

## **ADVISORY COMMITTEE MEETING**

12 March 2020

9.45am

St John Water Walk Road, Greymouth

# AGENDA AND MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

### **COMMITTEE MEMBERS**



#### WEST COAST DISTRICT HEALTH BOARD

#### **ADVISORY COMMITTEE MEMBERS**

Peter Neame (Chair)

Chris Auchinvole

Hon Rick Barker

Susan Barnett

Lynnette Beirne

Sarah Birchfield

Cheryl Brunton

Paula Cutbush

Helen Gillespie

Anita Halsall-Quinlan

Tony Kokshoorn

Chris Lim

Jenny McGill

Joseph Mason

Edie Moke

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 Graham Roper (Interim Medical Director, Workforce, Legislative Compliance and National Representation)

Jacqui Lunday-Johnstone (Executive Director, Allied Health)

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 Thursday 12 March 2020 commencing at 9.45am

ADMINISTRATION 9.45am

Karakia

**Apologies** 

1. Interest Register

Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.

- 2. Minutes of the Previous Meeting
  - 1 November 2019
- 3. Carried Forward/Action Items (There are no carried forward items)

REP	PORTS		9.50am
4.	Community and Public Health Update	Gail McLauchlan Community and Public Health	9.50am – 10.00am
5.	Disability Action Plan Update	TBC	10.00am – 10.10am
6.	Alliance Update	Jenni Stephenson Programme Manager, West Coast Alliance	10.10am – 10.20am
7.	Operational Update	Philip Wheble General Manager, West Coast	10.20am – 10.35am
8.	Maori Health Update	Gary Coghlan General Manager, Maori Health	10.35am – 10.45am
9.	2020 Committee Work Plan – Working Document	Peter Neame Chairman	10.45am – 10.55am

#### ESTIMATED FINISH TIME 10.55am

#### **INFORMATION ITEMS**

- Disability Directorate Newsletter December 2019
- 2020 Schedule of Meetings

#### **NEXT MEETING**

**Date of Next Meeting:** Thursday 11 June 2020



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 INTEREST'S REGISTER



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Peter Neame Chair	<ul> <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
Chris Auchinvole Board Member	<ul> <li>Director Auchinvole &amp; Associates Ltd</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> <li>Daughter-in-law employed by Otago DHB</li> </ul>	N N	
Rick Barker Board Chairman	<ul> <li>Deputy Chair - Hawke's Bay Regional Council</li> <li>Commissioner - Representation Commission</li> <li>Director - Napier Port</li> <li>Director - Hawke's Bay Regional Council Investment Company</li> </ul>	N N N	
Susan Barnett  Board Member	<ul> <li>Employed by the West Coast DHB as a Public Health Nurse based in Reefton (0.2FTE)</li> <li>I also undertake casual on-call work for multiple areas: Practice Nursing; District Nursing and as a Registered Nurse at the Reefton Health Centre</li> </ul>	Y Y	
Lynnette Beirne	<ul> <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>Publican, Dunollie Hotel</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	Perceived Perceived

Sarah Birchfield Board Member	<ul> <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> <li>Member, Canterbury/West Coast Action Plan Committee</li> </ul>	N N N
	Member, Active West Coast Committee	N
Cheryl Brunton	Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board	N
	Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)	N
	Member - Public Health Association of New Zealand	N
	Member - Association of Salaried Medical Specialists	N
	Member - West Coast Primary Health Organisation Clinical Governance Committee	N
	Member – National Influenza Specialist Group	N
	Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation	N
	Member – DISC Trust	N
Paula Cutbush	Owner and stakeholder of Alfresco Eatery and Accommodation	N
	Daughter involved in Green Prescriptions	N N
	Justice of the Peace	
Helen Gillespie Board Member	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
	Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team	N
	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	N
	• 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
Anita Halsall-Quinlan Board Member	No interests to declare	

Tony Kokshoorn	Dixon House, Greymouth - Trustee	N	
Deputy Chair	Greymouth Evening Star Newspaper  Shareholder	Y	
Deputy Ghan	Hokitika Guardian Newspaper – Shareholder	Y	
	Greymouth Car Centre - Shareholder	N	
	Daughter a Doctor at Christchurch Hospital	N	
Chris Lim	No interests to declare		
Jenny McGill	Husband employed by West Coast DHB	Y	
	Peer Support – Mum4Mum	N	
	Member, Accessible West Coast Coalition Group	N	
	Employee LifeLinks	N	
Joseph Mason	Representative of Te Runanga o Kati Wae Wae Arahura	N	
· ·	Employee Community and Public Health, Canterbury DHB	Y	Perceived
	Tatau Pounamu – Committee Member	Y	Perceived
Edie Moke	South Canterbury DHB – Appointed Board Member; Chair: Disability Support	Y	Perceived
<b>Board Member</b>	Advisory Committee; Deputy Chair: Maori Health Advisory Committee; and Member: Audit and Assurance Committee		
	Nga Taonga Sound & Vision - Board Member (elected); Chair: Assurance and Risk Committee; and Member: Property Committee	N	
	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.		
Nigel Ogilvie	Westland Medical Centre - Managing Director	Y	Actual
Board Member	Thornton Bruce Investments Ltd - Shareholder/Director	N	
	Hokitika Seaview Ltd - Shareholder	N	
	Tasman View Ltd - Shareholder,	N	
	White Ribbon Ambassador for New Zealand	N N	
	Sister is employed by Waikato DHB	Y	Perceived
	West Coast PHO - Board Member	-	1 01001,00
	Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre	Y	Actual
	Wife is Board Member West Coast PHO	Y	Perceived

Francois Tumahai <b>Board Member</b>			
Board Member	Te Runanga o Ngati Waewae – Chair     This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the	N	
Bourd Wellinger	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	N	
	Poutini Environmental is the authorised body for resource management, cultural		
	impact assessment and resource consent certification.		
	Arahura Holdings Limited – Chief Executive	N	
	West Coast Regional Council Resource Management Committee – Member		
	Provides a broad direction and framework for managing the West Coast's natural and	<b>N</b> T	
	physical resources under the Resource Management Act 1991.	N	
	Poutini Waiora Board - Chair	Y	Actual
	Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care	1	Actual
	to whanau across Te Tai O Poutini.		
	Development West Coast – Trustee		
	Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage,	N	
	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.		
	West Coast Development Holdings Limited – Director	N	
	Putake West Coast – Director		
	This is a joint venture between Development West Coast and Putake Honey to	N	
	develop a West Coast wholesale honey business.		
	Ngai Tahu Pounamu – Director	N	
	Waewae Pounamu is the home of Ngāti Waewae Pounamu carving	3.7	
	Westland Wilderness Trust – Chair	N	
	West Coast Conservation Board – Board Member	N	
	The West Coast Tai Poutini Conservation Board serves a conservation advisory role,	IN	
	along with offering community perspective on conservation management issues for		
	the West Coast region.	N	
	New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director	N	
	Westland District Council – Councillor	1 1	



# DRAFT MINUTES OF THE WEST COAST ADVISORY COMMITTEE held at St John, Water Walk Road, Greymouth on Friday 1 November 2019 commencing at 9.45am

#### **PRESENT**

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

#### **APOLOGIES**

An apology was received and accepted from Kevin Brown

#### **EXECUTIVE SUPPORT**

David Meates (Chief Executive); Philip Wheble (General Manager, West Coast); Pradu Dayaram (Medical Director, Faciities); Kathy O'Neill (Team Leader, Planning & Funding & Decision Support); Jenni Stephenson (Programme Manager, West Coast Alliance); Imogen Squires (Communications); Karalyn van Deursen (Executive Director, Communications) and Kay Jenkins (Minutes).

#### **APOLOGIES**

Michael Frampton (Chief People Officer); Brittany Jenkins (Director of Nursing); Jackie Lunday-Johnstone (Executive Director, Allied Health); Stella Ward (Chief Digital Officer)

Joe Mason opened the meeting with a Karakia.

#### 1. INTEREST REGISTER

#### Additions/Alterations to the Interest Register

Lynnette Beirne advised that she no longer runs a homestay.

Lynnette Beirne also advised that she is now Publican at the Dunollie Hotel

Jenny McGill advised that she is now an employee of LifeLinks

Chris Auchinvole advised that he is no longer a Trustee of the Westland Wilderness Trust.

#### 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 11/19)

(Moved: Sarah Birchfield/Seconded: Paula Cutbush - carried)

"That the minutes of the meeting of the West Coast Advisory Committee held on 27 September 2019 be confirmed as a true and correct record.

#### 3. CARRIED FORWARD/ACTION ITEMS

There were no carried forward items.

#### 4 COMMUNITY AND PUBLIC HEALTH UPDATE

Cheryl Brunton, Community & Public Health presented the Community & Public Health update. She provided an updates on activity around: Health Promoting Schools; Alcohol Harm Reduction; Smokefree; Sustainability and Environmental Awareness Sessions; Mealses Contacts on the West Coast; and Nutrition.

It was noted that the West Coast remains measles free. Discussion took place regarding the process if a case did arise on the West Coast. Discussion also took place regarding Gloriavale and it was noted that they have been contacted and been provided with appropriate advice and also advice around quarantines for new people arriving there.

The update was noted.

#### 5. DISABILITY ACTION PLAN UPDATE

Kathy O'Neill, Team Leader, Planning & Funding, provided the Committee with an update on the Disability Action Plan. She advised that in terms of refreshing the actual plan there have been only two differences between the West Coast Action Plan and the Canterbury Action Plan. This will change in the refresh with the Strategy remaining the same but the priority actions will reflect different speeds and needs.

Ms O'Neill added that: there is also a need to align the plan with local iwi; more work is required around accessibility; and there will be a priority on young people. It was noted that an additional \$8m has been allocated by the Ministry of Health for child development in the South Island specifically for people with a disability. This money is mainly for the employment of more staff.

Ms O'Neill added that the improvement of the navigation function is a priority focus going forward with Enabling Good Lives having navigators and 1.5FTE in Buller which is funded through the PHO which has had good positive feedback.

Discussion took place regarding Project Search which was undertaken in Canterbury.

The update was noted.

#### 6. ALLIANCE UPDATE

Jenni Stephenson, Programme Manager, West Coast Alliance Leadership presented this update which was taken as read.

It was noted that at the September meeting the ALT:

- Reviewed workplan progress and were satisfied these are being implemented;
- Thanked the Mental Health team specifically for the progress and changes they have made to the workplan as well as their presentation at the meeting;
- The Oral Health Services Development Group presented to the meeting and there will be ongoing conversations on opportunities towards integrated needs assessment and Whānau Ora; and
- The ALT Charter will undergo review at the next ALT meeting along with exploring ways the Team can be more effective.

Ms Stephenson commented that as we know Oral Health is complex and the team has been looking at how we can do a wrap around service for target families.

In addition they are starting to shape up some smoking cessation programmes backed up by "inhome" visits. For the first year it is intended to include around 10 families.

The update was noted.

#### 7. OPERATIONAL UPDATE

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

Mr Wheble's report highlighted the following notable features:

- While we have managed to improve our ESPI compliance with Orthopaedics we are seeing an
  increase in Plastics volumes. This has meant that while we have increased the number of clinics
  we are still seeing an increase in non-compliant waiting times. The team continue to look at this
  to see how we can reduce wait times in this area.
- Significant work is occurring across our workforces as we continue to develop our rural generalist model and preparing for working in the new facilities. One positive outcome from this has been the increased interest around what we are doing that has led to improved recruitment into key roles.

Mr Wheble advised that there is still an issue in some parts of the West Coast where mail is taking 3 weeks or longer to get to our patients. We are also looking at e-mail in addition to texting as a communicatin tool. Discussion took place around privacy and the security of this type of communication.

A query was made regarding assistance from Canterbury around Plastics and it was noted that we have already collaborated with Canterbury in this area which is the reason for ESPI 2 being red by 15 patients in the last month. Robust conversations are taking place around the reduction of this.

Mr Wheble advised that the DHB ahs commenced moving some of our Specialist Mental Health staff into Primary Care and there is a Nurse Practitioner currently working in that space which supports Primary Care and frees up consultants. We are now looking at further supporting this initiative going forward and also working closely with the PHO around this.

Concern was rasied around ESPI 5 getting worse. The Chief Execuitve commented that this is a normal balancing act with the use of Health Pathways in Primary Care being an ongoing balancing act with the challenge here on the West Coast around the stability of GPs. It was noted that this is where our Rural Generalists provide future opportunities.

Mr Wheble acknowledged that there is a significant amount of change taking place on the West Coast however he believed that teams are getting excited about the new models of care but as expected there will be the normal anxieties around change.

The update was noted.

The Chair thanked members for their contribution and commitment during the year.

#### **INFORMATION ITEMS**

• 2019 Committee Work Plan – working Document

eting concluded at 11.05am.			
Date	_		



## COMMUNITY AND PUBLIC HEALTH UPDATE



TO: Chair and Members

**West Coast Advisory Committee** 

**SOURCE:** Community and Public Health

**DATE:** 12 March 2020

Report Status – For:	Decision	Noting <b></b> ✓	Information	
-				

#### 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) March 2020

#### **COVID-19 Response**

CPH's West Coast health protection staff continue to attend weekly meetings of the WCDHB Novel Coronavirus Readiness Team and to assist with communications to West Coast primary care providers. The West Coast Medical Officer of Health is also assisting with responses to media inquiries to the WCDHB about coronavirus. CPH is holding daily meetings of its Incident Management Team and our West Coast health protection staff participate by teleconference to keep updated on the current situation. Our Christchurch staff are currently meeting all international flights into Christchurch Airport. As at the time of this report, there has been one confirmed case of COVID-19 in New Zealand (in Auckland).

#### **Drinking Water**

CPH's drinking water staff are continuing to work with the Buller District Council to ensure that Reefton residents receive safe drinking water. The Council has reinstated a precautionary boil water notice on our advice while we work with them to ensure that their treatment processes and monitoring can demonstrate compliance with the drinking water standards.

#### Māori Health Promotion

As mentioned in our last report, our new Māori health promoter has been working hard to make connections across the takiwā with whānau Māori, local rūnanga, Māori health services and providers and mainstream health services. Some of the key areas that have come out of these kōrero and hui are issues of food security and sovereignty, Māori mental health, and cultural connection and visibility in our area. These align well with our public health māhī. We are also supporting a focus on oral health for young children, including tamariki Māori.

#### **Community Health Promotion**

CPH's health promoter is working alongside Claire Robertson (suicide prevention co-ordinator) at the West Coast PHO and South Westland communities to develop and distribute positive wellbeing messages. These messages will be evidence-based but specific to South Westland so they are able to be used in a consistent manner. We anticipate basing many messages on the successful All Right? campaign though with a South Westland twist in response to the identified strengths and needs of the community.

#### **Physical Activity**

For many years, CPH has promoted the improvement of the footpath networks across the West Coast through submissions to local councils and central government (Road to Zero, Land Transport Government Policy Statement), input into public workshops and supporting the recent visit by Dr Rod Tolley, international expert on creating walkable communities. Strong infrastructure such as this is a means to supporting safe active transport and community connectedness. At the recent West Coast Road Safety Committee meeting the representative from Buller District Council commented that they are having a lot of positive feedback from their communities on the improvements that have been undertaken within this financial year.

#### **Nutrition**

CPH staff recently delivered a presentation to approximately 30 Well Child providers and Lead Maternity Carers which was very positively received. This covered basic nutrition needs and evidence-based key nutrition information for pregnant women and children aged 0-5 years.

CPH continues to support all 16 early childhood centres, early learning services and kindergartens on the West Coast with nutrition knowledge and skills to improve their food environments and create a positive food culture. Already this year, the new Mene Mene Mai Oral Health Toolkit with curriculum activities and information for staff and whānau is booked out for use. Most centres are working towards gaining one of three Healthy Heart Awards from the Heart Foundation for which CPH provides some local support. Another preschool, Kidsfirst Greymouth, will soon be awarded their whānau (silver) level award.

#### **Healthy Public Policy**

CPH advocated for and attended the first meeting of the Accessible Te Tai Poutini West Coast Coalition. This happened recently after endorsement of the Strategic Plan by the four West Coast councils, the West Coast DHB and both runanga a year ago. The meeting's focus was to bring the Coalition back together to refamiliarise members with the Strategic Plan and to set a way forward to begin its implementation.

As a member of the West Coast Cross-Sector Forum CPH has met with Development West Coast to provide feedback to the draft Tai Poutini West Coast Economic Development Action Plan 2020. The vision and many of the key strategies within the draft document link very closely with desired public health outcomes. However, Health had not been identified as a significant stakeholder within the Plan, hence we arranged a meeting to show our support for the plan and encourage Health to be seen as a partner.

#### **Smokefree**

We continue to receive requests from the community to support smokefree environments. A recent example is the Greymouth RSA's request for Smokefree signage to help stop the smoking that occurs in their entrance way. One café in Hokitika has recently come on board with Smokefree outdoor dining. A range of Smokefree signage was provided to them to implement and promote this. We are continuing to identify and work with other cafés to support Smokefree outdoor dining.

#### **Alcohol Harm Reduction**

CPH worked with Community Law Canterbury to arrange for them to come and speak at the Westland Safe Communities meeting on 27<sup>th</sup> March. This was in order to raise awareness of community engagement in the alcohol licencing process and to help communities make submissions and feel confident speaking at a hearing. Community Law is able to provide this type of assistance to community groups.

Following the positive response by licensees and duty managers to the formation of a local alcohol accord in Franz Josef, an alcohol accord meeting is scheduled in Westport on 16 March and the same in Greymouth on 17 March. Representatives from Hospitality NZ (HNZ), the Buller District Council, NZ Police, the Grey District Council and CPH will all attend. HNZ is also inviting staff from all of its affiliated licensed premises to attend the meeting in their area.

#### **DISABILITY ACTION PLAN UPDATE**



TO: Chair and Members

**West Coast Advisory Committee** 

**SOURCE:** Planning and Funding

**DATE:** 12 March 2020

Report Status – For: Decision □ Noting ☑ Information □	
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#### 1. ORIGIN OF THE REPORT

This is a regular report that provides an update on refresh and implementation of the Transalpine Disability Health Action Plan 2016 -2026.

#### 2. RECOMMENDATION

That the West Coast Advisory Committee

i. notes the update provided on the Transalpine Disability Action Plan 2016 -2020

#### 3. SUMMARY

Further to the report dated 1 November 2018 which provided the Advisory Committee with an update on the feedback received from the 3 disability focused forums held in August 2019 on the West Coast. The purpose of the forums was to receive community input in the refresh of the priority actions of the Transalpine Disability Action Plan 2016 -2026 from people with lived experience of disability. The report also provided a summary of the progress to date against the current priority actions.

Over the last 3 months the feedback received from the community has been incorporated into the refresh of the Plan. In addition, the previous Plan has had to be re-written and re-formatted as the New Zealand Disability Strategy the associated Action Plan have been updated by the Office of Disability Issues since the original DHB Plan was approved and released in 2016. The refreshed Transalpine DHB Plan now links their 16 overarching objectives to the 8 strategic Objectives of the New Zealand Disability Strategy.

In addition, feedback received from disability community members in Canterbury has recommended that the principles of whanau ora and Enabling Good Lives (EGL) be explicitly incorporated into the refreshed Plan. The EGL principles were developed by disabled people about what is important to them and while the priority actions all support these principles their inclusion in the document will further help to engage disabled people and their whanau as we commit to adopting these principles along with whanau ora principles

The EGL principles are:

#### **Self-determination**

Disabled people are in control of their lives.

#### Beginning early

Invest early in families and whānau to support them; to be aspirational for their disabled child; to build community and natural supports; and to support disabled children to become independent, rather than waiting for a crisis before support is available.

#### Person-centred

Disabled people have supports that are tailored to their individual needs and goals, and that take a whole life approach rather than being split across programmes.

#### Ordinary life outcomes

Disabled people are supported to live an everyday life in everyday places; and are regarded as citizens with opportunities for learning, employment, having a home and family, and social participation - like others at similar stages of life.

#### Mainstream first

Disabled people are supported to access mainstream services before specialist disability services.

#### Mana enhancing

The abilities and contributions of disabled people and their families are recognised and respected.

#### Easy to use

Disabled people have supports that are simple to use and flexible.

#### Relationship building

Supports build and strengthen relationships between disabled people, their whānau and community.

Because of all these factors highlighted above the timeline for seeking approval has been a lengthier process than anticipated and is a far more extensive re-write than just updating the priority actions. Therefore, the approval process will include a request that the plan continues to be for 10 years but the period it covers will be from 2020 to 2030 with a refresh with the disability community 3 yearly and in 2026 when the New Zealand Disability Strategy will be updated. The finalised draft of the refreshed Disability Action Plan will be submitted first to the Canterbury and West Coast EMT for approval before being presented to the Advisory Committees for their endorsement. It is expected that the Advisory Committee will receive the refreshed Plan at their next meeting in June 2020

Along with the refreshed Plan the Advisory Committee will also receive a proposal on how implementation will be driven on the West Coast. Currently the Alliance Leadership Team (ALT) has the role of overseeing the Plans implementation along with the Transalpine Divisions such as People and Capability, Communications etc. ALT will receive an options paper at their next meeting on 26 March 2020. In addition, Jane George, Director of Allied Health, Scientific and Technical for the West Coast DHB has agreed to support the implementation process and will provide leadership on the West Coast.

Please note that progress on implementing approaches that will improve the experience of the health system for disabled people and their whanau continues and is not delayed due to this important lengthy refresh process. As an example, meetings have occurred with the West Coast PHO in early February on the roll out of shared care plans for disabled people on the West Coast, particularly those in residential settings who have communication challenges, as a targeted starting point for this project. There has also been a reconvening of the Te Tai Poutini Accessibility Coalition who met at the Grey District Council on 12 February 2020. The outcome of which was that signatories to this accessibility strategy (of which the West Coast DHB is one along with local and regional councils and the West Coast Runangas) who attended the meeting, will develop organisational and locality-based actions aimed at delivering on the objectives of the strategy. The Advisory Committee will be kept advised of these developments as part of the regular updates provided to them on the Disability Action Plan.

#### 4. APPENDICES

Appendix 1: Disability Action Plan Update (from Advisory Committee 1 November 2019)

Report prepared by: Kathy O'Neill

Report approved for release by: Jacqui Lunday Johnstone

### REFRESHING THE DISABILITY ACTION PLAN 2020-2023



TO: **Chair and Members APPENDIX 1 Advisory Committee** 

Planning and Funding

DATE: 1 November 2019

SOURCE:

Decision Noting **V** Information Report Status - For:

#### 1. ORIGIN OF THE REPORT

The Transalpine Health System Disability Action Plan 2016 - 2026 (the Plan) which launched in July 2016 included in the priority actions for each of the 16 objectives identified through an extensive consultation process in 2015-2016. Included in the priority actions was the commitment to refresh the priority actions every two years through engagement with the disability community. Attendance at two disability forums in 2018 and a survey run through survey monkey did not identify the need for any substantial change to the existing priority actions, but in 2019 the Canterbury DHB Disability Steering Group (DSG) recommended that a different approach would be required to engage with the disability community in a more meaningful way. It was intended that this new engagement approach would assist in the identification of core issues and challenges experienced by the disability community across the Canterbury and West Coast health systems. This report provides a brief update on the priority actions of 2016-2019 and identifies the key themes that emerged from the feedback received from the recent engagement forums and written feedback.

#### 2. RECOMMENDATION

That the West Coast Advisory Committee:

- notes the progress on achieving the Priority Actions of the Disability Action Plan; and
- notes the intent to bring back the refreshed priority actions which will include proposal on the implementation structure.

#### 3. SUMMARY

In August 2019 six forums were held across Canterbury and the West Coast and people were offered the opportunity to provide feedback via email of telephone. While there was variable attendance at the forums, held at different time and locations, a total of 70 people who directly connected to the disability community attended the forums. A small number people also provided written feedback. To represent the partnership, the forums were jointly facilitated by a reputable disability sector leader who has lived experience of disability and the Planning and Funding Disability Lead. The refreshed Action Plan will update existing priority actions, add additional actions identified as part of the recent engagement and remove completed or obsolete actions.

In addition to refreshing the plan a proposal will be put forward for approval through the Alliance Leadership Team and the Advisory Committee on the structure that will enhance the capacity and pace of implementation of the priority actions on the West Coast.

The draft refreshed Plan and proposed implementation structure will be submitted for approval to ALT, the West Coast DHB Executive Management Team and the Advisory Committee during the remainder of 2019.

#### 4. DISCUSSION

#### Building on the Current Plan

The 16 Objectives of the Disability Action Plan are unchanged and these high priority areas identified as the focus for the last three years remain, although the progress made to date will be built upon. These priority areas are as follows, with key areas of progress provided:

#### a. Employing More People with a Disability in the Canterbury DHB

- In February 2019 the DHB had the first eight school leavers with intellectual disability commence a one year internship to provide work experience and grow essential skills for permanent employment. The internship is a validated approach know as Project Search. While it is expected that some interns will remain in the DHB as employees, 80% of Project Search graduates go on to at least part-time employment. Project Search is planned to be implemented on the West Coast however a specific timeframe has yet to be identified.
- The Canterbury DHB, with West Coast attendees, hosted a cross sector employment forum to identify approaches and opportunities on how to employ more people in the DHBs was held on 5 July 2019. Key themes and opportunities identified from the forum have been collated and an action plan specifically related to achieving employment of a diverse workforce is being developed. A follow up forum is planned for 2020 on the West Coast to ensure the action plan is relevant to the local environment.
- A policy on Diversity, Inclusion and Belonging has been drafted and is currently being circulated internally in the DHB for feedback. This policy will establish the expectations for the DHB, provide a toolkit for employing manages on practises to reduce barriers for employing people from diverse backgrounds and human resource processes which will support improved attraction, recruitment and retention of staff with diverse needs.

#### b. Disability Awareness Training for staff

- An on-line training module on disability awareness is available to health system staff on HealthLearn and there have been 1,423 staff complete the module to date. This is far below the target being sought and the West Coast DHB Annual Plan for 2019/20 includes the following actions:
  - Engage subject matter experts to develop disability training modules, building on the e-learning work completed in 2017/18.
  - Engage with Māori and Pacific leads to ensure content is consumer focused and culturally appropriate.
  - Track uptake and feedback on modules as a means of evaluation and to identify improvements.
- A video library is being developed that shares the experiences people with a disability and their families have had in our health system. This video will be shared with staff to support learning, at orientations, and as a component of other training modules.
- A toolkit for hiring managers has been developed to ensure processes and unintentional bias is addressed.
- Accessible buildings and facilities
- The WCDHB has endorsed the West Coast Accessibility Strategy and is a member of the West Coast Accessibility Coalition. This commits the DHB to be accountable to the community for improving its built environment, making the commitment to take a

universal design approach which will better achieve accessibility for everyone, including people with a disability, not just to Building Code.

- For example: The new hospital and IFHC has been built to comply with New Building Standard, NZ building code, Grey District Council requirement and takes into account the Australasian Health Facility Guidelines. Access to the Hospital and IFHC is via accessible pathways and doorways. Patient spaces and rooms have been designed and built with accessibility in mind in regard to room sizes, bathrooms and toilets, along with corridor widths and doorways, along with car parking.
- ➤ Wayfinding is implemented in new WCDHB facilities.
- Improving Communication
- A Communication Plan to regularly communicate and engage with the sector has been developed and key documents are used to disseminate disability related information e.g CEO Update
- The DHB website has been reviewed for accessibility, re-designed based on recommendations and launched in 2018.
- Access to NZSL interpreters when people with a hearing impairment are using DHB health services has been included in an overarching policy for interpreter services. A working group has been formed to review the current provision across all the health system including primary care, it is anticipated this will result in recommendations to ensure improved access to interpreters.

If further information on progress is required a full summary report is available on request.

## Key Themes from the Forums that will be used to refresh the Priority Actions in the Plan 2020 -2023

In general the feedback received has shifted from the hospital setting to the wider health system, particularly General Practice.

- a. People felt that the priority focus should be on child services.
- b. Very strong and consistent feedback is that Child Development Services (CDS) are under resourced and that this is even worse in terms of wait time for diagnosis and treatment for those with Autism Spectrum Disorder and Attention Deficit Disorder. While the new funding for Child Development Services (CDS) from Disability Support Services, Ministry of Health is aimed at increasing capacity for these services there was feedback that CDS, Paediatric and mental health services for children needs to be more integrated and coordinated between agencies, to really achieve improved service responses.
- c. Feedback indicated that there was not enough about intellectual disability in the plan, which was seen to be more weighted to physical or sensory disability.
- d. Transition of child to adult services and specialist to general practice care was seen as an area where services consistently fail to meet the needs of people with complexity.
- e. Electronic Shared Care Plans were seen as crucial to improving the experience of people with disabilities in health services. People expressed their frustration about re-telling their story and what they needed. People want their voice in their treatment and were excited to hear about a pilot at New Brighton Medical Centre where 30 people with an intellectual disability who live in NZ Care residential facility have piloted the use of acute plans to record their needs when being

treated within secondary care settings. It was identified that the West Coast had challenges around the interoperability of technology on the West Coast and would recommend a similar pilot occur on the West Coast to identify the challenges.

- f. People with a disability wanted control of their information. They saw this as a key factor in attaining more self-determination to address their health needs. Access to their patient records, through patient portals and knowing what is being communicated about them, (particularly in General Practice) was a consistent theme in each forum. Increasing the availability and enrolment of patient portals is a priority action in the current Plan, but there has not been engagement with the PHO around this. This will be a new area of focus for 2020-2023.
- g. There was more specific feedback about General Practice. People expressed a lot of frustration about cost, not getting timely appointments with their GP, general practice rooms being poorly equipped and often not having accessible toilets etc. Several people asked why appointments have to be at the Practice rooms and what about skype or zoom appointments. This would work for people where physically getting to appointments is challenging or there is a lack of accessibility for the General Practice facility.
- h. Employing more people with a disability communicated slightly differently this time but is still a priority. People want the workforce to reflect the community and this included specific feedback on employing more Maori and Pacific people. This approach is seen as improving awareness, enhancing equity and shifting the culture of health services to be more responsive and inclusive.
- i. There was further feedback that communication needs to improve on all levels e.g. how we communicate, still not using plain language. It was highlighted that the deaf community on the West Coast were not adequately serviced with only one NZ Sign Language interpreter on the West Coast. Feedback received directly from Deaf Aotearoa would be very useful in countering the impact of this suggesting having TV's with captions and the use of technology such as iPads adds communication for deaf people.
- j. Every forum raised the challenge of finding what they needed in a complex system. A person or a place where they could go to navigate them to what they needed. People often don't even know what's out there and what to ask for. The navigator role active in the General Practice in Buller was highly praised for its effectiveness and suggestions were made about replicating the role in other parts of the system.
  - The alliance type structures were seen as crucial in unlocking services and stopping people bouncing from service to service.
- k. Lack of confidence that new builds were getting people with lived experience of having a disability involved in planning layout and fit out. People described recent mistakes and thought their involvement should be at key stages of the build not just once. This was a stronger theme on the West Coast than in Canterbury.

Report prepared by: Kathy O'Neill, Team Leader, Planning and Funding

Report approved by: Jacqui Lunday Johnstone, Executive Director of Allied Health and Technical

#### ALLIANCE UPDATE



TO: Chair and Members

**West Coast Advisory Committee** 

SOURCE: Alliance Leadership Team

**DATE:** 12 March 2020

Report Status – For:	Decision	Noting <a>V</a>	Information	

#### 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 December 2019 the Alliance Leadership Team (ALT):

- Had fruitful discussion regarding the workstreams and West Coast Health System requirements. There will be some changes in the way workstreams are structured for the 2020/21 year.
- Noted that the restructuring of the West Coast system will assist the Alliance in the delivery of services, and will include quality improvement frameworks around the location based workstreams.
- Reviewed the definition of Rural Generalism and the West Coast DHB model was provided; this workforce model will support ongoing transformative changes

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

- Made some recommendations for changes to the workstreams so that they reflect a locality approach (Northern, Central, Southern) and include actions that are aligned to the System Level Measures Improvement Plan.
- ALT's priority is on ensuring that the workstreams have sufficient support and resources to complete their priorities. A meeting will be hosted with workstream leadership to discuss challenges and expectations.
- ALT notes Carl Hutchby and Cameron Lacey are no longer members, and thanks them both for their valuable input. Māori Health and Mental Health representation will now be sought.

**Report prepared by:** Jenni Stephenson, Programme Manager – West Coast Alliance

Report approved for release by: Kevin Hague, Chair, Alliance Leadership Team

#### **OPERATIONAL UPDATE**



TO: Chair and Members

**West Coast Advisory Committee** 

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

**DATE:** 12 March 2020

Report Status – For:	Decision	Noting <a>V</a>	Information	

#### 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 – Service Updates, 4.2 - Workforce Updates, 4.3 - 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 notable features of the report:

- Ongoing work is underway to look at the patient flow through the reconfigured Westport facility. In particular the team are looking at improvements to the waiting area and earlier starts for some services to reduce the number of community members coming at the same time first thing in the morning.
- Increased reporting reported events in January are at their highest level for a month since Safety1st was introduced. These usually sit around 100 events per month, however over January there were 141 events recorded (40% increase).

#### 4. DISCUSSION

#### 4.1 Service Update

#### Northern Region Integrated Health Services

Ongoing work is underway to look at the patient flow through the reconfigured Westport facility. In particular the team are looking at improvements to the waiting area and earlier starts for some services to reduce the number of community members coming at the same time first thing in the morning. Buller Health has now placed images of the future facility, due to be completed in 2022, around the corridors for visitors to see what the new facility will look like. There will also be a virtual walk through showing on the screen in the waiting room soon.

The last two months have been challenging to provide routine appointments for the Westport community within our targeted timeframes. While walk-ins and unplanned appointments are able to be seen on the day, the team are looking at how we can release more time for planned appointments to reduce these wait times. There is also significant work around supporting the Westport team around locum recruitment from Greymouth with our medical staffing team.

#### **Buller Medical**

Wait times for routine appointments in February (days)	Average	Minimum	Maximum
Waiting time if rings today for routine appointment with a Dr for three monthly review and prescription (approx. average across doctors)	29	23	30
Waiting time if rings today for routine appointment with a nurse for three monthly review and prescription	5	2	13

#### Reefton Medical

Wait times for routine appointments in February (days)	Average	Minimum	Maximum
Waiting time if rings today for routine appointment with a Dr for three monthly review and prescription (approx. average across doctors)	10	10	10
Waiting time if rings today for routine appointment with a nurse for three monthly review and prescription	2	1	2

#### Central Region Integrated Health Services

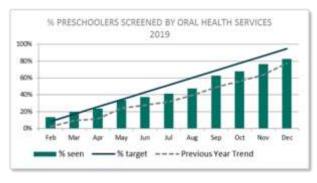
Preparation for the new Te Nikau facility is underway with teams based in Grey looking at how we can optimise the excellent resource, supporting our model of care to provide better services to our community. In particular we are continuing to look at a more seamless and person centred approach to our services for the community.

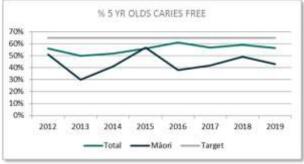
Ongoing work is underway around our Home & Community Support Services (HCSS). In particular we are looking at how we can improve connecting this valuable workforce with the wider health team. Outcomes we are hoping to achieve are a more seamless service for our communities and greater support for our support workers.

Grey Medical has average wait times of 10 days for routine appointments to see a GP or Nurse Practitioner and the same for a Registered Nurse. Walk-ins and unplanned appointments continue to be provided on the day. A number of initiatives including looking at remote GPs (not just for Grey but for the Coast as well) along with medical staffing supporting locum recruitment provides us with some confidence around having a good GP workforce over the traditionally challenging winter period.

#### Greymouth Medical

Wait times for routine appointments in February (days)	Average	Minimum	Maximum
Waiting time if rings today for routine appointment with a Dr for three monthly review and prescription (approx. average across doctors)	10	5	22
Waiting time if rings today for routine appointment with a nurse for three monthly review and prescription	10	2	17





#### Southern Region Integrated Health Services

A casual RNS has been orientated and will provide continuity of cover during the extended sick leave of a permanent RNS relieving the pressure on other permanent staff who have been covering the absence since around the middle of last year.

Work continues to look at how the combined Hokitika and South Westland team can work together more, improving services across the region for our communities. Opportunities could include our District Nursing team based in Hokitika supporting our RNS's in South Westland more. This would provide a benefit for both teams with additional support for our RNS's and greater experience and development opportunities for our District Nursing team.

#### South Westland Area Practice

Wait times for routine appointments in February (days)	Average	Minimum	Maximum
Waiting time if rings today for routine appointment with a Dr for three monthly review and prescription (approx. average across doctors)	5	3	10
Waiting time if rings today for routine appointment with a nurse for three monthly review and prescription	3	1	5

#### Rural Inpatients & Transalpine Services

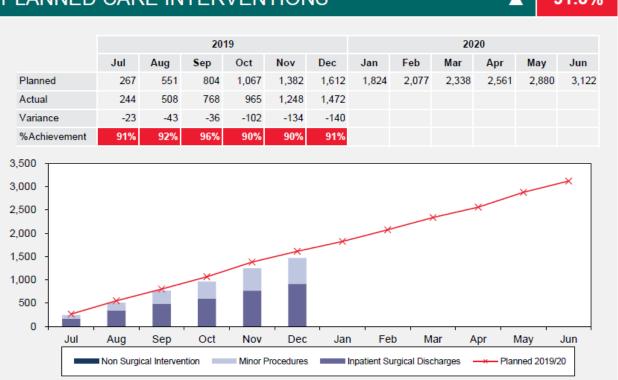
A focus currently is looking at how we can provide additional support for our Plastics patients to reduce the wait time in this area. This has led to additional clinics being undertaken in March and we are looking at further additional clinics in the future.

We have also been looking at the large increase in the gynaecology wait list recently and are looking to increase the clinics in April to address this.

Plastics along with neurology are key focus areas to look at how we can improve wait times and will continue to be a challenge in the near future.

#### 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]
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%
July 2019	1515	1367	148	9.77%
August 2019	1664	1511	153	9.19%
September 2019	1636	1502	134	8.19%
October 2019	1544	1441	103	6.67%
November 2019	1490	1393	97	6.51%
December 2019	1285	1196	89	6.93%
January 2020	1574	1446	128	8.13%
13 month rolling totals	19907	18278	1629	8.18% Average



Planned care service interventions now incorporate a wider range of waiting list and ranged volumes than the previous elective surgical services target volumes (which had been 1,916 operations in 2018/19). These now include a range of minor operation procedures undertaken in outpatient and community settings in addition to inpatient surgical procedures. West Coast is expected to deliver 3,122 planned care interventions in 2019/20.

Latest results for West Coast DHB indicate that we are currently at 91.3% of year-to-date target; being behind by 140 procedures for the six months to the end of December 2019. It is noted that there remained some administrative back-log in data completion for some local minor procedures and surgical procedures undertaken at Canterbury DHB that still need to be caught up for in the December result, and counted once data is submitted.

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

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

There were 93 patients waiting over 120 days for their outpatient First Specialist Assessment as at the end of December 2019. Those specialities with the largest cases in backlog were gynaecology (41), plastic surgery (28), neurology (11) and general surgery (7). The situation in these services remains unchanged overall in the interim. It is noted that among these cases are a number of patients who have been offered appointments but have not attended, as well as some who have had to be delayed due to clinical complications, and some due to quirk of timing between visiting specialist clinics. 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)

There were 55 patients waiting over 120-days from FSA to surgical treatment as at the end of December 2019. These were spread across most specialities, including orthopaedics (26), plastics (16), dental (5), general surgery (4), gynaecology (2) and one each in urology and plastic surgery. The orthopaedic backlog of long-wait patients has since been reduced to 8; 6 of whom have booked surgery dates ahead. Additional theatre and outpatient sessions have been delivered to help address the back-log to the plastic surgery service. This is helping to keep relative pace with the increased demand, as well as to make inroads to remove the backlog in extended inpatient wait times, with 8 patients now waiting longer than 120 days for inpatient plastic surgery as at mid-February.

#### MoH Planned Care Measurement

#### Summary of Patient Flow Indicator (ESPI) results

**DHB: West Coast** 

	Ja	an	Fe	eb	M	ar	Α	pr	М	ay	Ju	ın	J	ul	Α	ug	S	ер	0	ct	No	OV	D	ec
	lmp. Req	Status %																						
DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	18 of 18	100.0 %																						
<ol> <li>Patients waiting longer than four months for their first specialist assessment (FSA).</li> </ol>	178	16.8%	140	15.2%	88	10.1%	67	7.9%	72	9.1%	25	3.0%	23	2.8%	30	3.5%	22	2.4%	30	3.1%	54	4.5%	93	9.1%
<ol> <li>Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).</li> </ol>	0	0.0%	0	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Patients given a commitment to treatment but not treated within four months.	19	9.1%	21	9.8%	21	8.4%	31	12.0%	20	8.7%	25	11.7%	31	12.0%	43	15.0%	45	16.3%	36	12.0%	48	17.8%	55	20.5%
The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	100.0 %																						

#### Notes:

- 1. From July 2016 the required timeframe for ESPI 1 is 15 calendar days.
- 2. From January 2015 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
- 3. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
- 4. Medical specialties are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
- 5. ESPIs 4, 6 and 7 have all been retired and are no longer reported.

Please contact the Ministry of Health's Planned Care team if you have any queries about ESPIs (elective.services@health.govt.nz).

Data Warehouse Refresh Date: 2/02/2020

Report Run Date: 3/02/2020 Data up to: Dec 2019

#### ESPI Compliance Levels:

- DHB Level 'Non-compliant Red' staus for ESPI 1 is temporarily removed so from July 2016 ESPI 1 will be Green if 100%, and Yellow if less than 100%.
- 2. 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.
- 3. 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 4.99%, and Red if 5% or higher.
- 4. 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.
- 5. ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if less than 90%.

#### 4.2 Workforce Update

#### Nursing

- Work has started with the orientation package for the Rural Nurse Specialists ensuring consistency over the WCDHB. This work is being implemented with an integrated approach, working closely with our partners St John who are happy to be part of the process ensuring our nurses get well orientated to PRIME call-outs.
- Recruitment continues to be successful for the WCDHB with many applicants interested in our integrated model. Retention in the last part of 2019 had settled with very few resignations. However, we have a number of fixed term contracts due to maternity leave.
- Clinical Nurse Managers are now working within the new leadership structure and whilst this has been quite a change to the historical way we work, they have transitioned well and seem happy with the lines of reporting.
- Dates are now finalised for the next Takarangi Competency training. CNMs and Nurse Consultants are looking at the rosters to ensure their attendance in the March intake.

#### **Maternity**

- Staffing is slowly improving; the educator and midwives have recently been involved in the making of a new recruitment video, encouraging midwives to come and work on the West Coast. This included some of our lovely mums and babies starring in it.
- One new midwife joined us in December and one in January. One is from Canterbury and the other a new graduate midwife from the Coast who has now completed her education at Ara. It is great to be able to grow our own. Both have settled in well as part of the team on McBrearty. The new graduate is undertaking the Midwifery First Year of Practice programme so is being mentored by one of our LMC Coastal midwives. We are losing a core midwife as she is venturing out to LMC midwifery. The offer has also been made to the graduate to spend time during her first year at CDHB if she wishes.

#### Medical

- Rural Generalist consultants are doctors with specialist and general skills which allow them
  to work flexibly across the health system. This flexibility is essential for sustainable rural
  healthcare.
- The WCDHB has one Internal Medicine Physician who manages the inpatient ward and delivers outpatient clinics. He is supported by locums (we have previously had 3 full-time physicians but 2 retired and we have been unable to recruit). We are implementing a plan for Rural Generalist doctors to manage the inpatient wards in order to improve the continuity of inpatient care. The Rural Generalists have the support of CDHB specialists whenever it is required as well as the sole WCDHB Physician. We will continue to use some locums as we have yet to fill the on-call ward roster using permanent staff and require their services to deliver our required volume of outpatient clinics.
- We employ 4.6FTE of anaesthetists and although we have had two resignations since August 2019, staffing for 2020 looks to be in hand. We have three permanent anaesthetists currently and are in negotiations with a fourth to join us in August. As they are an overseas graduate it is expected that it will take this long to complete the Medical Council registration process.
- The recruitment video promoting Rural Generalism and work on the West Coast was launched in January and is part of a wider recruitment drive which will continue throughout 2020.

#### Allied Health

- We are continuing to recruit to the new leadership roles for Allied Health, Scientific and Technical (AHST).
- Following roadshows with our workforce throughout the district prior to Christmas, the workforce has reorganised in response to the organisational restructure decisions.
- A number of new graduates joined our clinical teams in the last few weeks, including physiotherapy, pharmacy and occupational therapy.
- Work continues on the South Island Career Framework, an action from the last MECA. This framework aims to align the roles, role titles and remuneration bands across the region and is informed by the work being done in the Lower North Island.
- Workflows are currently being designed to standardise the ways that commonly used letters, contemporaneous notes and assessment documents are embedded into the eHR (Health Connect South). This is being designed to be used by all professions and services via a regional consultation process and has been identified as a requirement for Allied Health ahead of our move to the new facilities which will not have capacity for paper files.

#### Recruitment

New Vacancies	0
Total Open Vacancies	48
Appointed Vacancies	11

- Nursing Another successful month within the nursing space with a number of senior nursing roles being filled such as Associate Clinical Nurse Manager in Reefton and a Duty Nurse Manager for Greymouth.
- Allied Health Vacancies within Allied Health are minimal at this stage but a key appointment was made within our short staffed Occupational Therapy team which has eased pressure on that team.
- <u>Corporate</u> It has been a busier than usual month in the Corporate space with a number of
  placements into our finance team including Junior Accountants which will give us the ability
  to grow our own.
- Medical It has been a very successful last few months within our medical recruitment space with the appointment of 6 new doctors across a number of specialties including Anaesthetics and 4 Rural Generalists, one of which is a RHM in training who has been appointed this month.

#### West Coast DHB national performance measures report

Quarter 1 2019/20: July-September 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.





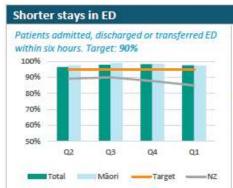












Faster cancer treatment

within 62 days. Target: 90%

100%

90%

80%

70%

60%

Patients getting their first concer treatment

98%

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

97% of all Maori patients were admitted, discharged or transferred from ED within 6 hours during the same quarter

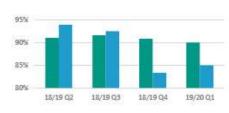


Planned Care interventions is the new 'count' of

interventions to support increased access to care required within the Planned Care programme. This replaces the 'Elective

Surgical Discharges' (previous Electives Health Target), the 'Electives Initiative, and the 'Ambulatory Initiative'. The West Coast DHB has provided 640 Planned care interventions at the end of quarter one.

# Supplementary indicators Better help for smokers to quit: secondary smoking





■Total ■ Māori



This measures reflects the children that were immunised that did not opt off or decline



84%

This quarter 84% of patients received treatment on time. Small numbers are challenging with this result reflecting only four 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

#### Eight-month-olds fully immunised



Overall, 80% of all eligible eight-month-olds were fully immunised this quarter.

80%

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

Stronger results were achieved for Pacific (100%)

### Better help for smokers to quit

Target

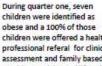


West Coast health practitioners have reported giving 4,817 smokers cessation advice in the 18 months ending July 2019. This represents 96% of the smokers against the 90% target.

The PHO continues to maintain high rates of smoking status ever recorded for patients (100%) and coverage for cessation support continues to also be very good (40%).

#### Raising healthy kids

#### 100%





Children with obesity referred for support

children were offered a health professional referal for clinical assessment and family based nutrition, activity and lifestyle interventions

### 4.3 Quality

## All West Coast DHB Incidents recorded in Safety1st for the year ended December 2019



West Coast DHB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	%
Behaviour & Safety	16	13	17	19	16	15	19	24	17	13	25	21	215	17.3%
Blood Product	1	0	0	0	1	0	1	0	0	0	0	1	4	0.3%
Drain & Tube	0	0	1	0	0	0	0	1	0	0	1	0	3	0.2%
Employee	16	8	11	5	12	12	13	10	11	18	9	4	129	10.4%
Facilities, Bldg	1	1	3	2	6	3	0	3	1	3	2	2	27	2.2%
Fall	21	13	17	22	20	20	17	18	14	16	22	19	219	17.6%
Infection	1	1	2	1	0	3	0	0	0	0	1	0	9	0.7%
IV Access Device	2	0	1	0	0	0	0	0	0	0	0	1	4	0.3%
Labour & Delivery	1	1	6	4	4	2	1	1	2	4	1	5	32	2.6%
Labs Specimen	6	4	9	5	8	6	8	4	4	5	12	5	76	6.1%
Medication	9	11	20	16	16	12	16	14	26	13	11	13	177	14.2%
Provision of Care	10	10	17	22	14	8	6	13	12	6	14	8	140	11.3%
Radiology	2	2	1	0	2	0	2	2	4	1	0	2	18	1.4%
Restraint Register	6	4	10	6	3	2	10	0	2	5	4	14	66	5.3%
Safe Staffing	0	0	0	0	0	0	0	0	0	0	0	1	1	0.1%
Security	5	6	3	4	2	0	5	3	7	5	9	3	52	4.2%
Skin Tissue	2	2	11	6	5	6	7	7	8	6	4	7	71	5.7%
Totals	99	76	129	112	109	89	105	100	108	95	115	106	1243	100%

2020 Data - All West Coast

West Coast DHB	Jan	%
Behaviour & Safety	32	22.7%
Blood Product	0	0.0%
Drain & Tube	1	0.7%
Employee	16	11.3%
Facilities, Bldg	1	0.7%
Fall	21	14.9%
Infection	0	0.0%
IV Access Device	0	0.0%
Labour & Delivery	2	1.4%
Labs Specimen	3	2.1%
Medication	17	12.1%
Provision of Care	8	5.7%
Radiology	4	2.8%
Restraint Register	9	6.4%
Safe Staffing	9	6.4%
Security	7	5.0%
Skin Tissue	11	7.8%
Totals	141	100%

#### **Highlights**

- Increased reporting reported events in January are at their highest level for a month since Safety1st was introduced. These usually sit around 100 events per month, however over January there were 141 events recorded (40% increase).
- Staff use of Submit and Copy the correlation between the increased reporting of patient behaviour and employee events points to staff using the submit and copy function; training is paying off.
- Increased reporting of Employee events this means that employees are now capturing the true extent of what is occurring in the workplace and it is good to see them no longer "normalising" the assaults, both physical and verbal they receive in the workplace from certain patient groups.
- Safe Staffing Form in use and being used.

#### Lowlights

- Use of "other" field instead of choosing the best match for a specific event type, some staff are choosing the "other" field and typing freetext. They are looking to report what happened, rather than the outcome. In nearly all cases there already exists a specific event type matching that entry e.g. "other dose given but not signed for, dose given was 1/3 of actual charted dose" there already exists "Medication given but not signed for" and "Wrong dose."
- Pressure Injuries increasing this may be due to the increased reporting due to all the work being done by the pressure injury project team, so this number will need to be monitored. This may be a highlight also, in that reporting may have increased thus capturing the true extent of the issue. This could also relate to the introduction of a specific "pressure injury" form which makes it easier to report these incidents.

Report prepared by:	Philip Wheble, General Manager West Coast D	<b>)</b> HB
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#### MAORI HEALTH UPDATE



TO: Chair and Members

**West Coast Advisory Committee** 

SOURCE: General Manager, Maori Health

DATE: 12 March 2020

Report Status – For: Decision □ Noting ☑ Information □

#### ORIGIN OF THE REPORT

This report is provided to West Coast Advisory Committee and the Board as a regular update.

#### 2. RECOMMENDATION

That the Board:

i notes the Maori Health Update.

#### 3. DISCUSSION

### Maori Health Quarterly Report - Q2, 2019/20

#### Takarangi Cultural Competency – West Coast 23/22/24 March 2020

Planning is underway for the 2020 year. The third Takarangi cohort will participate in the Noho Marae from the 23<sup>rd</sup> March for two nights. To date we have over 20 attending and a firm commitment to complete the portfolio of work required.

#### Dame Naida Glavish - Visit 13 March 2020

Dame Naida Glavish is currently employed as the Chief Advisor Tikanga Maori with the He Kamaka Waiora, Maori HealthWaitemata and Auckland District Health Boards. In this role Dame Naida was the catalyst behind the signing of a MOU between these two DHBs and Te Runanka o Ngati Whatua, and has championed cultural support for Maori leading the writing, development and implementation of bicultural policies and tikanga recommended best practice guidelines.

Naida will spend a day sharing her knowledge at a Maori staff hui and delivering a session to the broader workforce of the DHB and other health partners.

#### Pae Ora O Te Tai O Poutini

Pae Ora O Te Tai O Poutini is an evaluation project being undertaken by Dr Melissa Cragg and led by Poutini Waiora in partnership with the DHB and the WCPHO. The evaluation aims to provide a framework to input analysis regarding the formative, process and outcome of the mahi being delivered by the Maori Provider, in particular the Hauora clinical team working towards embedding Nurse/GP led clinics in Maori community settings. The findings and recommendations will be shared widely amongst leadership within the sector and will inform future planning and decision-making processes regarding how we can better support engagement and access for whanau that will lead to improved health outcomes for Maori.

Oral Health

A small group has been formed to work with a cohort of whanau to provide a targeted wrap around, incentivisation approach to improving oral health outcomes for whanau. The whanau will be those who have had Tamariki admitted to hospital and undergone extraction under general anaesthetic. The entire whanau will participate and the care and education will be delivered by the Community Public Health Maori Health Promoter and Public Health Nurses.

ASH - Ambulatory Sensitive Hospitalisations

We are trialling a new approach driven as a response to the ASH data for 0-4 year olds. The data showed that there was an increase in 0-4 year old hospital admissions for Upper ENT and Respiratory conditions. It also showed that there were children that were being admitted on several occasions throughout the year. We will co-ordinate a whanau ora approach with these whanau that will place them and their whanau firmly at the centre of their care plan moving forward with the health outcome being a reduction in hospital admissions. Clinical and non-clinical support will be co-ordinated by a Kaiawhina and all the determinants of health will

form part of the care moving forward.

4. APPENDICES

Appendix 1:

Maori Health Dashboard

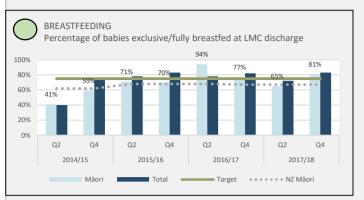
Report prepared by:

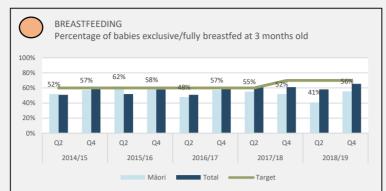
Kylie Parkin, Portfolio Manager, Hauora Maori

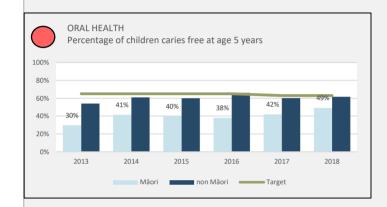
#### West Coast DHB Māori Health Dashboard

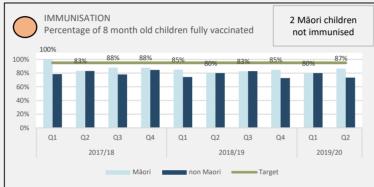
February 2020

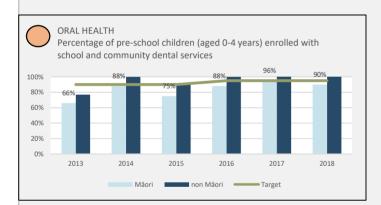
#### **Tamariki Health and Wellbeing**

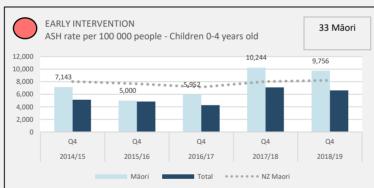


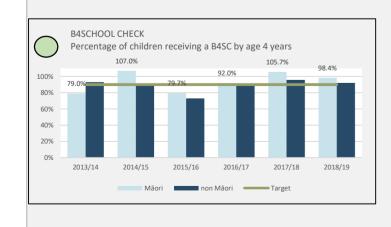


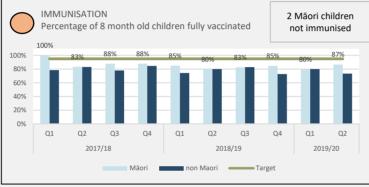


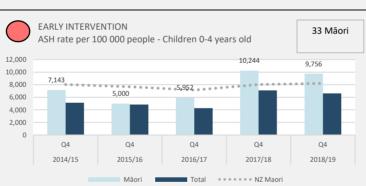


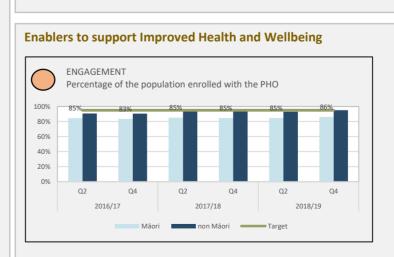


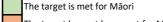












The target has not been met for Māori

There is significant inequality between Māori and non-Māori health performance (greater than 10%)

#### **Adult Health and Wellbeing**

EARLY INTERVENTION

04

2014/15

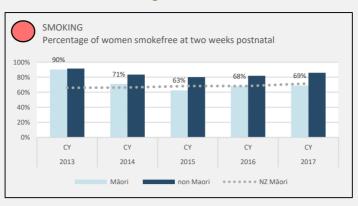
10,000

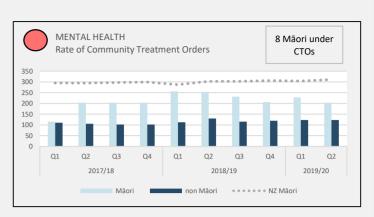
8.000

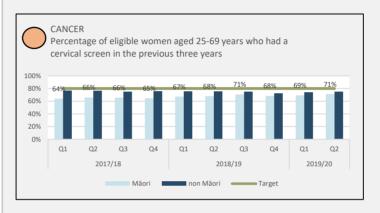
6,000

4 000

2,000







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

04

2015/16

••••••5<del>,723</del>•••••6,292

04

2016/17

Q4

2017/18

Total ••••• NZ Maor

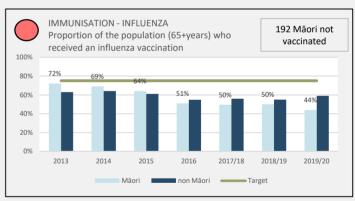
4,914

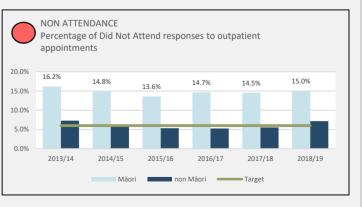
51 Māori

04

2018/19







Indicator Full Name	Data Source	Data Notes	Additional 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)	ASH data is reported a quarter in arrears	
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 calendar 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)	ASH data is reported a quarter in arrears. This result was given an orange rating as performance is significantly better than the national result.	
Percentage of population (65+years) who have had a seasonal influenza vaccination	National Immunisation Register	This measure has changed from using PHO enrolled population data to census population data. Reporting periods have changed from 12 monthly Jan - Dec to 6 monthly 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		

#### WORKPLAN FOR ADVISORY COMMITTEE 2020 (WORKING DOCUMENT)

	12 March 2020	11 June 2020	10 September 2020	26 November 2020
STANDING ITEMS	Interests Register Confirmation of Minutes Carried Forward Items	Interests Register Confirmation of Minutes Carried Forward Items	Interests Register Confirmation of Minutes Carried Forward Items	Interests Register Confirmation of Minutes Carried Forward Items
REPORTS FOR RECOMMENDATION TO THE BOARD				
STANDARD REPORTS	Community & Public Health Update     Alliance Update     Operational Update     Maori Health Update	Community & Public Health Update     2019/20 Annual Plan Progress Report     Alliance Update     Operational Update     Maori Health Update	Community & Public Health Update     2020/21 Annual Plan Progress Report     Alliance Update     Operational Update     Maori Health Update	Community & Public Health Update     2020/21 Annual Plan Progress Report     Alliance Update     Operational Update     Maori Health Update
PRESENTATIONS	Visit to Existing Facilities	PHO Presentation	To be Confirmed	To be Confirmed
DISABILITY REPORTING	Disability Action Plan Update	Updated Disability Action Plan		
GOVERNANCE AND SECRETARIAT	2020 Committee Work Plan			
INFORMATION ITEMS	2020 Schedule of Meetings Disability Directorate Newsletter	Committee Work Plan 2020 Schedule of Meetings	Committee Work Plan 2020 Schedule of Meetings	Committee Work Plan 2020 Schedule of Meetings



## Disability Directorate e-newsletter

**December 2019** ISSN 2253-1386

# From Adri Isbister Deputy Director-General Disability



#### Kia ora koutou

Welcome to the final newsletter of 2019! It's been a huge year for us in the Disability Directorate, so I want to take a moment to reflect on some of our highlights.

One of the most important milestones was celebrating the Disability Directorate's first year since being re-established in October 2018. This is a significant and positive step for us, as I believe that this elevates disability within government.

While the Directorate has been back together for more than a year, I have only been in my role as Deputy Director-General Disability for eight months. I want to thank all of you for making me feel so welcome. It's probably no surprise that nearly every day has felt like drinking water out of a firehose – there's always so much to learn and do.

For the past year, the Directorate has gone through a lot of change. This includes standing up a new sector-facing structure so that we can deliver the best outcomes for our disability community.

We've also been developing a strategy so we can build a sustainable disability system over the next three to five years. You have been an integral part of this strategy, and I had the privilege of working with you on this at the community conversations we hosted around Aotearoa in September and October.

When I started, one of my goals was to meet with as many of you as I could. It's important for me to understand how disability supports and services impact disabled people and their whānau, so that we can embed these experiences and voices into our work.

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Page 7 Launch of Disability Action Plan 2019–2023

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Pacific update

Page 9 Child development services

Recent publications on health website

Page 10 Spotlight on quality From the community It was really heartening to hear about the pockets of innovation happening around the country and meet communities working together to wrap support around each other. We also visited regions that don't have this level of support. Our challenge is to learn how we can transform the system together, so that everyone can access the supports and services they need, no matter where they live. I am really looking forward to working with you as we make this happen.

We shared our strategy with the Director-General of Health, Ashley Bloomfield, in November and will be sharing it with Minister Salesa in the New Year. Thereafter we will have it up on our website.

I want to thank everybody who came to our community conversations. It was truly a humbling experience for me and my team. If you couldn't attend in person, I hope you were able to participate in our livestream. If you haven't already, you can still watch the livestream on our website: health.govt.nz/our-work/disability-services/disability-projects/disability-community-conversations

We've had several other highlights this year.

#### **Investing more in Child Development Services**

In May, the Government announced its commitment to increase funding to Child Development Services. This will provide improved access to early intervention and support for children and their whānau and promote greater independence in their future lives. I want to thank everyone who has worked to integrate services and make these important changes happen.

#### **Making changes to Funded Family Care**

The government also announced changes to Funded Family Care this year, to recognise the value of family carers. We've worked hard to develop policy options that reflect what people told us they want to change about the system. These changes will come in 2020 and you can see more about what they are and what they may mean for you and your whānau at health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/funded-family-care/funded-family-care-changes-2020

#### Transforming the system

We've had some early positive feedback from Mana Whaikaha, the prototype to transform the disability system in MidCentral. Already we're seeing more people access and choose the supports and services they need. Next year, we'll be able to share more information about what we've learnt from this prototype. In the meantime, we're still monitoring the outcomes.

We're also seeing great outcomes from Enabling Good Lives in Christchurch and Waikato and continue to get positive feedback about the impact that Enhanced Individualised Funding and Local Area Coordination have on peoples' lives.

#### **Exits and arrivals**

As we have been standing up our new Directorate, we have welcomed several new faces and roles. Our Contract Relationship Managers are now Portfolio Managers. For most of you, these people will be the same as those you have been engaging with.

We've also said farewell to Toni Atkinson, who was an integral part of the Directorate for more than seven years as Group Manager of Disability Support Services. I want to thank Toni for her invaluable support and work – we truly wish her all the best for the future.

#### Where to next?

I have no doubt that 2020 is going to be a big year for all of us. At the Ministry, we'll implement our new strategy and roll up our sleeves on the work programme. We will keep you updated and involved as this work progresses.

This year, we tried new ways to engage with the sector, such as livestreams, so that we all head into the future in one waka, steering in the same direction. These efforts will continue, and I look forward to being in touch with you all next year.

I would like to wish everyone a safe and happy holiday season.

## **Enabling Good Lives**

### Christchurch

#### Rawa Karetai, Enabling Good Lives Christchurch

Approximately 430 people now participate in Enabling Good Lives Christchurch, with over 50 young people leaving school this year. Over the last few years, young people who left school are continuing to grow and develop, moving out of home and flatting, turning work experience into paid employment, developing a hobby into a business or completing a course and joining a group for further connection with others. It has been encouraging to speak with families about the successful outcomes of Enabling Good Lives in Christchurch.

Enabling Good Lives Christchurch was involved in the launch of Project SEARCH, a one-year, employer-led internship programme for students with learning disabilities. The project targets students in their final year of school who want competitive employment. Some of our first participants have found jobs throughout the city.

The Regional Leadership Group met with Hon Jenny Salesa to discuss the success stories of the people who are part of Enabling Good Lives. Three families attended to talk about their experiences with Enabling Good Lives. The Minister appreciated hearing from the families. The leadership group expressed their concern about the lack of change for Christchurch. They pointed out that they felt Christchurch was in a holding pattern by only being able to serve ORS (ongoing resourcing scheme) funded school leavers. The leadership group explained that the current pilot creates a two-tiered system of those who fit the criteria and those that do not. They also expressed that they would like to see the Christchurch pilot expand so more people can participate in Enabling Good Lives.

We have also discussed Enabling Good Lives with the Ministry of Education and their Waitaha Parent Advisory group. There was a general desire to expand the MoE's defined geographical boundary. Enabling Good Lives currently only has a reach from Rolleston to Kaiapoi and those who are ORS funded. One family in Timaru could be considered as a trial.

We have also discussed helping disabled persons transitioning into adulthood with Oranga Tamariki. If Enabling Good Lives Christchurch works with transitioning young adults, we will start to have some school leavers who are not ORS funded but have support until they are 25 years old.

**-**

It has been inspiring to bring meaningful, positive outcomes for people living with disabilities and their whānau into the realm of possibility. Our independent facilitators and their practice supervisor have been crucial to the success stories that our participants have to tell. They walk alongside our Enabling Good Lives participants to help connect them with services and activities individualised to their needs, dreams and aspirations.

### **Waikato**

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

The Waikato demonstration of Enabling Good Lives has entered its fifth year, with 402 disabled people participating along with their families and whānau. There is optimism growing for a wider future for Enabling Good Lives in Waikato.

Recent highlights included visits from Minister for Disability Issues Hon Carmel Sepuloni, local MP Jamie Strange and Associate Minister of Health Hon Jenny Salesa. The Ministers met with members of the Leadership Group, the lead evaluator and a group of diverse disabled people, families and whānau who are participating in EGL Waikato. They shared compelling stories with the Ministers about the benefits of increased choice and control, with self-management, flexibility, the ability to do things differently, the role of the tūhono and better outcomes highlighted.

Enabling Good Lives had a great win at the Spirit of Service Awards in mid-September. The Spirit of Service Awards celebrate outstanding public service delivering great outcomes for New Zealand. The Ministries of Social Development and Health, in partnership with the Enabling Good Lives Leadership Groups, won the inaugural award for Leadership in Governance. This award is the culmination of many people's hard work over the last decade and required the commitment, perseverance and leadership of the disability community, including the Waikato Leadership Group.

We have learned a lot in EGL Waikato, with many lessons identified in our three evaluations. One big observation is that some families with young children don't choose to have respite or short breaks when given control of their budget. Many purchase items or regular supports that mean family time works well for everyone. The following story illustrates this:

A family in a small rural town spent their small first year's budget on an outdoor wooden playground to help their young son have fun, grow his confidence and develop motor skills. This has been fantastic, however, since moving to their new home he's been unable to use the playground without an adult present as the outside area is exposed to the road, several creeks, gullies and bush. This has been really stressful for the family. The connector assisted Mum to apply to local community funders for fencing, with no success. The family chose to use their year two EGL budget on fencing, as this supports their son to have freedom to play outside at home, without constant adult vigilance.

## System transformation

#### James Poskitt, Programme Lead

Hamish McNeill is a young man with Down syndrome who has begun the process of starting his own small paleo baking business called 'Hungry Hamish'. Hamish loves baking and has always dreamed of having his own business in the food industry.

About 16 years ago, Hamish and his mother Christina, came up with the idea of Hamish having his own business. They first thought Hamish could open a café called 'The Hungry Hungry Hamish'.

Fast forward to present day,
Hamish and his family have
been working with kaitūhono/
connectors from Mana Whaikaha
and using the Enabling Good
Lives principles to determine
what a good life could look like
for Hamish. The insights and



Hamish McNeill and his mother Christina

experience of the kaitūhono/connectors helped Christina realise the importance of building a network around Hamish that would help him achieve his goals.

'If you want Hamish to be a baker, you need a support worker who is a baker.' This simple statement resonated with Christina, who previously had only thought about a support worker being a 'safe' person for Hamish. Hiring Damian, a qualified baker, as Hamish's support person has opened a whole new world of opportunities for Hamish and set him on the path towards having a good life.

youtube.com/watch?v=uu8M9rGY\_dU&feature=youtu.be

## Baseline study of the disability support system in the MidCentral area

Marianne Linton, Senior Advisor, Quality & Performance

#### What is happening in MidCentral?

A prototype disability system, Mana Whaikaha, was introduced on 1 October 2018 in the MidCentral DHB region, which includes Palmerston North, Horowhenua, Manawatu, Otaki and Tararua districts.

Mana Whaikaha is based on the Enabling Good Lives vision and principles and aims to:

- provide disabled people and whānau with more flexible support options
- give disabled people and whānau greater decision making over their support and lives
- improve outcomes for disabled people and whānau
- create a more cost-effective disability support system.

More information about Mana Whaikaha can be found on their website. manawhaikaha.co.nz/about-us/mana-whaikaha/

#### Why was a Baseline Study done?

The Baseline Study was undertaken before Mana Whaikaha began. It tells us what things were like before Mana Whaikaha started and will provide a reference point for understanding the difference Mana Whaikaha makes for disabled people and whānau over time. The Baseline Study is the first stage in a longitudinal outcomes evaluation.

The Baseline Study involved:

- interviews with disabled people and whānau and a survey of service providers and support workers
- mapping the disability support system before Mana Whaikaha started
- analysis of outcomes using administrative information.

There are four Baseline Study reports available on Mana Whaikaha website.

#### manawhaikaha.co.nz

- A Summary Report which summarises information from all the interviews with disabled people and whānau, the surveys of service providers and support workers and the system mapping.
   There are Easy Read and New Zealand Sign Language versions of the Executive Summary available.
- A Disabled Peoples Report which provides more in-depth results from interviews with 172 disabled people who took part.
- A Whānau Report which provides more in-depth results from surveys of 152 whānau about their experiences of the disability support system.
- · A report providing the Survey Tools used.

DSS e-newsletter December 2019

#### What's happening next in the evaluation?

Baseline reports about outcomes for disabled people and whānau using administrative information and a social cost/benefit analysis will be published when they are completed.

Evaluation activities are happening to help support the ongoing development of Mana Whaikaha (the 'Try, Learn and Adjust' approach).

The Baseline interviews and surveys with disabled people, whānau, providers and support workers will be repeated in April 2020 and September 2021 to help us understand what has changed since Mana Whaikaha started on 1 October 2018.

#### **Any questions**

If you have any questions about the Baseline Study, please contact **STFeedback@health.govt.nz** and include 'Baseline Study' in the subject line.

## Launch of Disability Action Plan 2019–2023

Stuart Parkinson, Senior Policy Analyst, Disability Policy

Minister for Disability Issues Hon Carmel Sepuloni launched the Disability Action Plan 2019–2023 on 14 November 2019. The Ministry of Health will lead important work programmes on behalf of the health and disability sector.

The new action plan responds to the main issues identified by disabled people, the Disabled Persons' Organisation (DPO) Coalition and government agencies working together. Most work programmes in the package are expected to continue beyond 2023 and new programmes may be added.

The six work programmes for health sector leadership are:

- repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992
- · reduce the use of seclusion and restraint
- improve health outcomes and access to quality healthcare for disabled people
- transform the disability support system
- protect bodily integrity of disabled people against non-therapeutic medical procedures
- change Funded Family Care policy.

Overall, the Minister for Disability Issues will lead the action plan, coordinating with the Office for Disability Issues (ODI).

The New Zealand Disability Strategy 2016–2026 (Disability Strategy) and the action plan are part of New Zealand's realisation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

#### United Nations Convention on the Rights of Persons with Disabilities

Purpose: to ensure that disabled people have full and effective participation in society on an equal basis with others



#### New Zealand Disability Strategy 2016-2026

Outcomes: education, employment and economic security, health and wellbeing, rights protection and justice, accessibility, attitudes, choice and control, and leadership



#### New Zealand Disability Action Plan 2019-2023

Monitoring and measurement of progress includes six-monthly status reports, Ministerial Leadership Group on Disability Issues bi-annual meetings and DPO Coalition meetings.

Further information on the action plan is available from ODI's website odi.govt.nz/disability-action-plan-2/#Summary

## Pacific update

Bella Bartley, Portfolio Manager, Operational Performance, Central

#### The Pacific Disability space has had a busy year!

We are in the third year of the Faiva Ora Plan 2016–2021. The plan sets out priority outcomes and actions to support and improve the lives of Pacific disabled people of all ages and their families.

To support the implementation of this important plan, a leadership group was established to provide advice to the Ministry.



The leadership group held its first

meeting for the year on 19 February 2019, focused on setting priorities for the coming year. They identified sector engagement and coordinating with DHBs Pacific disability advisory groups as key priorities.

The leadership group has also provided a Pacific perspective to the Ministry on several key policy developments, including Funded Family Care, the Respite Strategy, System Transformation prototype, changes to carer support, Tamariki Ora review, Disability Strategy, Pacific Health Plan and the Health Standards review. They also hosted Associate Minister of Health Hon Jenny Salesa at their last meeting on 23 August 2019 in Auckland.

Members of the leadership group are actively involved in their communities with various projects to raise awareness of disability, including promoting and supporting the Faiva Ora Community Innovation Funding initiative which opened in 2017. The innovation fund supports community-based initiatives that enable Pasifika people with disabilities to enhance participation, reduce stigma and increase access to support. They created videos about projects funded in the first year of the programme which were shared widely on social media. You can view these on Le Va's website (leva.co.nz/our-work/disability-support/innovation-fund). Successful applicants for this year's round of funding will be announced soon.

Other initiatives include the establishment of the 'Engaging Pasifika' cultural competency training programme and engagement across Pacific church groups about supporting people with a disability and being inclusive. They have also established circles of support that bring together Pasifika disabled people with people to support their planning, decision making and thinking about their future. We have made inroads engaging with government agencies and DHBs.

The Ministry has monitored progress against the action plan and is pleased with the level of engagement from across the sector and progress on implementing the Faiva Ora Plan.

## Child development services

Noreen McMahon, Portfolio Manager, Operational Performance, Central

Child Development Services (CDS) provides therapies to children with disabilities to maximise their potential and promote their independence. In Budget 2019, the Government allocated an additional \$35 million over four years to CDS (\$8.75 million per annum) to address waitlists and modernise the service.

The CDS teams and their respective shared services agencies submitted implementation plans to the Ministry in September 2019. In addition to recruiting additional staff, the CDS teams were asked to submit initiatives that would help to shape the future model of care. We received 26 proposals outlining great initiatives that would help with the development of pathways, seamless processes and delivery of services in isolated regions. Unfortunately, not all the proposals could be funded this year. The Ministry is delighted to support 14 initiatives in addition to allocating funding to increase capacity. Several of these initiatives involve partnership with other agencies, such as the Ministry of Education and Ministry of Social Development, to help identify children in the community who would benefit from CDS. We hope to share the key findings from these projects in the future.

## Recent publications on health website

health.govt.nz/publication/new-zealand-autism-spectrum-disorder-guidelines-supplementary-paper-effectiveness-sexuality

health.govt.nz/publication/new-zealand-autism-spectrum-disorder-guidelines-supplementary-paper-school-transitions

## Spotlight on quality

Christina Curd, Senior Advisor, Quality and Performance

We are excited to announce that the updated Disability Directorate complaints and feedback webpage on the Ministry of Health website is now live.

We have updated the page to include a feedback mechanism so we can hear about people's experiences, and have organised translations into easy-read, New Zealand Sign Language (NZSL) and Te Reo. This is so we can make it more accessible to the people we fund and their families/ whānau. The easy-read, NZSL and Te Reo translations will be on the website in the next few weeks.

We hope that the updated webpage will encourage people to share their experiences with us so we can use this as an opportunity to improve our services for the people we support and their families/whānau.

Check out the link to the updated page: health.govt.nz/your-health/services-and-support/disability-services/disability-support-complaints-and-feedback.

As always, we are keen to hear any feedback you have. Feel free to email disability@health.govt.nz if you have any questions about the complaints webpage, or the complaints and feedback process more generally.

## From the community

Two letters were received by thankful recipients of hearing aids funded by the Ministry's hearing aid schemes.

Please note: some information has been removed to protect the identity of the recipients:

Good day to you,

I am writing to express my appreciation & gratitude, of the precious gift you have 'enabled' me to have – HEARING!!

Unbelievable – wonderful – scary (at first) – but it has given me so much more confidence to communicate with 'life'.

At first even a leaf blowing outside, fridge turning off/on, indicator in car, having input at our board meetings, doing volunteer work and having the confidence to speak/report any suspicious activity would give me panic attacks, having never heard them before. But now – wow!! I'm 'onto it'.

How can I ever REALLY THANK YOU? Please know I will be eternally grateful and say so, each time I put my aids in. Once again THANK YOU! You do a wonderful job & I am one of the lucky recipients.

Truly you are "STARS!" ★ ★ ★

Hello

I am writing to say thank you for the hearing aids which have been truly transformational. I have just finished the trialling period and they are helping me so much. My heartfelt appreciation.

My very old ones were next to useless – had been for years, and I was becoming quite despondent at times as it had really affected my ability to communicate also my confidence had taken a big knock.

Also, the TV had to be up too loud for me to hear which was very antisocial, and still clarity of speech was missing! Now I am not annoying the neighbours!

I still mishear some things, but mostly everything is so much better I feel like a new woman. It is such a relief.

THANK YOU. With a voice challenge as well, it is truly wonderful to think I can be much more 'normal' than I thought was possible.

Please pass this on to any other pertinent people.

Kind regards

## The gift of music benefits Robert's protegés

Robert Mullen of Hamilton is a music teacher with a gift which sets him apart from other musicians. He knows how to bring out the best in students with learning or intellectual disabilities, so much so that many of his protégés have arguably become better than their master. He has helped unlock hidden treasures within them.

'The research into how well creative arts such as music, dance, drama, art etc. can assist those struggling with traditional classroom subjects and settings is so much clearer now than a generation ago,' says Robert.

Take Alex Johnsen as an example. Alex is a 27 year old with Down syndrome which several years ago would have seen him institutionalised and written off. Not now, insists Chris, his support worker from Community Living. His life changed earlier last year when Chris contacted Robert to say she thought Alex had some real talent musically. Robert agreed to give Alex guitar lessons. But halfway through the first lesson 'we discovered guitaring wasn't his strength, it was singing and rapping! We just started mucking around with some stuff and I said to his mother:



Robert Mullen (in cap), Alex Johnsen (with beard), and Cameron Gregory.

"Can I just work with what he's got in other areas?" They wanted to bring out Alex's talents and ensure he was happy and could express himself. They gelled. Alex's focus heightened and after one of the lessons the two filmed 'Chasing Cars' by Snow Patrol and put it on Facebook. It went viral and

resulted in international media attention – CBS News, People Magazine, NBC, Metro UK and many other publications in Europe and even in Asia.

About a month after Alex's first lesson, Robert took on another student, Robyn from Idea Services. She wanted to be able to play guitar in a kapa haka group.

Robert does not call them music lessons. 'It's mentoring expression through creativity. I just want them to see that they have the ability to express themselves.'

He has worked with people with disabilities for nearly 18 years, has a Diploma in music and knows how the power of music can improve people's lives.

Earlier this year, Cameron Gregory came on board with learning the keyboard along with Glen Terry and Julian Godfery learning drums. The group of friends and students formed Robert Mullen Junior and Friends.

Alex, Robert, Julian, Cameron and Glen all work on their own goals and projects but come together on occasions. One of these occasions was on World Down Syndrome Day when the team provided entertainment at a fundraising barbecue outside The Warehouse in Hamilton Central.

'They are benefitting from the fact there is now more awareness around people with disabilities, that they can do anything. It's a "so what" attitude and that anything is possible,' says Robert.

Their Facebook page continues to attract viewers as does the group's YouTube channel and Instagram account (look for Robert Mullen Junior and Friends).

Other big events they have performed at include Community Living's Got Talent in Hamilton and the opening ceremony of the International Special Needs Taekwondo Games in Napier (facebook.com/International-Special-Needs-Taekwon-Do-Games-New-Zealand-5th-Octob er-2019-2320819314797945/).

'I'd rather work with these guys than the general public, they're way more interesting,' says Robert.

## **Live Your Best Life!**

Geneva Healthcare's annual Ball is the social event highlight of the year for people supported by Geneva Healthcare to lead an independent life with disability.

This year's 'Dance of Nations' themed Ball was one of the biggest yet with over 250 people from all over New Zealand celebrating diversity, culture and inclusion at the Pullman Hotel in Auckland City.

Rt Hon Jacinda Ardern and Hon Jenny Salesa helped light up the night. The Prime Minister astounded everyone at the Ball by arriving unexpectedly – talking to as many people as she could, posing for photos and addressing the crowd with an impromptu speech to kick-start the event after the Karakia. She thanked Geneva's clients who put together a personalised video invite and said it brought tears to her eyes and she felt she just needed to be a part of the event, even if it was only a fleeting appearance.



Hon Jenny Salesa

Hon Jenny Salesa, Associate Minister of Health expressed her delight to see so many people wearing spectacular outfits, stating how amazing everyone looked. 'We make who we are, and tonight's event reminds us how important it is to honour Aotearoa's diverse cultural backgrounds and show our respect and support for disabled people. The Minister was very impressed by the dancing prowess of Geneva's own staff in the dance medley. 'I thought you had hired people in to come and dance tonight! My gosh, you are so talented, and you all look so fabulous,' said Minister Salesa.

Josephine Gagan, New Zealand Health Group Chief Executive, and Minister Salesa presented the Geneva Pillar Industry Award in recognition of organisations who have gone above and beyond to remove barriers to services, allowing for inclusion. The Cookie Project took this year's award, while the nominees included Will&Able and Recreate NZ.

The dance floor was packed for hours and there was a lot of fun, laughter and good times. Everyone left with smiles on their faces, having enjoyed a fabulous evening of celebration, dancing and food. It was certainly a night to remember.



#### **Contact Disability Support Services**

Email: disability@health.govt.nz

Phone: 0800 DSD MOH (0800 373 664)

Web: health.govt.nz/disability

To be added to or removed from the email list for this newsletter,

DSS e-newsletter December 2019

please email disability@health.govt.nz

## WEST COAST DHB – MEETING SCHEDULE FEBRUARY – DECEMBER 2020

DATE	MEETING	TIME	VENUE
Friday 21 February 2020	BOARD MEETING	10.00am	St John, Water Walk Rd, Greymouth
Thursday 12 March 2020	Advisory Committee Meeting	9.45am	St John, Water Walk Rd, Greymouth
Thursday 12 March 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 27 March 2020	BOARD MEETING	10.00am	West Coast Regional Council, 388 Main South Road, Paroa, Greymouth
Friday 8 May 2020	BOARD MEETING	ТВС	Westport
Thursday 11 June 2020	Advisory Committee Meeting	9.45am	St John, Water Walk Rd, Greymouth
Thursday 11 June 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Board Room, Corporate Office
Friday 26 June 2020	BOARD MEETING	10.00am	TO BE CONFIRMED
Friday 7 August 2020	BOARD MEETING	10.00am	TO BE CONFIRMED
Thursday 10 September 2020	Advisory Committee Meeting	9.45am	St John, Water Walk Rd, Greymouth
Thursday 10 September 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 25 September 2020	BOARD MEETING	10.00am	TO BE CONFIRMED
Friday 30 October 2020	BOARD MEETING	10.00am	TO BE CONFIRMED
Thursday 26 November 2020	Advisory Committee Meeting	9.45am	St John, Water Walk Rd, Greymouth
Thursday 26 November 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 11 December 2020	BOARD MEETING	10.00am	TO BE CONFIRMED

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