minutes of the meeting of the West Coast Advisory Committee held on 15 February 2019 be confirmed as a true and correct record.”

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

The Carried Forward/Action Items were noted.

## **4. ACCESSIBLE WEST COAST**

Rosie McGrath, Community & Public Health, and Margaret Willett, Accessibility West Coast Coalition, presented the draft Accessible Te Tai Poutini West Coast Strategic Plan to the Committee and provided an overview and background to the document. It was noted that the draft has already been endorsed by each Council and both Iwi on the West Coast.

The Committee thanked the presenters and also asked that their thanks be passed to others involved in undertaking this work.

**Resolution (3/19)**

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

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.

**5. DRAFT 2019/20 WEST COAST PUBLIC HEALTH PLAN**

Gail McLauchlan, Community & Public Health presented this plan. Ms McLauchlan advised that this plan is prepared as part of Community & Public Health's contract with the Ministry of Health with the majority of outcomes being shared by all South Island DHBs. It was noted that this is a high level plan and sitting below this is a more detailed plan.

**Resolution (3/19)**

(Moved: Michelle Lomax/Seconded: Chris Mackenzie - carried)

That the Committee recommends to the Board that they:

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

**6. DISABILITY ACTION PLAN – VERBAL UPDATE AND DISCUSSION**

This item was deferred until the next meeting.

**7. COMMUNITY AND PUBLIC HEALTH UPDATE**

Gail McLauchlan, Community & Public Health presented the Community & Public Health update. Ms McLauchlan provided an update on the measles outbreak and it was noted that there are no cases on the West Coast however Community & Public Health are continuing to provide advice to West Coast Primary Care providers as required.

Ms McLauchlan also provided updates on: the Hokitika Wild Foods Festival, including policies to keep the event Smoke & Vape free; and Health Promoting Schools

The update was noted.

**8. ALLIANCE UPDATE**

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

Ms Brunton also provided an update on the most recent meeting of the Alliance Leadership Team which was held on the previous evening.

The update was noted.

## 9. OPERATIONAL UPDATE

Philip Wheble, General Manager, West Coast, introduced Brittany Jenkins, Acting Director of Nursing, and presented this update which was taken as read.

Mr Wheble's report highlighted the following notable features:

- 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.

Mr Wheble added that it is important that we acknowledge the work taking place across the Clinical teams particularly in relation to workforce development.

Discussion took place regarding: the reduction in waiting times; DNAs (also in Canterbury by West Coast patients); and the transparency around attendances in Canterbury by West Coast patients.

The update was noted.

## INFORMATION ITEMS

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

There being no further business the meeting concluded at 12.25pm.

Confirmed as a true and correct record:

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

\_\_\_\_\_  
Date

The meeting was preceded by a visit to the new facilities.

## CARRIED FORWARD/ACTION ITEMS



### WEST COAST ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 10 MAY 2019

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	23 November 2017	Water Quality	Presentation with updated data	Mid 2019

# COMMUNITY AND PUBLIC HEALTH UPDATE



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

**SOURCE:** Community and Public Health

**DATE:** 10 May 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)

**April 2019**

### **Nutrition**

CPH are currently delivering two Appetite for Life courses in Greymouth and Hokitika, with 15 people in attendance. Thus far, the sessions have covered topics including breaking the diet cycle, types of fats, the importance of breakfast and dietary fibre.

CPH staff also worked recently alongside the Greymouth Police (Prevention Team) and Plunket at two free 'car seat checks' outside an Early Childhood Education centre and at The Warehouse promoting healthy kai and living smokefree. This was extremely valuable, with good attendance from the public and continuing conversations with the Police about other collaborative work, particularly CPH's involvement with the Youth Bluelight Bootcamps.

CPH staff facilitated a follow up meeting on Food Security, with the intention of establishing a working group. This was valuable as it allowed us to gauge any changes to the food landscape and the interest and capability of our key stakeholders to meet on a regular basis to address this issue on the West Coast.

### **Smokefree**

World Smokefree Day is on 31<sup>st</sup> May and is celebrated throughout the month of May. To promote this our Smokefree Health Promoter wrote an Ask A Professional article that was published in March in The West Coast Messenger with tips about how people could get involved and services to contact for quit support. Activities planned in collaboration with West Coast Tobacco Free Coalition include: a display at Grey High School with information and quizzes about smoking with the aim of reducing the number of young people taking up smoking, as well as a stand at the Warehouse on 30<sup>th</sup> May to raise awareness and provide information about cessation services to those wanting to quit smoking.



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

This has now been endorsed by the four Councils, two Runanga and the West Coast DHB. A meeting of the Coalition will be arranged in the near future.

### **Class 4 Gaming Venue in Reefton**

As a member of Active West Coast, CPH coordinated a written objection to the Gaming Machine Venue application. CPH also presented at a hearing of the application at the Buller District Council. We have been advised Council has declined the application.



## 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. Professional Development for teachers has continued to be rolled out during Term 2 in partnership with West Coast Primary Health Organisation and school pastoral teams, with sessions at South Westland Area School planned and offered to the Mawhera Kahui Ako.

The HPS Co-ordinator is involved in the Mawhera Kahui Ako inquiry into wellbeing, and planned responses. This includes a 'Sparklers' professional development session for teachers on 7 May 2019, facilitated by Michelle Cole, Sunny Panapa (Child and Adolescent Mental Health Services), and the HPS co-ordinator.

The HPS Coordinator, alongside Whaea Michelle Gibson, recently ran a Pā Harakeke re-establishment project at Barrytown School, where a selected plants from the Rene Orchiston\* collection of harakeke were replanted. This is a community resource, with whānau and community involved in the planting. Students learnt of the whakapapa and tikanga of harakeke, as well as the history of Barrytown's local flax industry, and participated in raranga (weaving). The students are taking their role as kaitiakitanga very seriously.



*\*Rene Orchiston of Gisborne spent over 30 years tracking down, documenting and maintaining in cultivation many traditional varieties of harakeke. Her collection forms the basis of the National New Zealand Flax Collection maintained by Manaaki Whenua – Landcare Research.*

## Measles

The measles outbreak in Canterbury appears to be abating. At the time of reporting, there have still been no confirmed cases of measles on the West Coast and the number of cases in Canterbury remains at 38. West Coast doctors and nurses have remained vigilant and notified us promptly of any suspected cases of measles. The Medical Officer of Health has also given a presentation about the outbreak at vaccinator training held on the Coast earlier this month.

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

**SOURCE:** Alliance Leadership Team

**DATE:** 10 May 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 March the Alliance Leadership Team (ALT):

- held good discussions with the South Island Alliance Programme Office members regarding closer collaboration between the regional and local alliances.
- noted good progress on the integration of shared care plans.
- approved the draft System Level Measures Framework Improvement Plan to go to the Ministry of Health for feedback.
- was pleased to note the winter planning discussions that have taken place and support the further development of this planning.
- discussed the ongoing work regarding confidentiality within the integrated system and requested regular reporting on progress towards system wide consensus.

### **The Hub Project**

A new Project Manager, David Croft, has been appointed to continue the work under the Hub project. Current focus is on four workstreams within the project; Transfer of Care, Transport Coordination, Referral management and the Contact Centre. The ALT will continue to provide oversight for this work.

**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:** Planning & Funding

**DATE:** 10 May 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

The attached report has been prepared to provide the Committee with an update progress against the initiatives, actions and targets highlighted in the DHB's Annual Plan for 2018/19.

## 2. RECOMMENDATION

That the Committee:

- i. notes the update on progress to the end of quarter three (January - March) 2018/19.

## 3. SUMMARY

The attached quarterly report has been prepared to highlight the progress being made against the commitments set out in the West Coast DHB's Annual Plan for 2018/19.

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 four.

### Key Points to Note:

- A proposed model for Kaupapa Māori Parenting and Pregnancy Education has been developed. Planning is underway for delivery of the first cohort in quarter four.
- Cultural competency training has been delivered to General Practices in Greymouth and to the whole team of Poutini Waioara, with further training planned for other areas.
- The DHB continue to support stronger relationships between West Coast Lead Maternity Carers and Well Child Tamariki Ora providers in order to support timely referral and handover.

## 4. APPENDIX

Appendix 1: West Coast DHB Annual Plan 2018/19 - Delivery of National Priorities & Targets, Quarter 3 Status Report

**Report prepared by:** Planning & Funding

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

# West Coast DHB Annual Plan 2018/19

## Delivery of National Priorities & Targets



*Photo courtesy of Wendy Edwood*

## Status Report Quarter 3 January - March 2019

Status Key:

✓	Completed As Planned
↻	Underway (but not yet completed)
✗	Delayed / At Risk

# Mental Health Services

## Population Mental Health Services

NZ Health Strategy link - One Team

### Status Report for 2018/19

Performance Reporting Link – PP43

Key Actions from the Annual Plan	Milestones	Status	Comment
Establish a Mental Health Workstream under the West Coast Alliance to oversee the implementation of the new model of care.	Q1: Alliance Mental Health Workstream established.	✓	Workstream established with whole of system membership in place.
Expand enrolment in the Long-term Conditions Management (LTCM) Programme to include people with mental health issues. (EOA)	Q4: 50% of practices enrolling people with mental health issues in the LTCM Programme.	↻	Enrolment in the Buller practice and Coast Medical is underway.
Continue to collaborate with social services, (MSD and Education) through Te Ara Mahi, to support people with mental health issues into employment or further education.	Q4: Increased number of clients supported into employment or education.		Vocational services continue to be promoted to clinical teams.
Realign resources to strengthen community mental health teams and support them to work alongside primary care teams as part of the locality-based community health model. Implement the new Crisis Response model to provide improved access to crisis services across the age and severity continuum.	Q2: Afterhours crisis response phone service established.	↻	The after-hours crisis response phone service will commence shortly. Proposal for Change feedback has been collated and a Direction document for the implementation of locality based Mental Health services will be ready for April.
	Q4: Mental health services integrated into locality bases.		
	Q4: Additional resource in place in the inpatient unit to respond afterhours.		
Review the current provision of Māori Mental Health Services and develop a complementary model that provides improved cultural support for Māori across the continuum. (EOA)	Q1: Stakeholder Hui held.	✓	Engagement Hui held with a positive participation from across the sector. Feedback was circulated to stakeholders for further input and a scoping document is now underway. The changes have been delayed with the Proposal for Change, as we wait for the Mental Health Inquiry recommendations to be released by the Ministry.
	Q2: Recommendations proposed.	✓	
	Q3: Revised Model Adopted.	↻	
Continue to progress implementation of the national Supporting Parents Healthy Children guidelines and confirm priority actions.	Q2: Implementation Plan agreed.	✓	Work is ongoing but resourcing constraints are causing delays.
	Q3: Priority actions identified.	↻	
	Q4: Progress review completed.		
Coordinate the national Mental Health Inquiry Panel visit and provide opportunities for agencies, providers and consumers to be represented and heard by the Panel.	Q1: Publish submission and feedback dates to encourage participation.	✓	Good participation by a variety of stakeholders with feedback being provided to the Mental Health Inquiry Panel.
	Q1: Actively participate and provide feedback to the Panel.	✓	
Key Performance Measures		Result	Comment
>150 Young people (0-19) accessing brief intervention counselling in primary care.		91	On track for year end.
>450 Adults (20+) accessing brief intervention counselling in primary care.		360	On track for year end.
80% of people referred to specialist mental health services are seen within 3 weeks.		85%	The wait time calculation does not reflect the background work that has been undertaken in preparation for the first clinically significant face to face assessment contact.
95% of people referred to specialist mental health services are seen within 8 weeks.		92%	

## Mental Health Improvement Activities

NZHS Link - One Team

### Status Report for 2018/19

Performance Reporting Link – PP7

Key Actions from the Annual Plan	Milestones	Status	Comment
<p>Provide Safe Practice Effective Communication (SPEC) training for inpatient staff.</p> <p>Integrate weekly meetings (with staff and patients) to enable patient participation in decision-making to enhance the environment and safe practices of the unit.</p> <p>Invest in environmental and therapeutic practice changes to support staff to provide a safe therapeutic environment for inpatients.</p> <p>Include cultural expertise in environmental improvements to build cultural awareness amongst staff and improve access to cultural support for consumers and whānau. (EOA)</p>	Q1: 95% of frontline staff receive SPEC de-escalation training.	✓	16 out of 17 staff have completed the SPEC four-day training.
	Q2: Integrated meetings held weekly.	✓	Environmental changes are underway, with set up of a sensory room near completion. A nurse lead role for sensory modulation and talking therapies is in place.
	Q3: Dedicated (additional) Occupational Therapy FTE in place to support sensory modulation and meaningful activity for inpatients.	↻	The safe ward concept is being rolled out with some initial work started and Pukenga input being encouraged.
	Q4: Safe ward concept embedded into everyday practice.	✓	
	Q4: Equity of consumers experiencing seclusion being monitored.	✓	
<p>Commence discharge planning on entry to Mental Health Services, embed the primary nursing model and process for engaging community teams at the earliest opportunity and build patient awareness and participation in transition/wellness planning.</p>	Q1: Transition from inpatient to community services reviewed.	✓	<p>Primary nursing is now embedded with early allocation to Community Mental Health Teams to support the patient journey/pathway. Family involvement in discharge meetings is the current focus.</p>
	Q2: Updated pathway in place.	✓	
	Q3: Patient participation in discharge processes evident.	↻	
<p>Engage staff and patients in the Marama real-time feedback survey to identify opportunities to improve service delivery, particularly for Māori consumers. (EOA)</p>	Q4: 75% of discharged patients complete the Marama survey.		<p>Most feedback has been provided prior to discharge and changes are being implemented to support use of the survey.</p>
	Q4: 75% of discharged Māori patients complete the Marama survey.		
Key Performance Measures		Result	Comment
95% of clients discharged with a transition plan in place (inpatient services)		62.5%	<p>PRIMHD, the Mental Health Quality Team and the Mental Health Team Managers are now required to report monthly to the Clinical Risk Meeting to ensure the target is met by the next quarter.</p>
95% of audited files meet accepted good practice.		50%	

## Addictions Services

NZHS Link - Value & High Performance

### Status Report for 2018/19

Performance Reporting Link – PP8

Key Actions from the Annual Plan	Milestones	Status	Comment
<p>Realign resources to strengthen community mental health teams and support them to work alongside primary care teams as part of the locality-based community health model.</p>	Q1: Additional mental health respite capacity available in Buller.	✓	<p>Respite is now being provided by a local ARC provider, in partnership with Community Mental Health Team, and this is working well.</p>
<p>Implement the new Crisis Response model to provide improved access to crisis services across the age and severity continuum.</p>	Q2: Additional community-based AOD support options identified.	✓	<p>This service has commenced and is being implemented by the Salvation Army.</p>
<p>Investigate options to increase community-based respite, withdrawal management and recovery support, particularly for Māori. (EOA)</p>	Q4: Increased AOD capacity available.	✓	
Key Performance Measures		Result	Comment
80% of people referred to specialist addiction services are seen within 3 weeks.		68.8%	<p>We anticipate increased community options and the realignment of resources will improve waiting times going forward.</p>
95% of people referred to specialist addiction services are seen within 8 weeks.		87.1%	



## Primary Care Services

### Service Access

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP22

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Work with the West Coast PHO to implement the national zero fees policy, extending zero fees for children &lt;13 to zero fees for children &lt;14. (EOA)</p> <p>Work with local Pharmacies to ensure they update systems to align with the national policy. (EOA)</p> <p>Work with the West Coast PHO to implement the national lower fees for Community Services Card holder policy. (EOA)</p> <p>Update the DHB and PHO websites in line with the implementation of zero fees policy, showing details of practices' fee arrangements.</p>	Q2: Proposed new zero fees model communicated and agreed.	✓	<p>All general practices on the West Coast have signed up to the zero fees for children under 14 years and the initiative to provide 'lower cost general practice visits'.</p> <p>Adults with a Community Services Card (CSC) who are enrolled with a general practice pay no more than \$18.50 for a standard visit and young people (14 to 17), who have a parent or caregiver with a CSC are charged no more than \$12.50.</p>
	Q2/Q3: Implementation of zero fees model for children <14 (both in and out of hours).	✓	
	Q4: PHO/DHB websites updated to reflect changes in fees.	✓	
	Q4: 95% of children <14 have zero fee access to general practice services and prescriptions.	✓	

### System Integration

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP22

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Continue to invest in the West Coast Alliance as a mechanism for leading service and system improvements.</p> <p>Engage system partners in the Alliance's new Mental Health Workstream to support the implementation of the locality-based mental health service model.</p> <p>Ensure a strong Māori voice and focus on Alliance workstreams. (EOA)</p> <p>Monitor system performance against the national System Level Measures (SLM) to identify areas for improvement and focus.</p>	Q1: New Alliance Chair is appointed to vacant role.	↻	<p>Initial advertising and expressions of interest failed to attract a new Chairperson. The Alliance remains committed to seeking an independent Chair and are now advertising through word of mouth, community newsletters and media.</p> <p>Further work has been undertaken to develop an equity reporting dashboard. The Alliance aims to complete this work in quarter four.</p>
	Q2: Work plan for the Mental Health Workstream endorsed by the Alliance Leadership Team.	✓	
	Q2: Equity reporting dashboard developed.	↻	
	Q4: Delivery of the actions agreed in the SLM Improvement Plan.		
<p>Work through the West Coast Alliance to refresh and refine the SLM Improvement Plan, outlining collective activity to improve performance in 2018/19.</p>	Q1: Implementation of agreed SLM Improvement Plan underway.	✓	<p>The SLM Plan was agreed and approved by the Ministry and is now being implemented.</p>
	Q1: Quarterly review of progress against the Improvement Plan.	✓	
<p>Continue to develop a rural generalist workforce model to support the transformation of service models on the Coast.</p> <p>Invest in a lead role to support an integrated Dietetic and Nutrition Service, working across DHB, PHO and CPH areas of service delivery.</p> <p>Recruit and develop more nurse practitioners to support care in primary health settings.</p>	Q1: Rural Hospital Medical Specialist (with extended scope in Obstetrics) engaged.	✓	<p>The lead clinician for Nutrition Service will be confirmed following the outcome of the DHB's current proposal for change relating to organisational structure.</p>
	Q3: Lead clinician engaged to provide oversight to nutrition services.	↻	
	Q4: Three Nurse Practitioners working in primary care.		

## CVD and Diabetes Service Improvement

NZHS Link - One Team

### Status Report for 2018/19

### Performance Reporting Link – PP20

Key Actions from the Annual Plan	Milestones	Status	Comments
Work with the PHO and general practices to maintain the proportion of the eligible population receiving a CVD and Diabetes Risk Assessment at or above 90%. Engage Poutini Waiora to identify and contact Māori men to lift the Risk Assessment rates for this high-risk population. (EOA)	Q1: Monthly performance reporting by general practice.	✓	West Coast PHO is actively monitoring results by ethnicity and working with Poutini Waiora to implement key actions to support uptake of CVD assessment by Māori men as a high-risk group.
	Q1: Monthly performance reporting by ethnicity.	✓	
Work with Health Quality & Safety Commission to further advance the Whakakotahi work plan by trialling evidence-based care pathway improvements in two primary care pilot sites.	Q1: Two Whakakotahi pilots underway.	✓	The pilot project in the Buller region is being re-scoped and linking in with Poutini Waiora. The second project in Greymouth at High Street Medical Practice has been halted as patient data evaluation did not evidence that the project continuation was needed.
	Q4: Completion of Phase I of the pilot with assessment of pathway improvements.	✗	
Establish a visiting specialist vascular surgical outpatient service to support diagnosis and treatment for West Coast patients, without the need to travel. (EOA)	Q1: Visiting Specialist Vascular service established.	✓	
Continue to support community-based initiatives to engage and enrol people with diabetes in the primary care LTCM Programme so that people can be supported to make lifestyle changes to help reduce their risk, with a particular focus on Māori as a high needs population group. (EOA)	Q1: Retinal screening expo and clinic in Reefton and Greymouth.	✓	Retinal Screening Expo clinics were held in Reefton and Greymouth in August and in Greymouth and Westport in November 2018. Further series of clinics were conducted in March 2019.
	Q4: Three pre-diabetes and high risk CVD dietitian clinics delivered.		
	Q4: Three Living Well with Diabetes courses delivered.		
Key Performance Measures		Results	Comments
90% of the eligible population have had a CVD risk assessment in the last 5 years.		88.6%	Only 21 more individuals needed to be reached to meet this target.
90% of eligible Maori men (35-44) have had a CVD risk assessment in the last 5 years.		76.2%	Only 36 more Maori men needed to be reached to meet this target
90% of the population, identified with diabetes, have had an annual HbA1c test.		88.6%	88.2% of Maori have had their annual HbA1c test.

## Pharmacy Action Plan

NZHS Link - One Team

### Status Report for 2018/19

### Performance Reporting Link – PP22

Key Actions from the Annual Plan	Milestones	Status	Comments
Participate in the national process to develop and implement a new service agreement for integrated community pharmacy services. Offer the new agreements and opportunities to improve integration of local services.	Q2: West Coast pharmacies have new 'evergreen' pharmacy service agreements in place.	✓	All West Coast pharmacies are signed up to the new agreements.
Further develop the Pharmacy Long-Term Conditions Service, to improve access to pharmacist support for people on multiple regular medicines. (EOA) Support more pharmacists to provide medication use reviews (MURs) for people taking many or high-risk medicines. (EOA)	Q3: Two more pharmacists accredited to provide MURs.	✗	There is limited availability of pharmacists to provide medicines management support for patients via LTC and MUR services. The number of people enrolled in LTC service has fallen and is now at 657.
	Q4: >20 people receive a MUR from their pharmacist.	✗	
	Q4: >900 people are enrolled in the Long-Term Conditions Service.	✗	
Work with the national Expert Advisory Group to develop a Minor Ailments (pharmacy) Initiative to ease access to timely treatment for Community Service Cardholders. (EOA)	Q4: Minor Ailments Initiative developed and put forward for approval.		



## Newborn Enrolment

NZHS Link – Closer to Home

### Status Report for 2018/19

Performance Reporting Link – SI18

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Establish a process to support general practice enrolment as part of the current new-born multi-enrolment process. Complete a review of the multi-enrolment form to ensure it is meeting the stakeholder needs.</p> <p>Work with Plunket and Poutini Waioira to develop a Kaupapa Māori Pregnancy &amp; Parenting Education Programme. (EOA)</p> <p>Ensure the Programme emphasises the importance of enrolling with primary care to support engagement with health services. (EOA)</p>	Q2: Process to support general practice enrolment developed.	✓	<p>A proposed model for Kaupapa Māori PPE has been developed. Planning is underway for delivery of the first cohort in quarter four.</p>
	Q2: Kaupapa Māori PPE Programme developed.	✓	
	Q3: New-born enrolment form review completed.	✓	
Key Performance Measures		Results	Comments
85% of new-borns are enrolled with general practice by 3 months of age.		73%	This equates 61 out of 83 new-borns on the West Coast.

## Support to Quit Smoking

NZHS Link - One Team

### Status Report for 2018/19

Performance Reporting Link - TBC

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Identify smoking patients newly enrolling in the primary care LTCM Programme for mental health concerns, with the goal of offering them stronger support to quit smoking.</p>	Q2: Process for capturing new patients established.	✓	
	Q4: Identified patients contacted by Stop Smoking Service.		
<p>Work with the Buller Health Practice to identify Māori smokers and ex-smokers who have not been appropriately screened for COPD. (EOA)</p> <p>Work with Poutini Waioira to engage those patients in spirometry clinics, where screening, smoking cessation advice and other opportunistic referrals can be offered. (EOA)</p> <p>Establish a process for extending invitations to whānau members where appropriate. (EOA)</p>	Q2: Process for capturing Māori smokers and ex-smokers age 35+ established.	✓	
	Q4: Identified patients and appropriate whānau invited for COPD screening.		
<p>Work with the PHO and Well Child Tamariki Ora providers (collecting smokefree status data) to improve data collection and establish how whānau being offered brief advice and cessation support can be captured.</p>	Q2: Data collection for smokefree household measure in place.	✓	<p>The new data capture system was implemented in early March.</p>
	Q4: Process for ABC data capture in Patient Management System investigated.		
Key Performance Measures		Result	Comment
90% of PHO enrolled patients who smoke are offered brief advice/support to quit.		88.6%	
90% of West Coast households with a newborn have their smokefree status recorded at the first core Well Child check.		Q4	

# Child Health Services

## Maternal Mental Health Services

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP44

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to support the use of free general practice consultations for pregnant women with medical, mental health or social issues that may be exacerbated by pregnancy. (EOA) Promote the maternal mental health service referral pathway using HealthPathways. Review the timeliness of referrals from LMCs to Well Child providers, with a focus on Māori as a population of higher need. (EOA)	Q1: Review of maternal mental health pathway complete.	✓	The DHB will continue to support stronger relationships between West Coast LMCs and WCTO providers in order to support timely referral and handover. The DHB continues to advocate for improved visibility of all WCTO Core check data in order to support quality improvement actions in this area.
	Q2: Promotion of pathway to increase uptake.	✓	
	Q3: Review of referral timeliness completed and opportunities for improvement identified.	✓	
Identify all community-based DHB funded services and initiatives currently in place to support maternal mental health and the number of women being supported.	Q2: Stocktake report completed.	✓	A stocktake has been complete and submitted to the Ministry of Health, identifying all the current services and initiatives in place.
	Q4: Access report provided to the Ministry of Health.		

## Child Wellbeing

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – PP27

Key Actions from the Annual Plan	Milestones	Status	Comments
Work collectively to increase the number of pregnant women (and partners) engaging in the Smokefree Pregnancy Incentives programme. Extend the schedule for incentives to support continued engagement with cessation services beyond birth, to promote a smokefree home environment for babies.	Q1: Pregnancy Incentives programme model reviewed.	✓	The programme continues to track well with good uptake from women.
	Q2: Opportunities to enhance the Programme actioned.	✓	
	Q4: Successes of women who have successfully quit are celebrated.		
Continue to train volunteer peer supporters through the Mum4Mum programme, with a focus on Māori supporters to extend the reach of the service. (EOA) Investigate strategies to link high need populations to a Mum4Mum supporter. (EOA)	Q2: Opportunities to enhance the programme actioned.	✓	An education session was provided for LMCs and WCTO providers in March which included promotion of the Mum4Mum network as a source of community based support for women across the whole West Coast.
	Q4: An increased number of Māori mothers trained as peer supporters.		
Establish a Transalpine Oral Health Service Development Group to support a whole of life approach to good oral health. Promote the Newborn Enrolment Form to support early enrolment of children with the Community Oral Health Service. (EOA) Identify opportunities for health promotion and education for families whose children are hospitalised for dental surgery. (EOA)	Q1: West Coast Development Group membership confirmed.	✓	The Healthy West Coast Alliance workstream is leading the development of a cohesive Oral Health Promotion plan that capitalises on opportunistic contacts as well as creating supportive environments.
	Q1: Childhood Nutrition/Health Promotion role supporting Early Childhood Centres established.	✓	
	Q2: Practice Nurses complete 'Lift the Lip' checks at immunisations.	✓	
	Q2: 'Water Only' policies in place in West Coast schools.	✓	
Continue to invest in the Violence Intervention Programme (VIP) and activity to support a reduction in harm and adverse health outcomes.	Q1: VIP training sessions ongoing.	✓	
	Q4: VIP audit results >70/100.		
Key Performance Measures		Results	Comments
95% of children (0-4) are enrolled with Community Dental Services.		101.2%	There were 5,089 children enrolled.
90% of enrolled children (0-12) are examined according to plan.		96%	There were 225 children overdue, 60 of those children were Maori.

85% of adolescents (13-17) are accessing DHB-funded oral health services.

Q4

## Supporting Health in Schools

NZHS Link – Closer to Home

### Status Report for 2018/19

Performance Reporting Link – PP39

Key Actions from the Annual Plan	Milestones	Status	Comments
Support the Health Promoting Schools framework in lower decile and schools with a high proportion of Māori/Pacific students. (EOA) Support the roll out of the 'Water Only in Schools' programme as part of good oral health promotion and an enabler to wellbeing. Undertake a stocktake of all initiatives currently underway to support health in schools. Review the 2018 Greymouth Schools Wellbeing Survey and identify actions for improvement.	Q2: Schools recruited to develop 'Water Only' policy.	✓	Poutini Waiora is now leading work around defining Wellbeing using the WHO model and how to incorporate supports for this in daily school business.
	Q2: School Wellbeing Survey reviewed.	✓	
	Q2: Stocktake report completed.	✓	
	Q3: Service improvement recommendations developed and agreed.	✓	

## School-Based Health Services (SBHS)

NZHS Link – Closer to Home

### Status Report for 2018/19

Performance Reporting Link – PP25

Key Actions from the Annual Plan	Milestones	Status	Comments
Engage decile 4 schools in the School Based Health Services (SBHS) programme. Undertake a stocktake of all SBHS currently provided in West Coast secondary schools. Work with decile 1-4 schools to identify barriers to participation in routine health assessments with particular focus on Māori children. (EOA) Work with schools and providers to develop an implementation plan for expanding SBHS to all public secondary schools on the West Coast.	Q2: Stocktake report completed.	✓	There has been good uptake of school-based health assessments by Māori during the 2018 school year, (21/25 students in funded schools and 24/37 in other schools). The DHB is working with all schools to communicate the purpose and content of health assessments to parents and establish how best to target their community and parents of Māori children in particular. The barriers reported have mostly included a misconception about what the assessment entails.
	Q2: Barriers to access identified.	✓	
	Q4: Implementation plan completed and provided to MOH.		
	Q4: SBHS in place in all West Coast 1-4 decile schools.		
	Q4: 95% of year nine children receive a HEEADSSS assessment.		

## Immunisation

NZHS Link – One Team

### Status Report for 2018/19

Performance Reporting Link – PP21

Key Actions from the Annual Plan	Milestones	Status	Comments
Monitor and evaluate immunisation coverage at DHB, PHO and general practice level, to maintain coverage and identify unvaccinated children. Fill the vacant Māori provider role on the Immunisation Advisory Group to ensure a strong focus on Māori as a priority group. (EOA) Continue with a focus on pregnancy vaccinations and LMCs having immunisation conversations. Share refreshed immunisation process charts and prompts for difficult immunisation conversations. Support general practice to promote the co-delivery model for HPV and Tdap.	Q1: Quarterly review of vaccination and decline rates by ethnicity.	✓	The process chart has been refreshed and distributed in quarter three.
	Q1: Māori representative on the Immunisation Advisory Group.	✓	
	Q2: Refreshed process chart issued to general practice.	✓	
	Q2: HPV and Tdap Information and education resources issued.	✓	
	Q4: Difficult Conversations training options explored for practice nurses.		
Key Performance Measures		Results	Comments
95% of 8-month-olds fully immunised.		83%	Two consenting children were missed this quarter. Opt-offs remained low at 6.9% and 8%

		declined.
95% of 2-year-olds fully immunised.	86%	No consenting children were missed this quarter. 9.9% opted off and 4.4% declined.
95% of 5-year-olds fully immunised.	77%	Four children missed with 19% opted off or declining.

## Responding to Childhood Obesity

NZHS Link – Value and High Performance

Status Report for 2018/19		Performance Reporting Link - TBC	
Key Actions from the Annual Plan	Milestones	Status	Comments
Engage a community-based dietitian to work alongside Public Health Nurses to provide advice and support to families regarding healthy weight in childhood at their B4 School Check.	Q2: Dietitian attending B4SC clinic days in Greymouth.	✓	The PHO Dietitian continues to attend B4 Schools Clinics to provide information/handouts, as well as meeting with families and providing support and advice.
	Q4: Resource required to provide support at all clinics identified.		
Provide primary care teams with training and education regarding healthy weight in childhood to support appropriate onward referrals for family/whānau support.	Q2: Training and education needs identified by practices.	✓	
	Q4: Training/education delivered.		
Work with the Ministry of Education to develop an improved process for children with disabilities to access B4 School Checks and discuss healthy weight in childhood with a dietitian. (EOA)	Q1: Process for identifying children with higher needs developed.	✓	
	Q4: Process agreed with Education.		
Key Performance Measures		Results	Comments
95% of children identified as obese at their B4 School Check are offered a referral to a health professional for clinical assessment and family-based lifestyle intervention.		100%	
<30% of children identified as obese at the B4 School Check decline a referral for support.		19%	Three children declined referral.

# Older Person's Health Services

## Healthy Ageing

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP23

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Work with partner organisations through the Health of Older People Workstream and Falls Coalition to enhance and integrate falls and fracture prevention services.</p> <p>Engage local providers to accredit community strength &amp; balance classes, including a number specifically designed and targeted towards older Māori. (EOA)</p> <p>Embed the fracture pathway to ensure people with a fractured Neck-of-Femur (NOF) are referred to the in-home Falls Prevention Service.</p>	Q1: St John representative attending Falls Coalition meetings.	✓	<p>A Maori focussed community exercise class is being held, the next step will be achieving accreditation. The NOF pathway work is slightly delayed due to some wider work being done with ATR within Grey Base hospital we anticipate this action being completed by quarter four.</p> <p>The Fracture Liaison Service has been temporarily delayed due to a recent staff loss however this service remains a priority area for the DHB and will progress upon new staff appointment.</p>
	Q2: Review and integration of osteoporosis and falls prevention referral pathways complete.	✓	
	Q3: Māori focused community strength & balance class accredited.	↻	
	Q3: NOF pathway embedded.	↻	
	Q4: Virtual Fracture Liaison Service operational.		
<p>Encourage service providers to consider Māori health needs from 50+ to enable older Māori to maintain good health. (EOA)</p> <p>Engage the Māori Needs Assessor to complete InterRAI assessments to ensure an appropriate response for older Māori with complex health issues. (EOA)</p> <p>Employ a Clinical Nurse Specialist to embed and promote the early supported discharge service (FIRST) ensuring the screening and referral of older people to appropriate discharge options.</p>	Q2: InterRAI reporting framework in place and assessment rates tracked by ethnicity.	✓	<p>Recruitment is ongoing for a Maori Clinical Assessor; Poutini Waiora is engaged in the process. Extra resource has been provided to support FIRST through the recruitment of DHB and community physiotherapists. The service is on track to reach workplan goals. Two people have completed the FIRST programme with a further six people due to commence.</p>
	Q2: CNS appointed to support FIRST.	↻	
	Q3: Baseline established InterRAI assessments per 1,000 population.	✓	
	Q4: Three people admitted to the FIRST service.	↻	
<p>Analyse the 75+ cohort presenting at ED and investigate potential interventions.</p> <p>Analyse the 75+ cohort with repeat acute admissions and investigate potential interventions. (EOA)</p>	Q1: Analysis of ED and repeat acute admissions undertaken.	✓	<p>We have reviewed acute admissions from ED and are in the process of identifying areas where alternative community pathways could be used. The PHO are also identifying all patients who have LTCH conditions and ensuring they have an acute care plan in place</p>
	Q2: Strategies to address repeat cohort presentations and admission identified.	✓	
Key Performance Measures		Results	Comments
720 places available at accredited strengths and balance classes.		478	394 attendees in the last quarter. As not all providers supply unique attendee data YTD figures are not available.
Increased proportion of older Maori (with identified falls risk) referred to strengths and balance or falls prevention services.		Q4	
120 referrals made to the Falls Prevention Service.		Q4	82 referrals were made in Q3, on track to meet target.
95% of long-term Home Based Support Services clients have had an InterRAI assessment and have a completed care plan in place.		Q4	

# Improving Systems

## Strengthened Delivery of Public Health Services

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – SI16

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Implement the planned/ unplanned care model, incorporating a new approach to the provision of after-hours and urgent and emergency care as the DHB transitions to the new Grey Hospital and develops its model of care in Westport.</p> <p>Work with the Ministry to ensure external contracting, reporting and funding mechanisms do not create artificial barriers or restrict development of the new model.</p>	Q2: Communication plan for new planned/unplanned care pathways developed.	↻	<p>Planned and unplanned pathways have been implemented at Grey Medical and we continue to work on improving these and widening the coverage to provide the best possible service to our community. Delays to the facilities in Grey will mean some actions around the new model and extended hours won't be implemented until next financial year.</p>
	Q3: New model allows people to be seen and treated in the right place.	↻	
	Q4: Primary care hours extended to provide greater access to care.	✗	
Establish a centralised Hub for the delivery of assessment and coordination services to enhance the integration of services.	Q4: Centralised support service (that includes bookings and community assessments) in place.		
Realign resources to support implementation of the locality-based services model with three integrated health service spokes in Northern [Buller], Central [Grey] and Southern [Westland].	Q1: Northern integrated health service in place.	✓	<p>Consultation is underway on the proposed realignment of leadership positions to support continued transformation of our system.</p>
	Q4: Central and Southern integrated health services in place.		
Consider the provision of services currently under hospital management and explore how the DHB might better meet the needs of the population as part of the wider integrated service model.	Q1: Review of OT and Audiology Services completed.	↻	<p>The review of OT has been completed. A review of the audiology service is now underway.</p>
	Q1: Opportunities to provide greater access to residential dementia services explored.	✓	
<p>Invest in the development of a rural generalist workforce model to enable the transformation of models of care and support the sustainability of our system.</p> <p>Design a communications and recruitment strategy that communicates the rural generalist model and attract professionals interested in this way of working.</p>	Q1: Communications and recruitment strategy implemented.	✓	<p>Consultation around organisational changes to support the rural education and training cluster will soon be complete.</p> <p>Prescribing nursing and Nurse Practitioner roles are in place with training and recruitment support to grow these roles.</p>
	Q4: Rural education and training cluster implemented.		
	Q4: Pathways for development of rural medical generalists identified.		
	Q4: Extended scope roles in place.		

## Disability Support Services

NZHS Link - One Team

### Status Report for 2018/19

### Performance Reporting Link – SI14

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Form a transalpine West Coast/Canterbury DHB Diversity Training Group to develop a diversity education framework.</p> <p>Engage the Disability Steering Group and Māori and Pacific leads to ensure content is consumer focused and culturally appropriate. (EOA)</p> <p>Engage subject matter experts to develop disability training modules, building on the e-learning work completed in 2017/18.</p> <p>Track uptake and feedback on modules as a means of evaluation.</p>	Q1: Diversity Training Group established.	✗	<p>Due to a review of how anytime learning for Canterbury DHB and West Coast DHB managers and leaders will be delivered, including the use of healthLearn, there has been a delay to starting this work. People and Capability are yet to confirm the timeframe for development and deployment of this work.</p>
	Q2: Diversity education framework approved.	✗	
	Q2: Development of training modules complete.	✗	
	Q3: Disability training modules launched on HealthLearn.	✗	
	Q4: Report on uptake of training modules.		
Key Performance Measures		Result	Comment
Percentage of staff completing disability training modules.		Q4	
Percentage of staff rating content positively.		Q4	

## Shorter Stays in Emergency Departments

NZHS Link – Value and High Performance

### Status Report for 2018/19

### Performance Reporting Link - TBC

Key Actions from the Annual Plan	Milestones	Status	Comments
Implement a Short Stay Unit in the new Grey-base Hospital facility, to streamline and support the improved flow and observation of patients.	Q1: Criteria for short stay admission and discharge developed.	✓	<p>This work is underway. Short stay criteria have been developed and workforce projections are completed however, implementation has been held-up due to ongoing delays with the new Grey Base Hospital build.</p>
	Q2: Workforce requirements and FTE determined.	✓	
	Q3: Recruitment underway (timing dependent on new facility opening).	↻	
	Q4: Unit operational.		
Establish a duty nurse (patient flow manager) manager role, within hours, to assist with patient flow and admission and discharge planning across the wards.	Q1 Role scoped and agreed.	✓	<p>There has been a delay in getting this role in place, however an agreement has been reached. The internal sign off process has been completed and advertising for the new position is scheduled to begin in April. The review (of the impact of the role) will not take place this financial year.</p>
	Q2 Role recruited.	↻	
	Q3 Review of impact and focus.	✗	
Map the journey for Maori across the rural health continuum (primary to secondary care) and determine areas of focus to improve earlier engagement. (EOA)	Q3: Journey Mapped.	↻	<p>This action has been delayed but meetings have been set for this project to commence in quarter four.</p>
	Q4: Opportunities identified and prioritised.		
Key Performance Measures		Result	Comment
95% of patients are admitted, discharged, or transferred from ED within six hours.		97.8%	97.3% of Maori presenting were seen within timeframes.
<20% of patients are admitted to inpatient wards.		21%	641 patients were admitted in Q3.
<64% of presentations to Grey Base ED Reduction are triage level 4-5.		Q4	
>8/10 average for in-patient survey domain rate your experience of communications.		8.5	Latest result to November 2018.

## Status Report for 2018/19

## Performance Reporting Link – PP30

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Use data/intelligence systems to monitor the 62-day and 31-day wait time targets and support discussions with specialties missing targets.</p> <p>Undertake breach analysis for patients outside the 62-day target to assess emergent systemic issues that might need corrective action and identify opportunities to reduce process delays.</p> <p>Work with the Southern Cancer Network to support regional initiatives and tumour stream pathway developments that improve equity of access for West Coast patients. (EOA)</p>	Q1: Quarterly monitoring of cancer wait times and analysis of any cases where there are delays.	✓	Monitoring of cancer wait time delays for individual patients is actively undertaken by West Coast DHB's Cancer Nurse Coordinator.
	Q2: Improvements identified and implementation underway.	✓	The Te Wai Pounamu Maori Leadership Group has endorsed the Southern Cancer Network Equity Assessment Framework for progressive implementation in all work programmes.
	Q3: Adopt learnings from the Southern Cancer Network equity assessment framework pilot.	✓	
<p>Engage locally in the regional Te Waipounamu Māori Cancer Pathway Project to support improved outcomes for West Coast Māori. (EOA)</p> <p>Adopt a collective approach to improving cervical and breast screening rates for Māori women.</p>	Q2: Cancer Korero Booklet developed and disseminated.	↻	<p>The Cancer Korero publication is undergoing final editing before going to print. It is anticipated that this will now be circulated in quarter four.</p> <p>Due to staff capacity only one of three planned cancer korero hui is now likely to be held by quarter four.</p> <p>Cultural competency training has been delivered to General Practices in Greymouth and to the whole team of Poutini Waiora, with further training planned for other areas.</p>
	Q4: Three cancer korero hui held to improve cancer health literacy amongst Māori whānau.	✗	
	Q4: Cultural competency training and education package developed and presented to GP practices.	✓	
<p>Incorporate references and links to Kupe (the national prostate cancer decision support tool) into HealthPathways and HealthInfo to support men and their families to understand the risks and benefits of treatment, before having a prostate cancer check.</p>	Q2: Kupe link on HealthPathways to support GPs to have conversations with their patients.	✓	Kupe links have been established.
	Q2: Kupe link on HealthInfo to support patients and their families to make informed decisions.	✓	
<p>Continue to engage with and provide input into community initiatives that support people and their families following, cancer treatment.</p> <p>Engage with the Southern Cancer Network to identify opportunities for the Coast arising from the regional engagement and survivorship initiative pilot.</p>	Q2: Input and support provided to the Cancer Society (Living Well Programme) and Poutini Waiora for delivery of survivorship initiatives.	✓	<p>A Living Well workshop is set to be held Greymouth on 13 April 2019, with a host of smaller targeted group sessions also being delivered.</p> <p>Regional feedback sessions on end-of-treatment needs were attended by the DHB's Cancer Nurse Coordinator. The DHB's Cancer Nurse Coordinator also sits on the regional Clinical Governance and Operational Leadership Group.</p>
	Q2: Input into regional feedback sessions on end-of-treatment needs.	✓	
	Q4: Review of regional opportunities.		
Key Performance Measures		Result	Comment
90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks.		76.9%	<p>This result reflecting only three patients who were not seen within the 62 day period</p> <p><i>*Results for Q3 are preliminary.</i></p>
85% of patients receive their first cancer treatment (or other management) within 31 days of date of a decision-to-treat.		93.8%	



## Elective Services

NZHS Link - Value & High Performance

### Status Report for 2018/19

Performance Reporting Link – PP45

Key Actions from the Annual Plan	Milestones	Status	Comments
Establish a clinical governance alliance to support a 'One Service' approach to orthopaedics across Canterbury and West Coast DHBs. (EOA)	Q2: Transalpine Orthopaedic clinical governance alliance established.	✗	Membership yet to be confirmed.
Invest in additional capacity in plastics to improve timely access to treatment. (EOA)	Q2: A Plastics Fellow is in place, as part of the transalpine plastics service.	↻	Several visits by the Plastics Fellow occurred during 2018. We are currently formalising this process.
Review current booking system processes to identify opportunities to improve the uptake of appointments and access to services.	Q1: DNA service level data used to identify initial areas of focus.	↻	A draft process is in place for the electronic delivery of patient appointments. Further work is required to test and agree the process and the areas of focus before this is complete.
Facilitate cross-system collaboration between booking teams and Poutini Waioara to identify solutions for better engaging with Māori. (EOA)	Q2: Electronic delivery of patient appointments enabled.	↻	
Develop criteria to help identify patients who would be suitable for telehealth clinics, to reduce their need to travel. (EOA)	Q3: Business case developed for software-based VC capability.	✓	
Work with the Ministry to develop consistent rules for counting telehealth events, to ensure activity is appropriately captured.	Q4: Telehealth criteria developed.		
Engage with Poutini Waioara to establish closer links with Māori patients at the pre-presentation and discharge phases to support people to attend appointments.	Q3: Process in place to offer Māori patients additional support through their elective patient journey.	↻	This action has been delayed.
Deliver Tikanga Best Practice training to staff, to support patients to feel culturally comfortable with the care they are given.	Q4: Four Tikanga Best Practice sessions delivered.		
Key Performance Measures		Result	Comment
1,916 elective surgeries delivered.		102.4%	The West Coast DHB provided 1,259 elective surgical discharges to Feb 2019, slightly higher than anticipated.
100% of people are seen for their First Specialist Assessment within four months (ESPI2).		84.8%	Additional visiting plastic surgery outpatient and surgical days are planned to help address waiting time delays. (Results as at February 2019)
100% of people receive treatment within four months of the commitment to treat (ESPI5).		90.3%	
Average elective length of hospital stay at or below 1.45 days.		1.22	
Outpatient DNAs and maintained at or below 6%.		7.5%	Progress with an electronic patient appointment system should help to reduce DNA rates.

## Service Quality

NZHS Link - Value & High Performance

### Status Report for 2018/19

Performance Reporting Link – SI17

Key Actions from the Annual Plan	Milestones	Status	Comments
Provide free seasonal flu vaccinations for people at higher risk including Māori over 65 years, pregnant women and people with a recent asthma related hospital admission. (EOA)	Q1: Analysis of Atlas indicators shared to support targeted actions for high need populations.	✓	Key actions identified and highlighted in the DHB's SLM Improvement Plan.
Engage Poutini Waioara to support practices struggling to reach their target population. (EOA)	Q2: Difference in coverage reporting between the NIR and general practice patient management system is clarified, to better target those who have not had a flu vaccination.	✓	Work is underway with practices to remind them of the correct process for messaging NIR re vaccinations given in practice.
Undertake analysis of Atlas indicators to identify opportunities to increase influenza vaccinations for target populations, after hospital admission.	Q4: 75% of the population 65+ have received a free influenza vaccine.		

## Service Quality continued...

NZHS Link - Value & High Performance

### Status Report for 2018/19

Performance Reporting Link – SI17

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Work with consumers and staff to co-design and articulate the role of a 'nominated or preferred' contact person.</p> <p>Work with consumers to develop material describing and clarifying the role.</p> <p>Develop an organisational change process, including training and materials for staff who collect patient details, to ensure a patient's nominated or preferred person is identified in the early stages of admission.</p>	Q1: Terminology agreed.	✓	<p>Material (clarifying the nominated person role) is being prepared and work is underway, however the work to update the procedures has been delayed due to staff capacity and has now been reassigned within the Quality Team to a senior lead. This work is anticipated to progress in the coming quarter.</p>
	Q2: Procedure for contact details collection updated to include nominated contact person.	↻	
	Q3: Organisational change process confirmed and tested.	↻	
	Q4: Change process approved and implemented.		
	Q4: >65% of inpatients felt 'staff included their family/whānau or someone close to them in discussion about their care'.		

## Climate Change

NZHS Link - Value & High Performance

### Status Report for 2018/19

Performance Reporting Link – PP40

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Link into the Canterbury Sustainability Governance Group (SGG) to support development of a Sustainability Strategy.</p>	Q2: West Coast Sustainability Champions Identified.	✓	<p>A Sustainability Governance Group (SGG) has been established. The transalpine maintenance and commercial managers sits on this group representing the West Coast</p>
	Q2: Links into CDHB Sustainability Governance Group established.	✓	
<p>Establish energy monitoring (using Energypro software) to build up a history of energy use and identify opportunities for improvement.</p>	Q1: Energypro monitoring in place.	✓	<p>The system has been introduced.</p>
<p>Review current inter-hospital truck transport service to identify opportunities to reduce mileage and use of fossil fuels.</p>	Q2: Truck transport review complete and opportunities identified.	✗	<p>Due to capacity constraints this transport review has been delayed until 2019/20. We expect transport kilometres will not reduce this year.</p>
	Q4: Reduction in internal truck transport kilometres by 33%.	✗	
<p>Undertake a stocktake of current initiatives being delivered to mitigate or adapt to the effects of climate change.</p>	Q2: Stocktake of current actions completed.	✓	<p>Stocktake complete and submitted to the Ministry of Health.</p>
<p>With support from Canterbury DHB, seek to introduce the CEMARS and Energy-Mark accreditation programmes.</p>	Q4: CEMARS and Energy-Mark accreditation programmes introduced.	↻	<p>We are working with CDHB to investigate support for improved energy-management systems.</p>

## Waste Disposal

NZHS Link - Value & High Performance

### Status Report for 2018/19

Performance Reporting Link – PP41

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Distribute materials to pharmacies for educating patients about returning unused and expired medicines and used sharps.</p>	Q1: Educational materials distributed to pharmacies.	✗	<p>Distribution delayed. To be completed in quarter four.</p>
<p>Undertake a stocktake on current disposal processes for each category of waste to identify opportunities for improving waste disposal arrangements.</p>	Q2: Stocktake report completed and submitted to the Ministry of Health.	✓	

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

**SOURCE:** General Manager, West Coast DHB

**DATE:** 10 May 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:

- The West Coast is being recognised for its work around our rural workforce strategy and how we can provide care to our rural communities.
- Our Diabetes Clinical Nurse Specialist with prescribing rights has had an initial and very successful clinic at the Reefton Health Centre, reducing travel times for a number of patients.
- Our dietetic service welcomed two new team members this month; one experienced dietician and a new graduate who will work as an intern initially. Their arrival signals the beginning of our formal partnership with the PHO to provide integrated dietetic and nutrition services on the Coast.

## 4. **DISCUSSION**

### **Volumes**

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

#### Inpatient Volumes

Case-weighted discharge [CWD] throughput from Grey Base Hospital is down superficially by just 0.4% from the overall anticipated volume for the nine months to 31 March 2019. CWD throughput in surgical specialties remains down from anticipated volumes, with fewer acute and elective orthopaedic, general surgery and paediatric surgery cases, and fewer elective plastic and gynaecology CWDs. This continues to be offset by higher CWD throughputs in elective ophthalmology and in acute general medical and paediatric medical specialty services.

The split between acute and electives were 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	840.82	602.62	-238.20	-28.3%
Elective	924.56	770.67	-153.89	-16.6%
<b>Sub-Total Surgical:</b>	<b>1,765.38</b>	<b>1,373.29</b>	<b>-392.09</b>	<b>-22.2%</b>
<b>Medical</b>				
Acute	1,044.08	1,425.37	381.29	36.5%
Elective	0.00	0.00	0.00	0%
<b>Sub-Total Medical:</b>	<b>1,044.08</b>	<b>1,425.37</b>	<b>381.29</b>	<b>36.5%</b>
<b>TOTALS:</b>	<b>2,809.46</b>	<b>2,798.66</b>	<b>-10.80</b>	<b>-0.4%</b>

#### Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services are down overall from anticipated volumes during the financial year to 31 March 2019. There have been fewer than anticipated locally-delivered first specialist and follow-up appointments to date in the specialties of orthopaedics, ENT, plastics, gastroenterology, general medicine, dermatology and rheumatology; as well as fewer follow-ups in general surgery. First and follow-up attendances in most other specialties currently tracking to around or above anticipated volume.

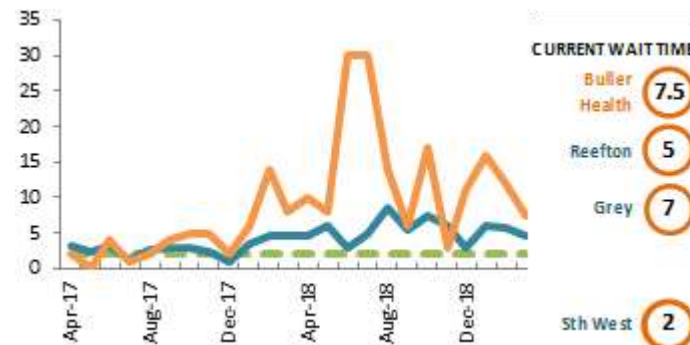
The overall split between first and subsequent outpatient visits during the year were as follows:

<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	2,681	2,631	-50	-1.9%
Sub. Visit	4,103	3,193	-910	-22.2%
<b>Sub-Total Surgical:</b>	<b>6,784</b>	<b>5,824</b>	<b>-960</b>	<b>-14.1%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	1,308	1,139	-169	-12.9%
Sub. Visit	2,885	2,396	-489	-16.9 %
<b>Sub-Total Medical:</b>	<b>4,193</b>	<b>3,535</b>	<b>-658</b>	<b>-15.7%</b>
<b>TOTALS:</b>	<b>10,977</b>	<b>9,359</b>	<b>-1,618</b>	<b>-14.7%</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]
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%
March 2019	1555	1443	112	7.20%
<b>13 month rolling totals</b>	<b>20613</b>	<b>18930</b>	<b>1552</b>	<b>7.53% Average</b>

### Primary Care



There have been some improvements in the wait times for planned GP appointments, reflecting improved numbers of GP's available in the service. The teams are continuing to work hard to look at GP resources, in particular over the traditionally difficult winter period where we have struggled to get GPs. In Grey we have employed a further Nurse Practitioner to support the team in the planned care of patients. This will mean we will have one Nurse Practitioner working in the unplanned and acute areas (ED and primary care) and one in the primary care planned care area. We are also looking at how we can support the primary care teams through our rural generalist workforce and we continue to recruit into these roles.



### Community

Our Diabetes Clinical Nurse Specialist with prescribing rights has had an initial and very successful clinic at the Reefton Health Centre for a number of patients. This has meant that these patients have been saved the travel time to Greymouth for a clinic, progressing our goal of providing care closer to home.

The Grey District Nurses are attending the newly established vascular clinics in Greymouth and we are looking to provide further training to the nurses. This will allow us to provide nurse led clinics in the future, supported by specialists from Canterbury.

Two of the Public Health Nurses will be providing neonatal outreach services and they will be upskilling in the Christchurch neonatal unit and outreach service over the coming months.

## 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.
- The rural generalist strategy along with the passion and expertise of our clinical teams to deliver care to our rural communities is getting acknowledgement from across New Zealand. Dr Brendan Marshall has presented at a number of workforce meetings talking about the rural generalist strategy. We have our Associated Director of Allied Health, Jane George, supporting the national work around the rural workforce strategy and the work that nursing has done with the Rural Nurse Specialists and the wider nursing workforce is also admired across the country.

### Medical

- Work continues to develop our rural generalist medical strategy and we now have support from a Rural Generalist that has led rural generalism work in Australia. He is supporting the team around progressing how we implement the strategy alongside the medical teams on the West Coast and in Christchurch. Our current focus is to look at progressing the work already started in obstetrics and the implementation of the rural generalist model into general medicine.
- Significant work is underway with the recruitment team around a new recruitment strategy for our rural generalists and GP's. This is looking at new ways to attract doctors that are interested in working in a rural environment and with the unique opportunity (in New Zealand) to work across both primary and secondary care with a single role.

### Nursing

- April saw the start of the stocktake and setting up of CCDM (Care Capacity Demand Management). Rebecca Oaks from the Safe Staffing Unit, Marie Jones Project Manager CCDM, and Julia Anderson and Lynda Boyd from NZNO came to the WCDHB to start the engagement process and help set up the Council. Rebecca will be working closely with our newly appointed CCDM Coordinator to move the programme forward. Communications will be out on a regular basis regarding progress and data produced from our acuity tool Trendcare.
- Staff are starting to get excited around the new facility with many of them getting the opportunity to see inside the facility. To date, staff feedback has been positive.
- We continue to have vacancies in the ED department; however we have filled two positions successfully recruiting two senior ED nurses who are due to join the team within the next month. The WCDHB is seeing an increase of interest for positions. According to staff



interviewed, this is due to the good culture fostered and interest in the model of care we are working towards.

- Both Grey hospital and Buller Health saw increases in occupancy over the last month. The teams, at this stage, are looking at the drivers for these increases. CCU and Paediatrics also had moderate increases in occupancy.
- Staff sick leave continued to rise last month as a second wave of flu-type symptoms hit the community.
- Orientation hours were up due to the new intake of nurse graduates.

### **Integrated Health Services - Northern Region**

- Planning in the long term and recruiting to match the FTE requirements across the medical, nursing and administrative teams remains the priority for the Northern region. There have been some positive advances made with nursing appointments, managing locum GP recruitment and emphasising long term placement positions and also administration/receptionist appointments are being addressed.
- Assisting, nurturing and supporting nursing staff to further develop skill sets that will map to the designed integrated model of care across the rural health care team is being assessed.
- We are addressing the current wait time in Buller by reviewing the management of GP/Nursing templates and identifying the appropriate ratio of unplanned vs planned appointments available. Staffing levels impact on the wait times and improvements should become apparent.
- To achieve the MOH Health Targets, a review of Northern's statistical inputting and data gathering/reporting processes are a current focus with the purpose to deliver on the targets.

### **Maternity**

- Over the last 2 weeks of March and April we had 19 births at Grey Hospital and 2 births at Kawatiri. From a total of 21 births, 9 were normal vaginal births, 2 instrumental births and 10 births by caesarean section (8 emergency and 2 elective).
- The core midwifery workforce in Greymouth is struggling to get to a full complement. Two core midwives, doing 0.8 and 0.7 FTE are leaving at the end of April. A new core midwife will start a 0.8 FTE permanent position on 10 June 2019. We held a workforce meeting with all midwives, ENs and nurse colleagues to help develop a strategy going forward for the short term solution. We are in the process of recruiting a registered nurse with extensive experience in maternity for a 0.8 FTE permanent position. We are also aiming to recruit a graduate in 2019 and attending with the P&C team open days at Midwifery Schools.
- Over the last 2 weeks of March and April we had the following training sessions: Newborn Life Support and Ectopic Pregnancy.
- We received the jaundice meter purchased with Countdown donation and training was provided to core staff and LMC midwives.

### **Allied Health**

- Our dietetic service welcomed two new team members this month; one experienced dietician and a new graduate who will work as an intern initially. Their arrival signals the beginning of our formal partnership with the PHO to provide integrated dietetic and nutrition services on the Coast.



- Allied Health leads had the opportunity to tour the new facility last month, to explore their clinical areas and further their migration planning. This has prompted another round of 'dump the junk' and rehousing of equipment that will no longer be required.
- Allied Health farewelled our Orthotist this month, at the end of 45 years of service. Steve was held in high regard by our community and it has been a pleasure to hear all the great stories of the positive difference he has made in the lives of West Coasters. We are currently undertaking a process to secure ongoing orthotist services on the Coast, either through recruitment or partnering with a specialist service, such as nine other DHBs do.
- Work is underway to implement the Healthy Food and Beverage policy which the Board endorsed.

## Recruitment

New Vacancies	3
Total Open Vacancies	53
Appointed Vacancies	25

- Nursing – A number of roles are open within our Med/Surg wards but have had a large response to advertising which is positive. Midwifery are facing shortages of staff but programmes are being developed to resolve these issues including attendance to training institutions' careers expos. Advertising and interviews for Nurse Practitioners across the DHB have been successful and are finalising offers of employment.
- Allied Health – A small number of vacancies in the allied health space with large responses to these have lead to streamlined appointments.
- Corporate – Small number of vacancies in this space, successful recruitment continues in this area.
- Medical – Challenges continue in GP recruitment and strong competition is occurring with private practice. A strong focus is being put on recruiting Rural Generalists across the DHB with efforts being put into attracting Australian doctors.

## 4.3 Patient

### Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals increased from 36 in January to 53 in February. The majority of transfers in January were for medical and orthopaedic patients and in February were for medical patients, with the principal methods of transportation being via pressurised aircraft and ambulance in January and via ambulance in February.
- The main reason for the transfers in January and February was for 'Specialty Care not available'.
- For patients transferred from Buller to Grey Base, the numbers decreased from 26 in January to 18 in February. The majority of the transfers in January were for medical patients and in February were for medical and surgical patients. They were transported to Grey Base predominantly via hospital car in January and hospital car and helicopter in February.
- Patient transfers from Reefton to Grey Base remained stable with 4 in January and 3 in February. They were transported predominantly via ambulance in January while in February they were equally distributed between ambulance, private vehicle, and hospital car.

## 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.

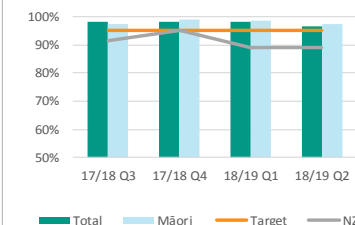


#### Shorter stays in ED

97%



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



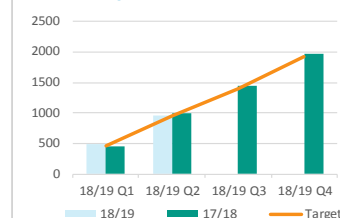
The West Coast continues to achieve the national ED target, with 97% of patients admitted, discharged or transferred from ED within 6 hours during quarter two.

#### Improved access to elective surgery

102%



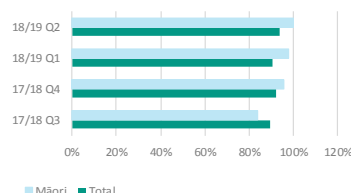
Patients receiving planned surgery Year-end target: 1,916



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

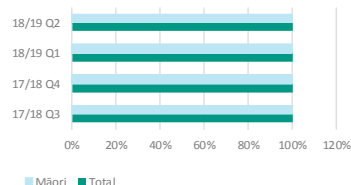
#### Supplementary indicators

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



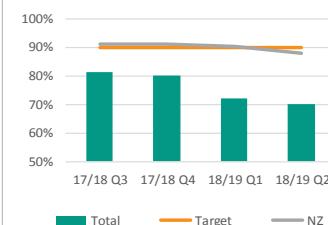
The Ministry sources this data for DHBs from the national Maternity Data Set. It should be noted that the source of the data only represents around 80% of all pregnancies nationally and the measure is still considered developmental. Results are provided for information only.

#### 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.

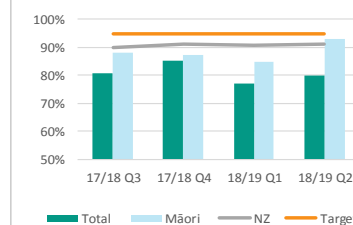
A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

#### Increased immunisation

80%



Eight-month-olds fully immunised Target: 95%



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

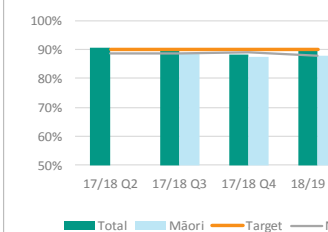
Overall, 96% of eligible (consenting) 8-month-olds were fully immunised. Strong results were achieved for Asian (100%) children.

#### 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.

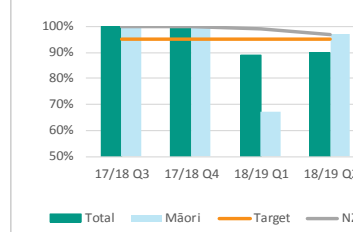
88.4% of Māori and 83.3% of our Pacific populations were given brief advice to quit smoking.

#### 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 140 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of February 2019. Of these, 118 were orthopaedic cases with the other 22 cases being in plastics (13), cardiology (8) and respiratory (1). Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints; however additional sessions have been engaged to progressively provide those current patients with prolonged waiting times with an appointment booking to be seen by July 2019. Patients who were waiting over 120 days on the Cardiology outpatient lists at the end of February have since been seen (the wait for these patients influenced by quirk of the timing between the visiting specialist clinics rather than any capacity issue).

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)*

Twenty-one patients were waiting over 120 days from FSA to surgical treatment as at the end of February 2019. Additional plastic surgery and outpatient sessions are being delivered in April 2019 to help address the back-log, but the risk remains that this will only help to keep pace with the increased demand rather than reduce or remove it at this time. We are looking at the outpatient clinic and theatre list mix of the visiting specialists as a possible option to help smooth this out. Patients who were waiting over 120 days on other lists as at the end of February have since been treated.

# MoH Elective Services Online

## Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: West Coast

	2018			2018			2018			2018			2018			2018			2018			2018			2018			2019			2019					
	Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	17 of 17	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0			
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	138	12.8%	-138	152	14.0%	-152	143	13.6%	-143	148	12.8%	-148	183	16.9%	-183	199	17.4%	-199	181	17.1%	-181	215	21.9%	-215	202	20.9%	-202	197	19.1%	-197	178	16.8%	-178	140	15.2%	-140
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	0.1%	-1	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
5. Patients given a commitment to treatment but not treated within the required timeframe.	9	4.4%	-9	12	6.8%	-12	14	7.8%	-14	7	3.4%	-7	8	2.8%	-8	7	3.0%	-7	9	3.8%	-9	14	6.8%	-14	15	6.8%	-15	18	7.9%	-18	18	8.8%	-18	21	9.7%	-21
6. Patients in active review who have not received a clinical assessment within the last six months.	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	0.0%	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	134	100.0%	0	129	100.0%	0	110	100.0%	0	213	100.0%	0	179	100.0%	0	130	100.0%	0	125	100.0%	0	141	100.0%	0	129	100.0%	0	108	100.0%	0	118	100.0%	0	90	100.0%	0

Data Warehouse Refresh Date: 02/Apr/2019

Report Run Date: 03/Apr/2019

Notes:

- Before July 2015 the required timeframe for ESPI 1 is 10 working days, and from July 2015 the required timeframe for ESPI 1 is 15 calendar days.
- Before July 2015 the required timeframe for ESPI 2 and ESPI 5 is 5 months, between July 2015 and December 2014 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
- ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures. Medical specialists are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
- Before July 2015 ESPI 1 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less. DHB Level 'Non-compliant Red' status for ESPI 1 is temporarily removed from the 2016/17 year so from July 2016 ESPI 1 will be Green if 100%, and Yellow if less than 100%.
- ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
- ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
- ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
- ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 14.99%, and Red if 15% or higher.
- ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
- From 01 July 2015 the ESPI 8 calculation changed from the tools that were used to prioritise patients who exited during the month to the tools used to prioritise patients during the month.

Please contact the Ministry of Health's Electives team if you have any queries about ESPIs ([elective\\_services@moh.govt.nz](mailto:elective_services@moh.govt.nz)).

## 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	Mar	
Behaviour & Safety	2	0	4	
Blood Product	1	0	0	
Drain and Tube	0	0	0	
Employee	1	1	2	
Facilities, Building & Property	0	1	1	
Fall	8	7	2	
Hazard Register	0	0	0	
Infection	0	1	2	
Intravascular Access Device	1	0	0	
Labs / Specimen	2	3	3	
Labour and delivery	1	1	6	
Medication and IV Fluids	3	3	6	
Provision of Care	4	5	9	
Radiology	2	2	1	
Restraint	0	0	0	
Security	2	1	1	
Skin / tissue	2	0	2	
Totals	29	25	39	

### Grey Base & Reefton Hospitals

Reported incident numbers increased by almost 30% from February to March. Areas of increased reporting: Behaviour & Safety, Labour and Delivery, Provision of Care, Skin Tissue. It is pleasing to see less falls recorded during March (lowest level recorded so far this year).

### Buller Hospital

Buller also experienced a slight increase in reported incidents.

Report prepared by:

Philip Wheble, General Manager West Coast DHB

# Disability Support Services e-newsletter

No. 72 March 2019

ISSN 2253-1386

## From Toni Atkinson Group Manager, Disability Support Services



**I would like to start by extending my deepest sympathies and strong support for the families, the victims and of course, the Muslim community in Christchurch and around New Zealand.**

I also want to acknowledge and pay tribute to the work of people in the health and disability sector in Christchurch - the first responders from St John, and the amazing staff, both clinical and non clinical, at the DHB, who have been nothing short of outstanding in dealing with the injured and offering support to their families. I also want to acknowledge the disability providers and local NASC, Lifelinks, for ensuring continuity of support to the disability sector at this difficult time.

As a reminder, if over the following days and weeks people feel their distress or stress symptoms are escalating, or feel they are not coping, early access to help and professional support is important. A GP is a good starting point, or for support with grief, anxiety, distress or mental wellbeing, people can call or text 1737 – free, anytime, 24 hours a day, 7 days a week – to talk it through with a trained counsellor.

The new Disability Directorate team is back into its work programme for the year and focused on delivering on a number of high priority areas. These include System Transformation, Funded Family Care, High and Complex bed management and Financial Sustainability.

The directorate is aware of recent media stories about underfunding in the disability sector. This has led to worry about funding changes to Disability Support Services. I understand how concerning the prospect of changes to people's supports can be.

The Ministry is needing to look at its funding in order to ensure services are sustainable into the future and ensure fairness and equity for all who access them.

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Whilst we are committed to providing support for disabled people and their whānau in a fair and equitable way, the increasing costs in recent years needs to be addressed.

As you are aware, System Transformation will provide us with insights on how the long-term disability support system can be improved, to both meet people's desired outcomes for a good life, and remain within a sustainable funding path.

We will keep you informed of any changes that arise as a result of our priority work areas.

And finally, a warm welcome to our new Deputy Director General – Disability, Adri Isbister. Adri joins the team on 25 March to lead the new Disability Directorate. We are looking forward to Adri joining us and want to thank Mathew Parr for his support to the Directorate in the interim. More about Adri in our next newsletter.

## Enabling Good Lives

### Christchurch

Hannah Perry, Enabling Good Lives Lead, Ministry of Health

Kia ora koutou



**The key outcome of the Enabling Good Lives approach in Christchurch is that young people leaving school have great opportunities, choice and control over how they live their good lives.**

We also aim to make it easier for service providers and others involved in supporting young people to work collaboratively, be of service to disabled people, and enable citizenship, connection with and contribution to local communities.

Project SEARCH is a wonderful example of achieving these aims and much more. Project SEARCH is a one-year, employer-led internship programme for students with learning disabilities in their final year of school. It is targeted at students whose goal is competitive employment.

The host organisation for Project SEARCH Canterbury is the Canterbury District Health Board (the largest employer in the South Island), and the collaborative partners include CCS Disability Action, the Blind Foundation, the IHC Foundation, Workbridge and Riccarton High School.

The eight Project SEARCH interns begin their day learning employability skills in a training room at Burwood Hospital and then move to their work placement on the hospital site. The placements are specifically chosen to match each intern's skills and interests, as well as the likelihood







of leading to transferable skills for paid employment following the internship. One young woman is washing dishes in the café and packing theatre bags for doctors' lunches. A young man is checking and changing air-conditioning filters around the hospital, and another intern is sorting and delivering stores to the wards. At the end of the day, the interns return to the training room to reflect on their day, discuss challenges and evaluate progress. Throughout the year, they undertake employment planning and mainstream employment is actively sought for each intern.

Competitive employment for young people with disabilities is enough of an outcome to make a programme such as Project SEARCH worthwhile, but an added benefit has been the positive impact on the CDHB. Already they have learnt how applying for jobs could be made easier and more welcoming to a wide range of people (for example several of the interns did not have the identification required to complete a Ministry of Justice police check). The CDHB departmental staff working alongside the interns have been really welcoming, with employees appreciating the richness of, and interest in increasing the diversity in their hospital teams.

It is a privilege to be a part of the steering committee of Project SEARCH Canterbury and I look forward to sharing stories of success and challenges as these amazing young people work towards their journey of open employment.

Ngā mihi nui

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## Waikato

**Kate Cosgriff, Director, Enabling Good Lives Waikato**

**One of the real highlights of our work has been the number of people who have been able to plan and budget for a rest, break or holiday. Often this has taken 1–2 years to percolate: believing it could be possible, dreaming, detailed planning, 'saving' within personal budgets, organising flexible supports, trusting the supports put in place and taking the step away.**

We have seen disabled people achieving life goals such as holiday experiences, visiting relatives and attending conferences. A significant number of parents who have high care responsibilities have had their first holiday break in decades. The impacts on wellbeing, hope and resiliency have been marked.

As we need to manage the number of people accessing EGL Waikato, the team has refocused on maximising local relationships and solutions. Collaboration is occurring with the Waikato DHB on increasing their responsiveness to disabled young people and adults once they leave the coordinated care of paediatric services, inputting into the DHB's first Disability Responsiveness Plan and some joint work is in the planning stages with the Population Health team.

We are also contributing in the housing space. Like many regions, Waikato faces significant housing issues. We provided feedback to the Waikato Plan Housing Initiative Working Group on disability prevalence data, accessible housing, predicting the future housing need and the case for universal design. We want to ensure accessibility in its widest sense is included in the Waikato Plan and raised a number of questions for the working group to consider.

The final results of the third phase of the developmental evaluation of EGL Waikato are due in late March. The evaluation team connected with 60 disabled people, families and whānau participating in EGL Waikato, focussing on their outcomes. A summary of the evaluation findings will be included in the next DSS newsletter.

# Mana Whaikaha

Wendy Illingworth, Programme Lead, System Transformation, Disability Directorate

**Six months in, Mana Whaikaha is continuing to see great results for disabled people and their whānau. Over time people are becoming more comfortable with the idea of thinking differently when engaging with the new system.**

Director of the Kaitūhono/Connector team, Lorna Sullivan, says 'I am finding myself quite overwhelmed by the opportunities that sit within the prototype that would never have existed before and that are now being taken up by people and families.'

A recent example of this was a young man and his family, who made a decision that they wanted to work with an independent Connector from their local community. They worked with this person to build a comprehensive plan around his life aspirations. These are aspirations that are no different from any young person of his age: a desire to find a paid job, support to enable him to increase his independence from his family, and the ability to maintain his connections to family and friends. They then brought their proposal to the funding team at Mana Whaikaha so that they could talk through their aspirations and present why they believed the funding they were seeking would lead to reduced support and a better quality of life over the long term. After the funding proposal was discussed, modified and approved, the young man chose to work with a personal budget. This means he has control over who is employed to work for him.

Stories like these continue to motivate the Mana Whaikaha team to work collaboratively with disabled people and their whānau to achieve better outcomes.

## MidCentral Governance Group

A key part of Mana Whaikaha is greater system accountability, with disabled people and whānau having a role in making decisions, monitoring and evaluating the system. The MidCentral Governance Group is made up of disabled people and whānau from the MidCentral DHB region, one workforce representative, one provider representative and two people who have experience with governance. Their main role is to make recommendations to the Minister for Disability Issues and Associate Minister of Health on changes to improve the MidCentral prototype, based on the evidence gathered through the 'Try, Learn and Adjust' cycles.

As well as providing recommendations for improvement, the Governance Group meets regularly to provide strategic oversight of the prototype. They have made decisions about the priorities for the prototype, endorsed the focus for the first Try, Learn and Adjust cycle, and agreed to test market stewardship initiatives through seed funding and market intelligence within the MidCentral region. The Directors of both the Kaitūhono/Connector and Tari/System teams report to the MidCentral Governance Group.

Peter Allen, MidCentral Governance Group Chairperson says, 'Because all of our MidCentral Governance Group disabled people, whānau and providers are either representative or directly connected to people with impairments, we bring a life experience to the decision table. Nevertheless we are also very aware that our personal and arm's-length connections to others are not the only experiences. The physical, sensory and learning impairments cover a tremendous



←  
width and depth and we need to make decisions that will positively impact as many of our peers and colleagues as possible’.

‘So now it is our turn to shoulder the burden and carry it forward. A privilege – definitely, and a challenge. Gen X, Y and Millennials, we are always looking to the future and new upcoming leaders to share this responsibility. It is not only today that counts, tomorrow is also very important.’

If you would like to find out more about Mana Whaikaha call 0800 626 255 or visit us online at <https://manawhaikaha.co.nz/>

## Funded Family Care

Lauren Jones, Manager Disability Policy

**In September 2018 the Government announced the intention to make changes to Funded Family Care (FFC), which included the intention to repeal Part 4A of the New Zealand Public Health and Disability Act 2000.**

The Ministry has undertaken targeted stakeholder engagement on FFC, with meetings and an online survey that attracted over 900 responses.

The results of this engagement were published in late December 2018 on the Ministry of Health’s website ([health.govt.nz/publication/targeted-engagement-funded-family-care-and-paid-family-care](https://health.govt.nz/publication/targeted-engagement-funded-family-care-and-paid-family-care)), and included feedback on eligibility, pay rates, employment and Part 4A, and is helping to inform advice for Ministers.

The Ministry has been working hard to provide the government with information and advice on the next steps regarding Funded Family Care. More information will be provided in the future on any changes to the current policy.

## Contact Disability Support Services

Email: [disability@moh.govt.nz](mailto:disability@moh.govt.nz)

Phone: 0800 DSD MOH (0800 373 664)

Web: [www.health.govt.nz/disability](http://www.health.govt.nz/disability)

To be added to or removed from the email list for this newsletter, please email [disability@moh.govt.nz](mailto:disability@moh.govt.nz)

# Spotlight on Quality

## The Chief Ombudsman's investigations into the Ministry of Health

Lara Penman, Manager Quality Team, Disability Support Services

**In February the Office of the Chief Ombudsman announced the commencement of two investigations into the Ministry and its services for people with intellectual disabilities.**

- I. One investigation covers the ability of the Ministry to resource, coordinate and plan services for intellectually disabled people under the High and Complex Framework. The overall aim is to consider whether people with an intellectual disability are able to live in facilities that are suitable for their individual needs.
- II. The second investigation relates to the quality of data collected by the Ministry relating to the deaths of intellectually disabled people in residential care. The overall aim is to understand the Ministry process when a death is reported and make recommendations on how this could be improved.

'The Ministry of Health welcomes the systemic investigations announced by the Office of the Ombudsman,' says Acting Deputy Director-General Disability, Mat Parr. 'It's important to share and learn from any experiences that will help improve the outcomes provided to intellectually disabled people supported by our services. The Ministry will continue to work constructively to share information, and respond to any final recommendations.'

As part of these investigations the Office of the Chief Ombudsman has requested information from the Ministry of Health, and indicated that they may also ask for information from third parties, such as providers of community residential services.

More details are available on the Office of the Ombudsman website. [www.ombudsman.parliament.nz/newsroom/item/chief-ombudsman-commences-two-investigations-into-the-ministry-of-health-and-its-services-for-people-with-intellectual-disabilities](http://www.ombudsman.parliament.nz/newsroom/item/chief-ombudsman-commences-two-investigations-into-the-ministry-of-health-and-its-services-for-people-with-intellectual-disabilities).

## Death Notification to the Ministry of Health

Disability providers delivering community residential services (including services under the ID(CC&R) Act) are reminded that they need to report the death of a service user to the Ministry of Health as soon as practical within 48 hours. A Death Notification form needs to be completed and emailed to [dsscomplaints@moh.govt.nz](mailto:dsscomplaints@moh.govt.nz)

The death notification form has recently been updated and is available on our website at: [health.govt.nz/our-work/disability-services/contracting-and-working-disability-supportservices/reporting-critical-incidents-and-death-service](http://health.govt.nz/our-work/disability-services/contracting-and-working-disability-supportservices/reporting-critical-incidents-and-death-service)

# Monitoring and audit of claims for hearing aid funding and subsidy scheme

Linda Rundle, Audit Manager, Audit and Compliance, Ministry of Health, (03) 974 2325

The Ministry's Audit and Compliance Risk and Intelligence team are currently running data analytics over audiology claiming data to assess compliance with the Hearing Aid Services Notice 2018.

All audiology providers have been advised of the monitoring programme and reminded of the claiming rules.

Once the data analytics are complete and the results are assessed, we will develop an audit programme to support, and potentially improve, the current process around compliance.

## News from the sector/our providers

### Auckland DHB, second organisation in New Zealand to sign up to the Accessibility Tick

Auckland DHB received the Accessibility Tick at a presentation on Wednesday 5 December 2018.

The Accessibility Tick programme helps New Zealand organisations become more accessible and inclusive of people with disabilities. It is managed by Access Advisors, a subsidiary of New Zealand Blind Foundation.

Auckland DHB is only the second organisation in New Zealand to sign up to the Accessibility Tick and the first DHB in the country to achieve the tick. In signing up, Auckland DHB is committed to becoming a place where barriers are removed and people with a disability are enabled to do their life's best work.

Getting the Accessibility Tick is just the start for Auckland DHB. We are also working towards the Rainbow Tick as part of our commitment to providing an inclusive and equitable workplace for everyone. There is a lot to do but we are making good inroads and we have a plan. With the support of the Access Advisors and our own people within the organisation, we will continue to make Auckland DHB a more supportive and inclusive place for anyone living with a disability.



Above: Members of the Auckland DHB Team celebrating as Auckland DHB, is awarded the Accessibility Tick.

Below: Auckland DHB CEO Ailsa Claire, Auckland DHB Chair Pat Snedden receiving the Accessibility Tick from Tanya Colvin at Access Advisors.





# Songs tell of struggle and pride

**Their songs come from their struggles. Their music defines who they are in the world.**

Wairarapa kapa haka group Te Roopu Manaaki took the stage at the Te Anga Pāua o Aotearoa Kapa Haka Festival in December 2018 with a selection of original songs composed by the group. The songs tell some hard truths – of feeling excluded, being invisible or experiencing discrimination. But kapa haka has transformed these experiences. Performing has built confidence and connections with people and group members show instead their joy, pride and a sense of being whānau.

The kapa haka group was formed in 2016 when tutor Tama Biddle, from community education provider REAP Wairarapa, and his wife Trina began to teach kapa haka to IDEA Services clients. They practise for four hours every Thursday and stage performances throughout the Wairarapa.

The group was one of 17 IDEA Services kapa haka groups, including more than 300 performers, participating at Hamilton's Claudelands Arena, on December 5, 2018.

The festivals are all about participation not competition, though the performers have their sights set on one day competing at Te Matatini, the national performing arts festival. The goal of the festival is to support our people to be part of the community and to have Māoritanga and culture as part of their everyday lives.

Te Roopu Manaaki started out with popular songs, but now increasingly showcases its own songs.

Tama says composing songs gives the group a sense of ownership. One of its latest songs is about discrimination. 'It's something that the group has talked about a lot. So we spoke about it and we developed a mōteatea waiata – like a chant. We have also incorporated sign language into that. I always like to remind them that this is our song.'

Caleb McNamara, *Kaitātaki* tāne (male leader) of the group, says they sit down with Tama and brainstorm. 'We put words together and that is how we do our songs – what we have been through – like the real negative stuff that we have all gone through – being put down, picked on, treated like we don't exist. So we decided that we wanted to have a voice and speak up for others like us.'

*Kaitātaki* wahine (female leaders) Faith Konia and Ameria Wallace form a strong partnership. The group takes their lead in the actions from Faith, while Ameria's powerful voice rises above all the others. 'The role as leader is to also be humble. I do care about the group around me. If they can give 100 percent then everything is kapai,' Faith says.



# 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.



	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 Operational Update	Community & Public Health Update Alliance Update Operational Update Maori Health 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	Mental Health	Child & Youth Wellbeing Ageing Well on the West Coast	Maori Health		Strengthening the Delivery of Public Health Services Service Integration
<b>DISABILITY REPORTING</b>	Disability Support Services Newsletter	Disability Action Plan Update (Deferred)	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