



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

ADVISORY COMMITTEE MEETING

9 August 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

- 28 June 2019

3. Carried Forward/Action Items

PRESENTATIONS

10.35am

4. Ageing Well on the West Coast

10.35am – 11.05am

5. Drinking Water Update

Dr Cheryl Brunton
Medical Officer of Health

11.05am – 11.30am

REPORTS/PRESENTATIONS

11.30am

6. Community and Public Health Update

Gail McLauchlan
Community and Public Health

11.30am – 11.40am

7. Alliance Update

Cheryl Brunton
Acting Chair, Alliance Leadership Team

11.40am – 11.50am

8. Operational Update

Philip Wheble
General Manager, West Coast

11.50am – 12noon

ESTIMATED FINISH TIME

12noon

INFORMATION ITEMS

- Disability Directorate e-Newsletter
- 2019 Committee Work Plan – Working Document
- West Coast DHB 2019 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Friday 27 September 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 Joint Chair	<ul style="list-style-type: none"> 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. 	N	Perceived
	<ul style="list-style-type: none"> 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. 	N	Perceived
	<ul style="list-style-type: none"> West Coast Sub-branch - Canterbury Neonatal Trust – Chairperson 	N	Perceived
	<ul style="list-style-type: none"> 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. 	N	Perceived
	<ul style="list-style-type: none"> Accessible West Coast Coalition Group – Member A group that works together to improve access to all aspects of the community. 	N	Perceived
	<ul style="list-style-type: none"> 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 	N	Perceived
	<ul style="list-style-type: none"> MS - Parkinsons New Zealand – West Coast Committee Member MS Parkinsons provides education, information and help people make informed decisions about living with Parkinson's. 	N	Perceived
Michelle Lomax Joint Chair	<ul style="list-style-type: none"> Daughter is a recipient of WCDHB Scholarship Community Law Canterbury - Part-time Advisor on Disability Issues Daughter is part of the Rural Medicine Emerging Programme in Greymouth People's Choice candidate for Christchurch Central Ward Community Board 	N N N N	

Chris Auchinvole Board Member	<ul style="list-style-type: none"> • Director Auchinvole & Associates Ltd • Trustee, Westland Wilderness Trust • Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand • Daughter-in-law employed by Otago DHB 	N N N N	
Lynnette Beirne	<ul style="list-style-type: none"> • Patron of the West Coast Stroke Group Incorporated • Daughter employed as nurse for West Coast DHB • Consumer Representative on WCDHB Stroke Coalition Committee • Running a Homestay for DHB Students & Staff • Member, Accessible West Coast Coalition Group • Consumer Representative on West Coast DHB Health of Older Persons Committee 	N N N N N N	Perceived Perceived
Sarah Birchfield	<ul style="list-style-type: none"> • Member, Accessible West Coast Coalition Group • Member West Coast DHB Consumer Council • Member, West Coast DHB Child & Youth Committee • Member, Canterbury/West Coast Action Plan Committee 	N N N N	
Jenny Black Board Chair	<ul style="list-style-type: none"> • Chair, Nelson Marlborough District Health Board Appointed as Chair for a third term by the Minister of Health. Member of Statutory Committees and Audit Committee. • Chair, South Island Alliance Board 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. • Chair, National DHB Chairs Elected position from the National DHB Chairs. • West Coast Partnership Group This is a Partnership Group set up by government to provide governance for the facilities development of the new Grey Hospital & Health Centre and a health facility at Buller. • Health Promotion Agency (HPA) – Member 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 	Y N N N N	Perceived Perceived Perceived Perceived

	encourage healthy lifestyles; prevent disease, illness and injury; enable environments that support health, wellbeing and healthy lifestyles; and reduce personal, social and economic harm.		
Kevin Brown Board Member	<ul style="list-style-type: none"> 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. Diabetes West Coast - Patron and Member West Coast Juvenile Diabetes Association - Trustee Diabetes West Coast provides services for people with diabetes. Greymouth Lions Club – Member Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand West Coast Rugby League - Hon Vice President West Coast Rugby League is a sporting organisation 	N N N N N	 Perceived Perceived Perceived
Cheryl Brunton	<ul style="list-style-type: none"> Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) Member - Public Health Association of New Zealand Member - Association of Salaried Medical Specialists Member - West Coast Primary Health Organisation Clinical Governance Committee Member – National Influenza Specialist Group Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation Member – DISC Trust 	N N N N N N N	
Paula Cutbush	<ul style="list-style-type: none"> Owner and stakeholder of Alfresco Eatery and Accommodation Daughter involved in Green Prescriptions Justice of the Peace 	N N N	
Helen Gillespie Board Member	<ul style="list-style-type: none"> 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. 	N	

	<ul style="list-style-type: none"> Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team Accessible West Coast Coalition Group - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people 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. 	N	
Chris Lim	<ul style="list-style-type: none"> No interests to declare 		
Chris Mackenzie Board Deputy Chair	<ul style="list-style-type: none"> Development West Coast – 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. Horizontal Infrastructure Governance Group – 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. Mainline Steam Trust – Trustee Mainline Steam is an organisation devoted to the restoration and operation of historic mainline steam locomotives. Christchurch Mayors External Advisory Group – 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. 	N N N N	
Jenny McGill	<ul style="list-style-type: none"> Husband employed by West Coast DHB Peer Support – Mum4Mum Member, Accessible West Coast Coalition Group 	Y N N	
Joseph Mason	<ul style="list-style-type: none"> Representative of Te Runanga o Kati Wae Wae Arahura Employee Community and Public Health, Canterbury DHB 	N Y	Perceived
Edie Moke	<ul style="list-style-type: none"> South Canterbury DHB – Appointed Board Member; Chair: Disability Support 	Y	Perceived

Board Member	<p>Advisory Committee; Deputy Chair: Maori Health Advisory Committee; and Member: Audit and Assurance Committee</p> <ul style="list-style-type: none"> Nga Taonga Sound & Vision - Board Member (elected); Chair: Assurance and Risk Committee; and Member: Property Committee <p>Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.</p>	N	
Peter Neame Board Member	<ul style="list-style-type: none"> 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. Author and Publisher of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books. 	N N	Perceived
Nigel Ogilvie Board Member	<ul style="list-style-type: none"> Westland Medical Centre - Managing Director Thornton Bruce Investments Ltd - Shareholder/Director Hokitika Seaview Ltd - Shareholder Tasman View Ltd - Shareholder, White Ribbon Ambassador for New Zealand Sister is employed by Waikato DHB West Coast PHO - Board Member Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre Wife is Board Member West Coast PHO 	Y N N N N Y Y Y	Actual Perceived Actual Perceived
Francois Tumahai Board Member	<ul style="list-style-type: none"> 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. Poutini Environmental - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. Arahura Holdings Limited – Chief Executive West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and 	N N N	

	physical resources under the Resource Management Act 1991.	N	
	<ul style="list-style-type: none"> • Poutini Waiora Board - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. 	Y	Actual
	<ul style="list-style-type: none"> • Development West Coast – Trustee 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. 	N	
	<ul style="list-style-type: none"> • West Coast Development Holdings Limited – Director 	N	
	<ul style="list-style-type: none"> • Putake West Coast – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. 	N	
	<ul style="list-style-type: none"> • Ngai Tahu Pounamu – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving 	N	
	<ul style="list-style-type: none"> • Westland Wilderness Trust – Chair 	N	
	<ul style="list-style-type: none"> • West Coast Conservation Board – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. 	N	
	<ul style="list-style-type: none"> • New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director 	N	
	<ul style="list-style-type: none"> • Westland District Council – Councillor 	N	
	<ul style="list-style-type: none"> • Tatau Pounamu – Committee Member 	Y	Perceived

DRAFT
MINUTES OF THE WEST COAST ADVISORY COMMITTEE
held at St John, Water Walk Road, Greymouth
on Friday 28 June 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; Michelle Lomax; Chris Mackenzie; Jenny McGill; Joseph Mason; Peter Neame; Nigel Ogilvie; and Francois Tumahai.

APOLOGIES

Apologies were received and accepted from: Helen Gillespie; Chris Lim and Edie Moke.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Philip Wheble (General Manager, West Coast); Brittany Jenkins (Director of Nursing); Carolyn Gullery (Executive Director, Planning & Funding & Decision Support); Melissa Macfarlane (Team Lead, Planning & Performance); Imogen Squires (communications); Karalyn van Deursen (Executive Director, Communications); and Kay Jenkins (Minutes).

Joe Mason opened the meeting with a Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Michelle Lomax advised that she is a People's Choice candidate for the Christchurch Central Ward Community Board.

Sarah Birchfield advised that she is now a member of the Canterbury/West Coast Action Plan Committee.

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 (6/19)

(Moved: Paula Cutbush/Seconded: Chris Auchinvole - carried)

"That the minutes of the meeting of the West Coast Advisory Committee held on 10 May 2019 be confirmed as a true and correct record with the addition of Peter Neame as an attendee."

3. CARRIED FORWARD/ACTION ITEMS

The Carried Forward/Action Items were noted.

4a CHILD & YOUTH WELLBEING PRESENTATION

Jenni Stephenson, Helen Reriti & Kylie Parkin provided a presentation on Child & Youth Wellbeing.

The presentation included:

- What is taking place nationally;
- What is taking place locally and who is driving the work;
- What services are provided;
- Preconception;
- Pregnancy;
- Zero to one years of age;
- Preschool;
- Wellbeing in schools;
- Ambulatory Sensitive Hospitalisations (ASH); and
- Mental health.

Members were given the opportunity to ask questions.

The Chair thanked the presenters.

4b DRAFT WEST COAST MATERNITY STRATEGY

Norma Campbell, Director of Midwifery, provided an overview of the draft West Coast Maternity Strategy as presented to the Committee. She commented that it is timely to look at the Maternity Strategy.

Ms Campbell advised that the draft strategy was developed in collaboration with maternity services, community partners and maternity service consumers and it sets out the long term vision for West Coast women and their whanau embarking on a maternity journey whether this is their first time or otherwise.

It was noted that the strategy is built around four pillars:

- Becoming pregnant on the West Coast;
- Having a baby on the West Coast;
- Becoming a parent on the West Coast; and
- Becoming a child on the West Coast.

Resolution (7/19)

(Moved: Michelle Lomax/Seconded: Lynnette Beirne - carried)

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.

5. COMMUNITY AND PUBLIC HEALTH UPDATE

Dr Cheryl Brunton, Community & Public Health presented the Community & Public Health update. Dr Brunton provided an update as follows:

- **World Smokefree Day**

To celebrate and promote World Smokefree Day on 31 May in the Buller region the 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 were 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.

- **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 facilitated and took part in the first meeting of the new Food Security steering group. The purpose of the first meeting was to begin to think about vision and purpose. 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.

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 on their draft Annual Plans. The content of these 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.

It was noted that the Accessible West Coast Strategy has been signed off by all parties.

The update was noted.

6. 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):

- Reviewed nominations for a new Alliance Leadership Team Chair.
- Delegated endorsement on behalf of the Alliance of the final draft of the System Level Measures Improvement Plan to the PHO Governance Committee who have since endorsed the plan.
- Received a verbal update regarding the progress of the Oral Health Service Development Group and
- Thanked Dr Jackie Broadbent for her work in the Health of Older People work stream which has provided a model for transalpine and community cohesion.

The update was noted.

7. MAORI HEALTH DASHBOARDS

Kylie Parkin, Portfolio Manager, Maori Health, presented this report which was taken as read.

Discussion took place regarding the low numbers in some of the areas being reported on the West Coast

The Committee was appreciative of the dashboards provided.

The update was noted.

8. OPERATIONAL UPDATE

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

Mr Wheble's report highlighted the following notable features:

- There are now 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.

Mr Wheble commented that a lot of change is taking place across the DHB including a proposal for change which will focus the health system into three localities which will in turn focus on how services in each area should be provided. It was noted that whilst the decision paper is about DHB staff the model is about a whole of health system.

In regard to mental health Mr Wheble advised that community health is also going into localities with decisions around crisis response going out into localities, this also links people with the tem they will be working with going forward and hence providing more continuity for patients.

It was noted that a lot of work is still being undertaken around workforce and the provision of continuity of care.

Discussion took place regarding the re-cycling of materials from the demolitions to take place and it was noted that the main driver in this area will be the level of asbestos and what can be deemed as “clean” material.

The update was noted.

INFORMATION ITEMS

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

There being no further business the meeting concluded at 12.05pm.

Confirmed as a true and correct record:

Elinor Stratford, Joint Chair

Date

CARRIED FORWARD/ACTION ITEMS



WEST COAST ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 9 AUGUST 2019

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	23 November 2017	Water Quality	Presentation with updated data	On today's Agenda

COMMUNITY AND PUBLIC HEALTH UPDATE



TO: Chair and Members
West Coast Advisory Committee

SOURCE: Community and Public Health

DATE: 9 August 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 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 WEST COAST ADVISORY COMMITTEE COMMUNITY AND PUBLIC HEALTH (CPH)

August 2019

Alcohol

A Safer Motorcycling Working Group has been formed to discuss the Pike River Mine Memorial Tribute Run event. The group has representatives from ACC, Police, the Health Promotion Agency and CPH, along with the West Coast Road Safety Committee Coordinator. The working group has been established in response to concerns raised at a previous West Coast Road Safety Committee meeting. A number of motorcycling events are held annually on the West Coast, however, the driver for this group is to focus on ensuring that this year's Pike River Mine Memorial Tribute Run is managed without any problems. The goal of the group is a 'Vision Zero – Zero Harm' approach to motorcycle events held on the West Coast and the group aims to engage with the local motor cycle community. Contact has been made with the Pike River Run organiser who is keen to work with the group to make this year's event harm free and planning for alcohol harm reduction initiatives is underway.



An alcohol controlled purchase operation conducted by Police with CPH support at on and off-licence premises in Greymouth, Dunollie, Moana and Paroa on 29 June was successful in that no sales of alcohol were made to the underage volunteers.

Smokefree

A tobacco retailer controlled purchase operation conducted by CPH on the 3 July in Greymouth was successful in that no sales of tobacco were made to the underage volunteer.

Healthy Public Policy

The Medical Officer of Health and a CPH health promoter have met the project manager for the new West Coast Single District Plan process to discuss the scope of public health in relation to the areas and activities covered by a district plan. CPH has been identified as an important stakeholder in the planning process.

Drinking Water

CPH's West Coast Drinking Water Assessors are busy conducting the Annual Drinking Water Survey. This survey assesses drinking water suppliers' compliance with the Health Act (1956) and the Drinking Water Standards for NZ over the last year (1028-2019). It covers all water supplies

that serve populations over 100 people. There will be a presentation at the Committee meeting about the compliance of West Coast drinking water supplies in 2017-2018 survey (this report was released at the end of June 2019).

Nutrition

CPH have continued to facilitate the Food Security steering group, with the second meeting taking place in July. The group have now developed a purpose/vision, and terms of reference to guide and support this ongoing kaupapa. The group consists of representatives from many agencies, including the Ministry of Social Development and the Department of Internal Affairs. The group will meet at least seven times annually.

Early Childhood Centres continue to receive nutrition support and guidance, with three centre visits recently. These have been very positive and two have consisted of updating policies and one professional development session for a rural centre. There are many workshops and professional development planned for Early Childhood in the near future. One centre in Greymouth recently achieved their 'Rito' (Bronze) Healthy Heart Award, a significant achievement for this centre as they have worked extremely hard for this award among many other priorities. Some of the changes at the centre included adopting a nutrition and physical activity policy, introducing nutritious kai at morning tea, and focussing on non-food related rewards.

CPH is working alongside Poutini Waiora to support whānau with their nutrition and lifestyle, offering two separate nutrition courses in July and August. One, Appetite for Life, will be delivered to a group of adults. The other programme we will be supporting, Ko Wai Ahau, involves local rangatahi and many different activities. CPH will support this kaupapa by delivering cooking skills sessions as part of the programme.

CPH provided support for a group of seven MSD clients in a work skills programme as part of the DOC Conservation Volunteers project in Punakaiki. This included conversations with the stop smoking practitioner and with the nutrition health promoter. Many in the group had questions about the effects of smoking, support to stop smoking, the amount of sugar in drinks, and healthy food options. All seven people took a pack of recipe cards developed by the HPA and all seven said that they were very keen to use them.

Physical Activity

CPH has analysed the feedback received from 64 participants in community Tai Chi classes we support in the following areas: Greymouth, Cobden, Reefton, Westport and Waimangaroa. Seventy-nine percent have been going to the classes for more than a year, with 93% saying they attend classes weekly and 78% having found out about the classes through friends or family.

The participants' main reasons for attending Tai Chi classes included: to improve balance (89%), to learn something new (71%), to meet new people (71%), to increase physical activity (70%) and to improve overall fitness (64%). The main things participants had noticed since they began Tai Chi classes were: improved balance (82%), an increased social circle (68%), improved flexibility (64%), feeling less at risk of falling (54%) and improved strength (45%). Other benefits they mentioned included feeling less stressed (36%), improved overall confidence (36%), doing more social activities (25%), improved sleep (18%) and reduction in falls (13%).

TO: Chair and Members
West Coast Advisory Committee

SOURCE: Alliance Leadership Team

DATE: 27 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 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 June the Alliance Leadership Team (ALT):

- Reviewed the whānau ora model of care that has been successfully tested with a hard to reach group of diabetic patients at Buller Health and have therefore supported the extension of this way of working with more patients.
- Were pleased to review the draft West Coast Maternity Strategy and have agreed to support wider distribution for further community consultation.
- Comprehensively reviewed the work stream work plans for 2019/20 and requested further work be done on these to reflect the expected priorities.

At the next meeting in August, the ALT will welcome Kevin Hague as the newly appointed Chairperson. This appointment brings an independent community voice to the Alliance Leadership Team and will ensure consumers remain at the centre of our processes.

System Level Measures Framework Improvement Plan 2019/20

This plan, which forms a key part of the accountability framework for both the DHB and PHO, has been approved by the Ministry of Health. The document will be an Appendix to the DHB Annual Plan once this is also signed off by Government.

Report prepared by: Jenni Stephenson, Planning & Funding

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

TO: Chair and Members
West Coast Advisory Committee

SOURCE: General Manager, West Coast DHB

DATE: 9 August 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.

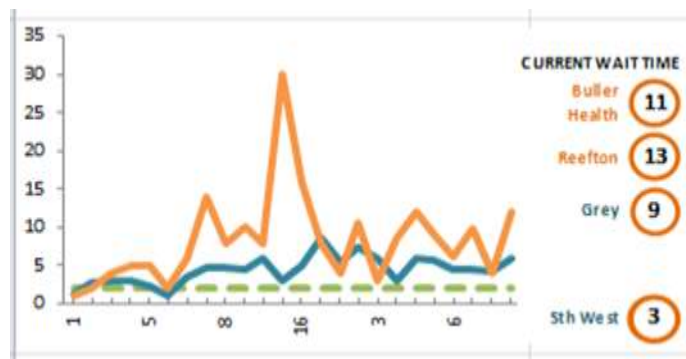
The following are the most notable features of the report:

- We have slightly changed the format and information in this report based on feedback from the Committee. We will continue to develop this, particularly as we progress in our organisational change to show reporting across the three localities.
- The recruitment of Rural Generalist consultants is advancing well. The recruitment team will be promoting the West Coast by attending medical conferences in the coming months and are looking at developing a promotional video.
- A daily briefing at 8:30am has been initiated and includes services across the Coast, ensuring that we remove barriers to patients getting treated promptly and that care is provided in the best location.

4. DISCUSSION

4.1 Service Update

Primary Care & Northern Region Integrated Health Services

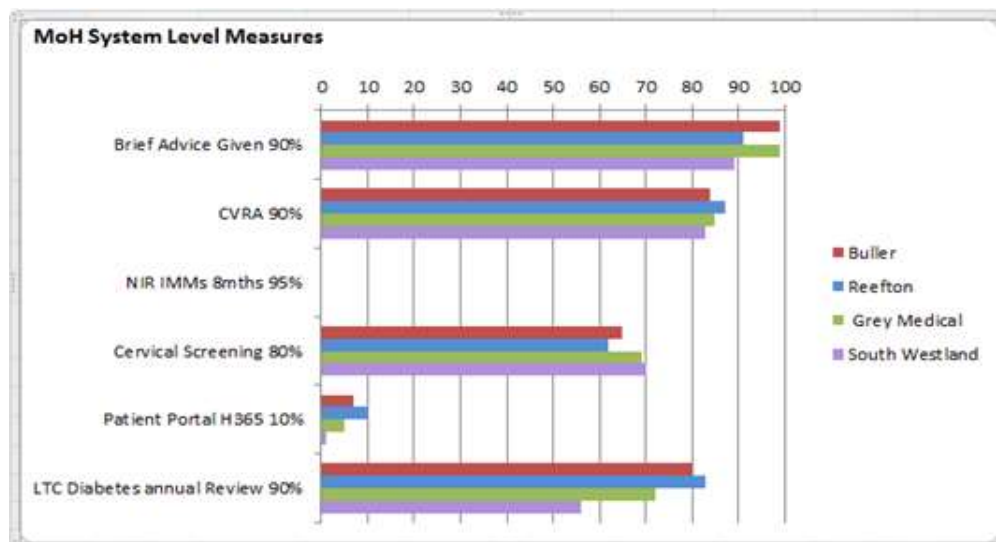


Wait times for planned appointments continue to fluctuate over the winter period as the team continues to look to cover gaps with locum general practitioners.

In Westport workforce planning that further develops skill sets and recruitment to the integrated model of care across the rural health care team is becoming a reality with 1 RNS considering the Nurse Practitioner pathway and the potential of a second.

A single medical rostering system that will cover primary care, inpatient, ED and mental health is slowly getting rolled out with inpatient, ED and most of primary care on board at this point. This will enable us to better support those areas that most need medical resourcing, both through more support for recruiting into gaps and also the ability to move medical staff to areas of most need.

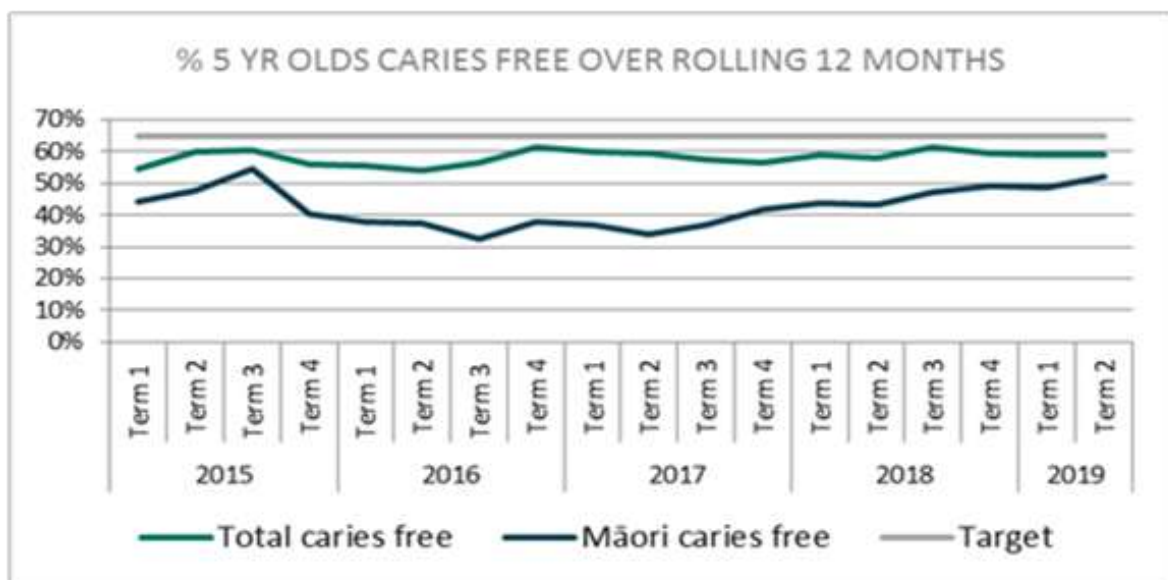
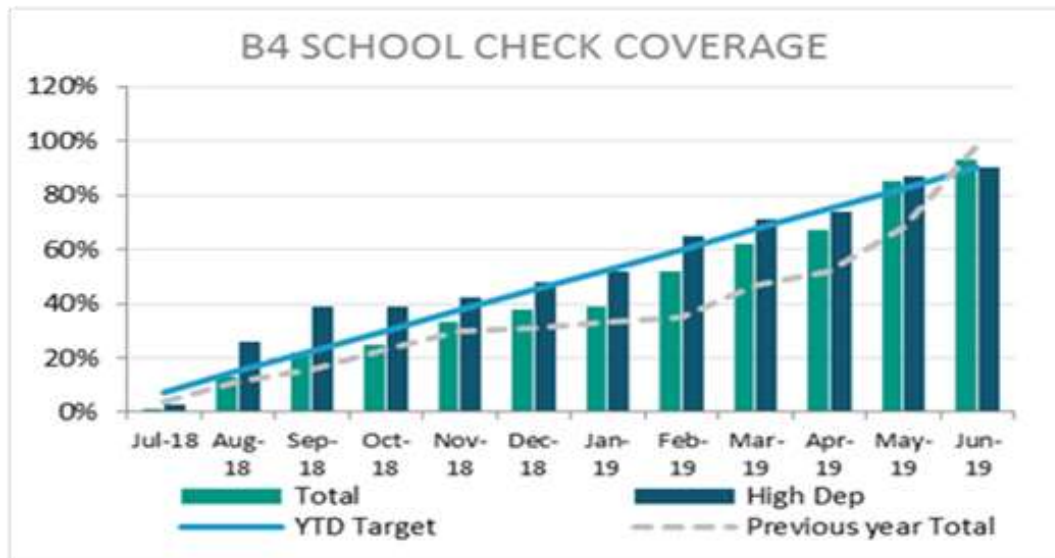
It is pleasing to see that both the Long Term Conditions and Mental Health Nurse Practitioners are developing their roles. The Mental Health Nurse Practitioner is working with the primary care teams in Greymouth at the moment to better support those community members that have mental health conditions. It has also seen the role reaching those that may not have been engaging with the health system in the past and better connecting the various services to assist those in the community.



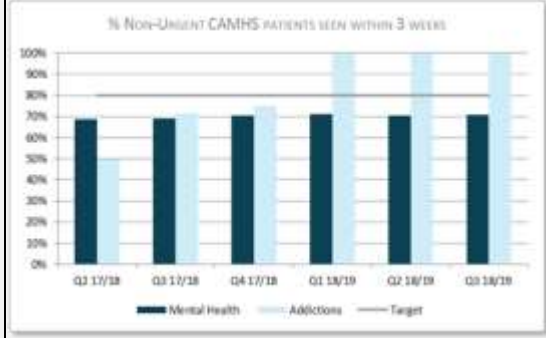
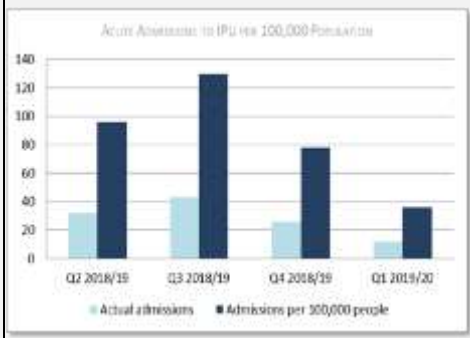
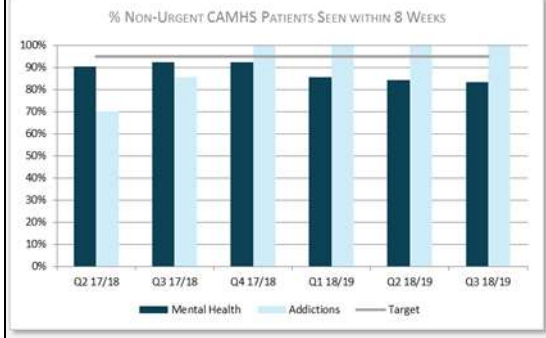
Community

The community dental team now has Titanium patient management system installed. This will assist us in supporting our community better. If the Therapist has a concern about a patient's teeth, the Clinical Director can bring it up on his screen wherever he may be and offer treatment advice when necessary.

B4School achieved target for the end of the financial year. This was completed through improving service coordination and 100% commitment from the team.



Mental Health

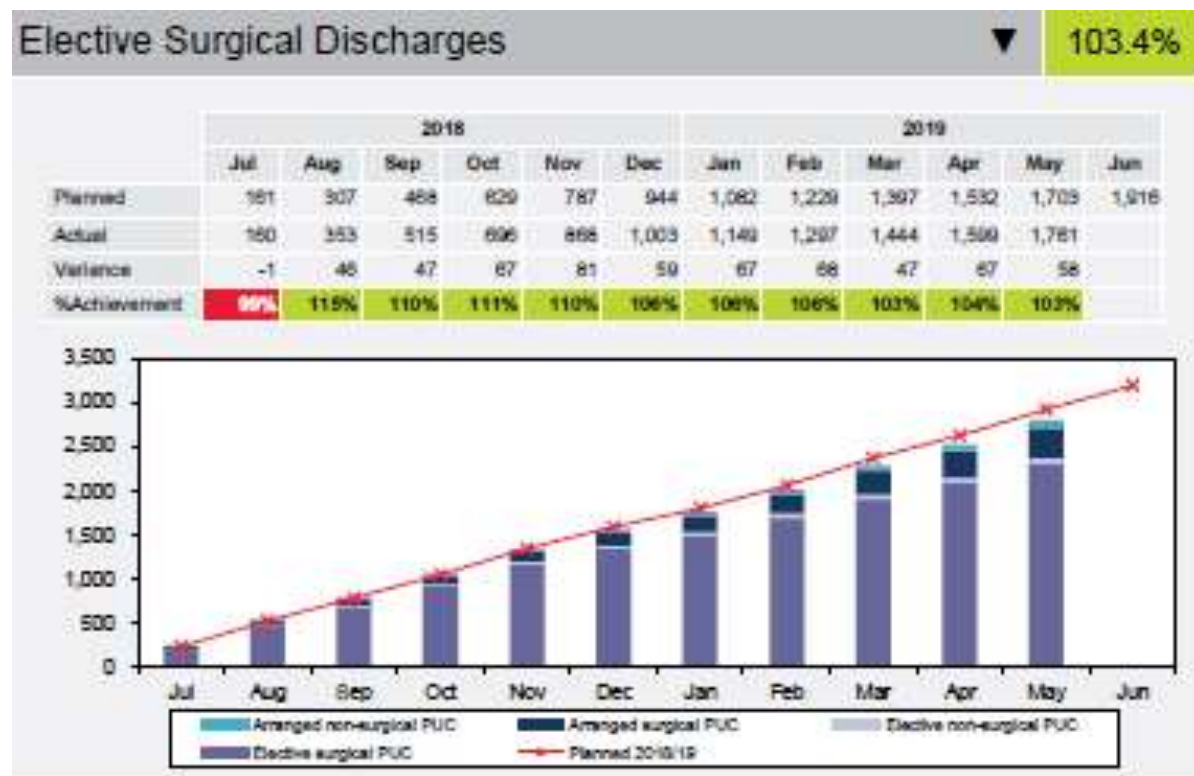
Early Intervention	Non-urgent wait times for CAMHS	Acute admissions
 <p>NUMBER OF PEOPLE SEEN BRIEF INTERVENTION COUNSELLING</p> <p>Y-axis: 0, 50, 100, 150, 200, 250</p> <p>X-axis: Q1 18/19, Q2 18/19, Q3 18/19, Q4 18/19</p> <p>Legend: Youth (light blue), Adults (medium blue), Total (dark blue)</p>	 <p>% NON-URGENT CAMHS PATIENTS SEEN WITHIN 3 WEEKS</p> <p>Y-axis: 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%</p> <p>X-axis: Q2 17/18, Q3 17/18, Q4 17/18, Q1 18/19, Q2 18/19, Q3 18/19</p> <p>Legend: Mental Health (dark blue), Addictions (light blue), Target (grey line)</p>	 <p>ACUTE ADMISSIONS TO IPU PER 100,000 POPULATION</p> <p>Y-axis: 0, 20, 40, 60, 80, 100, 120, 140</p> <p>X-axis: Q2 2018/19, Q3 2018/19, Q4 2018/19, Q1 2019/20</p> <p>Legend: Actual admissions (light blue), Admissions per 100,000 people (dark blue)</p>
<p>Brief Intervention Counselling delivered by the PHO wait time is slightly reduced this quarter compared to last. Of the 70 youth seen this quarter 16% were for Maori. Continued liaison with NGO partners, Schools and ICAMHS is working well.</p>	 <p>% NON-URGENT CAMHS PATIENTS SEEN WITHIN 8 WEEKS</p> <p>Y-axis: 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%</p> <p>X-axis: Q2 17/18, Q3 17/18, Q4 17/18, Q1 18/19, Q2 18/19, Q3 18/19</p> <p>Legend: Mental Health (dark blue), Addictions (light blue), Target (grey line)</p> <p>Recruitment and retention are current challenges for this service and we would expect improved performance in the future.</p>	<p>This may be something we can provide comparative data from other districts in the future as we get more crisis response available locally and use this measure as an indicator for monitoring the impact of changes to locality teams.</p>

We anticipate continuing to identify key indicators to measure the impact of the changes being made, including local crisis response and community AOD service activity.

Inpatient and Outpatient

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]
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%
June 2019	1375	1259	116	8.44%
13 month rolling totals	20101	18469	1632	8.12% Average



Elective Services Patient Indicators [ESPI Compliance]

ESPI 2 FSA (First Specialist Assessment)

There were 72 patients waiting over 120 days for their outpatient First Specialist Assessment as at the end of May 2019. Of these, 32 were orthopaedic cases and 28 were plastic surgery cases. The remaining cases were spread among a number of specialties, including general surgery (3), general medicine (2), haematology (2), and neurology (5). Both the West Coast and Canterbury DHB orthopaedic services have faced similar non-compliance issues due to service constraints; however additional sessions have been engaged to progressively provide those current patients with prolonged waiting times with an appointment booking. Patients who were waiting over 120 days on the general medical and general surgical outpatient lists at the end of May have been delayed due to other clinical complications in two instances; while three among them have respectively been given previous appointments within 120 days of initial referral, but then failed to attend. Those with prolonged waits for haematology and neurology were influenced by a quirk of the timing between the visiting specialist clinics rather than any capacity issue; with all having booked to a firm appointment at the next available clinic.

Some patients who are 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)

Nineteen patients were waiting over 120 days from FSA to surgical treatment as at the end of May 2019. Additional plastic surgery theatre and outpatient sessions have been delivered to help address the back-log to the service, but the risk remains that this will only help to keep pace with the increased demand rather than reduce or remove it. Outpatient clinic and theatre list mix of the visiting specialists are being reviewed as a possible option to help smooth this out. Wait times on the orthopaedic surgical waiting list continue to reduce with additional visits from Canterbury specialists being undertaken. Patients who were waiting over 120 days for dental surgery at the end of May have since been treated or provided with a firm appointment date for surgery. The dental waiting list still has a new set of patients who are moving into the 120 day wait period for surgery which is likely to see a maximum wait time target breach in this service continue into June and July.

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			2019			2019			2019			2019			2019		
	Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May		
	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.	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	17 of 17	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	146	12.3%	-146	163	16.3%	-163	199	17.4%	-199	181	17.1%	-181	215	21.3%	-215	202	20.3%	-202	197	19.1%	-197	178	18.8%	-178	140	16.2%	-140	88	10.1%	-88	67	7.9%	-67	72	8.1%	-72
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	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	0	0.0%	0
4. Patients given a commitment to treatment but not treated within the required timeframe.	7	3.4%	-7	6	2.3%	-6	7	3.0%	-7	9	3.8%	-9	14	6.9%	-14	15	8.0%	-15	16	7.9%	-16	16	8.7%	-16	20	9.9%	-20	20	8.8%	-20	30	11.6%	-30	19	8.1%	-19
5. Patients in active review who have not received a clinical assessment within the last six months.	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	0	X	0
6. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	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	107	100.0%	0	101	100.0%	0

Data Warehouse Refresh Date: 28/Jun/2019

Report Run Date: 01/Jul/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 6 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 Yellow if less than 100%.
 - ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 5% or higher.
 - ESPI 3 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 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.

4.2 Workforce Update

Enabling our Workforce

- We have instituted an 8.30am Daily Briefing (Monday to Friday) which looks at the capacity and demand across WCDHB owned GP practices, District Nursing, Inpatients, Outpatients, Allied Health and Nursing to ensure that we remove barriers to patients getting treated promptly and that care is provided in the best location. This has enabled us to manage well during recent weeks despite high levels of staff illness, high occupancy (in aged care and the hospital) and significant demand for elective procedures.
- Te Nikau Grey Hospital and Health Centre ground floor workshops have begun. These aim to assist staff to implement the model of care, relationships and shared understanding required to effectively deliver services in the new facility. This is a cross collaborative project involving administrators, nurses and doctors from Grey Medical, Emergency Department, Information Services, Facilities, Outpatients, Booking and Reception teams at this stage.

Medical

- Two Rural Generalist doctors were interviewed this month; unfortunately one has since withdrawn his application due to family reasons; however, we are in the process of contracting with the other.
- People and Capability are developing the recruitment strategy for our Rural Generalists and GPs. Our recruitment team are developing a promotional video for Rural Generalism and will be promoting the West Coast at medical conferences in the coming months. To speed up recruiting, we have clarified and documented the Senior Medical Officer recruitment process to make this quicker (aiming for a turnaround of about four weeks from close of application to verbal offer).
- We have received Transalpine Governance Group endorsement for internal medicine, anaesthesia and obstetric care to be provided by Rural Generalist doctors and have set a target of 1 October to begin to roster the Rural Generalist consultants into these areas. Rural Generalist consultants are doctors with specialist skills and general skills which allow them to work flexibly across the health system. This flexibility is essential for sustainable rural health care.
- We are checking and revising the credentialing documentation for internal medicine, anaesthesia and obstetrics to ensure that Rural Generalist consultants are fully included in our policies and procedures.
- During June we had a sudden resignation from an anaesthetist which has resulted in some deferred procedures and increased locum use. Recruitment has commenced and we have been able to shortlist two candidates for this vacancy and one potential candidate for part time work which should assist in reducing our reliance upon locum anaesthetists from September.
- The job descriptions for Resident Medical Officers are being updated to support model of care in the new facility from the start of 2020. This will require negotiating with Unions in due course and could result in difficulties operating in the new hospital if rejected by them.

Nursing

- Hospital services have seen higher than usual activity within inpatient wards. The high turnover and acuity of patients has risen and with this we have seen a 47% increase in overtime hours this month.

- On a positive note, nursing has seen a decrease in sick leave over the month by 18%.
- Recruitment continues to be successful with 2 senior nurses joining the medical/surgical teams and a further 5 joining between now and the middle of August. This will put the adult acute admitting wards at fully staffed. Retention of staff seems to have stabilised with no new resignations.
- Shifts within the month which showed negative variance have remained static at 27, with continued high occupancy in adult acute wards.
- This month saw the start of daily 10 minute integrated operational meetings. This is to look at activity for the day and try and eliminate any pressure the system may encounter.

Maternity

- In June we had 21 births. Of these there were 10 normal vaginal births, 2 instrumental births and 9 Caesarean sections.
- As at the time of writing, in July we have had 16 births; 11 normal vaginal births and 5 Caesarean sections.
- We are managing with our current workforce at present. One core midwife is swapping to LMC role and the LMC is joining our core workforce.
- We have had some excellent education sessions. We held the STABLE course early in July. Maggie Meeks and Bronwyn Dixon, our CDHB neonatologists, came over from Christchurch and gave a very informative workshop on post resuscitation and pre-transport stabilisation of sick infants.
- Newborn life support education was held on 2 July.
- Eight midwives attended their annual update on emergency skills. This was held on 24 July in McBrearty.
- At present we are in the process of educating staff around the hospital for the roll-out of the new MEWS chart. This is the Maternity Early Warning Score vital signs chart. This chart is for monitoring vital signs of pregnant or recently pregnant (within 42 days) women who are admitted to the hospital for whatever reason. Our go live date for this for Grey Hospital is 5 August.

Recruitment

New Vacancies	2
Total Open Vacancies	43
Appointed Vacancies	18

- Nursing – We have had a successful programme of recruitment recently with a number of new staff into our Medical/Surgical wards. Alongside this, a number of key appointments have been made in District Nursing and in Kahurangi Dementia Unit.
- Allied Health – A small number of vacancies are present in the allied health space and large responses to these have led to streamlined appointments. Shortages in the OT space are a continued focus. New graduate physiotherapist recruitment is also currently being undertaken at the moment with a good response to our advertisements.
- Corporate – A highlight of the last month is the appointment of a new Emergency Planner and AF8 Coordinator. There a small number of vacancies at present in this space.
- Medical – Challenges continue in GP recruitment with shortages across winter but these have been eased with the recruitment of key locums and with the use of new streams of locum attraction this should ease further. Annual recruitment for RMO's is currently

happening and a good number of candidates have applied. A strong focus continues in the recruiting of Rural Generalists across the DHB. As indicated above, we are recruiting two full-time and one part-time anaesthetist.

4.3 Patient

Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals increased from 37 in May to 51 in June. The majority of transfers in May were for orthopaedic patients and in June were for medical patients, with the principal methods of transportation being via ambulance in both May and June.
- 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 remained stable with 30 in May and 27 in June. The majority of the transfers in May and June were for medical patients. They were transported to Grey Base predominantly via ambulance in May and helicopter in June.
- Patient transfers from Reefton to Grey Base were stable with 2 in May and 3 in June. The transfers were predominantly for medical patients and were transported via private vehicle in May and ambulance in June.

Patient Communication

- We have reviewed and updated the content of patient appointment letters to make these easier to read and understand. The changes have not yet been implemented as we are awaiting clarification regarding the options we have for supporting patients who have difficulty attending appointments as we wish to provide them with a telephone number to call for assistance if that is the case.

4.4 Quality

Hospital Services Incidents recorded in Safety1st for the 6 months to June 2019



GREY / WESTLAND 2019						
Grey Base & Reefton Hospitals	Jan	Feb	Mar	Apr	May	Jun
Behaviour & Safety	2	0	4	0	0	1
Blood Product	1	0	0	0	0	0
Drain and Tube	0	0	0	0	0	0
Employee	1	1	2	2	1	0
Facilities, Building & Property	0	1	1	0	0	1
Fall	8	7	2	6	7	8
Hazard Register	0	0	0	0	0	0
Infection	0	1	2	0	0	2
Intravascular Access Device	1	0	0	0	0	0
Labs / Specimen	2	3	3	4	2	0
Labour and delivery	1	1	6	4	4	2
Medication and IV Fluids	3	3	6	8	2	3
Provision of Care	4	5	9	7	7	2
Radiology	2	2	1	0	2	0
Restraint	0	0	0	0	0	0
Security	2	1	1	1	0	0
Skin / tissue	2	0	2	1	0	1
Totals	29	25	39	33	25	20

Fewer incidents reported last month. One more fall than last month (reported later). Infections: Issues with chemical indicators at CSSD, and damaged packaging on sterile bowl sets at Outpatients—returned.

Report prepared by:

Philip Wheble, General Manager West Coast DHB

Disability Directorate e-newsletter

No. 1 June 2019

ISSN 2253-1386

From Toni Atkinson Group Manager, Disability Support Services



Welcome to our June edition of the Disability Directorate newsletter. As always, we can't believe we are halfway through the year!

The DSS team has been working alongside new staff in the Directorate who are focusing on some planning work for the future of disability support services. This has meant an opportunity to look at the learnings to date from System Transformation, build on the work of the New Model and determine how these learnings can be incorporated into ensuring we have a sustainable disability support system that delivers for disabled people, their families and whānau.

As part of this work, Adri Isbister, Deputy Director-General Disability, is leading development of a new Strategic Plan for the Disability Directorate. Over the coming months, stakeholders will be asked to provide input into this document so that we can be clear about our direction of travel as a sector. We welcome your input into this process so keep an eye out for opportunities to contribute.

There has been a flurry of activity over the past few months responding to a number of requests for information. If you would like a copy of a specific document or want some information from DSS, please feel free to contact us directly. We are more than happy to share information on the work we are doing and this means you do not always have to go down the formal path of an Official Information Act request.

Lastly, by the time this newsletter goes out, Budget 2019 will have been announced. The team is working hard on setting budgets for the 2019/20 financial year, once our new budget is confirmed. We have heard the feedback from the sector over the past few months



Contents

Page 2

Enabling Good
Lives

Page 4

Mana Whaikaha

Page 5

Carers' strategy
Action Plan
2019–2023

Page 6

Transforming
respite
Provider stories/
innovative
practices

and the concerns about changes that could impact people's supports due to financial pressures. Please be assured we are working hard to land a budget that we think will recognise where we are experiencing the greatest pressures, so that we can continue to deliver support and services where, and in the way, they are most needed.

Enabling Good Lives

Christchurch

Hannah Perry, Enabling Good Lives Lead, Ministry of Health

Kia ora whānau

The vision of Enabling Good Lives is that disabled people and their families will have greater choice and control over their lives and supports. Since 2013 we have been working towards making that a reality for young people leaving school in Christchurch.

School leavers now have more self-determination, and we have been privileged to be part of the journey as the mana of young people and their families is enhanced, pursuing outcomes that contribute to a good life for any young person; engaging in further education, beginning careers, moving out of home, building friendships and relationships, having fun and learning skills.

As if watching young people grow and communities flourish is not enough, it has also been heartening to watch the development of our local service providers who assist these young people to achieve great things. This is showcased in our annual Next Steps expo, a collaborative event that is run on \$0 budget!

This year we were grateful to Haeata Community Campus for allowing us to use their amazing new space. There was a large number and diverse range of exhibitors, from disability service providers who wanted to network with the community, to youth groups and organisations who are keen to welcome and include all people. There were also demonstrations, including kapa haka, choir and an e-bike!! Of course the highlight is always the young (and not so young) people who run their own businesses, and showcase the products and services they have on offer. There were 11 social enterprises present at Next Steps this year, including DJ Ramanui (who recently gigged at a Canterbury Charity Hospital event) and artist Harini – check out her [colour explosion](#) website. →



Above: DJ Ramanui
Below: Artist Harini





Over the last few years it has been a pleasure to work alongside so many local disability service providers as they adapt what they have traditionally offered. They have worked hard to be of service to young people and their families wanting new and different kinds of support. It is encouraging that providers are working collaboratively, building on each other's strengths and creativity to assist disabled people and their families achieve great (and ordinary!) outcomes in their lives.

A great example of this is a day service running the payroll on behalf of a family who wish to have support in their own home. While choice and control is something that EGL families have come to expect, it is also encouraging to see services work to be increasingly person-centred and mana enhancing for all the people they serve.

Waikato

Kate Cosgriff, Director, Enabling Good Lives Waikato

The Enabling Good Lives Waikato demonstration has completed its fourth year. Nearly 400 people are part of EGL Waikato, 354 of whom have a personal budget in place.

The third phase of the Waikato developmental evaluation was recently completed and is available on the EGL website <http://www.enablinggoodlives.co.nz/current-demonstrations/enabling-good-lives-waikato/waikato-evaluations/>

Phase Three aimed to understand how, and to what extent, disabled people, families and whānau participating in EGL Waikato achieved anticipated outcomes. We interviewed 55 people as part of this phase. A particular focus of the evaluation was the experiences of Māori and Pacific peoples.

The key finding was that people participating are clearly experiencing success and achieving their outcomes through EGL. The demonstration was described as generally well delivered but with some opportunities for further refinement and improvement.

The main findings included:

- 71% of people had achieved all or most of their own outcomes, with another 20% achieving about half of their outcomes
- 90% of participants had experienced each of the EGL outcomes (detailed on the next page)
- Tāngata whaikaha (Māori disabled) identified that they felt safe and supported, particularly in comparison with previous systems. They valued having Māori tūhono, and had experienced mātauranga-informed practice that responded to them as tāngata whaikaha and as whānau
- Tagata Pasifika experienced EGL as family focused and valued positive relationships with tūhono/connectors. They felt EGL had created real opportunities, choice and freedom. The majority of Tagata Pasifika achieved most of what they set out to do.
- Overall 89% of participants thought the demonstration made a lot of difference to them and their whānau, with another 7% saying it made some difference.
- The four key pathways in EGL that people identified as leading to self-determination, choice and control were: flexibility and freedom to direct your own life; individualised supports – what, when and how; self-managed personal budgets and tūhono/connector relationships.



The Enabling Good Lives outcomes have guided the work of the demonstration since it began and are:

- I am known and connected in my community
- I have the supports I need, they work for me, when and how I need them
- I can choose who can assist me with my ongoing support
- I control and direct the support I need
- I have ideas and goals for my future and plan for them
- I can do things important to me
- I am in control of my life and what happens to me
- I make choices and decisions that direct my life
- I can build strong relationships that are important to me
- I know how to, and I can access information, support and funding at the time I need it
- I have rights
- I can use community options, connections and services that are for everyone before I have to use specialised disability services
- The contribution I make is recognised and respected
- I can contribute to the lives of others and to my community in ways I want to
- I can choose where I live and who I live with.

Mana Whaikaha

Wendy Illingworth, Programme Lead (Acting), System Transformation, Disability Directorate

We all know that having strong and supportive networks is one of the building blocks for a good life. Some of the Mana Whaikaha Connectors have been working on building strong and supportive networks within the MidCentral community.

Connector, Kerry Harper, is working with people who have had a stroke to set up a coffee group. This has been a great support group and impacted the people attending in different ways – including Pricilla and Paea.

Pricilla

Pricilla had a stroke seven years ago and came to the attention of Mana Whaikaha after being referred from the Stroke Central Field Officer. She is currently using a power chair and lives independently in Pahiatua.

Pricilla was contacted by Stroke Central and invited to the first coffee group in Pahiatua. Pricilla embraced the concept of the coffee group and immediately volunteered to deliver flyers, arrange guest speakers and to provide support where required.

She now has the courage to live independently again and is thriving. She has become a member of a gym and is currently taking singing with local kindergarten children. In Pricilla's words, 'I now have a purpose.'





Paea

Paea was referred by the Rangitaane Iwi to see how Mana Whaikaha may be able to support her. Paea had a stroke some years back and has had rehabilitation through Strive Rehabilitation, focused on her communication due to having aphasia.

Paea now has a part-time job at a local college as a cleaner and lives independently. She is completely independent and not accessing any funded supports other than her rehabilitation programme. She was connected to a community singing group and has been keen to take on roles within the stroke coffee group.

Carers' Strategy Action Plan 2019–2023

Stuart Parkinson, Senior Policy Analyst, Disability Directorate

Carers, whānau and the wider public are encouraged to make their views known on the draft Carers' Strategy Action Plan 2019–2023 in July and August 2019.

Carers are people who support friends, family, whānau and kainga who have a disability, health condition, illness, or injury that means they need help with day-to-day living. The carers' role is very important and the demand for care is growing.

Carers may have poor health and financial status with little time left to work, study, socialise, look after their own wellbeing or pursue interests. Carers need to be supported in their role and avoid illness or disability as a result of caring.

The Carers' Strategy is a cross-Government partnership led by the Ministry of Social Development with the Carers' Alliance (which represents a network of over 45 not-for-profit organisations). The Ministry of Health is a key partner.

The new Action Plan seeks to support carer wellbeing and ensure the care role is sustainable. It is being shaped by carers' voices, research and advice from people and organisations who work with carers.

The new Action Plan has four focus areas reflecting what carers have said is most important:

- Recognition: recognising carers and their contributions
- Navigation: ensuring carers receive support and services
- Support: caring for carers – supporting wellbeing and building skills
- Balance: supporting paid work, study and other interests.

In addition to working-age women, who are the majority of carers, there is also a focus on Māori, Pacific, younger and older carers. The voices of all carers need to be heard, along with ethnic and migrant communities and disabled carers.

Please use your networks to help promote this opportunity to have a say.

More information about the Carers' Strategy, including a summary and the full discussion document of the draft Action Plan can be found online at www.msd.govt.nz/carers.



Carers are welcome to attend a workshop in their area in July and August 2019. Anyone can also provide feedback by:

- filling out an online survey on www.msd.govt.nz/carers
- emailing a written submission at carers.strategy@msd.govt.nz, or
- posting their submission to Ministry of Social Development, PO Box 1556, Wellington 6140, New Zealand.

Transforming respite

Deborah Mills, Development Manager, Disability Directorate

Work towards implementing the actions in the Respite Strategy has been focused on replacing the Carer Support Subsidy with flexible respite budgets called 'I Choose'.

We've done a lot of work, including finalising the operational policy, developing information for people and setting up a new payment system.

However, more work is still needed before we can go ahead with implementation. This is because we need to ensure that when we implement I Choose, it is sustainable in the longer term, and that disabled people and their whānau are able to continue to get the breaks they need. We will provide updates on our website as work progresses.

In the meantime, people who are allocated Carer Support can continue to use it to enable them to have a break from caring for a person with a disability.

We have also been working to increase access to a number of facility-based respite houses. We are pleased that in the past few months we have been able to establish a new crisis respite service in Auckland and flexible respite support on Waiheke Island.

Provider stories/innovative practices

If you provide DSS funded services and you want others to know how your service makes a difference to people with a disability, please tell us about it.

DSS will be publishing a supplement in our December newsletter showcasing providers' innovative practices to mark the International Day of Persons with Disabilities on 3 December 2019.

Here's what we are looking for:

- A story or article in a word document of up to 300 words, saying what you are doing and how it makes a difference.
- We'd particularly like to hear about how you help people understand choices so they can make their own decisions (supporting a person's decision making).
- Send a high resolution photograph, if appropriate.





- Confirm that you have formal permission from your organisation and from the person or people to use the story and photograph.
- Please get your submission to us by Monday, 23 September 2019, addressed to susan.fernandes@health.govt.nz

Articles for publication will be selected by a review team. We can't guarantee that we will include your article or story. Articles may be edited before they are published.

We will email a copy of the newsletter to you at the time of publication and will also post it on the Ministry of Health website.

Thank you and we look forward to hearing about the great work underway in the sector!

Contact Disability Support Services

Email: disability@health.govt.nz

Phone: 0800 DSD MOH (0800 373 664)

Web: www.health.govt.nz/disability

To be added to or removed from the email list for this newsletter, please email disability@health.govt.nz

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



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

WEST COAST 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.