



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

## **ADVISORY COMMITTEE MEETING**

**28 June 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 (*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 28 June 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**

- 10 May 2019

**3. Carried Forward/Action Items**

## REPORTS FOR DECISION

**10.35am**

**4. West Coast Maternity Strategy**

Norma Campbell  
*Director of Midwifery*

10.35am – 11.00am

## REPORTS/PRESENTATIONS

**11.00am**

**5. Community and Public Health Update**

Gail McLauchlan  
*Community and Public Health*

11.00am – 11.10pm

**6. Alliance Update**

Cheryl Brunton  
*Acting Chair, Alliance Leadership Team*

11.10pm – 11.20pm

**7. Maori Health Dashboards**

Kylie Parkin

11.20pm – 11.30pm

**8. Operational Update**

Philip Wheble  
*General Manager, West Coast*

11.30pm – 11.45pm

## ESTIMATED FINISH TIME

**11.45pm**

## INFORMATION ITEMS

- West Coast DHB 2019 Meeting Schedule
- 2019 Committee Work Plan – Working Document

## NEXT MEETING

**Date of Next Meeting:** Friday 9 August 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  N  Y	       Actual



**DRAFT**  
**MINUTES OF THE WEST COAST ADVISORY COMMITTEE**  
**held at St John, Water Walk Road, Greymouth**  
**on Friday 10 May 2019 commencing at 10.30am**

## **PRESENT**

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

## **APOLOGIES**

Apologies were received and accepted from: Helen Gillespie; Michelle Lomax; Chris Mackenzie; and Nigel Ogilvie.

## **EXECUTIVE SUPPORT**

David Meates (Chief Executive); Philip Wheble (General Manager, West Coast); Pradu Dayaram ((Medical Director); Brittany Jenkins (Director of Nursing); Cameron Lacey (Medical Director); Kathy O'Neill (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 (5/19)**

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

"That the minutes of the meeting of the West Coast Advisory Committee held on 29 March 2019 be confirmed as a true and correct record."

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

The Carried Forward/Action Items were noted.

## **4. MENTAL HEALTH PRESENTATION**

Dr Cameron Lacey, Medical Director, provided a presentation to the Committee regarding Mental Health Services. The presentation included: Quality improvement activity; challenges; performance;

developments; and the community (including suicide and suicide prevention).

Members were given the opportunity to ask questions.

The Chair thanked Dr Lacey for his presentation.

## **5. DISABILITY ACTION PLAN – VERBAL UPDATE AND DISCUSSION**

Kathy O'Neill, Planning & Funding, provided a verbal update on the Disability Action Plan.

Ms O'Neill provided the background to the plan which is now entering its third year and advised that it is timely to undertake a refresh and also advised that work is being undertaken more broadly around disability training throughout the organisation. It was noted that the 2019/20 action plan will have a refreshed focus on this.

Discussion took place regarding the employment of people with a disability and also regarding the "Project Search" pilot in Canterbury. It was noted that this pilot will look at the possibility of rolling this out to other areas.

Ms O'Neill commented that the Disability Steering Group sits within the Alliance Leadership Team and sits under the transalpine services. It was noted that discussion around this will form part of the refresh of the Action Plan.

The update was noted.

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

Gail McLauchlan, Community & Public Health presented the Community & Public Health update. Ms McLauchlan provided an update as follows:

- Two Appetite for Life courses have been held in Greymouth and Hokitika;
- CPH staff 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;
- CPH staff facilitated a follow up meeting on Food Security, with the intention of establishing a working group;
- World Smokefree Day is on 31 May and is celebrated throughout the month of May. Activities are planned in collaboration with West Coast Tobacco Free Coalition including: 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 May to raise awareness and provide information about cessation services to those wanting to quit smoking.
- The Draft Accessible Te Tai Poutini/West Coast Strategy recommended for approval at the last Committee meeting 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.
- 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 measles outbreak in Canterbury appears to be abating. At the time of reporting, there had 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.

The update was noted.

## **7. ALLIANCE UPDATE**

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

It was noted that 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; and
- discussed the ongoing work regarding confidentiality within the integrated system and requested regular reporting on progress towards system wide consensus.

It was also noted that 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.

The update was noted.

## **8. PLANNING & FUNDING UPDATE**

Kathy O'Neill, Planning & Funding, presented this update which was taken as read.

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.

The Committee noted that overall there is good progress across most focus areas. There are delays in some areas, related to staff capacity, hospital build delays and confirmation of business cases and proposals for change, however it is anticipated that this will be resolved for quarter four.

The following key points were also noted:

- 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 Waiora, with further training planned for other areas; and
- 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.

The update was noted.

## 9. OPERATIONAL UPDATE

Philip Wheble, General Manager, West Coast, presented the Operational update.

Mr Wheble's report highlighted the following notable features:

- 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; and
- 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.

Mr Wheble also advised that the West Coast will participate in the recently announced work taking place around Rural health. The DHBs Associate Director of Allied Health has been seconded to assist the Ministry of Health in developing this work.

Discussion took place regarding wait times for GP visits and it was noted that there is a little variation in this area which is a reflection of the shortage of GPs on the West Coast which is a challenge particularly in the winter season.

Discussion also took place regarding ESPIs which is an area we are doing reasonably well in at the moment. There are some challenges around plastics and management are looking at how the DHB can increase the services in this area.

The update was noted.

## INFORMATION ITEMS

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

There being no further business the meeting concluded at 12.20pm.

Confirmed as a true and correct record:

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Elinor Stratford, Joint Chair

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Date

## CARRIED FORWARD/ACTION ITEMS



### WEST COAST ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 28 JUNE 2019

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	23 November 2017	Water Quality	Presentation with updated data	9 August 2019

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

**SOURCE:** Director of Midwifery

**DATE:** 27 June 2019

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

The attached draft strategy document has been developed in collaboration with maternity services, community partners and importantly, maternity service consumers. It sets out the long term vision for West Coast women and their whānau embarking on a maternity journey whether this is their first time or otherwise.

## 2. RECOMMENDATION

That the West Coast Advisory Committee recommends to the Board that they:

- i. endorse the direction of the Draft West Coast Maternity Strategy 2019-2024; and
- ii. approve the next step to begin wider consultation on the draft in order to further develop a final version.

## 3. SUMMARY

The draft West Coast Maternity Strategy is detailed in Appendix 1.

## 4. APPENDIX

Appendix 1: Draft West Coast Maternity Strategy

Prepared by: Jenni Stephenson, Programme Manager – West Coast Alliance

Approved for release by: Norma Campbell, Director of Midwifery, CDHB & WCDHB





WEST COAST

# MATERNITY STRATEGY

2019-2024



**THE WEST COAST HEALTH SYSTEM**  
- supporting you to be well



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## Introduction

The West Coast region – Te Tai o Poutini – is home to around 32,000 people, and adds around 350 new babies to that figure each year. Maternity services on the West Coast have undergone some change over the last five years, while also continuing to provide quality care to pregnant women, their babies and their whānau no matter where in the region they live.

The West Coast Health System's vision is of an integrated system that is both clinically sustainable and financially viable; a health system that wraps care around the patient and helps people to stay well in their own community. This is closely aligned to the long-term vision for New Zealand's health sector, articulated through the NZ Health Strategy with its central theme 'Live well, Stay well, Get well'.



For women, their partners and their wider whānau, there is a need to continue to transform our maternity services to ensure:

*Equity of access and outcome for all West Coast women to our maternity system/services*

- Active partnership with people and communities at all levels.

*Women are supported to take greater responsibility for their own health whilst pregnant*

- Supporting women's navigation of the maternity system, through communication that includes the use of accessible technology.
- Women understand the information they need to manage their care.

*Women stay well when pregnant in their own homes and communities*

- Integrating health services and making better connections with wider public services.
- Providing care closer to home.

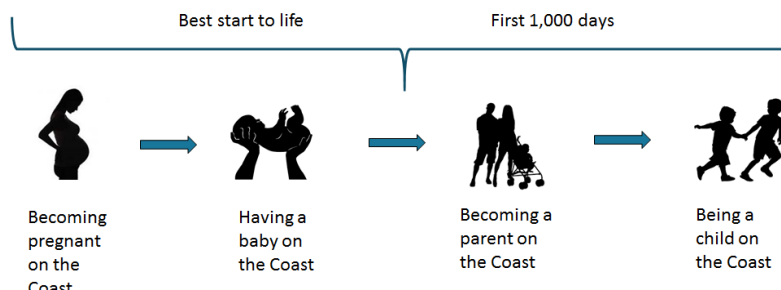
*Women or their babies who are unwell when pregnant receive timely and appropriate care*

- Access for all women and babies to the appropriate level of service for care required.

## Background

In early 2019 the West Coast DHB hosted a co-design workshop to which a wide range of organisations and stakeholders were invited in order to review the current maternity journey from pre-conception through to parenthood and early childhood.

In attendance were representatives from West Coast DHB Maternity Service, Canterbury DHB Maternity Services, Community Lead Maternity Carers (LMC), Plunket, Poutini Waiora, Māori Health, West Coast Primary Health Organisation (PHO), Paediatrics, Social Work, general practice, Violence Intervention Programme, Rural Medicine Specialist, Oranga Tamariki, Ministry of Social Development, Public Health Nursing, Sexual Health nursing, Community & Public Health and a good number of recent consumers and their babies.



The group were asked to identify what is working well as well as where are the opportunities for strengthening connections and developing improvements and the feedback was grouped into four life stages; becoming pregnant (thinking about being in the best position possible for a healthy pregnancy), having a baby (accessing maternity services and birthing on the Coast), becoming parents (making the transition as well prepared as possible) and becoming a child (looking at the hand over from maternity services to services such as Paediatrics and the Well Child Tamariki Ora (WCTO) programme).

The feedback from this session has formed the basis of our strategy; each of these life stages is interlinked with success at each point reliant on well laid foundations. Life course health outcomes for a baby born today are affected by; the health and wellbeing of their mother before she conceives, their time in-utero and childhood. The overarching feedback from our workshops to date has been the need to connect maternity with the wider system but also, within maternity, to reduce siloes and welcome input from other agencies not in health. One of our key issues is poverty and the impact this has on the child, the woman and the pregnancy.

Nationally there are other frameworks that have also impacted on this strategy which both the West Coast and Canterbury maternity systems have taken note of:

- [The New Zealand Maternity Standards](#)
- [The New Zealand Health Strategy](#)
- [Child and Youth Wellbeing Strategy](#)
- Health Workforce and Regulatory Authority workforce planning
- Ministry of Health Maternity Oversight Group work
- [The Health Equity Assessment Tool: A User's Guide 2008](#)
- ['Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018](#)
- [Equity of Health Care for Māori: A Framework](#)
- [Whānau Ora Health Impact Assessment 2007](#)

## **Achieving Equity across the Maternity Strategy**

Equity underpins all the governments and WCDHB health systems priorities. Within the maternity strategy we will work to ensure that services are developed and refined so that they meet the needs of Māori, Pasifika and non-Māori/non-Pasifika. This means that some services may not have a one-fit that meets the needs of all, and therefore require development so they are inter-changeable to the needs of the individual and/or family/whānau navigating the system. Unmet need represents a significant barrier to achieving equity in health outcomes for all population groups.

This Strategy document will be shared widely with various communities within our health/maternity system to ensure that the priorities that are agreed reflect the need to lead us towards equity in our maternity system/child health system – First 1000 days services.

DRAFT



## Becoming pregnant on the West Coast

### *Key concepts of this theme*

This theme focuses on women having the best health and wellbeing possible before becoming pregnant. This wellbeing is influenced by her childhood, adolescence and adulthood.

- Wellbeing is influenced by access to:
  - Equity across ethnicity, gender, sexual orientation, post code
  - Warm and dry housing
  - Education
  - Employment
  - Healthy relationships
  - Optimal physical, sexual, oral and mental health
  - Healthy weight and healthy weight gain in pregnancy
  - Good nutrition
  - Immunisation
  - Smokefree environments
  - Fertility
- Wellbeing is influenced by reducing or eliminating exposure to:
  - Alcohol
  - Illicit drugs
  - Poverty
  - Family Violence

### *Why it is important*

This pillar within the strategy enables the maternity system and the wider public health, education and social services including housing to actively become focussed on population health and wellbeing. If a woman's wellbeing is not optimal when she becomes pregnant, there will be potentially ongoing implications for the woman, her baby and her wider family and support systems.

The proportion of women approaching childbirth with complex health/social needs is increasing. In addition to social determinants, genetic and biological factors also contribute to high-risk pregnancies and these are often interlinked, meaning that women who have high-risk pregnancies often present with co-morbidities, social constraints and/or are negatively affected by inequity and poverty:

On the West Coast most of the women having babies are 25-29 years (33%) and most (72%) identify their ethnicity as European. 23% identify as Māori, 3% as Asian, 2% as Indian, and just 1% as Pacific. However, the number of Māori women having babies is expected to grow; 49% of Ngāi Tahu's population is under 24 years.

Our women are often disadvantaged in terms of income with 5% of West Coast women in Deprivation Quintile 5 (most deprived) and 47% in Quintile 4. Around 40% are a healthy weight when they become pregnant but around 25% have BMI  $\geq 30$  which can lead to more complications for the pregnancy and pre-dispose the baby to unhealthy weight early in childhood.

Around 20-25% of our women are smoking when they become pregnant and around 20% of our women are reported as smoking at 2 weeks after birth; for our Māori mothers that figure is as high as 28%.

Around 1% of our women disclose concerns about Intimate Partner Violence on routine screening.

Aligning the Maternity System with work already underway in relation to population health will overtly signal and enable the need for collaboration and alliancing with partners to support improved housing, decreased poverty & family violence and improved health status pre-pregnancy. The West Coast is developing a strong culture of alliancing and this strategy presents a new opportunity to move forward together.

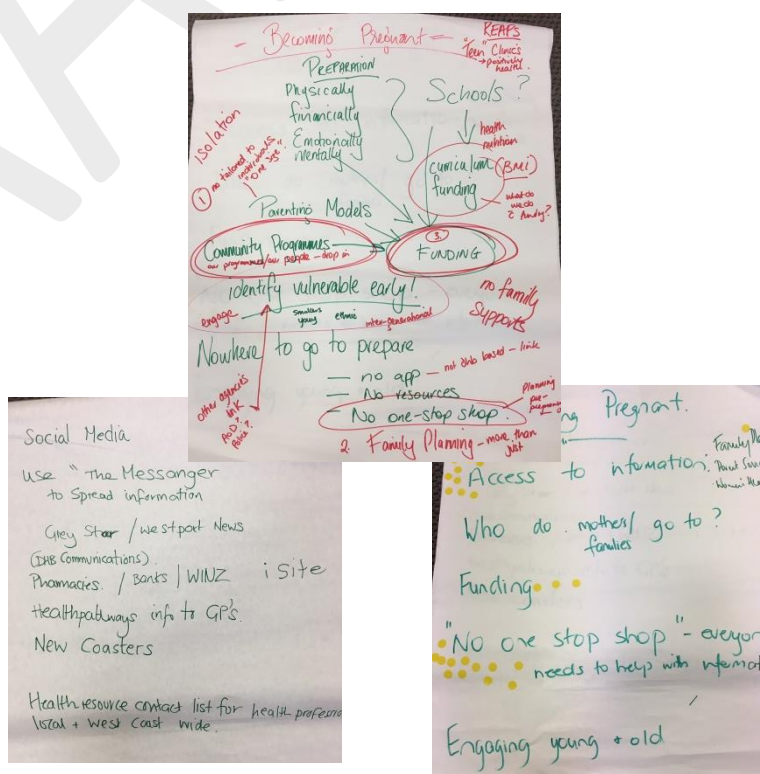
### What we will do

*Our vision: All women live healthy lifestyles and are in the best health before becoming pregnant.*

Short Term	Medium Term
<ul style="list-style-type: none"> <li>Women know how to access sexual &amp; reproductive health services and can do so easily</li> <li>Women have access to the information they want about becoming pregnant, where and when they want it</li> <li>Women are encouraged and supported to live smokefree</li> <li>Women are encouraged and supported to achieve healthy weight</li> <li>Women living in violent relationships are supported to disclose this and work toward towards safety</li> <li>Women with mental health concerns and/or addictions know how these will affect a pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Everyone has access to warm and dry housing.</li> <li>The education sector works with health to create learning packages about how a mother's health can impact her unborn child.</li> <li>Increased awareness of the impacts of adverse childhood experiences (ACE) so support can be provided where needed.</li> <li>Oral health before and during pregnancy is promoted.</li> <li>Increased awareness across the community of the effects of alcohol on general health and the development of unborn babies.</li> <li>Increased awareness across the community of the effects of illicit and prescription drugs on general health and the development of unborn babies.</li> </ul>

Factors outside of the control of the health system can have a large impact on a woman's wellbeing. The strategy will allow for the linking of services within the maternal health system to:

- Collaborate with education providers to encourage young women to complete high school education and plan for the future.
- Recommend school curriculums contain education on how a mother's health can impact her unborn child.
- Work with groups that support women into employment.
- Collaborate with groups promoting warm and dry housing.



## Having a baby on the West Coast

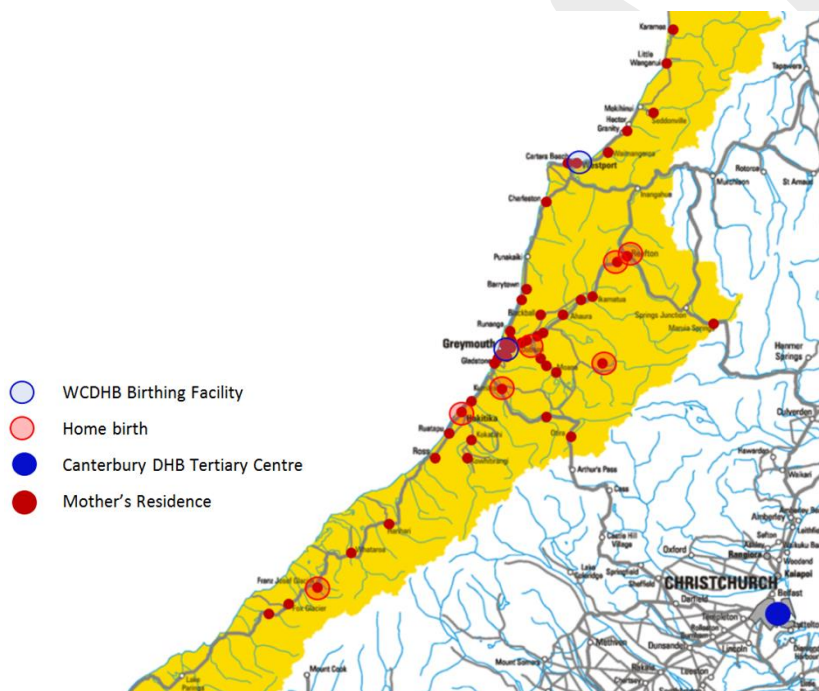
### Key concepts of this theme

This theme focusses on where, how and who provides maternity care when a woman is pregnant and until six weeks after the birth. Workforce is crucial to this part of the strategy with a need to focus on Rural Health as a specialty. There is a need to support:

- Lead Maternity Carers (LMCs) as well as the employed workforce of midwives, medical and allied staff.
- Grey Base Hospital where the majority of babies are born on the West Coast. It is also the secondary referral centre.
- Christchurch Women's Fetal Maternal Medicine service which provides tertiary inpatient medical care for women from the West Coast.
- Kawatiri birthing units in Westport and homebirth which is also provided by LMC midwives throughout the region.
- A system that provides care closer to women's homes.

### Why it is important

During 2017 356 babies were born to mothers who call the West Coast home; while this is a relatively small number at a regional level, these women should expect to receive the best quality pregnancy care not matter where along the more than 500km of Coast they live or where in NZ they deliver their baby.



Women birthing on the Coast are supported by a range of staff including nine LMCs currently working in the region. 80% of our women register with and LMC early but a small percentage still do not register until the second or third trimester.

The Maternity team in Greymouth is made up of a Charge Midwife Manager, eleven Core midwives, 2 O&G Specialists, 3 nurses and 2 administrators. As a small team, vacancies or shortages due to sickness are more keenly felt than in larger departments and recruitment continues to be more challenging than in larger centres. Consideration needs to be given regarding how this workforce can be supported to deliver high quality care and become an

attractive centre of rural excellence where people want to work.

The primary birthing unit in Westport is managed by a small team of LMC midwives with support from Maternity Services based in Greymouth. Travel time between these two locations is 1½ hours by road. Further south, women travelling to birth in Greymouth from South Westland face up to 4 hours by road if they live in or around Haast.

For the majority of women, pregnancy and birth is still a normal physiological process. Our population is however changing where more women are now presenting with a risk factor that will impact on their



Women who need to birth in a tertiary facility due to medical complexities face further travel over the Alps to Christchurch; another 3½ hours by road. Consideration of these distances, travel times and the costs are a necessary part of discussions women and their whānau need to have with their health care team and there is a need to be having these discussions more freely and openly, early in the maternity journey. Also reconfiguring the system to provide different aspects of prenatal care provision closer to women's homes will also help lessen the travel impact on women and their whānau.

*Our vision: Women receive appropriate care in the right place, at the right time, making it easy for women and whānau to engage.*

Short Term	Medium Term
<ul style="list-style-type: none"> <li>• Create a workforce plan for high quality maternity care in our rural setting</li> <li>• Explore opportunities for the delivery of obstetric and Fetal Medicine clinics via Telehealth</li> <li>• Women of all ethnicities who are pregnant register with an LMC by 13 weeks</li> <li>• Work with LMC midwives and women to address concerns about place of birth choices</li> <li>• Create clinical pathways for referrals and treatment for risk factors such as smoking and gestational diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• A Birth Afterthoughts clinic for women who have had a previous birth trauma and/or fetal loss.</li> <li>• Develop cross agency links that better support woman and whānau to access health and social supports throughout pregnancy</li> <li>• Explore opportunities for the use of technology to provide timed health and preparation messaging throughout pregnancy</li> <li>•</li> </ul>

# HAVING A BABY:

- Recognise & respond to different preferences of individuals/ethnicities to achieve equality (at all parts of journey)
- Interaction with other agencies needed to improve (eg. mental health nurses)
- Early communication around potentially difficult/denied/undesired interventions; interpretation; to help reduce the "mum's" issues
- Networks for a number of people is linked so especially for mental health (eg. that many to visit in last stages of pregnancy)
- Transport on some limited options. Since further home a private transport - their own
- ↳ try not to engage around planning with the GP, women/families largely at an early stage (GP, women/families largely at an early stage)
- ↳ need to educate about what to expect
- Expectation mitigation during pregnancy to being prepared for eventualities
- ↳ understanding the little will solve everything for emergency so as it can not
- Support for nurse in decision-making needs to be strengthened
- Talk to midwifery/urgent women → not "at them" (answering the need based training, for example) Also understanding the options available, including intervention options for support
- Safe service built into it
- Not everyone

## Having a Baby

- Individual experience
- community connections
- reality of transport both access to; dist
- Early intervention for isolated
- Communicate communicate often/early
- Support for those to help decision
- Antenatal Education needs a re
- Feeding and Breastfeeding Support

## Having a Baby

- Need for a mother's postnatal visit to be justified; not just a baby post visit. (Gives us justified; not just a baby post visit. (Gives us mother) in a district so structured, not a support to mother) they don't feel intimidated by visiting/consulting to discuss things (not wanting to appear like a baby note)
- Engagement in antenatal classes so clearly not wanting for all to see what can be done to change it (if)
- Antenatal - few more at a time (close contact)
- Very few more engaged
- Talking to more women there as an alternative (could be addressing the ...)
- ↳ communication, especially for those who are not confident to talk up with antenatal education
- ↳ to increase use of telecommunication to give information to women, not mothers
- Support for women who are unable to breastfeed - make it to feel informed, without positive support for providing alternatives: → pressures on mothers to breastfeed
- ↳ it being helped/supported to work through that could be put in place to help women to look to

## Having a Baby

- Communication → having the conversation early, so that though, so the women/families/health team "terminated into practice"
- ↳ have a plan!! if problems at later
- Need for a district with a nurse (and perhaps) to time period. (During the study of failure if pregnancy/delivery/postnatal feelings don't go to plan).
- Knowing afterwards for carers - can be a bit "hit and miss"

## Becoming a parent on the West Coast

### *Key concepts of this theme*

This theme focusses on the importance of not only the mother but also the wider whānau, and the support that they provide particularly in the first few months as they become parents to this new baby. Everyone understands that there is support needed for new parents and that it takes a community to raise a child. In our modern society there can be an isolation that occurs for new mothers and their partners which is compounded by the rurality of the West Coast. This strategy endeavours to recognise the importance of us all in supporting a new mother and her baby, no matter how many children she has had before. There are many communities within our health system and this element of the strategy more than others looks to those communities for renewed ways of working with and valuing the role of being a parent on the West Coast. This pillar:

- Recognises the time after having a baby is a key time for the mother to focus on her wellbeing especially in relation to her adaptation to becoming a mother.
- Incorporates fathers and other whānau into the strategy so that their importance in a child's life is valued.
- Provides a focus on wellbeing after birth.
- Ensures that pregnancy and parenting education/ information before and after birth meets the needs of our West Coast communities.
- Provides support and recognises the importance of breastfeeding in the life of an infant and how best we can support women to succeed in breastfeeding.
- Creates frameworks of understanding to reduce sudden unexpected death in infancy (SUDI).
- Creates infrastructures of support to reduce post-natal depression (PND) and increase supports for parents and caregivers for women who have PND but also other mental health issues.



### *Why it is important*

Experiences in an infant's first 1,000 days (conception to approximately 2 years) can impact on many aspects of their wellbeing. Whilst parents/caregivers and wider whānau are the main influencers, many others often support them and can also contribute to the wellbeing of our tamariki. This support is integral to an infant thriving.

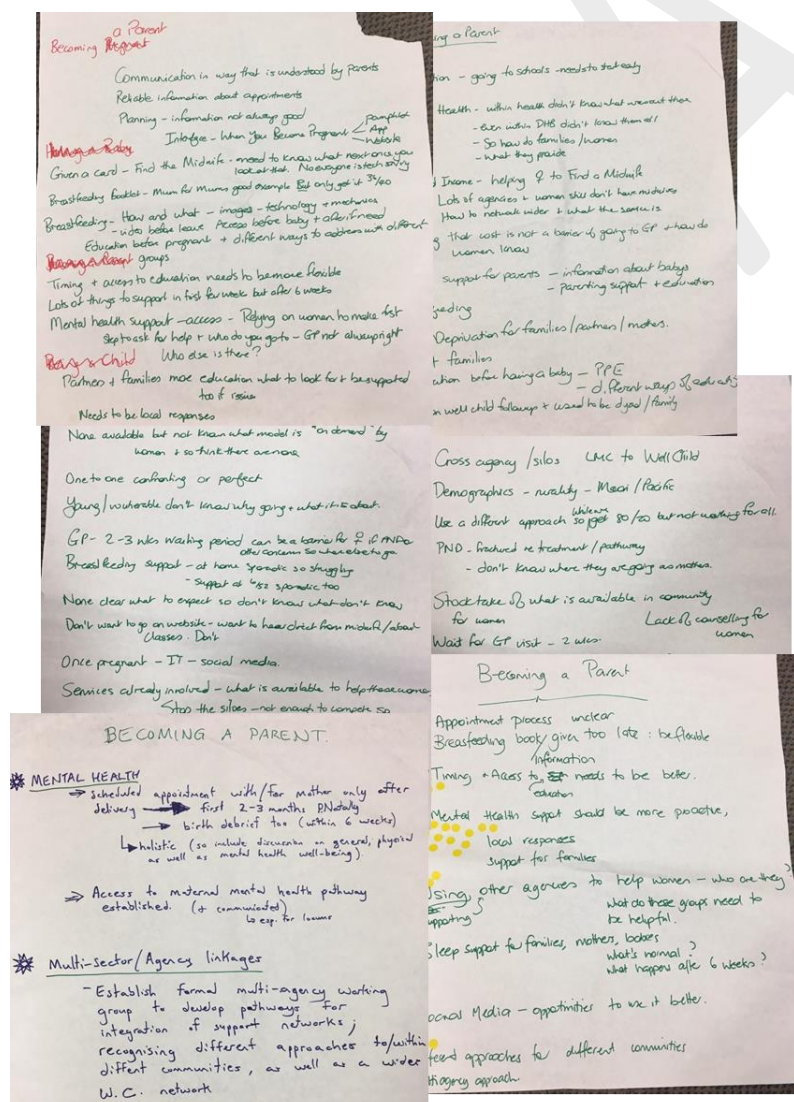
The West Coast's breastfeeding rate is below the Ministry of Health target of 70% exclusive or fully breastfeeding at 3 months particularly when we look at equity and the populations who are well below this rate. As of December 2018, 58% of three month olds were fully breastfed and for families living in highly deprived areas (deprivation quintile 5) this was 57%. However, inequity exists with Māori at 41%. There are many maternal and infant benefits of breastfeeding; it boosts babies' immunity, supports optimal growth and psychological development, and has a positive impact on the mother's health, including reducing the risk of some cancers. WCDHB recommends exclusive breastfeeding of babies until they are around six months of age, when they become ready for and need solid food.

The key modifiable risk factors that influence an infant's susceptibility to SUDI include exposure to tobacco smoke during pregnancy and early infancy, positioning on their back on their own sleep surface close to a parent/caregiver and exclusive or full breastfeeding. The wider maternity system has the opportunity to intervene at various stages within the SUDI risk period.

## What we will do

*Our Vision: Whānau are well prepared to provide the best possible care for their infant.*

Short Term	Medium Term	Long Term
<ul style="list-style-type: none"> <li>Review mild to moderate mental health service provision and pathway to accessing it.</li> <li>PPE programme reviewed to ensure it effectively covers what new parents need to know and is accessible to all within the community.</li> <li>Families are supported to choose a Well Child Tamariki Ora provider and engage in regular checks after midwife discharge</li> <li>Women are supported at home and within the community to breastfeed.</li> <li>Families have access to sleep support.</li> </ul>	<ul style="list-style-type: none"> <li>Fathers and wider family/whānau are supported to be an important part of a child's infancy, childhood, adolescence and ongoing life.</li> <li>Parents/caregivers understand the importance of food, exercise and sleep for a child's development</li> <li>Barriers that prevent some women from breastfeeding are reduced.</li> <li>Post-pregnancy women are supported to re-focus on their wellbeing.</li> <li>Community supports the importance of learning and development for infants during the first 1,000 days.</li> </ul>	<ul style="list-style-type: none"> <li>Women have early access to services if there is a decline in their wellbeing, be that mental or physical health.</li> <li>Parenting and nurturing children is recognised, valued and supported.</li> </ul>



## Becoming a child on the West Coast

### Key concepts of this theme

This theme links the Maternity Strategy to the Child and Youth Wellbeing Strategy which is under development nationally as well as the Child & Youth Health workstream of the West Coast Alliance locally. This linkage between maternity and the child health work recognises the importance of reducing adverse childhood events (ACE) for all children but also to enable equity of life opportunity.

### Why it is important



In order for a baby/child to grow well and healthy they need to be loved and nurtured, as well as being in an environment that ensures they feel, and are, safe. Love, nurture and safety are provided for a child primarily through their parents/caregivers and wider family/whānau but as noted in the previous section, the influencers also exist within the wider community and how we treat and regard our tamariki.

Wellbeing for children is also influenced by social determinants of health, for example, healthy housing, education and good nutrition are essential for a child who is loved and nurtured to prosper.

Adverse childhood events (ACE)<sup>1</sup> have been shown to impact negatively on health and social problems later in life. As the number of ACE experienced by a child increase the risk of health problems later in life also increases. Health problems associated with high ACE scores include (but are not limited to) alcoholism, depression, family violence, smoking, and suicide; all of which can ultimately shorten lifespan. By pulling together the three other themes of the maternity strategy we will work to reduce ACE in children on the West Coast.

Setting up children for the best start to life over their first 1,000 days (conception to approximately 2 years) enables them to thrive when they are young, flourish throughout adolescence and then succeed as an adult who is able to contribute to their community, be happy, healthy and have access to the basic needs for life, essentially returning again to the beginning of the maternity journey.

### What we will do

*Our vision: Families have access to the supports and services that give children the best start in life.*

Short Term	Medium Term	Long Term
<ul style="list-style-type: none"><li>Families/whānau identified as at-risk, or having experienced ACE, are linked with support services to enable early intervention.</li><li>Families continue to engage</li></ul>	<ul style="list-style-type: none"><li>Family/whānau can access what their child needs (e.g. housing, food, education).</li><li>Infant mental health services are readily available to treat infants and children showing</li></ul>	<ul style="list-style-type: none"><li>Children feel and are loved, nurtured and safe.</li><li>Communities include and value children so that they feel they contribute and belong.</li></ul>

<sup>1</sup> ACE include emotional, physical, or sexual abuse, emotional or physical neglect, growing up in a household where someone was an alcoholic, a drug user, mentally ill, suicidal, where the mother was treated violently, or where a household member had been imprisoned during the person's childhood.

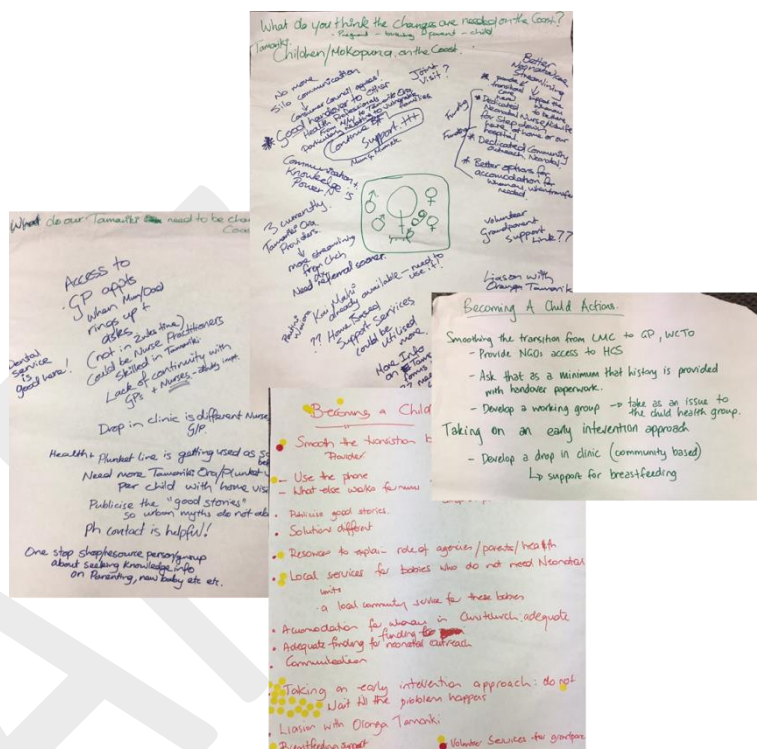


in regular Well Child Tamariki Ora checks	signs of, or have, mental health problems. <ul style="list-style-type: none"> <li>Children are encouraged to learn and prosper through play</li> </ul>	
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The Department of the Prime Minister and Cabinet (DPMC) draft Child and Youth Wellbeing Strategy provides a good framework for child wellbeing, from this we will:

- Promote the importance of every child feeling and being loved, nurtured and safe.
- Support family/whanau via navigators to access what their child needs (e.g. housing, food, education).
- Support community growth to include and value children so that they feel they contribute to and belong to communities.
- Ensure all children are receiving the care they need to order to be happy and healthy.
- Promote the importance of learning and development for infants during the first 1,000 days.

The maternity strategy will connect with objectives being worked upon under the umbrella of the Child and Youth workstream; this includes but is not limited to, immunisation, healthy weight, sufficient sleep, and reducing preventable hospitalisation.



## Work Programme 2019/20

### *Becoming pregnant on the West Coast*

Women know how to access sexual & reproductive health services and can do so easily	Continue to review the service model for Sexual and Reproductive Health advice across the Coast and how this is accessed by young people to identify opportunities to remove barriers.
Women have access to the information they want about becoming pregnant, where and when they want it	Work with the Maternity Consumer Forums to complete a needs/gaps analysis and scope options to improve access to advice for planning pregnancy.
Women are encouraged and supported to live smokefree	Work with the Healthy West Coast workstream of the West Coast Alliance to monitor the provision of smokefree advice to key groups (by ethnicity), namely: <ul style="list-style-type: none"> <li>• Hospitalised smokers</li> <li>• Smokers enrolled with the PHO</li> <li>• Pregnant women</li> <li>• Households with a new baby</li> <li>• People diagnosed with Diabetes</li> </ul>
Women are encouraged and supported to achieve healthy weight	Work with the Healthy West Coast workstream to ensure resources are available to continue to provide integrated nutrition support across the system including primary care and early childhood settings.
Women living in violent relationships are supported to disclose this and work toward towards safety	Work alongside the Violence Intervention Programme team to increase the number of bridging/refresher training sessions provided, to ensure staff understand and implement the updated Child Protection & Partner Abuse policies and procedures including screening for Intimate Partner Violence.

### *Having a baby on the West Coast*

Create a workforce plan for high quality maternity care in our rural setting	Identify key stakeholders to support the development of a South Island Maternity
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	Workforce Plan to support undergraduate training and workforce planning to better meet the future demands of our population.
Explore opportunities for the delivery of obstetric and Fetal Medicine clinics via Telehealth	Work with the Fetal Medicine specialists to scope and implement a trial Telemedicine clinic.
Women of all ethnicities who are pregnant register with an LMC by 13 weeks	Work with the Maternity Consumer Forums to understand barriers to registering early with an LMC.  Continue to monitor registration by ethnicity.
Work with LMC midwives and women to address concerns about place of birth choices	Develop regular comms that promote good outcomes from primary birthing.
Create clinical pathways for referrals and treatment for risk factors such as smoking and gestational diabetes	Adopt an opt-off model for referral to smoking cessation services for women who are smoking in pregnancy.  Develop a referral pathway to community nutrition and physical activity support for women with GDM and publish to HealthPathways.

### *Becoming a parent on the West Coast*

PPE programme reviewed to ensure it effectively covers what new parents need to know and is accessible to all within the community.	Complete the development and implementation of a Kaupapa Māori Pregnancy & Parenting Education Programme to support hapū wahine and whānau.
Review mild to moderate mental health service provision and pathway to accessing it.	Engage with Well Child Tamariki Ora providers to highlight issues for new mothers and explore options to improve access to maternal mental health services, with a focus on Māori as a population of higher need.
Whānau know how to access support and advice when they need it especially in relation to breastfeeding, normal baby sleep patterns and crying babies.	Work with maternity services to identify whānau who are physically or socially isolated and ensure they have access to community support.  Work with Poutini Waiora to establish drop-in breastfeeding session, facilitated by a Lactation Consultant or Mum4Mum Peer Supporter, to increase access to face-

	to-face breastfeeding advice and support for Māori women.
Families are supported to choose a Well Child Tamariki Ora provider and engage in regular checks after midwife discharge	Complete analysis of the data for Core 1 WCTO Checks to find gaps where families are receiving this contact later than expected, and address issues to support earlier intervention at this crucial period.

### *Being a Child on the West Coast*

Families/whānau identified as at-risk, or having experienced ACE, are linked with support services to enable early intervention.	<p>Work with the local Ministry of Social Development team and other community agencies to develop processes that support all whānau but specifically those who are known to be at risk, moving into and within the West Coast DHB region.</p> <p>We will explore what other jurisdictions have done in this space and speak across the traditional siloes to determine what will work best for the West Coast.</p> <p>Enrol babies and their whānau with appropriate health services including primary care, Well Child and community dental services with clear easily understood information about what they can provide for them and their new baby.</p>
Families continue to engage in regular Well Child Tamariki Ora checks	<p>Continue to work with the MoH to review the service model for WCTO to ensure it:</p> <ul style="list-style-type: none"> <li>• drives equitable child health and development outcomes</li> <li>• more effectively contributes to wider child wellbeing</li> <li>• improves sustainability and performance</li> <li>• ensures value for money</li> </ul>



# COMMUNITY AND PUBLIC HEALTH UPDATE



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

**SOURCE:** Community and Public Health

**DATE:** 28 June 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)

June 2019

### Smokefree

To celebrate and promote World Smokefree Day on 31st May in the Buller region our Stop Smoking Practitioner, in collaboration with the West Coast DHB Stop Smoking Practitioner, developed posters with pictures of various items with the message “Cost of Tobacco or?” to highlight the cost of tobacco and prompt quit attempts. The posters have been dropped off to nine local shops. In Greymouth a stand was set up at The Warehouse in collaboration with the West Coast PHO. The stand provided Quit Packs, information on smoking, and how to connect with our Stop Smoking Services on the West Coast. It enabled us to engage with our community and hear stories of peoples’ quit journeys, along with increasing new referrals.



Health promoter Sarah Wilson and Stop Smoking practitioner Trish Hunt at the Warehouse, Greymouth

### Glacier towns Welcome Packs evaluation

For the last seven years CPH has been providing Welcome Packs to Franz Josef and Fox Glacier communities for businesses to give to seasonal workers. These packs contain information about local services, including health services, and information about sexual health and alcohol use. Around 300 of these packs are distributed each year. CPH developed an online survey to formally evaluate the usefulness of these Welcome Packs. The distribution of the survey link was followed up with phone calls to the key agencies involved in distributing the packs. 75% of the respondents said that the packs were very useful and 50% highlighted the A-Z booklet with information on local amenities and services in the area as particularly valuable.

## Nutrition

CPH have facilitated and taken part in the first meeting of the new Food Security steering group. The purpose of the first meeting was to begin to think about what our vision, or purpose was. The group, which includes representatives from several agencies, including two district councils, the West Coast DHB, the Department of Internal Affairs and community members, came up with the following draft purpose: “Our regional food system supports nourishing food for all”.

CPH worked alongside the Heart Foundation to run a professional development evening for early childhood teachers. Thirteen teachers from Greymouth and Hokitika attended the session, which covered managing allergies within nutrition policies, childhood nutrition and oral health as key topics. There was also opportunity for networking which was appreciated by the group. As a result of this presentation there have been two direct support follow-ups provided and two parent/caregiver workshops planned. All of the attendees found the workshop useful and would like it to be offered again in the future.

Two Appetite for Life 6-week nutrition courses were completed with a total of thirteen adults referred from health professionals or self-referred. All participants reported positive behaviour changes in their evaluations, such as: eating breakfast more often, increasing daily vegetable and fruit intake, trying new foods and recipes and increased confidence in supermarket shopping.

## Healthy public policy

CPH compiled and sent submissions to each of the four Council’s draft Annual Plans. The content of our submissions focussed on planning for and mitigating the effects of climate change on essential infrastructure (such as water and wastewater), advocating for healthy public policy (such as extending Smokefree environments policies and their implementation, and development of a Regional Alcohol Policy) as well as supporting investment in walking and cycling infrastructure.

## Alcohol

CPH’s Alcohol Licensing Officer and Health Promoter attended the Regional Alcohol meeting where alcohol licensing staff from all three District Councils and Police came together to discuss alcohol issues across the West Coast. As a result of the CPH staff advocacy at the meeting, it was agreed that council Liquor Licensing Inspectors would use forms adapted from the Health Promotion Agency’s *Guide to Crime Prevention through Environmental Design* (CPTED) when conducting site visits.



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

**SOURCE:** Alliance Leadership Team

**DATE:** 28 June 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 May 2019 the Alliance Leadership Team (ALT):

- Reviewed nominations for a new ALT Chair;
- Were pleased to note the Hub work is proceeding for our community;
- Delegated Alliance endorsement of the final draft of the System Level Measures Improvement plan to the PHO Clinical Governance Committee;
- Received a verbal update regarding progress of the Oral Health Service Development group; and
- Thanked Dr Jackie Broadbent for her work in the Health of Older People workstream. This workstream has provided a model for transalpine and community cohesion, and the ALT encouraged other groups to look at this model as they design their respective services.

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

The final draft of this plan was reviewed by the PHO Clinical Governance Committee in June and was endorsed for submission to the Ministry of Health.

Report prepared by: Jenni Stephenson, Planning & Funding

Report approved for release by: Carl Hutchby, Acting Chair, Alliance Leadership Team

## MAORI HEALTH UPDATE



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

**SOURCE:** General Manager, Maori Health

**DATE:** 15 February 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 provided to West Coast Advisory Committee as a regular update.

### 2. RECOMMENDATION

That the Committee:  
i notes the Maori Health Dashboards..

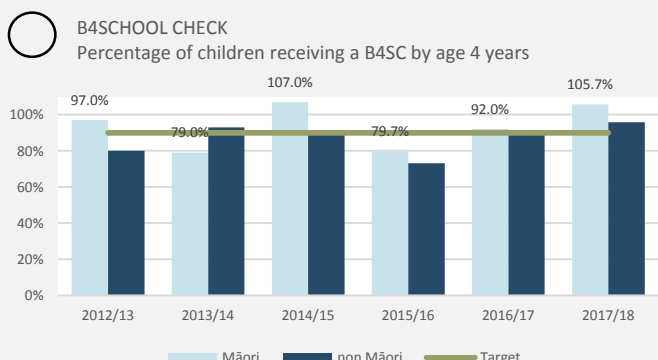
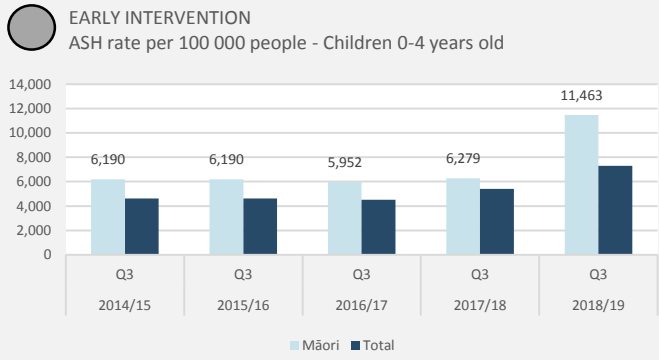
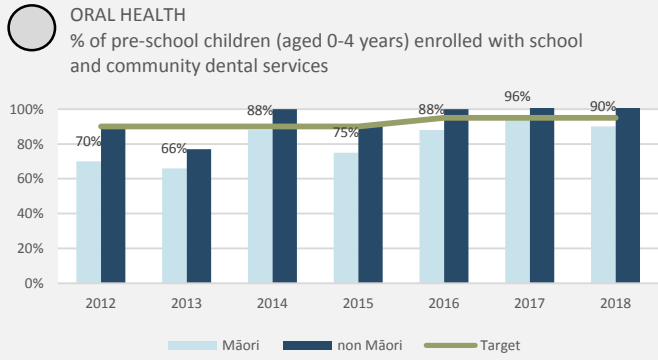
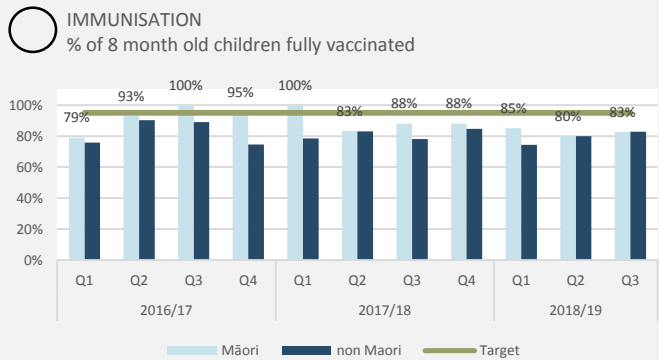
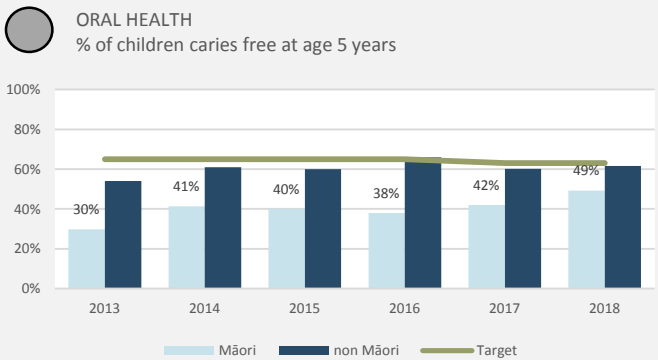
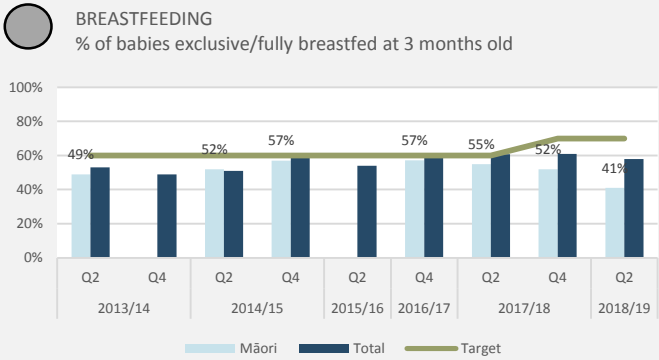
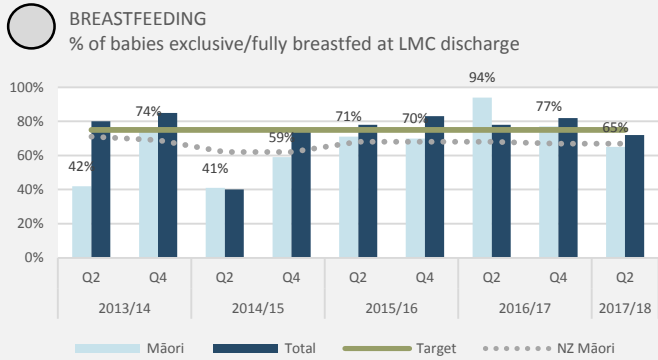
### 3. APPENDIX

Appendix 1 Maori Health Dashboards

West Coast DHB Māori Health Action Dashboard Report

May 2019

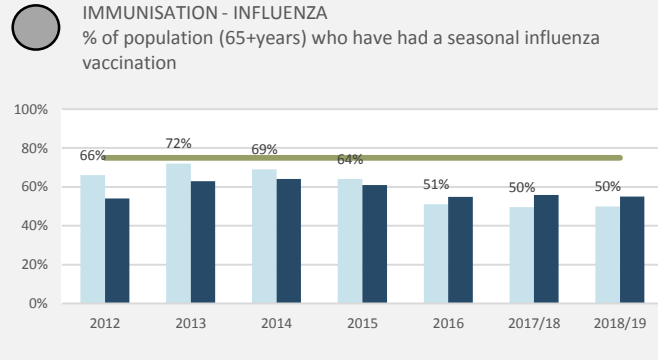
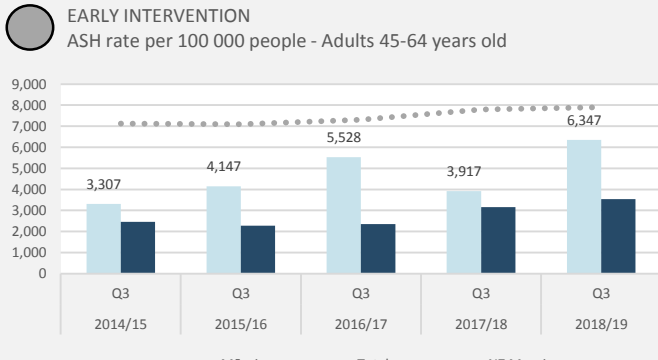
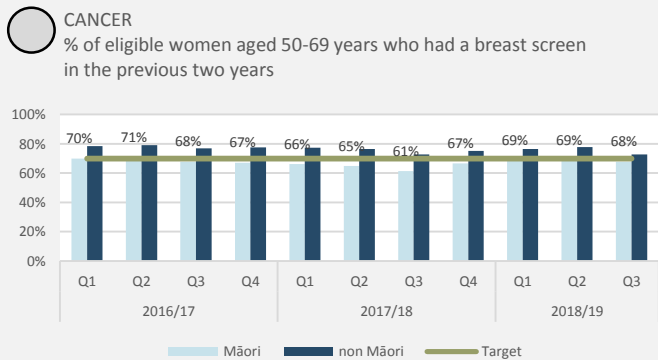
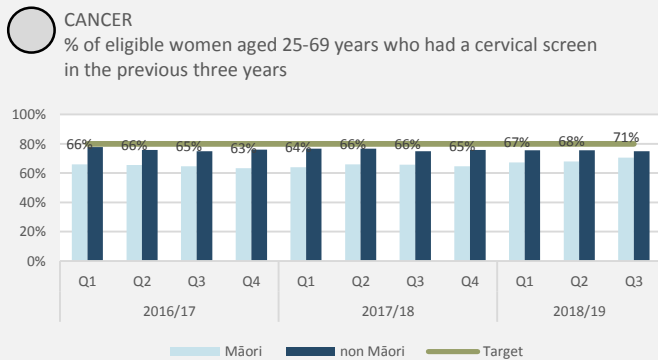
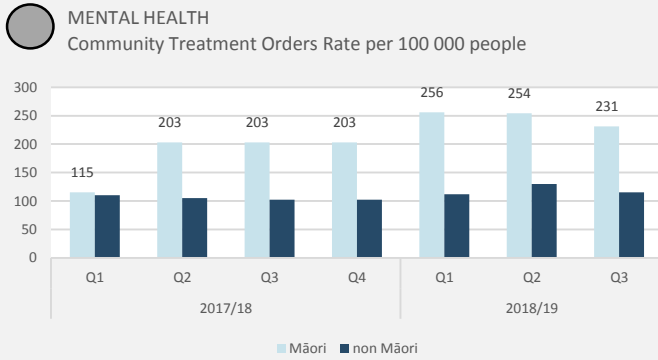
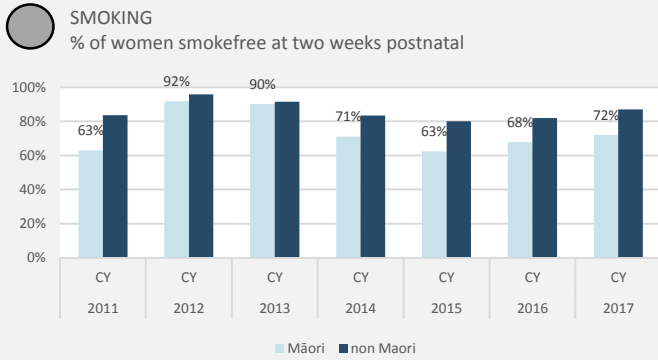
Tamariki Health and Wellbeing



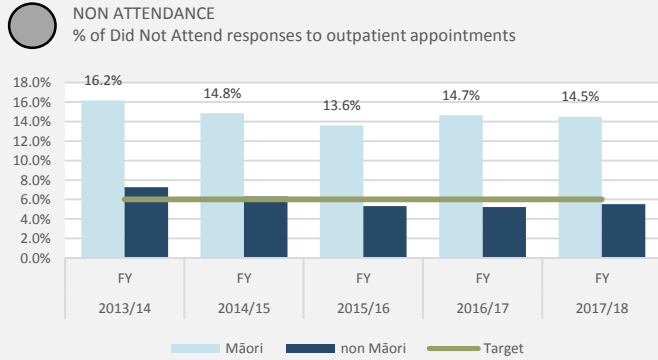
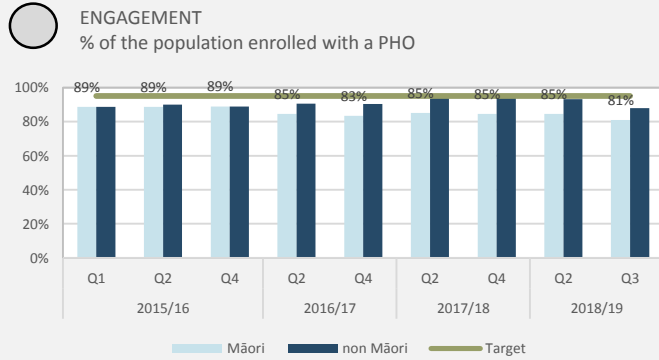
Kia whakakotahi te hoe o te waka  
WE PADDLE OUR WAKA AS ONE

The difference between Māori and non Māori is less than 5% or the target is met  
The difference between Māori and non Māori is between 5% and 10%  
The difference between Māori and non Māori is greater than 10%

Adult Health and Wellbeing



Enablers to support Improved Health and Wellbeing



Indicator Full Name	Data Source	Notes
Infants are exclusively or fully breastfed at discharge from LMC	National Maternity Collection (MAT)	Data may be incomplete, excluding data where records have no status
Infants are exclusively or fully breastfed at three months	Well Child Tamariki Ora (WCTO) National Dataset	
Percentage of children caries-free for 5 years	DHB Community Oral Health Services	Results are provided annually in line with the school year. The next release is expected in March 2020
Percentage of Infants fully vaccinated at eight months	National Immunisation Register	
Children aged 0-4 years are enrolled with the Community Oral Health Service	Canterbury DHB Community Oral Health Service database "Titanium"	Results are provided annually in line with the school year. The next release is expected in March 2020
ASH rates per 100,000 Children 0-4 years old	National Minimum Dataset (NMDS)	Due to changes made to 0-4 ASH data with each release, direct comparisons are not possible each quarter. Instead the data shown is the latest available with 5 years of backdated data provided for trend analysis.
B4SCs are started before children are 4½ years	B4 School Check	
Percentage of Women Smokefree at two weeks postnatal	National Maternity Collection (MAT)	This data source has now changed. This measure was using the Well Child reports as its data source, for consistency and continuity of reporting we now use the National Maternity Clinical Indicators report which reports by calander year.
Population under Mental Health Act: section 29 Community Treatment Orders, rate per 100 000 population	Project for the Integration of Mental Health Data (PRIMHD)	Data is provided 3 months in arrears for each reporting quarter
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit	
Women aged 50-69, who have had a breast screen once in the last two years	National Screening Unit	
ASH rates per 100,000 Children 45-64 years old	National Minimum Dataset (NMDS)	
Percentage of population (65+years) who have had a seasonal influenza vaccination	National Immunisation Register	This meausre has changed from using PHO enrolled populaiton data to census population data. Reporting periods have changed from 12 monthly Jan - Dec to 6 montly Mar - Sep  Results are not directly comparable between 2017 and previous years.
Percentage of the population enrolled with a PHO	PHO Quarterly Report	
Percentage of patients who did not attend their outpatient appointment	DHB data	



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

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

**DATE:** 28 June 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:

- We now have three Nurse Practitioners working in our primary care teams. One is in urgent/ unplanned care, one is in planned care focusing on long term conditions and one is supporting primary care in the mental health area.
- The Rural Generalist Project is advancing, with recruitment aiming to secure 6 additional generalist consultant level doctors. The Rural Generalist that has led rural generalism work in Australia is part of our Governance Group and has agreed to work half time for the West Coast DHB from September, and one of our part time Rural Generalists has asked to permanently increase his hours.
- Allied Health held a successful engagement day with two sessions focussed on what we could do differently to support our community to live independently as close to home as



possible. These build on Life Curve work that staff have participated in with a focus on preventative, strength-based interventions.

#### 4. **DISCUSSION**

##### **Volumes**

This Provider Arm Report includes base service level agreement volumes against delivery for the eleven months to 31 May of the 2018-19 financial year (excluding ACC-funded activity).

##### Inpatient Volumes

Case-weighted discharge [CWD] throughput from Grey Base Hospital is up by 1.7% from the overall anticipated volume for the eleven months to 31 May 2019. CWD throughput in surgical specialties remains down from anticipated volumes, with fewer acute and elective general surgery and paediatric surgery cases, and fewer elective plastic and gynaecology CWDs. This continues to be offset by much higher CWD throughputs in acute general medical and paediatric medical specialty services as well as for elective orthopaedic, ophthalmology, urology and dental surgery caseweights, which are all above anticipated volume for the eleven month period. The split between acute and electives was as follows:

<b>CASE WEIGHTS [CWD]</b>	<b>ANTICIPATED YTD</b>	<b>ACTUAL YTD</b>	<b>VARIANCE</b>	<b>% VARIATION</b>
<b>Surgical</b>				
Acute	1,027.67	741.37	-286.30	-27.9%
Elective	1,130.02	1,007.24	-122.78	-10.9%
<b>Sub-Total Surgical:</b>	<b>2,157.69</b>	<b>1,748.61</b>	<b>-409.08</b>	<b>-18.9%</b>
<b>Medical</b>				
Acute	1,276.10	1,744.88	468.78	36.7%
Elective	0.00	0.00	0.00	0%
<b>Sub-Total Medical:</b>	<b>1,276.10</b>	<b>1,744.88</b>	<b>468.78</b>	<b>36.7%</b>
<b>TOTALS:</b>	<b>3433.79</b>	<b>3493.49</b>	<b>59.7</b>	<b>1.74%</b>

##### Outpatient Volumes

Outpatient delivery for specialist surgical and medical services are down overall from anticipated volumes during the financial year to 31 May 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. In contrast, attendances are up in paediatric medical, ophthalmology, cardiology, and respiratory. 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 was as follows:

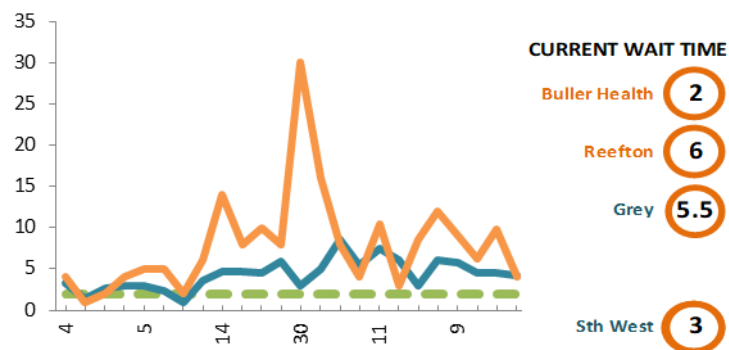
<b>ATTENDANCES</b>	<b>ANTICIPATED YTD</b>	<b>ACTUAL YTD</b>	<b>VARIANCE</b>	<b>% VARIATION</b>
<b>Surgical</b>				
1 <sup>st</sup> Visit	3,277	3,248	-29	-0.9%

Sub. Visit	5,014	3,887	-1,127	-22.5%
<b>Sub-Total Surgical:</b>	<b>8,291</b>	<b>7,135</b>	<b>-1,156</b>	<b>-14.0%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	1,599	1,380	-219	-13.7%
Sub. Visit	3,526	2,987	-539	-15.3 %
<b>Sub-Total Medical:</b>	<b>5,125</b>	<b>4,367</b>	<b>-758</b>	<b>-14.8%</b>
<b>TOTALS:</b>				
	<b>13,416</b>	<b>11,502</b>	<b>-1,914</b>	<b>-14.3%</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]
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%
April 2019	1488	1338	150	10.08%
May 2019	1730	1583	147	8.50%
<b>13 month rolling totals</b>	<b>20565</b>	<b>18924</b>	<b>1641</b>	<b>7.98% Average</b>

### Primary Care

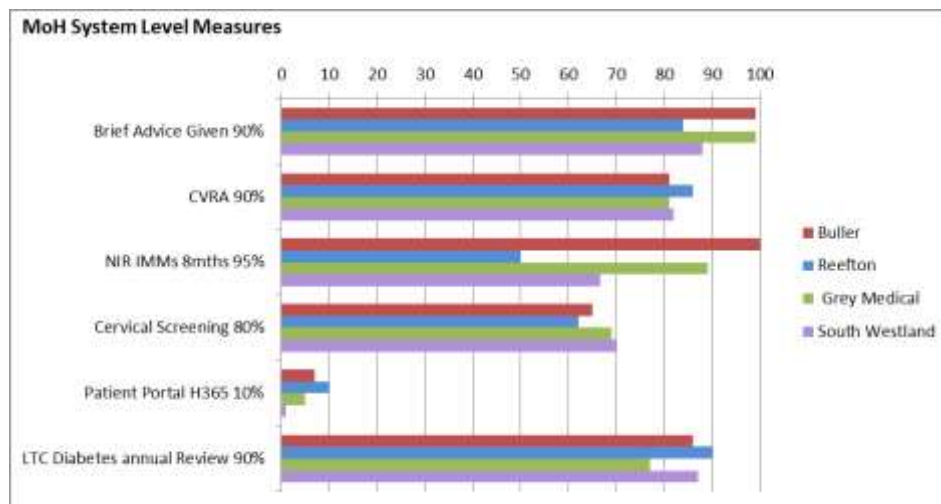


The team continues to work hard to ensure we have enough GP's available in our practices that will enable us to achieve our 2 day wait time target for routine appointments. To enable this to occur we now have our medical workforce across most of our primary practices (South Westland the last to go live) and secondary care on a single rostering system. This enables

visibility across the system of gaps and supports of whole of system approach to addressing these.

We now have three Nurse Practitioners working in our primary care teams. One is in urgent / unplanned care, one is in planned care focusing on long term conditions and one is supporting primary care in mental health area. We are looking to employ and development more Nurse Practitioners over the coming years to support the teams across the Coast. There is ongoing recruitment and development of our rural nurse specialist workforce as well.

The team are looking at how we can support early intervention / non-surgical intervention of musculoskeletal issues within primary care with the support of an advanced Allied Health role. This will look to support people earlier around musculoskeletal issues and provide a non-surgical option to those that could benefit from this.



### Community

As at the end of May we have zero arrears for our under five year old group which is a great result for our community dental team who have been putting a lot of effort into this.

Our Cardiac Clinical Nurse Specialist with Prescribing Rights is undertaking independent heart failure clinics. This has enabled us to reduce the waiting lists for the visiting cardiologists and is supporting our aim to provide care as soon as possible through a whole of team approach.

Our Public Health Nursing team is back up to a full complement of staff and supporting a neonatal outreach service with the orientation for two staff planned.

## 4.2 Workforce Update

### Medical

- The Rural Generalist Project is advancing, with recruitment aiming to secure 6 additional generalist consultant level doctors. The Rural Generalist that has led rural generalism work in Australia is part of our Governance Group and has agreed to work half time for the West Coast DHB from September, and one of our part time Rural Generalists has asked to permanently increase his hours to 0.75FTE. Both these doctors have ceased work in Australia to work for us and this is seen as a strong endorsement of the model we are implementing.
- Our focus in recent months has been progressing the Rural Generalist work already started in obstetrics and the implementation of the rural generalist model into general medicine. The recent retirement of an Anaesthetist has provided an opportunity to explore how we can utilise Rural Generalists with anaesthetic scope to support procedures requiring sedation (we already have 2 doctors with the necessary credentials to do this work and a third starting work in September).
- People and Capability are developing the recruitment strategy for our Rural Generalists and GPs. They are assessing ways to attract doctors that are interested in working in a rural environment and with the unique opportunity (in New Zealand) to work in their specialised skills - obstetrics, anaesthesia, emergency and internal medicine - who can also work across the system in primary care.
- The medical workforce activity is now displayed on a shared roster (Core Schedule) across primary and secondary care which assists all staff to know where doctors are working in each location and on particular shifts. This system-wide view of staffing helps minimise gaps and ensures the best use of medical staffing.

### Nursing

- With winter arriving we have seen an increase in our occupancy levels recently and, along with high staff sickness, this has meant the teams have been very busy. The activity, acuity and staffing levels are closely monitor by the nursing management team to ensure we continue to support staff and provide the best care to our patients.
- The medical/surgical wards have seen high turnover due to staff taking up other opportunities within the DHB or moving closer to family within Canterbury. Our successful recruitment drive has seen a number of great applicants who will be joining the teams over the next four weeks. We continue to advertise ensuring all areas are covered.
- The Nurse Manager Operations contacted the Career Advisor for the schools regarding positions available for young West Coast students who might be looking for positions within health. Following this discussion, a meeting was held with a number of students to talk about different aspects of the system and break down some of the barriers or misconceptions the students had. From this there is at least two who are putting forward their application for the Sterilising Service Technician roles. We would like to aim these at Maori and Pacific Island students.
- Planning has started with unplanned, planned and ED staff ensuring patient flow will be seamless when we move to the new facility. This meeting will grow as we move forward to include Paediatrics and Allied Health.

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

- May has been busy with the recommencement of User Group Health Concept Design consultations and engagement with BHAG and Buller media.
- 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.
- Workforce planning that further develops skill sets and recruitment to the designed integrated model of care across the rural health care team is a becoming reality with at least 1 RNS seriously considering the Nurse Practitioner pathway and with the potential of a second.
- 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 May and the first two weeks of June, we had 36 births at Grey Hospital and none at Kawatiri. From a total of 36 births, 23 were normal vaginal births, 1 instrumental birth and 12 births by caesarean section (6 emergency and 6 elective).
- The core midwifery workforce in Greymouth is struggling to get to a full complement. A new core midwife started a 0.8FTE permanent position on 10 June and we are continuously advertising for core midwife positions. We are in the process of recruiting 2 registered nurses with extensive experience in maternity/neonatal care for 0.8 and 1 FTE permanent positions. We are also aiming to recruit a graduate in 2020 and attended, with the people and capability team, open days at midwifery schools.
- We have started to orientate registered nurses who have expressed interest in doing casual shift work at maternity.
- Over May and the first 2 weeks of June we had the following training sessions: Newborn Life Support, PROMPT and VTE.
- The multidisciplinary team has been working on developing and implementing the new MEWS and EWS policy.
- We received 5 new electric beds for postnatal care with great feedback from women and midwives. We also received 3 new baby cots as well as a camera and printer from Countdown donation.

### **Allied Health**

- Allied Health held a successful engagement day with two sessions focussed on what we could do differently to support our community to live independently as close to home as possible. These build on Life Curve work that staff have participated in with a focus on preventative, strength-based interventions.
- We have embarked on a review of our current orthotics service to develop a strategy for maintaining a locally based service in partnership with a service provider; a model supported by 9 other DHBs. This will seek to retain and develop skills in this clinical space.

- Work continues to develop a robust audiology service within the district, that supports our commitment to delivering care as close to home as possible. Challenges include understanding the volumes of activity for the various services that are currently offered and limited regional resource particularly with paediatric audiologists.
- Pharmacy plan to roll out MediMap for use in Kahurangi and Reefton aged residential care facilities. This will result in the use of electronic prescribing and medicines administration system – moving away from the current paper-based system. It will allow for faster communication of medication changes, including removing the need for faxing of charts.
- Occupational Therapy services are continuing to experience considerable pressure due to ongoing challenges with recruitment and increased requirement for Enable funding access. All efforts are directed to ensure resources are targeted and options for recruitment fully explored.
- Recruitment remains ongoing for Radiology, Psychology, Pharmacy and Physiotherapy across hospital services, mental health and primary/community teams.
- Work has started on developing a standardised process for triaging of occupational and physiotherapy referrals.
- The transalpine allied health leaders continue to develop our RUFUS (rurally focused urban specialist) model of service delivery for all of our Child Development Services. This means that experienced clinicians, both from CDHB and from WCDHB, can support their transalpine colleagues to deliver the specialist care required for this high needs client group.
- The transalpine allied health leaders are also reviewing proposals for new graduate programmes that provide opportunities for therapists to work across the various campuses at CDHB and the WCDHB. The aim is to have these rotational programmes defined and ready for implementation at the beginning of 2020.
- Work is progressing on the ePharmacy programme that will align the electronic medication management system with the South Island regional plan. This piece of work is crucial due to the current system Windose no longer being supported technically as of December 2019.
- Model of Care development supported by releasing clinicians to work to the top of scope has progressed with Allied Health Assistants accompanying physios and starting to do some equipment reviews in community and looking at potential for a balance class within Reefton clinic.
- Elder abuse training programme was delivered to staff over two sessions – NGO, PHO and Home Base Support Services attended.

## Recruitment

New Vacancies	2
Total Open Vacancies	38
Appointed Vacancies	36

- Nursing – A number of roles are still open within our Medical/Surgical wards but have had a large response to advertising which is positive. Midwifery are facing shortages of staff but this is being eased by the recruitment of RNs to assist. We have been able to appoint new Nurse Practitioners to practices and have interest from locums as well. We have also had 78 applicants for an entry level role within theatre which is the largest response we have had for that type of role.



- Allied Health – A small number of vacancies in the allied health space with large responses to these have led to streamlined appointments. Shortages in the OT space is a continued focus.
- Corporate – Small number of vacancies and high applicant numbers in this space means that successful recruitment continues in this area.
- Medical – Challenges continue in GP recruitment with shortages across winter but these have been eased with the recruitment of key locums. A strong focus continues in the recruiting of Rural Generalists across the DHB.

### **4.3 Patient**

#### **Patient Transfers**

- The number of tertiary patient transfers from Grey Base and Buller Hospitals increased from 37 in March to 50 in April. The majority of transfers in March were for medical and surgical patients and in April were for medical patients, with the principal methods of transportation being via pressurised aircraft in March and via ambulance in April.
- The main reason for the transfers in March and April was for ‘Specialty Care not available’.
- For patients transferred from Buller to Grey Base, the numbers increased from 14 in March to 18 in April. The majority of the transfers in March and April were for medical patients. They were transported to Grey Base predominantly via hospital car in March and ambulance and private vehicle in April.
- Patient transfers from Reefton to Grey Base were low with zero in March and 1 in April. This patient was transported via ambulance.

## 4.4 Health Targets

### West Coast DHB national performance measures report

Quarter 3 2018/19: January - March 2019



#### What are the national performance measures?

This report presents current performance against the national performance measures formerly referred to as national health targets.

These measures reflect Canterbury's performance in areas 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.



#### 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

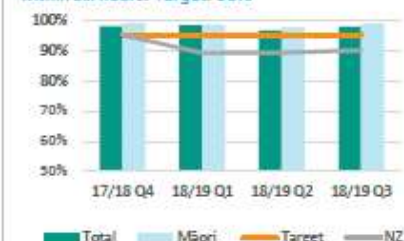


The Ministry sources this data for DHBs from the national Maternity Data Set. It should be noted that the source of the data only represents around 80% of all pregnancies nationally and the measure is still considered developmental. Results are provided for.

#### 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 all patients admitted, discharged or transferred from ED within 6 hours during quarter three.

98% of all Māori patients were admitted, discharged or transferred from ED within 6 hours during the same quarter.

#### Improved access to elective surgery

100%

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



The West Coast DHB has provided 1,398 elective surgical discharges at the end of quarter three, on track with our electives plan and with the year-end target.

#### Faster cancer treatment

76%

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



This quarter 76% of patients received treatment on time. Small numbers are challenging with this result reflecting only three patients who were not seen within the 62 day period.

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

#### Increased immunisation

83%

Eight-month-olds fully immunised



Overall, 83% of all eligible eight-month-olds were fully immunised this quarter.

Small numbers are challenging with this result reflecting only two consenting children who were missed this quarter.

Strong results were achieved for Asian (100%).

#### Better help for smokers to quit

88%

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



West Coast health practitioners have reported giving 4,386 smokers cessation advice in the 13 months ending December 2018. This represents 88.6% of smokers against the 90% target.

88.7% of Māori and 83.3% of our Pacific populations were given brief advice to quit smoking.

#### Raising healthy kids

100%

Children with obesity referred for support. Target: 95%



During quarter three, ten children were identified as obese and offered a referral for support and advice. Six of these referrals were acknowledged, with one child already under care. Three declined a referral.

The West Coast DHB received an outstanding rating from the Ministry of Health for the 100% result for this measure.

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

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

There were 67 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of April 2019. Of these, 33 were orthopaedic cases (down from 75 in March) with the other 34 cases being in plastics (21), urology (7), respiratory (2), renal medicine (2), neurology (1), and gynaecology (1). Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to a back-log from 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. Plastic surgery remains a problem due to resource constraints, and the number of patients waiting over 120 days in this specialty is likely to increase. Most patients who were waiting over 120 days on the sub-specialty outpatient lists at the end of March have since been seen or have a date for confirmed surgery (the wait for patients in sub-specialties influenced by 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)*

Thirty-one patients were waiting over 120-days from FSA to surgical treatment as at the end of April 2019. This included 13 dental, 9 plastic, 8 orthopaedic and 1 general surgical case. Additional plastic surgery and outpatient sessions were delivered in April 2019 to help address the back-log, but this has only helped 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; but there remains a risk that the number of patients with extended waiting times in this specialty will increase.

## 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			2019			2019			2019			2019		
	May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr		
	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	17 of 17	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
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	143	19.6%	-143	146	12.9%	-146	183	18.8%	-183	199	17.4%	-199	181	17.1%	-181	215	21.9%	-215	202	20.3%	-202	197	19.1%	-197	178	18.8%	-178	140	16.2%	-140	88	10.1%	-88	67	7.8%	-67
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	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	0	0.0%	0	1	0.1%	-1
4. Patients given a commitment to treatment but not treated within the required timeframe.	14	7.9%	-14	7	3.4%	-7	6	2.3%	-6	7	3.0%	-7	9	3.0%	-9	14	6.8%	-14	15	6.7%	-15	18	7.9%	-18	19	8.1%	-19	21	8.8%	-21	21	8.3%	-21	31	11.8%	-31
5. 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	0.0%	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	0.0%	0
6. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	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	107	100.0%	0	117	100.0%	0	90	100.0%	0	112	100.0%	0	112	100.0%	0

Data Warehouse Refresh Date: 31/May/2019

Report Run Date: 03/Jun/2019

#### Notes:

- Before July 2016 the required timeframe for ESPI 1 is 10 working days, and from July 2016 the required timeframe for ESPI 1 is 15 calendar days.
- Before July 2013 the required timeframe for ESPI 2 and ESPI 5 is 5 months, between July 2013 and December 2014 the required timeframe for ESPI 2 and ESPI 5 is 5 months and from January 2015 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 specialties are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
- Before July 2016 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 Y.
- 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 5 months to May 2019



### GREY / WESTLAND 2019

Grey Base & Reefton Hospitals	Jan	Feb	Mar	Apr	May
Behaviour & Safety	2	0	4	0	0
Blood Product	1	0	0	0	0
Drain and Tube	0	0	0	0	0
Employee	1	1	2	2	1
Facilities, Building & Property	0	1	1	0	0
Fall	8	7	2	6	7
Hazard Register	0	0	0	0	0
Infection	0	1	2	0	0
Intravascular Access Device	1	0	0	0	0
Labs / Specimen	2	3	3	4	2
Labour and delivery	1	1	6	4	4
Medication and IV Fluids	3	3	6	8	2
Provision of Care	4	5	9	7	7
Radiology	2	2	1	0	2
Restraint	0	0	0	0	0
Security	2	1	1	1	0
Skin / tissue	2	0	2	1	0
<b>Totals</b>	<b>29</b>	<b>25</b>	<b>39</b>	<b>33</b>	<b>25</b>

Fewer incidents were reported last month. Decreased reporting of medication events, employee events and lab/specimen events. Increases in falls and radiology events

Report prepared by:

Philip Wheble, General Manager West Coast DHB



# WEST COAST DHB – MEETING SCHEDULE

**FEBRUARY – DECEMBER 2019**

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

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



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



	15 February	29 March	10 May	28 June	9 August	27 September	1 November
<b>STANDING ITEMS</b>	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items		Karakia Interests Register Confirmation of Minutes Carried Forward Items
<b>REPORTS</b>	Community & Public Health Update Planning & Funding Update Alliance Update Maori Health Update Operational Update Committee Work Plan	Community & Public Health Update Alliance Update Operational Update Accessible West Coast 2019/20 Draft West Coast Public Health Plan	Community & Public Health Update Planning & Funding Update Alliance Update Operational Update	Community & Public Health Update Alliance Update Operational Update Maori Health Update West Coast Maternity Strategy	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  Drinking Water Update		Maori Health  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 Action Plan Update  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