

### **ADVISORY COMMITTEE MEETING**

11 June 2020

9.45am

via zoom

# AGENDA AND MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE



#### 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

François 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)



# WEST COAST ADVISORY COMMITTEE MEETING To be held via zoom Thursday 11 June 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
  - 12 March 2020
- 3. Carried Forward/Action Items

REPORTS 9.5				
4.	Community and Public Health Update	Gail McLauchlan Community and Public Health	9.50am – 10.00am	
5.	Disability Action Plan Update	Kathy O'Neill Planning & Funding	10.00am – 10.10am	
6.	Operational Update	Philip Wheble General Manager, West Coast	10.10am – 10.20am	
7.	Maori Health Update	Gary Coghlan General Manager, Maori Health	10.20am – 10.30am	

### ESTIMATED FINISH TIME

10.30am

### **INFORMATION ITEMS**

- 2020 Schedule of Meetings
- 2020 Committee Work Plan Working Document

### **NEXT MEETING**

Date of Next Meeting: Thursday 10 September 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 INTERESTS REGISTER



Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
<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>		Perceived
<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	
<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 N	
<ul> <li>Employed by the West Coast DHB as a Public Health Nurse based in Reefton (0.2FTE)</li> <li>I also undertake on-call work for multiple areas: Practice Nursing; District Nursing and as a Registered Nurse at the Reefton Health Centre</li> </ul>	Y Y	
<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
	<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> <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> <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> <li>Employed by the West Coast DHB as a Public Health Nurse based in Reefton (0.2FTE)</li> <li>I also undertake on-call work for multiple areas: Practice Nursing; District Nursing and as a Registered Nurse at the Reefton Health Centre</li> <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> </ul>	White Wreath Action Against Suicide – Board Member and Research Officer White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders.  Author and Publisher of "Suicide, Murder, Violence Assessment and Prevention" 2017 and four other books.  Director Auchinvole & Associates Ltd  Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand  Daughter-in-law employed by Otago DHB  Deputy Chair - Hawke's Bay Regional Council Commissioner - Representation Commission  Director - Napier Port  Director - Hawke's Bay Regional Council Investment Company  Employed by the West Coast DHB as a Public Health Nurse based in Reefton (0.2FTE)  I also undertake on-call work for multiple areas: Practice Nursing; District Nursing and as a Registered Nurse at the Reefton Health Centre  Patron of the West Coast Stroke Group Incorporated Daughter employed as nurse for West Coast DHB Consumer Representative on WCDHB Stroke Coalition Committee Number, Accessible West Coast Coast Coalition Group

Sarah Birchfield	Member, Accessible West Coast Coalition Group	N	
<b>Board Member</b>	Member, Canterbury/West Coast Disability Action Group	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	
	Justice of the Peace	N	
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	
	<ul> <li>Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team</li> </ul>	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	
- <b>FJ</b>	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	Y	
Joseph Mason	Representative of Te Runanga o Kati Wae Wae Arahura	N	
J	Employee Community and Public Health, Canterbury DHB	Y	Perceived
	Tatau Pounamu – Committee Member	Y	Perceived
Edie Moke <b>Board Member</b>	<ul> <li>Nga Taonga Sound &amp; Vision - Board Member (elected); Chair: Assurance and Risk Committee; and Member: Property Committee</li> <li>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.</li> </ul>	Y	Perceived
	New Zealand Blood Service Board (NZBS) – Member	Y	Actual
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	1 Crecived
	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

François Tumahai	• T- Down - North William Clark		
	Te Runanga o Ngati Waewae – Chair     This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the	N	
Board Member	mana of their people over the land, the sea and the natural resources. Te Rūnanga o	11	
	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		
	physical resources under the Resource Management Act 1991.	N	
	Poutini Waiora Board - Chair		
	Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care	Y	Actual
	to whanau across Te Tai O Poutini.		
	Development West Coast – Trustee		
	Development West Coast – Trustee  Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage,	N.T.	
	invest and distribute income from a fund of \$92 million received from the	N	
	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		
	Westland Wilderness Trust – Chair	N	
	West Coast Conservation Board – Board Member	N.T.	
	The West Coast Tai Poutini Conservation Board serves a conservation advisory role,	N	
	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	Τ Ν	



# DRAFT MINUTES OF THE WEST COAST ADVISORY COMMITTEE held at St John, Water Walk Road, Greymouth on Thursday 12 March commencing at 9.45am

#### **PRESENT**

Peter Neame (Chairman); Chris Auchinvole; Hon Rick Barker; Susan Barnett; Lynnette Beirne; Sarah Birchfield; Dr Cheryl Brunton; Paula Cutbush; Helen Gillespie; Anita Halsall-Quinlan; Tony Kokshoorn; Chris Lim; Joseph Mason; Edie Moke; and Nigel Ogilvie

### **APOLOGIES**

Apologies was received and accepted from Jenny McGill & Francois Tumahai.

#### **EXECUTIVE SUPPORT**

Philip Wheble (General Manager, West Coast); Gary Coghlan (General Manager, Maori Health); Jane George (Director of Allied Health, Scientific & Technical); Jenni Stephenson (Programme Manager, West Coast Alliance); and Kay Jenkins (Board Secretary).

### **APOLOGIES**

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

Joe Mason opened the meeting with a Karakia.

### 1. INTEREST REGISTER

### Additions/Alterations to the Interest Register

Sarah Birchfield advised that she is no longer a member of the Consumer Council or the Child & Youth Development Committee. She also advised that her interest should read "Member, Canterbury/West Coast "Disability" Action Group.

Edie Moke asked that her interest "South Canterbury DHB" be removed.

Susan Barnett advised that she is no longer a "casual" employee so this word should be deleted.

### 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 01/20)

"That the minutes of the meeting of the West Coast Advisory Committee held on 1 November 2019 be confirmed as a true and correct record."

Moved: Edie Moke/Seconded: Paula Cutbush - carried

### 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. The report provided updates on activity around: COVID-19 Response; Drinking Water; Maori Health Promotion; Community Health Promotion; Physical Activity; Nutrition; Healthy Public Policy; Smokefree; and Alcohol Harm Reduction.

Ms Brunton advised that meeting that there have been 5 confirmed cases of COVID-19 however as of yesterday there had been no new cases in 4 days.

Discussion took place regarding drinking water in Reefton. It was noted that Reefton is not normally a chlorinated supply however shock dosing is now taking place at the reservoir. In addition the Council have been requested to put in a precautionary boil water notice. A query was made as to why the reservoir had been bought back into use and it was noted that this was due to demand. Ms Brunton provided the Committee with some background around the creation of the National Water Authority and what led to this.

A query was made about the new Mene Mai Oral Health Toolkit. Ms Brunton advised that this was developed in Canterbury and is a took kit about educating children around Oral Health. Information regarding this is available on the Community & Public Health website.

Discussion took place around messaging regarding COVID-19 and management advised that communications around this are being reviewed to ensure the correct messaging.

The update was noted.

As this Committee had new members the Chair asked everyone to provide a quic introduction.

### 5. DISABILITY ACTION PLAN UPDATE

Jane George, Director of Allied Health, Scientific & Technical, presented the Disability Action Plan update which was taken as read. Ms George advised the Committee that disability has just become part of her new role.

Ms George advised that over the last 3 months the feedback received from the forums held in the community has been incorporated into the refresh of the Plan. In addition, the previous Plan has been 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. Ms George advised that the revised plan will be presented to the June Committee meeting.

Discussion took place regarding Accessibility West Coast. It was noted that last year the Board endorsed the Accessible Te Tai Poutini West Coast Strategic Plan 2019–2022 and agreed that the West Coast DHB become a signatory to the plan. Accessible West Coast will be added to the workplan to present to the Committee.

Discussion also took place regarding Manawanui which is an organisation that facilitates self-directed funding in New Zealand. This means that you are in control of how, when and who delivers your support at home and in the community and that you purchase and choose the support you need, employ the people you want and manage your available budget.

The topic of disability awareness training for staff was also discussed.

The update was noted.

### 6. ALLIANCE UPDATE

Jenni Stephenson, Programme Manager, West Coast Alliance Leadership presented this update which was taken as read. Ms Stephenson provided an overview of the Alliance and commented that the Alliance is a formal agreement the DHB has with the PHO where we work together and plan together for an integrated health system.

A query was made regarding whether this is a locality approach. Ms Stephenson advised that there are currently 8 work streams which is really stretching the workforce and the ALT is recommending that for the coming year the focus will be on locality teams reflecting how the DHB is modelling their workforce around localities, recognising that there is still work to be done around how DHB staff work with Primary Care.

A query was made regarding Carl Hutchby and Cameron Lacey no longer being members and it was noted that Māori Health and Mental Health representation will now be sought. It was also noted that the Alliance Leadership Team is clinically led and an alliance support group sits under this.

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:

- 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; and
- 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).

Mr Wheble commented that he is trying to change the reporting so that it reflects the direction of travel of the DHB. He asked that Committee members provided any feedback to him.

Mr Wheble advised that the DHB has been challenged around wait times for routine GP appointments. He added that it is always a challenge to get permanent GPs on the West Coast and is is now becoming a challenge to get Locums as well. He noted that nurse wait times have now been included in the report.

In regard to electives Mr Wheble commented that in ESPI 2 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). It was 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.

Mr Wheble advised that Some of the patients who are indicated as being over the 120-day target have previously been offered appointments but have not turned up at their clinic appointments. He added that the reasons for this are quite variable depending on the individual patient and their particular circumstances. These patients 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.

Discussion took place regarding DNAs and what could be done to ensure that people attend their appointments. It was noted that this is a conversation that has taken place many times at this meeting. Mr Wheble commented that there is a challenge around mail delivery and conversations have taken place with NZ Post around this. We also text people and the team are working with the community to communicate to us the reasons they cannot attend. It was noted that due to the unique situation on the West Coast we do try to find a reason and not immediately refer patients back to their GP.

The update was noted.

#### 8. MAORI HEALTH UPDATE

Gary Coghlan, General Manager, Maori Health, presented this report which was taken as read. Mr Coghlan highlighted the hui taking place tomorrow where Dame Naida Glavish Naida will spend the day sharing her knowledge and delivering a session to the broader workforce of the DHB and other health partners.

The update was noted.

### 9. 2020 COMMITTEE WORK PLAN - WORKING DOCUMENT

Members were asked to provided feedback around the Committee work plan.

### **INFORMATION ITEMS**

- Disability Directorate Newsletter December 2019
- 2020 Schedule of Meetings

There being no further business the meeting concluded at 11.10am.

The Committee proceeded on a tour of the existing Grey Hospital site.

Confirmed as a true and correct reco	rd:
Peter Neame, Chairman	Date

### CARRIED FORWARD/ACTION ITEMS



## WEST COAST ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 11 June 2020

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	INC. C. DATED	PHO presentation	This was to be on today's agenda but clarification on what is required is needed	Deferred to 10 September meeting

## COMMUNITY AND PUBLIC HEALTH UPDATE



TO: Chair and Members

**West Coast Advisory Committee** 

**SOURCE:** Community and Public Health

**DATE:** 11 June 2020

Report Status – For:	Decision	Noting 🗹	Information	
•		U		

### 1. ORIGIN OF THE REPORT

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

### 2. **RECOMMENDATION**

That the Advisory Committee:

i notes the Community and Public Health Update

### 3. APPENDICES

Appendix 1: Community and Public Health Update

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

Community and Public Health

# REPORT to JOINT COMMITTEE COMMUNITY AND PUBLIC HEALTH (CPH) June 2020

### **COVID-19** response

Since our March report to the Committee, CPH has been almost solely focused on the response to COVID-19. This has included staff from across the West Coast team supporting the local public health response including case investigation and contact management of local cases as well as supporting the wider Canterbury/West Coast response. We also had support from Canterbury as a Christchurch-based HPO was able to assist and support West Coast work remotely.

On the West Coast there were four confirmed COVID-19 cases, including one person who died, and one probable case. CPH managed these cases and their close contacts, calling them all daily until they were released from self-isolation.

It was a new way of working for us, as for many. With home office set ups, home-schooling children, learning Zoom, being trained to support contact management and working hard to stay engaged and support the community, it was a busy and challenging time. As we pull this report together things are not back to the usual way of working within CPH as most staff still need to work most of their time from home and we don't yet have the same freedoms to meet with our partner agencies as we'd usually do. We need to prepare for any resurgence in COVID-19 cases and to know our workforce will be ready and well enough to respond if necessary. CPH is still 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.

During the response, our West Coast Manager and Team Leader linked in to West Coast DHB EOC meetings on an almost daily basis. This allowed us to provide timely information where required and to stay well informed about what was a very impressive response by the West Coast DHB. They also linked in directly with the overarching welfare and wider psychosocial group to ensure we could co-ordinate our responses. Our Medical Officer of Health provided technical guidance to the West Coast DHB EOC as needed, including advice on targeted sentinel testing, and support with managing media queries.

#### Māori health promotion

During levels 3 and 4 the two local rūnanga closed both marae. The rūnanga worked together with the West Coast DHB and Poutini Waiora on their COVID-19 response efforts which included well-being checks and hygiene care packages for local Māori whānau. This was a very positive step in Māori community relationships.

CPH's Māori health promoter is also participating in three child focused groups, including a Rural Early Years steering group and a Child Welfare Group which are West Coast DHB and Ministry of Education initiatives, and a Māori focused 'child wellbeing' group with WestREAP and Oranga Tamariki. There is a major community focus on Māori after the impacts of COVID-19, on mental health, child and whanau well-being, basic needs and resilience. Our Māori health promoter will be participating and connecting Māori voices and experiences to contribute to this ongoing mahi.

### **Drinking water**

CPH is pleased to note that Buller District Council has approved funding for major improvements to Reefton's water supply, including a substantial amount in this year's annual plan. Council is making good progress towards ensuring Reefton has a safe water supply but even with the funding approved, this will take time and a precautionary boil water notice will be in place until the upgrade works are completed.

Our drinking water staff have been aware of some issues this year at the Fox Glacier water supply leading to a temporary boil water notice. The Fox Glacier and Arahura water supplies are the last two Westland District Council supplies to receive water treatment upgrades. It is pleasing to have received a recent update from the Council's water management team that both upgrade projects have been progressing well and Council is currently working through the tender proposals received for both supplies.

### **Nutrition and food security**

A community heritage orchard project has begun in Blackball co-developed by CPH health promoter Tessa Hunter and Meg Fulford. Regular visits to Blackball and surrounding communities supporting the korero of the project, identification of heritage trees and planning of the development of the orchard happened before lockdown and will now pick up again. Prior to COVID-19 Lake Brunner School had approved and was in the planning stages of a community food forest in the school grounds. CPH is providing support in the development of this community initiative too.

The West Coast Food Security Network met via Zoom during lockdown. Members discussed current food security issues and opportunities that could present as we move out of lockdown. People's interest in gardening and growing food seems to have increased, with almost all vegetable plants sold out from Mitre 10 and The Warehouse in the days leading up to lockdown. Many people have also taken the opportunity to do home baking and cooking. Members also agreed that there were great collaborative efforts being put in to support whānau and communities at this time. Lessons and projects were shared by individuals in the network, including information about Māori food security initiatives from the recent Toi Tangata hui in Napier, and how Westport runs its Maara Kai.

Over the lockdown period one West Coast Early Childhood Centre gained their Pa-Harakeke/Gold Healthy Heart Award. This centre had support from CPH and the Heart Foundation over the past couple of years to improve their food menu so that it is nutritious and tasty for the children. Five other Early Childhood Centres also asked for resource support during lockdown.

### **Smokefree**

Since the last report our Smokefree Enforcement Officer has conducted tobacco retailer compliance check visits to all retailers in Westport, Hokitika, Ross, Hari Hari, Whataroa, Franz Josef, Fox Glacier and Haast. Some retailers reported that there had been a marked increase in purchases of particular brands of cheaper cigarette.

As part of the West Coast Tobacco Free Coalition, CPH's Smokefree health promoter pulled together a submission on the Smokefree Environments and Regulated Products (Vaping) Amendment Bill. This was an important Bill to submit on despite the tight submission deadline and increasing COVID-19 work. CPH has recently been approached by Westland District Council for support with signage for their Smokefree Outdoor Dining Policy. This a positive step towards more Smokefree outdoor dining on the West Coast.

### **Alcohol harm reduction**

A local alcohol accord meeting scheduled for 16<sup>th</sup> March in Westport was postponed, however, a combined Grey District/Westland District accord meeting was held in Greymouth on 17<sup>th</sup> March. It was attended by some influential alcohol industry representatives from both districts. Constructive conversations were had, resulting in unanimous support for the formation of accords in both districts.

### **DISABILITY ACTION PLAN UPDATE**



TO: Chair and Members Advisory Committee

SOURCE: Planning and Funding

DATE: 29 May 2020

Report Status – For:	Decision	Noting <a>V</a>	Information	
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### 1. ORIGIN OF THE REPORT

At the last update on 12 March 2020 on the refresh of the Action Plan, the Committee requested a further update at their next meeting with timeframes and specific actions.

### 2. RECOMMENDATION

The advisory committee:

- Reviews the refreshed Transalpine Health Disability Plan and provides feedback to the author of this paper
- Notes the development of the Work Plan and notes the intention to establish a separate Work Plan specific to the West Coast following the
- Endorses the establishment of a Disability Steering Group and notes the proposed timeframe

### 3. SUMMARY

Following the last update on 12 March 2020 on the refresh of the Action Plan, this paper is to advise the Committee of the progress on refreshing the Transalpine Health Disability Action Plan (the Action Plan) and to provide an opportunity for feedback before the Plan is presented to the Canterbury and West Coast DHBs EMT and back to the Committee for formal endorsement following any recommended amendments.

Accompanying this paper is the refreshed Action Plan with a draft Work Plan which is being developed to identify what will be completed in the next 12 months against the 48 new and revised priorities actions. These actions have been identified following the consultation process with disabled people, their whanau and disability providers undertaken in the second half of 2019.

### 4. **DISCUSSION**

In addition to the new and refreshed Priority Actions for 2020 to 2023 the timeframe of the Plan has been revised for the 10 year period from 2020 – 2030 rather than 2016 -2026 as there have been a number of wider changes that have required a more extensive re-write than just amending the priority actions. This has included the publishing of the new New Zealand Disability Strategy 2016 – 2026 and required the strategic objections of the Canterbury and West Coast Disability Action Plan to be aligned with the 8 strategic objectives of the national document in the updated version.

While it has been agreed that the Plan aligns with the principles of Enabling Good Lives (identified and approved by disabled people) and of Whanau ora, the manawhenua and disabled people who are members of DSG have required that the alignment be made more explicit. A table has been added in the forward of the Action Plan to meet this requirement.

The progress to date against the original priority actions of 2016 to 2019 and the process of refreshing the Action Plan has also been added in the forward as well.

The Work Plan is a necessary addition to the previous Plan to identify responsible leads for each action and provide timeframes. The Work Plan is still in development at the time of writing this paper and is subject to further amendment before the Action and Work Plans final sign off. Currently the Work Plan is transalpine, but please note that contained within the Work Plan against Priority Action 43 there is an specific action to establish a West Coast Disability Steering Group who will develop a West Coast Work Plan separate to Canterbury but under the same strategic Action Plan. At the time of launching the Action Plan in 2016 the West Coast governance bodies, the Alliance Leadership Teams (ALT) and the Executive Management Team recommended that existing organisational systems be used for implementing the Action Plan, this primarily meant that the DHB departments with transalpine responsibilities would implement their relevant priority actions on both sides of the alps and that ALT would use their workstreams to progress actions health system wide by making the Action Plan one of their core documents. As previously reported to the Advisory Committee while some achievements have been made, the pace of transformation has not been at the level we had hoped for. The establishment of a separate Disability Steering Group is now supported by ALT who will retain governance along with the Advisory Committee, this will ensure it is a health system wide plan.

It is proposed that the Disability Steering Group is, at least initially, a medium sized group of committed people passionate about making a difference for the disabled people and their whanau. (not as large as the Canterbury membership which has 22 members) Attached as an appendix to this paper is the Terms of Reference of the Canterbury DHB Steering Group and it is proposed the West Coast Steering Group (WCDSG) will have a similar form and function. Once the Steering Group is formed their first task will be to finalise their (TOR) and submit that for endorsement to ALT and the Advisory Committee and then establish their own Work Plan for the following 12-month period. A timeline is provided below assuming the Advisory Committee approves this direction. Please note the timeframes has been developed with consideration that leaders required to be involved in establishing of the WCDSG and the separate Work Plan will be occupied with moving into the new hospital.

- **1 July** Call for Expressions of Interest for membership of WCDSG internal to the DHB, Consumer Council, manawhenua and from within the disability community
- **1 September** Seek membership of WCDSG from across the health system
- **15 October** Confirm full membership with Executive Management Lead, Jacqui Lunday Johnstone and inform ALT and the DHB Advisory Committee
- **15 November** First meeting of WCDSG which will focus on orientation to the Action Plan and expectations of the group.

### Next 3 monthly meetings to focus on the development of a West Coast Work Plan

**April 2021** Work Plan drafted and submitted for endorsement at ALT and the Advisory Committee.

Please note that during this timeframe actions will be progressed within the current structures e.g. within DHB transalpine divisions.

### 5. APPENDICES

Appendix 1: Canterbury and West Coast Disability Action Plan 2020-2030

Appendix 2: Workplan

Appendix 3: CDHB Disability Steering Group Terms of Reference

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

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

# CANTERBURY AND WEST COAST HEALTH DISABILITY ACTION PLAN

2020 - 2030

A plan for improving the health system for disabled people and their family/whanau

Phase 2

Includes Priority Actions for 2020 - 2023





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# **Implementing and refreshing our Disability Action Plan 2016 - 2026**

The Canterbury and West Coast Health System Disability Action Plan (the Plan) was launched in July 2016. It was developed after wide consultation with the disability community, including disabled people, their families/whānau, providers of disability services and our Alliance partners from across the health system. The Plan is being implemented with the ongoing engagement of all these key stakeholders using existing processes, and through developing new ways of working together.

The Canterbury DHB Disability Steering Group (DSG) provides a way to deliver outcomes against the identified priority actions. In Canterbury, the DSG now has 22 staff and community members, and includes links with the Canterbury Clinical Network. On the West Coast, the Alliance Leadership Team and the Board's Disability Support Advisory Committee provide governance. The Divisions with transalpine responsibilities e.g. People and Capability, Communications and Quality Safety and Risk, are leading the implementation. It is important to note that the within the updated priority actions there is a plan to include the development of a West Coast Disability Steering Group to support the implementation on the West Coast.

Progress has been made towards the original 16 Priority Actions of the Plan especially in key areas such as:

- highlighting the importance of addressing issues of accessibility
- employing more disabled people in the DHB
- capturing disabled peoples experience of the health system
- having user friendly information through a re-designed web site
- and establishing a foundation for the on-going engagement with the disability community

To revisit the Plan for 2020 -2030 the original priority actions have been reviewed and have been amended or removed as appropriate. New priority actions have been added to incorporate feedback from forums held in August 2019 with the disability community including people with lived experience and that received from other key stakeholder groups. This information is summarized in Appendix A.

We also updated the core documents which influence our obligations (Appendix B). The importance of the United Nations Convention on the Rights of Persons with Disability (UNCRPD) was consistently referred to in the consultation forums, and these remain the

underlying core principles (Appendix C).

For the purposes of this Plan, disability is defined according to the UNCRPD. It describes disability as resulting 'from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others' (UN General Assembly 2007).

This definition distinguishes the impairment or health condition from the restrictions on participation in society (e.g. unemployment due to discriminatory recruitment practices). These restrictions are not an inevitable consequence of the impairment; they are a result of unfair and avoidable barriers which results in many of the differences in health status between disabled people and people without a disability. Using this definition the Plan is applicable to all disabled people regardless of age or the type of impairment.

This Plan supports the position taken in the New Zealand Disability Strategy 2016 – 2026. 'For some of us, the term 'disabled people' is a source of pride, identity and recognition that disabling barriers exist within society and not with us as individuals. For others, the term 'people with disability' has the same meaning and is important to those who want to be recognised as a person before their disability'.

This document uses the term disabled people. We do recognize the importance of listening to how disabled people refer to themselves e.g. People First prefer disabled people and people from the Deaf community often identify as Deaf first rather than disabled.

The principles of partnership, participation and protection have been central to the development of the strategic objectives and priority actions in this Plan. These principles are consistent with the Treaty of Waitangi and demonstrate our commitment to working with Māori as treaty partners. This is especially important because Māori have higher rates of disability and poorer health outcomes than non-Māori. While there is a specific objective to achieve equitable outcomes for Māori within the Plan, each of the identified priority actions will have identified actions that are inclusive and culturally appropriate. In addition Phase 2 of the Plan links the strategic objectives to the principles of Whānau ora and Enabling Good Lives as a recognition of the need to move away from a medical model of seeking transformational change to adopting a principled approach that empowers disabled people and whanau.

The Plan is structured around the eight strategic outcomes in the 2016 -2026 NZ Disability Strategy. As District Health Boards, we emphasise the Health and Wellbeing strategic outcome, but also have a wider role, consistent with our Position Statement. This statement is to inform our population and other agencies of the prevailing organisational view on key issues for disabled people.

The Canterbury DHB Disability Steering Group the West Coast and Canterbury Alliance

Leadership Teams and the Advisory Committees to the DHB Boards have the responsibility and the role for ensuring the Plan is implemented consistent with the priorities identified by disabled people and their family/whanau, the following systemic priorities will be assessed by all members of these groups, but is a particular role of the disability community members on these groups, and their networks, as the priority actions are progressed:

- disabled people will have input into design of new or transformed services and processes ('nothing about us without us')
- appropriate communication methods are developed and used to inform and engage the disability community at key points of the implementation process
- the rights of disabled people to have increasing choice and control over the services they receive.

In addition to this, the groups are committed to improving all aspects of the health system and with the governance of the District Health Boards Advisory Committees, we will apply a 'disability in all policies' approach as we endeavor to achieve the inclusion of disability related issues in all aspects of the system as business as usual approach.

Progress on achieving the stated objectives and priority actions in this Plan will be reported back at regular intervals to the disability community through forums, electronic information and written communication.

The key partners in the Canterbury and West Coast health system would like to thank the disability community members who have contributed, and will continue to provide input, in the development, implementation and refresh of the Plan. Without your input there can be no transformational change at the level and degree we need to make our health system truly inclusive and achieve equitable outcomes for all.

### **Position Statement**

### Promoting the health and wellbeing of disabled people

### **Purpose**

This position statement summarises our commitment to actions aimed at improving the lives of disabled people in Canterbury and on the West Coast. It will be used in making governance, planning, funding, and operational decisions. The Plan reflects this position statement and provides details of how it will be implemented.

### **Key points**

We recognise that a significant proportion of the New Zealand population experience

impairments, which may result in disability and disadvantage. In addition, the population is aging which will increase the number of people experiencing impairment. Accessibility and inclusion are rights to be protected. They are also catalysts for new ideas and innovation that can lead to better services and outcomes.

## We make the following commitments to disabled people, their families and whānau, to:

- 1. Collect their feedback about the services we deliver
- 2. Understand their perspectives and needs
- 3. Deliver appropriate specialist, general and public health services, in a way that suits them
- 4. Uphold the rights of disabled people, and counter stigma and discrimination
- 5. Equip and upskill staff to meet their needs.

### We will also incorporate the perspectives and needs of disabled people when we:

- 1. Employ disabled people
- 2. Design and build our facilities
- 3. Contract other organisations to deliver services
- 4. Partner with our communities to improve population healthand wellbeing.
- 5. Monitor and report on how well we are doing, and plan for improvements.

## **Alignment with Core Principles and Philosophies**

The philosophies of whānau ora and Enabling Good Lives (EGL) are compatible with each other, with a mutual emphasis on building whānau capacity, collective leadership, whānau planning and kaitūhono. The whānau ora outcome goals<sup>1</sup> and EGL principles<sup>2</sup> are outlined in the following table and are shown to be aligned with the UNCRPD Articles and the strategic objectives of this Action Plan:

Whanau Ora	Enabling Good	UNCRPD Articles	Transalpine Health Disability
outcome goals	Lives principles		Action Plan 2020 -2030
Whānau are self-	Self-	Self-direction	Improve Health Literacy
managing	determination	Clauses N and O in the Preamble	Improve access to personal
			information
Whānau are living	Beginning Early	Health, Article 25	Offer appropriate treatments
healthy lifestyles		Habitation, Article 26	Monitor Quality

<sup>&</sup>lt;sup>1</sup> https://www.tpk.govt.nz/docs/tpk-wo-outcomesframework-aug2016.pdf

<sup>&</sup>lt;sup>2</sup> A fuller explanation about the EGL principles can be found on the EGL website <a href="http://www.enablinggoodlives.co.nz/about-egl/egl-approach/principles/">http://www.enablinggoodlives.co.nz/about-egl/egl-approach/principles/</a>

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Whānau are	Person Centred	Awareness raising	Implement a Pasifika disability
participating fully		Article 8	plan
in society		Living independently and being	Develop better approaches for
		involved in the community  Article 19	refugee, migrant and culturally
		General obligations – human rights	and linguistically diverse groups
		and fundamental freedoms	
Whānau are	Ordinary life	Participation in cultural life,	Work towards equitable health
	outcomes	recreation, leisure and sport	outcomes for Māori
confidently	outcomes	Article 30	outcomes for Maori
participating in Te		Article 30	
Ao Māori			
Whānau are	Mainstream first	Work and employment	Be an equal opportunity
economically		Article 27	employer
secure and		Adequate standard of living and	
successfully		social protection	
involved in wealth		Article 28	
creation			
Whānau are	Mana enhancing	Article 17 Liberty of movement and	Provide accessible information
	ivialia elilialicing	nationality	and communication
cohesive, resilient		Article 18 Respect for home and	Increase staff disability
and nurturing		family	awareness, knowledge and skills
		Article 23 Protecting the integrity	Develop leadership of people
		of the person	with disabilities who have a role in
			the health system
Whānau are	Easy to use	Accessibility	Integrate services for people of all
responsible	•	Article 9	ages with a disability
stewards of their			Services and facilities are
living and natural			designed and built to be fully
environment			accessible
	Relationship	Living independently and being	Implement the plan in
	building	involved in the community	partnership
		Article 19	

### Vision

The Canterbury and West Coast vision for disabled people is of a society that highly values every life and continually enhances their full participation are responsive and inclusive health system that supports them to reach their full potential by achieving equitable outcomes for all.

This plan is now aligned with the Outcomes in the New Zealand Disability Strategy 2016 - 2026 — by attaching the strategic objective and associated priority actions to each of the eight headings is described as in the Strategy.

### Outcomes, strategic focus, and priority actions

### 1. Education (NZ Disability Strategy 2016-2026)

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

### Our Strategic focus - Improve health literacy

Improve access to health information in a form that works for disabled people. This includes access to their personal health information. Support is provided when required so that the individual/family/whānau can use information to manage their own health, share in decision making, provide informed consent, and make choices and decisions that are right for them and their family/whānau. Disabled people contribute to their own health outcomes as they and their family/whānau receive the information and support which enables them to participate and influence at all levels of society.

### **Priority Actions**

With the involvement of disabled people and their family/ whānau and further explore the potential for electronic shared plans as the repository for information that disabled people want communicated about how best to support them when they are accessing a health ordisability service.

- 1. In Canterbury this includes expanding the current shared plan pilot at New Brighton Health Centre and New Zealand Care to other large residential disability providers. Evaluate the potential effectiveness of this with the disability community.
- 2. In the West Coast work with the Co-ordinated Care Team of the Canterbury Clinical network to explore these opportunities on the West Coast

### 2 Employment and economic security (NZ Disability Strategy)

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

### Our Strategic Focus Be an equal opportunity employer

Disabled people experience equitable workplace opportunities. The health system supports access, equity and inclusion for those living with impairments, their family/whānau, carers and staff.

### **Priority actions**

- 3. Increase the numbers of disabled people being employed and supported in their role within the Canterbury and West Coast health system.
- 4. Develop and implement an appropriate quality tool for current employees who identify as having a disability, that can inform and identify opportunities to improve staff wellbeing.
- 5. Work with Work and Income NZ and the Ministry of Social Development in achieving employment of people with disabilities
- 6. Develop and implement affirmative action initiatives that will result in more people with disabilities being employed in the Canterbury and West Coast health system. We will work towards achieving a percentage people employed in the workforce as having a disability that is reflective of the districts population e.g. 24% as identified in the 2013 NZ Disability Survey.
- 7. Explore and implement ways to engage staff living with disabilities to help identify and inform how Canterbury and the West Coast DHBs can continuously support their wellbeing at work.
- 8. Utilise updated workforce data to track progress
- 9. Explore the development, with support from external agencies, of pathways that support people living with disabilities into leadership positions.
- 10.Undertake an environmental scan of a pilot site within our workplace to assess inclusivity and subtle messages in our environment with a focus on accessibility.

### 3 Health and wellbeing (NZ Disability Strategy)

We have the highest attainable standards of health and wellbeing

### Our Strategic Focus- Integrate services for people of all ages with a disability

Disabled people and their family/whānau/carers are listened to carefully by health professionals and their opinions are valued and respected. Individuals are included in plans that may affect them and encouraged to make suggestions or voice any concerns by highly responsive staff.

### **Priority Actions**

11. Work with disabled people and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers, so that infants/children and youth with impairments

and adults with a disability, including those with age related conditions, can live lives to their full potential.

- 12.Ensure Funded Family Care is implemented equitably across the Canterbury and West Coast health system.
- 13.Integration of the Mental Health, Pediatric and Child Development Services through a Health Pathways approach as developed in full engagement of these clinical services, the Child and Youth Workstream and Canterbury Initiative. Note that the pathway needs to ensure it has inclusive and equitable responses for those on the autism spectrum. Canterbury Initiative is to explore the applicability of using the same approach on the West Coast.
- 14. Remain engaged with the Enabling Good Lives System Transformation Canterbury Leadership Group and keep key stakeholders in the health system informed of developments and implications of implementation. Ensure that the West Coast health system is informed of key developments.
- 15.Implement the recommendations of the Transition Plan for children with complex needs who have been supported long term in the Paediatric Services, when they move to Primary Care as their health home and/or Adult Specialist Services. (Canterbury only)

### Our Strategic Focus – Offer appropriate treatment

Offer interventions with individuals and their family/whānau which are evidence based best practice and that these restorative, recovery focused approaches will result in disabled people living lives to their full potential.

### **Priority Actions**

- 16.Explore opportunities and identify how to support a timely response for disabled people and their families/whānau who require
  - Aids to daily living
  - Housing modifications
  - Driving assessments
- 17. The geographical equity across NZ of the provision of hearing aids will be explored and options considered.
- 18. Work with Specialist Mental Health Services and the disability sector to identify how to build capacity and capability across the system in an evidence-informed way for those accessing the Intellectually Disabled Persons Health inpatient services. Explore

- what is needed to ensure progress can be made based on the Enabling Good Lives 'Try, Learn, Adjust' approach
- 19. Work with Primary Care and General Practice to adapt the Mental Health Equally Well approach to be able to be implemented for those with an intellectual disability and other disabilities at highest risk of poor health outcomes.

### Our Strategic Focus – Implement a Pasifika disability plan

Work with Pasifika people, their families and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan Fai Ora 2016 – 2021, – Pacific Health Action Plan (currently under development) and the Canterbury Pasifika Strategy (currently under development) will also be used as a core document to inform the work required.

### **Priority Actions**

20.As part of the development of a longer-term collective strategy for improving Pasifika health ensure each part of the co-design process is inclusive of those with lived experience of disability and their whānau, the core national documents and that their needs are captured in the Canterbury strategy. Ensure that all the actions of this Plan is inclusive of that strategy.

## Our Strategic Focus – Develop better approaches for refugee, migrant and culturally and linguistically diverse groups

Work with disabled people and their families who are from different refugee, migrant and other culturally and linguistically diverse groups to identify and implement responsive processes and practices. This includes information being appropriately translated and an awareness by staff of how disability is viewed from different cultural perspectives.

### **Priority Actions**

21.Engage with key service providers, established groups and the CALD communities to explore opportunities for including the needs of CALD disabled people in the way we communicate. Use these local Canterbury and West Coast networks to establish communication processes to disseminate health and disability-related information and advice to CALD communities.

### **Our Strategic focus - Monitor quality**

Develop and use a range of new and existing quality measures for specific groups and services that we provide for disabled people, and develop systems and processes to respond to unmet needs e.g. consumer survey.

### **Priority actions**

22. Develop measures and identify data sources that will provide baseline information

about disabled people who are accessing the health system. Using the Health System Outcomes Framework for each strategic goal, use data analysis to understand the population and evaluate progress towards improving health outcomes for disabled people.

- 23. The quality of life for disabled people while in Canterbury and West Coast long term treatment facilities is measured and monitored and that actions occur to address any identified areas of improvement quality actions occur.
- 24.Regular reporting occurs to the Disability Steering Group on the analysis of the Patient Experience Surveys response from people identified as having a disability. Where possible this information will be used to target quality initiatives that will improve the experience of the health system for disabled people.

### 4 Rights protection and justice (NZ Disability Strategy)

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

### Work towards equitable health outcomes for Māori

Work with Māori disabled people, whānau and the Kaupapa Māori providers to progress the aspirations of Māori people as specified in He Korowai Oranga, Māori Health Strategy. Apply our Māori Health Framework to all the objectives of this action plan in order to achieve equitable population outcomes for Māori with a disability and their whānau.

### **Priority Actions**

- 25.All the priority actions of this plan are to include culturally appropriate actions for Māori with a disability and their whānau, and that this promotes and supports whānau ora and rangatiritanga.
- 26. Equity is a key consideration in planning and carrying out all priority actions, including making use of the Health Equity Assessment Tool where indicated.
- 27.As part of the development of a longer-term collective strategy for improving Māori health ensure each part of the co-design process is inclusive of those with lived experience of disability and their whānau and that their needs are captured in the strategy. Conversely that the actions of this Plan is inclusive of the strategy.

### **5** Accessibility (NZ Disability Strategy)

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

Our strategic focus - Services and facilities are designed and built to be fully accessible

Services and facilities will be developed and reviewed in consultation with disabled people

and full accessibility will be enhanced when these two components work together to ensure disabled people experience an inclusive health system that is built to deliver waiora/healthy environments.

### **Priority Actions**

- 28. The Canterbury DHB Accessibility Working Group scope is expanded to include the West Coast DHB. And includes engagement with the West Coast Accessibility Coalition and the implementation of the West Coast Accessibility Strategy.
- 29. Technical accessibility experts will be engaged at key stages of the design and or rebuild, and involve disabled people to remove physical barriers.
- 30.Information will be sought about accessibility of our services and facilities from patients, family/whānau, and staff. The information gathered will be used to plan services and facilities improvements

### Our strategic focus - Provide accessible information and communication

Promote and provide communication methods that improve access and engagement with disabled people e.g. use of plain language and Easy Read, ensuring all computer systems and websites are fully accessible to those who use adaptive technology. Expand the use of sign language.

### **Priority Actions**

- 31.Establish Executive Management and Board approval for the national Accessible Information Charter endorsed by all the Public Sector Directors General.
- 32. Establish an Accessible Transalpine Information Working Group accountable to the implementation groups, to identify and progress actions necessary to meet the objectives of the Accessible Information Charter (endorsed by all Public Service Chief Executives).
- 33.Upskill DHB Communications Team members in producing easy read documents and as a priority have this Plan made available in Easy Read format.

### **6 Attitudes (NZ Disability Strategy)**

We are treated with dignity and respect

### Our strategic focus - Increase staff disability responsiveness, knowledge and skills

Develop and implement orientation and training packages that enhance disability responsiveness of all staff, in partnership with the disability sector e.g. disabled people, their family/whānau/carers, disability training providers and disability services. The wellbeing of disabled people is improved and protected by recognising the importance of

their cultural identity. Healthpractitioners understand the contribution of the social determinants of health.

### **Priority Actions**

- 34. Support the development of an employee network group for staff living with disabilities to create a sense of community and amplify voices range of employee networks
- 35. Work with Talent, Leadership and Capability and professional leaders to identify relevant education programmes that are already developed and offered by disability-focused workforce development organisations e.g. Te Pou.
- 36. Work with the Talent, Leadership and Capability, professional leaders and people with lived experience to progress the development of targeted responsiveness trainings
- 37. Deliver and evaluate a targeted disability equity training programme including telling stories of our workforce who live with disabilities
- 38. Review and update the Corporate Orientation Package
- 39. Work with the Maori and Pacific Reference Group who are providing guidance to People and Capability on building a diverse workforce that in turn increases systems capability to meet the diverse needs of our community.

### 7 Choice and control (NZ Disability Strategy)

We have choice and control over our lives

Strategic focus - Improve access to personal information

### **Priority Actions**

40. Enable disabled people to have increased autonomy in making decisions that relate to their own health by developing processes that enhance communication e.g. access to their medical records through patient portals. Disabled people will be given support to do this if they are unable to do this on their own.

### 8 Leadership (NZ Disability Strategy)

We have great opportunities to demonstrate our leadership

Strategic focus – Develop leadership of people with disabilities who have a role in the health system

**Priority Actions** 

- 41. Identify and support opportunities for leadership development and training for disabled people within the health system. This includes further development of peer support as a model of care for people with long term conditions.
- 42. Engage workforce development training providers from the disability sector to identify opportunities to support disabled people and their family/whānau who are providing a voice for disabled people within the health system. This will include exploring options for appropriate leadership training e.g. Be Leadership

### Our Strategic Focus - Implement the plan in partnership

The collective issues that emerge from disabled people' lived experience of the health system are actively sought and used to influence the current and future Canterbury and West Coast health system.

### **Priority actions**

- 43. Work with the Canterbury and West Coast Consumer Councils to ensure a network of disability-focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and redesign. This network will support the implementation and evaluation of the Canterbury and West Coast Health Disability Action Plan.
- 44.A West Coast DHB Disability Leaders Working Group is formed consisting of Transalpine Divisional Leads and members for the Consumer Council who identify as having lived experience of disability or as a family/whānau member. The purpose of the group is to progress the priority actions where their division holds the responsibility. The West Coast DHB Disability Leaders Working Group is accountable to the West Coast Alliance Leadership Team. (West Coast only)
- 45. Monitor progress against the priority actions to be undertaken annually, a report written and endorsed by the responsible implementation groups and communicated to the sector as a key part of the communication plan.
- 46. The priority actions will be refreshed at a minimum of 3 yearly through engagement with the health system and the disability sector and input from the disabled people, family/whānau and the wider disability sector.

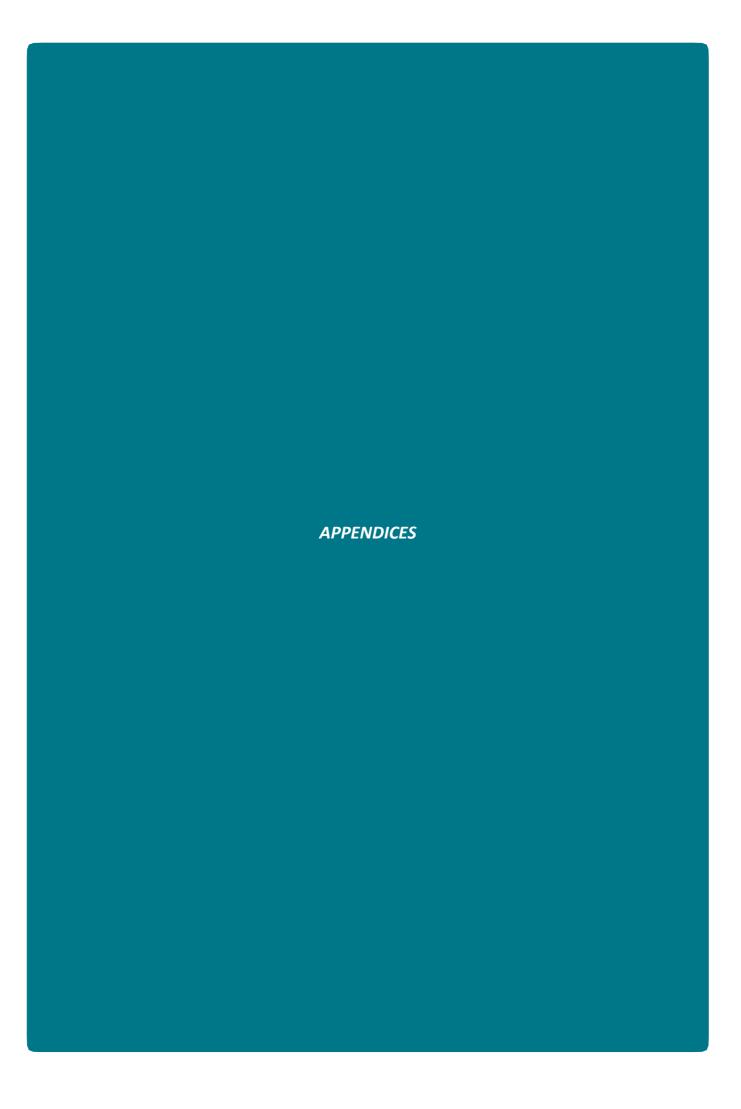
## Our strategic focus - Promote the health, wellbeing and inclusion of people of all ages and abilities

Actively promote and influence at all levels of society, to address stigma and discrimination, increase universal design for public spaces, and advocate for a fully inclusive society.

### **Priority actions**

- 47. Community and Public Health for both DHBs continues to co-ordinate submissions on behalf of Canterbury and West Coast DHBs. They will use the Plan's underpinning principles to inform their submissions.
- 48. The Canterbury and West Coast health system hosts, in partnership with the DPOs, a bi-annual forum to show case developments and initiatives to improve the experience of the health system for disabled people and their family/ whānau.





# **Appendices**

#### **APPENDIX A**

#### **CORE DOCUMENTS**

# The core documents referenced in the development of this Plan include:

- New Zealand Disability Strategy 2016 2026
- New Zealand Disability Action Plan 2019 2023
- He Korowai Oranga, Māori Health Strategy
- Whāia Te Ao Mārama: The Māori Disability Action Plan for Disability Support Service 2018 - 2022
- Faiva Ora National Pasifika Disability Plan 2016 2021
- Ala Mo'ui: Pathway to Pacific Health and Wellbeing –(currently being updated)
- United Nations Convention on the Rights of Persons with Disability (ratified by New Zealand 2007)
- Second Report of Independent Monitoring Mechanism of the Convention of the Rights of Disabilities, August 2014
- United Nations Convention on the Rights of the Child (ratified by New Zealand 2008)
- Human Rights Act 1993

#### **APPENDIX B**

#### **GUIDING PRINCIPLES OF THE CONVENTION**

# There are eight guiding principles that underpin the Convention:

- 1. Respect for inherent dignity and individual autonomy, including the freedom to make one's own choices and be independent
- 2. Non-discrimination
- 3. Full and effective participation and inclusion in society
- 4. Respect for difference and acceptance of persons with disabilities as part of a diverse population
- 5. Equality of opportunity
- 6. Accessibility
- 7. Equality between men and women
- 8. Respect for the evolving capacities of children with disabilities, and respect for the right of children with disabilities to preserve their identities.

#### **APPENDIX C**

#### Key themes from the 2019 consultation

- 1. The importance building capacity and services to intervene early.
- Child Development Service is under-resourced, and is especially hard for those with Autism Spectrum Disorder to access. Autism and ADHD repeatedly came up as under-resourced.
- There are not enough psychology services, there are gaps in key roles, services need to be integrated and have co-ordinated approaches between agencies.
- Transition of child to adult secondary care services needs to improve, and needs to include the transfer from specialist to general practice care
- 2. There is not enough about learning(intellectual) disability in the Plan. It seems to be more weighted to physical or sensory disability.
- 3. Disabled people are still expressing their frustration about re-telling their story and what they need when accessing health services. Disabled people want their voice involved in treatment. When described in the forums it was agreed that HealthOne as the electronic shared health record between General Practice and Secondary Care, on its own, doesn't seem to be changing the experience of disabled people and their family/whanau of the health system. Electronic Shared Plans were suggested as a suitable electronic alternative to Health Passport and attendees at the forums saw this as an opportunity that would be crucial to improving experience of health services.
- 4. A recurring theme is people wanting to have control of their information. This is seen as a key to their self determination. People wanted access to their records through patient portal. They also want to know what is being communicated about them.
- 5. There was significantly more feedback about General Practice this time compared to the first consultation round in 2015. Specifically, frustration was expressed about cost, not getting timely appointments, GP rooms poorly equipped and often no accessible toilets etc. There were questions about why appointments have to be at the Practice rooms what about skype or zoom appointments? This was seen as working well for people where physically getting to appointments is challenging or there is a lack of accessibility at the facility.
- 6. While employing more disabled people in the DHB was still a high priority people communicated what disabled people wanted to see happen is slightly differently this time. People wanted the workforce to reflect the community. Feedback included employing more Maori and Pacific people 'whanau just know what is needed'. This

approach is seen as improving awareness, enhancing equity and shifting the culture of health services to being more responsive and inclusive of diversity more generally.

- 7. Disabled people repeatedly stated that effective communication at every level was essential in engaging with them and their family/whānau. It was highlighted that the Canterbury DHB is still not using plain language or Easy Read. Deaf Aotearoa also gave useful feedback about having TV's with captions and the increasing the use of technology such as iPads.
- 8. Every forum raised the challenge of finding what they needed in a complex system. Suggestions were made that a person or a place where they could go to assist them to navigate them to what they needed was necessary. People said that they often don't even know what's out there or what to ask for. Specific suggestions is for a central place that people could go to, within the health system for disability information and/or a dedicated role that could provide advice to people and staff. Alliance type structures between health, disability and social services was seen as crucial in unlocking services and stopping people bouncing from service to service.
- 9. Issues with getting transport to appointments and parking came up every forum.
- 10. There is a lack of confidence that new builds were getting people with lived experience of having a disability involved in planning layout and fit out early enough or at all. This was a theme on the West Coast and Canterbury.
- 11.General feedback that access to equipment had improved but there could still be unacceptable delays.
- 12.Older People make up the highest proportion of the population with a disability but the current Plan does not seem to recognize this.









# PRIORITY ACTIONS 2020 – 2023 with Next Steps Planned for 2020 -2021

KEY

Will be progressed in 20/21 as a priority.

Will be progressed after 20/21 or as opportunities emerge.

1. Education (NZ Dis	1. Education (NZ Disability Strategy)			
OUR OBJECTIVES	PRIORITY ACTIONS	OUTCOME	LEAD RESPONSIBILI TY	NEXT STEPS 20/21 (with Timeframe )
Improve health literacy	<ol> <li>In Canterbury this includes expanding the current shared plan pilot at New Brighton Health Centre and New Zealand Care to other large residential disability providers. Evaluate the potential effectiveness of this with the disability community.</li> </ol>	Increased planned care and decreased acute care	Canterbury Clinical Network – Rose Laing	Identified key benefits and challenges from the pilot with New Brighton Medical Centre and NZ Care. To expand to another large disability provider. Brackenridge has been approached. Completed December 2020
	In the West Coast work with the Co-ordinated Care     Team of the Canterbury Clinical network to explore     these opportunities on the West Coast	Increased planned care and decreased acute care	Canterbury Clinical Network – Rose Laing	Met with West Coast PHO who indicated support for GP generated plans. Meeting with Health of Older People scheduled in June 2020 with Shared Plan clinical lead. Actions to be identified by September 2020

2 Employment and	economic security (NZ Disability Strategy)			
Be an equal opportunity employer	3. Increase the numbers of disabled people being employed and supported in their role within the Canterbury and West Coast health system and Improved environments supports health Tyler	People and Capability – Tyler Brummer	Finalising data collection to enable monthly reporting will begin quarter 20/21.	
	4. Develop and implement an appropriate survey for current employees who identify as having a disability, that can inform and identify opportunities to improve staff wellbeing.			A recommended format for the survey will be submitted to EMT by Quarter 2 – if approved this will be rolled out in 20/21
	5. Work with Work and Income NZ and the Ministry of Social Development in achieving employment of people with disabilities			Planning for a programme commenced with MSD and Be Accessible in 2019/2020. Other opportunities will be investigated with Work and Income as they arise
	6. Develop and implement affirmative action initiatives that will result in more people with disabilities being employed in the Canterbury and West Coast health system. We will work towards achieving a percentage people employed in the workforce as having a disability that is reflective of the districts population e.g. 24% as identified in the 2013 NZ Disability Survey.			In planning – the Recruitment Policy enabling affirmative action has been approved by EMT in principle with staff consultation the next step.
	7. Explore and implement ways to engage staff living with disabilities to help identify and inform how Canterbury			Deferred to after 20/21 to enable exploration to be completed for

and the West Coast DHBs can continuously support their wellbeing at work	implementation after 20/2
8. Explore the development, with support from external agencies, of pathways that support people living with disabilities into leadership positions.	Deferred until after 20/21
9. Conduct a survey within our workplace to assess inclusivity and subtle messages in our environment which will identify barriers and perceptions by managers that affect hiring decisions.	In Planning with the University of Canterbury. Will complete this first phase in 20/21

3 Health and wellbeing (	NZ Disability Strategy)			
Integrate services for people of all ages with a disability	10. Work with disabled people and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers, so that infants/children and youth with impairments and adults with a disability, including those with age related conditions, can live lives to their full potential.	Increased planned care and decreased acute care  Decreased wait times	Planning and Funding Canterbury Clinical Network - Kathy O'Neill	Not prioritised for 2020/21
	11. Ensure Funded Family Care is implemented equitably across the Canterbury and West Coast health system.	Decreased Institutionalisati on Rates	Planning and Funding – Kathy O'Neill	OPH Team and Disability Lead of P&F are working together to understand the interface between DSS and DHB implementation of FFC and ensure Needs Assessment is applying the new policy equitably for their populations.

12. Integration of the Mental Health, Paediatric and Child Development Services through a Health Pathways approach as developed in full engagement of these clinical services, the Child and Youth Workstream and Canterbury Initiative. Note that the pathway needs to ensure it has inclusive and equitable responses for those on the autism spectrum. Canterbury Initiative is to explore the applicability of using the same approach on the West Coast.	and decreased	Canterbury Initiative, Mental Health, Paediatric and Child Development Services – Catherine Swan, , Kay Boone	A pathway for children with developmental concerns including autism spectrum is in development involving Mana Ake, Leading Lights, and HealthInfo to guide children and whanau before involvement with the health system. The Community HealthPathway is in review. Mental Health, Paediatric and Child Development Services are building close working relationships. The Planned Care team will explore the use of equitable referral and queuing systems being trialed in other clinical areas. This approach should be applicable on the West Coast but will confirm this with West Coast once developed October 2020.
13. Remain engaged with the Enabling Good Lives System Transformation Canterbury Leadership Group and keep key stakeholders in the health system informed of developments and implications of implementation. Ensure that the West Coast health system is informed of key developments.	environments support health	Disability Steering Group – Kathy O'Neill, Rawa Karetai	Updated report provided to DSG, ALT and the Advisory Committees to the DHBs October 2020 and June 2021.

	14. Implement the recommendations of the Transition Plan for children with complex needs who have been supported long term in the Paediatric Services, when they move to Primary Care as their health home and/or Adult Specialist Services. (Canterbury only)	Increased planned care and decreased acute care	Mental Health, Paediatric and Child Development Services – Catherine Swan, , Kay Boone	(Canterbury) Attendance at monthly planning meetings to continue. New virtual ways of working in General Practice and Specialist services need to be explored and implemented as they offer the potential for warm handovers.  (West Coast) Plans to be progressed within the Child and Youth Work Stream as identified for FY20/21. This is aligned with the rural early years work.
Offer appropriate treatment	<ul> <li>15. Explore opportunities and identify how to support a timely response for disabled people and their families/whānau who require</li> <li>Aids to daily living</li> <li>Housing modifications</li> <li>Driving assessments</li> </ul>	Improved environments support health and wellbeing	Community Allied Health Team – Jacqui Lunday Johnstone	An allied health lead has been identified in Canterbury and the West Coast who will explore how to appropriately support improved access and response times for disabled people to these daily living aids.  Review and amend Allied Health Ways in line with identified improvements.  Completed March 2021

16. The geographical equity across NZ of the provision of hearing aids will be explored and options considered.	Delayed/avoide d burden of disease and long term conditions (Access to improved Care)	Canterbury Initiative and Planning and Funding – Kathy O'Neill	An options paper will be presented to Planning and Funding based on the findings of the exploration. Next steps will be reliant on the recommendations made as a result of the options paper. Completed by March 2020
17. Work with Specialist Mental Health Services and the disability sector to identify how to build capacity and capability across the system in an evidence-informed way for those accessing the Intellectually Disabled Persons Health (IDPH)inpatient services. Explore what is needed to ensure progress can be made based on the Enabling Good Lives 'Try, Learn, Adjust' approach	Decreased Institutionalisati on Rates	Specialist Mental Health – Jane Hughes	(Canterbury) A intersectoral meeting is to be scheduled between IDPH, Disability Needs Assessment and local Disability Support Services and a couple of large disability residential providers. The purpose of the meeting is to explore local opportunities to assist the transition out of the inpatient service. It is expected this will result in some key actions to be identified and progressed. Meeting Completed September 2020 West Coast Specific Actions not identified for 2020
18. Work with Primary Care and General Practice to adapt the Mental Health Equally Well approach to be able to be implemented for those with an intellectual disability and other disabilities at highest risk of poor health outcomes.	Delayed/avoide d burden of disease and long term conditions	Planning and Funding, Canterbury Clinical Network- Kathy O'Neill Dr Rose Laing	Specific Actions not identified for 2020

Implement a Pasifika disability plan	19. As part of the development of a longer-term collective strategy for improving Pasifika health ensure each part of the codesign process is inclusive of those with lived experience of disability and their whānau, the core national documents and that their needs are captured in the Canterbury strategy. Ensure that all the actions of this Plan is inclusive of that strategy.	Delayed/avoide d burden of disease and long term conditions	DSG Leads - Lelamu Lepou Tuulua, Sekisipia Tangi. West Coast - Planning and Funding Pasifika Transalpine Portfolio Lead	Identified need to integrate fragmented health and disability sector. Planning and Funding Pasifika Transalpine Portfolio Lead to map existing providers and key contacts for the formation of a Pasifika network. June 2021
Develop better approaches for refugee, migrant and culturally and linguistically diverse groups	20. Engage with key service providers, established groups and the CALD communities to explore opportunities for including the needs of CALD disabled people in the way we communicate. Use these local Canterbury and West Coast networks to establish communication processes to disseminate health and disability-related information and advice to CALD communities.	Delayed/avoided burden of disease and long term conditions	CALD Advisory Group – Harpret Kaur	Yet to be developed for 2020. Planning with Harpreet scheduled week of 8 June 2020
Monitor quality	21. Work with Decision Support to develop measures and identify data sources that will provide baseline information about disabled people who are accessing the health system. Using the Health System Outcomes Framework for each strategic goal, use data analysis to understand the population and evaluate progress towards improving health outcomes for disabled people. (These processes are inclusive of the actions specified for Māori and Pasifika in 7.1 and 8.1 of this plan).	No wasted resource (Right care, in the right place, at the right time, delivered by the right person) Improved environments support health and wellbeing	Planning and Funding/Decisi on Support – Kathy O'Neill	Previous work to develop a data dashboard be refreshed and available data sources that have emerged in addition to previous sources. Completed May 2021

	22. The quality of life for disabled people while in Canterbury and West Coast long term treatment facilities is measured and monitored and that actions occur to address any identified areas of improvement quality actions occur. (includes Inpatient Units of Intellectually Disabled Persons Health, SMHS, Spinal Unit and Kahurangi on the West Coast	Improved environments support health and wellbeing	Quality and Patient Safety – Susan Wood	Quality and Patient Safety will undertake a stocktake of quality processes that are in already place, recommend additional processes if any gaps are identified and seek endorsement of quality monitoring programme for EMT and inform governance bodies. Completed March 2021
	23. Regular reporting occurs to the Disability Steering Group on the analysis of the Patient Experience Surveys response from people identified as having a disability. Where possible this information will be used to target quality initiatives that will improve the experience of the health system for disabled people.	Improved environments support health and wellbeing	Quality and Patient Safety – Susan Wood	Report to be developed from disability data and presented to DSG, DHB Advisory Committees, ALTs. The report will contain advise on where improvements can be made. Completed November 2020 and repeated 6 monthly
4 Rights protection and just	ice (NZ Disability Strategy)			
Work towards equitable health outcomes for Māori	<ul> <li>24. All the priority actions of this plan are to include culturally appropriate actions for tāngata whaikaha and their whānau, and that this promotes and supports whānau ora and rangatiritanga. (Tāngata whaikaha is a strength based description that, as defined by Maaka, means 'striving for enlightenment/striving for enablement')</li> <li>25. Equity is a key consideration in planning and carrying out all priority actions, including</li> </ul>	Delayed/avoided burden of disease and long term conditions	Waikura McGregor, Rawa Karetai	Canterbury - Engage with Mana whenua, Maori Provider Network to ensure alignment with the collective strategy. Identify key points to engage over the coming 3 years and the right process to do this.  Canterbury and West Coast - Evidence the priority actions of this Plan includes culturally appropriate, equity based initiatives by highlighting this in the
	making use of the Health Equity Assessment Tool where indicated.			regular reporting to the DSG and governance bodies to this Plan (ALT and Advisory Committees) Complete June 2021/ongoing

	26. As part of the development of a longer-term collective strategy for improving Māori health ensure each part of the co-design process is inclusive of tāngata whaikaha and their whānau and that their needs are captured in the strategy. Ensure that the actions of this Plan is inclusive of the strategy		West Coast - Specific actions for West Coast to be identified as part of the development of the West Coast Plan – Priority Action 43	
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5 Accessibility (NZ Di	isability Strategy)				
Services and facilities are designed and built to be fully accessible	27. The Canterbury DHB Accessibility Working Group scope is expanded to include the West Coast DHB. And includes engagement with the West Coast Accessibility Coalition and the implementation of the West Coast Accessibility Strategy.	Delayed/avoided burden of disease and long term conditions	Site Redevelopment, Community and Public Health, Jacqui Lunday Johnstone. Grant Cleland, Allison Nicholls Dunsmuir  Information Services Group, People and Capability, Communicatio ns, Health Pathways/Info - Mick O'Don	1) West Coast Accessibility Action Plan will be developed by Dec 2020. 2) Ongoing; Accessibility Working Group (AWG) will monitor 3) Quality Team will develop a data collection methodology and format to report to DSG on a six-monthly basis, by Dec 2020.	
	28. Technical accessibility experts will be engaged at key stages of the design and or rebuild, and involve disabled people to remove physical barriers.			Progressed and monitored by AWG	
	29. Information will be sought about accessibility of our services and facilities from patients, family/whānau, and staff. The information gathered will be used to plan services and facilities improvements			This will be included in Action 24 being progressed by Quality and Patient Safety	
Provide accessible information and communication	30. Establish Executive Management and Board approval for the national Accessible Information Charter endorsed by all the Public Sector Directors General.	Improved environments support health and wellbeing		Services Group, People and Capability,	Present a paper on to EMTs and the DHB Boards for endorsement of the Accessible Information Charter Completed July 2020 Establish a Working Group with
	31. Establish an Accessible Transalpine Information Working Group accountable to the implementation groups, to identify and progress actions necessary to meet the objectives of the Accessible Information Charter (endorsed by all Public Service Chief Executives).			Establish a Working Group with transalpine membership Completed August 2020 Complete a road map for actions to be undertaken. Completed and endorsed by	

C Attitudes (NZ Disal	<ul> <li>32. To make sure information is available to everyone, key information should be provided in the following alternate formats.</li> <li>New Zealand Sign Language (NZSL)</li> <li>Easy Read</li> <li>Braille</li> <li>Audio</li> <li>Large Print</li> </ul>		nell, Tyler Brumm er, Kathy O'Neill	October 2020 Actions commenced October 2020
6 Attitudes (NZ Disal Increase staff disability awareness,	33. Support the development of an employee network group for staff living with disabilities to create a sense of community and amplify voices range of employee networks	Delayed/avoided burden of disease and long term conditions	People and Capability – Tyler Brummer	People and Capability to complete
knowledge and skills	34. Work with Talent, Leadership and Capability and professional leaders to identify relevant education programmes that are already developed and offered by disability-focused workforce development organisations e.g. Te Pou.	(Access to improved Care)		
	35. Work with the Talent, Leadership and Capability, professional leaders and people with lived experience to progress the development of targeted awareness trainings			
	36. Deliver and evaluate a targeted awareness training programme including telling stories of our workforce who live with disabilities			

7 Chaica and control	37. Review and update the Corporate Orientation Package  38. Work with the Maori and Pacific Reference Group who are providing guidance to People and Capability on building a diverse workforce that in turn increases systems capability to meet the diverse needs of our community.			
Improve access to personal information	<ul> <li>(NZ Disability Strategy)</li> <li>39. Enable disabled people to have increased autonomy in making decisions that relate to their own health by developing processes that enhance communication e.g. access to their medical records through patient portals. Disabled people will be given support to do this if they are unable to do this on their own.</li> <li>40. People will better understand their health status and have increased choice and control through the increased availability and increased enrolments of disabled people to the electronic patient portals in General Practices.</li> </ul>	Building population health, capacity and partnerships	Planning and Funding Alliances of Canterbury Clinical Network – Rose Laing, Kathy O'Neill	Increased availability and registration of patients for use of patient portals occurred during COVID-19 lockdown period. Goals are being developed with PHOs and will be entered here when agreed (complete August 2020
8 Leadership (NZ Disc	ability Strategy)		1	
Develop leadership of people with disabilities who have a role in the	41. Identify and support opportunities for leadership development and training for disabled people within the health system. This includes further development of peer support as a model of care for people with long term conditions.	Improved environments support health and wellbeing	Disability Steering Group, People and Capability, Grant Cleland	Actions not identified to be progressed in 2020/21

health system n  Implement the	42. Engage workforce development training providers from the disability sector to identify opportunities to support disabled people and their family/whānau who are providing a voice for disabled people within the health system. This will include exploring options for appropriate leadership training e.g. Be Leadership	Building	Disability	Both the identification of the disability
plan in partnership	<ul> <li>43. Work with the Canterbury and West Coast Consumer Councils to ensure a network of disability-focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and redesign. This network will support the implementation and evaluation of the Canterbury and West Coast Health Disability Action Plan.</li> <li>44. A West Coast DHB Disability Steering Group is formed consisting of Transalpine Divisional Leads and members for the Consumer Council who identify as having lived experience of disability or as a family/whānau member and members from the disability community. The purpose of the group is to progress the priority actions where their division holds the responsibility. The West Coast DHB Disability Steering Group is accountable to the West Coast Alliance Leadership Team and the West Coast DHB Advisory Committee. (West Coast only)</li> <li>45. Monitor progress against the priority actions to be undertaken annually, a report written and endorsed by the responsible implementation groups and communicated to the sector as a key part of the communication plan.</li> </ul>	population health, capacity and partnerships	Steering Group Consumer Councils and Alliance Leadership Team, Planning and Funding	network and the establishment of the West Coast Disability Steering Group will be completed in line with Consumer Council availability in 20/21. At the point of establishing West Coast Disability Steering Group they will confirm a Terms of Reference and separate out the West Coast actions contained in this Work Plan that are being implemented on the West Coast, identify where other West Coast activity is occurring or planned and create a separate Work Plan, resulting in one strategis action but with specific Work Plans for each DHB.  This will be completed no later than November 2020

	46. The priority actions will be refreshed at a minimum of 3 yearly through engagement with the health system and the disability sector and input from the disabled people, family/whānau and the wider disability sector.			
Promote the health, wellbein	47. Community and Public Health for both DHBs continues tocoordinate submissions on behalf of Canterbury and West Coast DHBs. They will use the Plan's underpinning principles to inform their submissions.	Improved environments support health and wellbeing Access to improved care	Community and Public Health Planning and Funding Allied Health	Ongoing
g and inclusion of people of all ages and abilities	48. The Canterbury and West Coast health system hosts, in partnership with the DPOs, a bi-annual forum to show case developments and initiatives to improve the experience of the health system for disabled people and their family/whānau.	Building population health, capacity and partnerships	Community and Public Health Planning and Funding	Not identified to progress in 2020/21

Canterbu	iry
District Health Bo	bard
Te Poari Hacora o Wa	itaha

#### **TERMS OF REFERENCE**

#### **Canterbury DHB Disability Steering Group**

# Scope

The Disability Steering Group of the Canterbury DHB is to oversee, influence and ensure that the DHB progresses and implements the objectives and priority actions of the Canterbury Health Disability Action Plan within the Canterbury DHB and contribute, where appropriate, to achieving the objectives of the Plan across the Canterbury Health system.

The Disability Steering Group will also ensure that where work to achieve the objectives of the Disability Action Plan is relevant to West Coast Health system, the work occurring in Canterbury will be shared and where possible support will be given to achieve the priority actions, in a Transalpine approach.

#### Purpose

The Disability Steering Group will compel DHB activity that will achieve the Canterbury DHB vision that Canterbury people with disabilities will experience a responsive and inclusive health system that supports them to live lives to

	communities.
	communicies.
	The Disability Steering Group will influence behaviours,
	system and process design across the health system, to
	enable this vision and to improve the outcomes for this
	population.
Objectives	Oversee the development, implementation and
	evaluation of the Canterbury DHB Health Disability
	Action Plan.
	Facilitate linkages and information sharing to decision
	makers within clinical, operational and professional
	groups of the Canterbury DHB and to the Work
	Streams of the Canterbury Clinical Network, to ensure
	a disability focus is incorporated.
	Influence the strategies that develop and support the
	workforce to be competent and responsive to the
	needs of people with disabilities
	Effectively link to the disability community.
Principles	Definition: The United Nations (UN) Convention on the Rights
	of Persons with Disabilities, which New Zealand ratified in
	2007, describes disability as resulting 'from the interactions

between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others' (UN General Assembly 2007).

The Disability Steering Group will undertake to address and remove these barriers. The key principle to achieve this is to facilitating and supporting the self determination of people who experience disability by ensuring their active participation in the design of the health system and its services. These Principles are specified in the Canterbury DHB Position Statement which forms a part of the Disability Action Plan

#### **Accountability**

The Disability Steering Group is accountable to the Executive Management Team and will report quarterly to them.

The Disability Steering Group is endorsed by the Disability
Support Advisory Committee and will report quarterly. DSAC
endorsement will include ensuring the breadth of
membership will guarantee the engagement and voice of
people with disabilities and their families.

The Disability Steering Group will also work with the Service Level Alliances and Work Streams of the Canterbury Clinical Network and contribute to the reporting to the Alliance

	Leadership Team, who have approved the Health Disability
	Action Plan for the Canterbury Health System.
Membership	CANTERBURY DHB -INTERNAL
	Chair
	Executive Sponsor
	Disability Lead, Planning and Funding
	Community and Public Health
	Clinical Leads
	People and Capability (, Head of Talent, Leadership and
	Capability)
	Operations Manager
	Quality and Patient Safety
	Communication
	Disability Support Advisory Committee to the Board
	COMMUNITY MEMBERS
	Canterbury ALT Member
	People with Disabilities, Māori, Pacific, Family, CALD
	Primary Care
	Disability NGO
	Other staff and community representatives will be co-
	opted as required.

Chairperson	New Chair - To be Advised
Quorum	50% membership
Meetings	Monthly (11 per year)
Agenda	Approved by the chair and circulated 1 week prior to the scheduled meeting date
Minutes	Minutes will be circulated within 5 working days following the meeting

### **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 ☑	Information $\Box$
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#### 1. ORIGIN OF THE REPORT

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

#### 2. **RECOMMENDATION**

That the West Coast Advisory Committee:

i. notes the Operational Update.

#### 3. **SUMMARY**

This report is intended to:

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

The report is broken into four sections: 4.1 – Service Updates, 4.2 - Workforce Updates, 4.3 - Quality, 4.4 - 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:

- Addressing issues during COVID has enabled a number of initiatives around telehealth and remote GP's which will continue going forward and support our teams in providing care to our communities.
- The Southern CBAC team supported the development of the mobile testing stations across the Coast.
- All Inpatients and Transalpine Services have been reinstated after the disruption caused by COVID-19. Many patients are having consultations via telehealth and both consultants and the patients are reporting this is a positive experience.

#### 4. <u>DISCUSSION</u>

# 4.1 Service Update

#### Northern Region Integrated Health Services

The Westport team have been continuing to look at improvements to patient flow through our waiting areas. Second waiting rooms have been created in the front reception area and the community services area to facilitate physical distancing and to enable as much monitored entry into the facility that can be provided while ensuring physical distancing and promoting patient comfort.

Planning for releasing time for more routine appointments and long term conditions management is well underway. A key focus is modelling team flow around the patient that provides consistency and proactive restorative management of care for the patient and whanau. At the same time, the modelling is to promote clinically sustainable processes, professionally satisfying practices and the modelling is generic and not person specific.

Westport has been well covered over the COVID period developing and working with remote processes. A number of the remote methods of working are being reviewed as to how we can improve delivery of service and continue this work into the future. Centralising recruitment processes for our medical staffing has had excellent outcomes and is working successfully.

Two Northern RNS staff members are on the Nurse Practitioner pathway and these will be completed in the 20/21 financial year.

Northern is now formalising processes towards integrating staff across services and also integrating the two current unplanned services i.e. BMC and Foote ward as appropriate. This is an exciting and innovative period we are entering. Allied Health is also looking at integration of skill sets in the new modelling for Northern.

#### Central Region Integrated Health Services

Significant work is underway in preparation for the move into the new facility. A key area of focus is to provide the best possible service for our community members who will be entering the facility. Our receptionist team are working on how they can provide the best possible service along with a new initiative "Friends of the Hospital" who are volunteers to support community members with any questions or directions.

During the COVID period the teams have been working hard to provide care to our community in a safe and convenient manner. During this time a number of primary care consults were undertaken via telehealth and this will be continuing going forward. Along with other areas on the Coast we are also looking to employ remote GPs that will provide consults to our population via telehealth and support our locally based GP's. The central medical staffing team are also providing support for both Grey Medical and our other primary practices across the Coast to improve locum staffing.

#### Southern Region Integrated Health Services

The Southern Team has maintained services throughout the period impacted by COVID-19 and has adapted to utilising non face-to-face technology where possible, changes that will be maintained where clinically appropriate and where this suits individual patients.

The team which established and operated the Hokitika COVID-19 Community Based Assessment Centre (CBAC) also undertook the West Coast pilot of sentinel COVID testing in Haast and Bruce Bay during Alert Level 4 of the lockdown and then led the successful roll-out of this process across other locations (Reefton & Springs Junction, Arahura Marae, Buller Hospital). As well as achieving its core purpose, this activity has led to enhanced relationships with our local communities, fellow providers particularly Poutini Waiora, and other community groups (e.g. Civil Defence Emergency Management groups).

The District Nursing (DN) team based in Hokitika has now piloted the provision of support to the South Westland Area Practice RNS team and this proved to be highly successful not only in improving the integration of care provided but also facilitating shared learning across the team. Further collaboration is planned. The Hokitika DN team has also led a quality improvement initiative to enhance patient-centered, integrated care of patients accessing multiple services.

#### Rural Inpatients & Transalpine Services

All Inpatients and Transalpine Services have been reinstated after the disruption caused by COVID-19. Many patients are having consultations via telehealth and both consultants and the patients are reporting this is a positive experience.

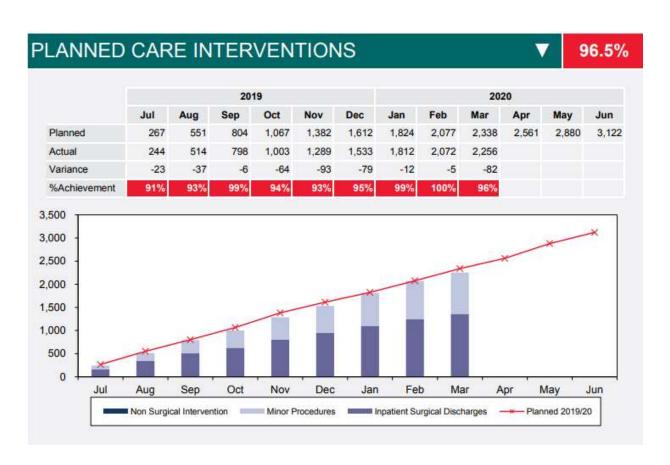
In our March report we indicated that we were experiencing difficulties reducing the number of patients waiting for first specialist assessments with plastic surgeons. The plan for reducing the waiting lists continues despite COVID-19. In mid-March 91 Plastics patients were waiting (34 had been waiting more than 120 days), the waiting list is now 41 patients, only 8 of whom have been waiting over 120 days.

The growth of the gynaecology wait lists, highlighted in March, has continued despite seeing all urgent and non-deferrable patients over the last 2 months. We are looking to increase the clinics in June and July to address this.

Neurology patients are cared for by specialists from CDHB. Unable to travel to the Coast, because of staffing shortages, the Neurologists are undertaking a full review of the patients waiting for Neurology and are in the process of booking telehealth and face to face clinics for those patients who require them. With these clinics occurring in June and July the number of patients waiting for Neurology and the waiting times are expected to decrease significantly.

#### Outpatient Clinic DNA Rates

Month	Total number of patients booked	Percentage of patients did not attend [DNA]		
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%
February 2020	1549	1444	105	6.78%
March 2020	1456	1324	132	9.06%
April 2020	514	491	23	4.47%
13 month rolling totals	18820	17295	1525	8.10% Average



Planned care services now incorporate a wider range of volumes than the previous 'Elective surgical services' target volumes (1,916 operations in 2018/19). West Coast is expected to deliver 3,122 planned care interventions in 2019/20.

Volumes were practically on year-to-date target as at the end of February going into the COVID 19 crisis (down by just 5 cases) but, by necessity, has dropped again in March as the COVID Alert Level 4 took place and elective theatre sessions and other planned care interventions were scaled back both on the West Coast and in Canterbury as part of the pandemic response.

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

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

There were 52 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of March 2020. Those specialities with the largest cases in backlog were plastics (29), neurology (14) and gynaecology (7). The situation in the various services remained largely unchanged from February, apart from plastics which rose by 9 cases, and gynaecology where the number of patients waiting over 120 days dropped down by 20 cases. 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 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 that they can be offered 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 45 patients waiting over 120-days from FSA to surgical treatment as at the end of March 2020. These were spread across most specialities, including orthopaedics (16); plastics (9); dental, general surgery and urology (6 cases each); and gynaecology (2). The previous backlog of long-wait patients in orthopaedics and plastic surgery had been significantly reduced through additional theatre and outpatient sessions having been delivered in the run-up to February, but has started to rise again with the impact of limited opportunities for visiting specialists and patients alike from travelling and interacting progressively escalated up to COVID 19 Alert Level 4 during the month of March.

#### MoH Planned Care Measurement

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

**DHB: West Coast** 

	Α	pr	M	ay	Ju	ın	J	ul	Aı	ug	Se	ер	0	)ct	N	OV	D	ec	Jä	an	Fe	eb	M	1ar
	Imp. Req	Status %	lmp. Req	Status %	Imp. Req	Status %	lmp. Req	Status %	lmp. Req	Status %	Imp. Req	Status %	lmp. Req	Status %	lmp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	lmp. Req	Status %	Imp. 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>	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%	77	8.0%	60	6.8%	52	6.7%
<ol> <li>Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).</li> </ol>	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%	0	0.0%	0	0.0%	0	0.0%
<ol> <li>Patients given a commitment to treatment but not treated within four months.</li> </ol>	31	12.0%	20	8.7%	25	11.7%	31	12.0%	43	15.0%	45	16.3%	36	12.1%	48	17.8%	55	20.7%	45	17.8%	37	13.1%	45	14.1%
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.
- 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).

#### 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%.
- 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%.

Data Warehouse Refresh Date: 3/05/2020

Report Run Date: 4/05/2020 Data up to: Mar 2020

#### 4.2 Workforce Update

#### Nursing

- Clinical Nurse Managers are working closely with their teams to ensure staff are preparing
  for the move to the new facility. This includes training within the teams for the different
  specialties, policy and protocols and new rostering set ups within our Trendcare acuity tool.
- Whilst recruitment has been successful there are a couple of positions still waiting for staff to arrive from overseas. The inpatient unit has a full complement of staff; this is not only allowing for movement to areas who are waiting on arrivals but also for training in order to prepare for the new facility. Retention has been good over the past 3 months with no murmurs of any staff vacancies coming in the near future for the Grey area. Buller continues to recruit with talks happening to see if there is any appetite for staff from Greymouth to move to support Buller.
- We are presently looking for a new Care Capacity Demand Management Coordinator to oversee our programme. This is due to the movement of staff into seconded positions. An advert is currently on the WCDHB site.
- Nurse Director Operations is working closely with Managers around rostering techniques and budgeting to ensure better management throughout the year to come.
- Takarangi Competency training was unfortunately postponed due to COVID-19. However, the GM Maori is aware staff are still keen to progress this once in level 1.

#### **Maternity**

- Maternity's staffing has improved since last update and we feel we are well staffed going into the new hospital, although there are some potential retirements coming up so will continue recruiting.
- Birthing numbers have been steady, with a busy April and May and an increase in bookings for June. Birthing continued during the lockdown as well as transfers, with the unit very busy at times adding pressure in regard to screening and PPE considerations. We worked with CDHB for transalpine guidance for maternity, especially the use of theatre for caesarean sections.
- Since the last report we have had some challenges with COVID-19. Initially under level 4 lockdown, with birthing woman only allowed to have one support person attend labour/birth and then that person not able to return until the woman was being discharged. This caused some distress initially but everyone was very understanding to the situation. We did use discretion in some clinical situations. Women were actually commenting that they felt having that time alone with their babies was beneficial to establishing feeding and resting up. It was sad to see partners leave after the birth and the emotion when they returned to take their new whanau home.
- We have sent out a survey designed in CDHB with input from us to gauge the reactions from women about how we could do better if this occurred again.
- Our homebirth numbers during this time didn't increase as first thought, although some women were early discharging, more so to be at home during lockdown.
- Staff supported each other during this time, as they normally do in any challenging situation. The staff here on maternity are a great team.
- Most of our staff including the LMCs, have had a chance to look through the new facility
  and are very excited for the move. We have started to dump the junk in preparation.

• We are slowly returning to normal and look forward to the next few months of another challenge, albeit being a positive one.

#### Medical

- Rural Generalist consultants are senior doctors with specialist and general skills which allow them to work flexibly across the health system. This flexibility is essential for sustainable rural healthcare.
- With COVID-19 we needed to rapidly adjust our inpatient model to accommodate the amalgamation of the surgical and medical wards and establish an isolation ward. To support this, we brought forward the plan for Rural Generalist doctors managing the inpatient wards. This change has proven that the Rural Generalist team can manage the ward well and has assisted the flow of acutely admitted patients by using a team approach.
- The two Rural Generalists working in obstetrics have now been fully credentialed to work independently in on call for unplanned births that require hospital level input (e.g. caesarean sections). These credentialed Senior Medical Officers join our incumbent Obstetrician Gynaecologist in providing this on call service and are also supported by locums as required (we are seeking additional qualified staff to join this workforce in order to reduce the use of locums).
- In March we had a resignation from an Anaesthetist. This left us with only 2 permanent Anaesthetists and one new recruit, from America, who was planning to join us in August. The new recruit has brought forward her arrival to June and after the mandatory 2-week self-isolation for overseas travellers she will join us in Greymouth. We have recently interviewed 3 doctors for the remaining vacancy in Anaesthetic's (including 2 Rural Generalists with Anaesthetic skills) and intend to make an appointment within a month.

#### Allied Health

#### Organisational Change Process

- We are in the final stages of recruiting to the new leadership roles for Allied Health, Scientific and Technical, as our workforce reorganises into their locality based interprofessional teams. We have not been able to recruit into all of the roles, and are working with CDHB colleagues to develop transalpine alternatives to support our workforce and strengthen their connections across practice settings.
- The COVID-19 response has created an opportunity to test our interprofessional team reconfiguration ahead of the move into Te Nikau, which has been largely successful

#### Setting the Strategic Direction

- Work continues on developing a strategy framework for our Allied Health, Scientific and Technical professions in partnership with the CDHB Directors of Allied Health (DAHs).
- The Transalpine DAHs are also working on a leadership development strategy which will work in partnership with the leadership programme developed by our People & Capability colleagues, focusing on the ways that we can liberate the specific talents of AHST in leadership roles.

#### Workforce

- Vacancies for experienced therapists have been easier to fill as a result of kiwis returning home due to the pandemic.
- 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.

#### Digital Health

- Allied Health therapies are partnering with ISG to replace paper referrals (faxes included) with an electronic referral process. This programme will on-board all referral processes over time, starting with referrals from outside the DHB such as from GPs and other community based providers.
- 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.

#### Rural Early Years Strategy

The interagency working group has now met twice. The group believe that a community development approach will best achieve our goal to ensure people from all parts of our community are supported to tell us what health services would look like for Coast Kids, as part of our nationwide goal for Aotearoa New Zealand to be the best place in the world to grow up.

#### Recruitment

New Vacancies	4
Total Open Vacancies	33
Appointed Vacancies	8

- Nursing Nursing recruitment has been constant through the last month with a number of placements into our medical and surgical wards to create more capacity for our COVID-19 response.
- Allied Health Vacancies within Allied Health are minimal again for this month with casual
  appointments being made into the physiotherapy team as well as a permanent placement
  into our pharmacy team.
- <u>Corporate</u> The Corporate space has been steady with recruitment into two main roles being the Finance Manager and Management Accountant both are yet to be finalised at this stage.
- Medical Medical recruitment has been steady this month with continuing recruitment for both GP's and other SMO's ongoing.

# West Coast DHB national performance measures report

Quarter 2 2019/20: October - December 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.





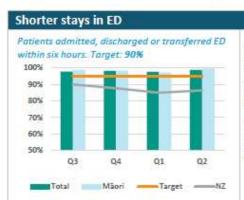












#### 98%

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.

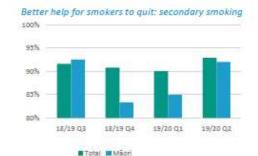
99% of all Maori patients were admitted, discharged or transferred from ED within 6 hours during the same quarter

# Planned Care interventions Patients receiving planned elective surgery or procedures: Year-end target: 3,122 3000 2000 1000 02 Q3

Planned Care interventions is the new 'count' of interventions to support increased access to services this includes elective surgery but also non-surgical procedures some of which will be provided in the community.

The West Coast DHB has provided 1,472 Planned care interventions at the end of

# Supplementary indicators







# This quarter 86% of patients

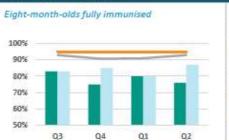
86%

received treatment on time. Small numbers are challenging with this result reflecting only two patient 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

Interventions delivered



Māori NZ Target

- Target

#### 76%

Overall, 76% of all eligible eight-month-olds were fully immunised this quarter.

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

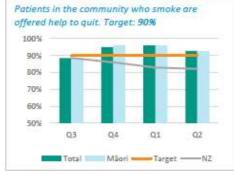
Stronger results were achieved for Maori (87%) and Pacific children (100%).

#### Children immunised that did not opt off or decline.



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

### Better help for smokers to quit



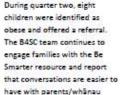
#### 93%

West Coast health practitioners have reported giving 4,648 smokers cessation advice in the 15 months ending December 2019. This represents 93% of smokers against the 90% target.

93% of Maori populations were given brief advice to quit smoking.

# Raising healthy kids

#### 100%



about their child's weight.



Children with obesity referred for support

# 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%
<b>Blood Product</b>	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	Feb	Mar	Apr	YTD	%
Behaviour & Safety	33	16	10	12	71	15.9%
Blood Product	0	0	0	0	0	0.0%
Drain & Tube	1	0	0	0	1	0.2%
Employee	16	7	34	5	62	13.9%
Facilities, Bldg	1	2	4	4	11	2.5%
Fall	21	32	25	19	97	21.7%
Infection	0	0	2	1	3	0.7%
IV Access Device	0	0	0	1	1	0.2%
Labour & Delivery	2	5	2	3	12	2.7%
Labs Specimen	3	5	0	7	15	3.4%
Medication	17	11	16	6	50	11.2%
Provision of Care	8	11	18	3	40	8.9%
Radiology	4	2	2	2	10	2.2%
Restraint Register	9	3	1	0	13	2.9%
Safe Staffing	9	7	5	1	22	4.9%
Security	7	2	9	0	18	4.0%
Skin Tissue	12	3	2	4	21	4.7%
Totals	143	106	130	68	447	100%

# Highlights

• West Coast IRG being held via VIDYO with participants indicating that it is a more efficient use of their time than a physical meeting.

- NO Restraints There were no restraints / seclusions for April which relates to the positive work being done within Manaakitanga by the team. The team also had 3 good catches during the month and again this reflects the positive impact the changes put in place are having.
- Continued recording of pressure injuries continued vigilance in this area.
- Reduced number of falls for some patients that were previously frequent fallers.

#### Lowlights

Patient Behaviour – some patient behaviours affected by COVID-19; stress or unwillingness
to follow protocols to keep themselves and others safe.

Re	port 1	prep	pared b	v:	Philip	Wheble,	General	Manager	West	Coast	DHB

#### MAORI HEALTH UPDATE



TO: Chair and Members

**West Coast Advisory Committee** 

**SOURCE:** General Manager, Maori Health

DATE: 11 June 2020

Report Status – For:	Decision	Noting <a>V</a>	Information	
		0		

#### 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 Maori Health Update.

#### Complex Critical Care Network (CCCN)

The role of Maori Health Clinical Needs Assessor that sits within the Complex Critical Care Network at the WCDHB has, over the past years, had its challenges in meeting the kaupapa of the position. The Hauora Maori team have been working with the CCCN team to investigate opportunities to embed this role into the Maori community and support the work of the network.

A facilitated meeting was held with Poutini Waiora, the Manager of CCCN and the Assessor, and options were discussed for better collaboration and partnership and a stronger reach into Maori whanau. We believe the involvement of Poutini Waiora in this mahi will be critical as we support the provision of this service for whanau. Poutini Waiora has referred whanau to the CCCN before, and will now include the assessor as part of their 'tool kit' of services.

#### **Breastscreen South**

The Breastscreening Mobile Unit commenced as soon as Covid alert levels allowed and visited Westport operating at about 50% capacity to allow for restrictions in place for Covid. Of the 80 screens completed 18 were for Maori and 1 for Pacifica. A total of 22% completed screens for Maori which is a great result. Of the 16 screens undertaken in Greymouth at the fixed site 8 were for Maori (50%). The priority for offering appointments was for Maori and Pacifica women and Poutini Waiora provided support and worked in collaboration with the team from Breastscreen South. An equity and improvement plan is in place with Breastcreen South and is producing consistent improvement in uptake by Maori.

#### Improving DNA (Did not attend) rates for vulnerable populations

Maori outpatient nonattendance (DNA) at all DHB clinics in New Zealand are typically twice that of non-Maori and there has been a plethora of research into why this occurs and what strategies can be implemented to reduce this number.

Reports on DNA's and actions implemented at the DHB have been tabled at Tatau in 2016 and 2017, and while rates decrease slightly immediately following intervention, they did not stay low for long.

Maori / non Maori DNA rates

	201	8	201	.9	202	0
January	12.69%	5.45%	17.31%	7.14%	14.47%	6.92%
February	11.90%	5.95%	12.05%	5.30%	10.75%	4.65%
March	16.67%	7.04%	11.39%	5.78%	6.30%	5.95%
April	12.80%	5.22%	11.43%	7.52%	4.44%	2.33%
May	19.85%	5.63%	11.49%	6.69%	34.88%	3.83%
June	12.82%	5.73%	8.45%	6.53%		
July	13.91%	6.58%	10.38%	7.32%		
August	11.59%	5.92%	18.27%	6.70%		
September	12.61%	6.70%	18.75%	6.00%		

The consequence for Maori who are not accessing services could have their health compromised. The consequence for the DHB's is that scarce resources, such as specialist and nursing time are wasted. We are mindful that people may miss health appointments for a wide range of reason and need to understand these in order to implement processes and systems to encourage attendance.

At the DHB we are able to identify patients who, based on past booking events are more likely to 'DNA', and we more closely case-manage these groups. The estimated cost of each DNA is between \$262 - \$412, and based on DNA's reported in 2019, the cost to the WCDHB was in excess of \$400,000.

The Hauora Maori team are now looking at a 'whole of system' approach to this issue. We had a valuable korero with the Central Booking Unit Management and staff and heard the challenges they face and strategies they have implemented to try to improve DNA rates for vulnerable populations. Actions identified at this meeting will inform the next stage of this work.

#### Kia ora Hauora 2020

#### Grey Hospital Work Placement and Junior Exposure Programme 2020 unconfirmed dates

Planning is underway for a busy 2020 working in partnership with the team at Mokowhiti to deliver the Kia ora Hauora programme. There are new initiatives being piloted that we are hoping to trial on the West Coast including an eight-week Shadow Programme where Year 12 and 13 spend 1 day a week with a specific service i.e. Allied Health/Physio supported by Kia ora Hauora and the DHB to continue further exploration if they find that this is a potential career option.

School	Preferred Date
Greymouth High School	14-16 October 2020
Westland High School	14-16 October
South Westland	21-23 September 2020
Buller High School	21-23 September 2020
John Paul II	14-16 October
Reefton Area School	Awaiting response

#### Junior Hospital Exposure Day

School	Preferred Date
Greymouth High School	November
Westland High School	10 November
South Westland	10 November
Buller High School	Awaiting response
John Paul II	4 November
Reefton Area School	10 November

#### Maori Immunisation Programme

A proposal has been approved by the Ministry of Health as part of the covid-19 response work to build on the success to date of providing flu vaccinations for Maori. The funding will primarily enable Maori Health Providers to provide targeted outreach clinics within Maori community settings and rurally isolated areas. Another core component of the proposal will be to connect whanau up with their primary care provider if that is appropriate for them. There is also provision to build the capacity of the Maori Health Provider to better resource them with any additional equipment and education required to support an outreach approach.

#### Poutini Waiora

The relationship with Poutini Waiora has continued strengthen post Covid-19 and regular strategic meetings with the newly formed management team are proving to be valuable in determining priorities both at a service and system level with several priority areas identified for us to work together on to strengthen service delivery and build capacity.

#### HEAT Tool and transition to Te Nikau

The DHB clinical and leadership teams are undertaking planning and organising for the transition to Te Nikau which will occur in eight weeks. Hauora Maori has been invited to work across the service areas to ensure equity is strongly factored in to this work. The use of the HEAT tool is one way that we are doing this. Focus areas are:

- Triage process for new facility (IFHC)
- Visitor policy for Inpatient Wards
- CBU Booking process
- Covid-19 Recovery work
- Elective surgery
- Outpatient and Infusions
- Primary care interface with ED

Note that this work, while currently supporting and informing the transition to Te Nikau, is intended to have a life past the migration process. There is a strong commitment to ensuring equity is embedded in this work and a commitment to continue to build and strengthen the pathways and models of care post the physical move into Te Nikau.

# 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

# 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.