

## **ADVISORY COMMITTEE MEETING**

10 September 2020

10.00am

# Meeting Room 1 Te Nikau Hospital & Health Centre Greymouth

## AGENDA AND MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

#### **COMMITTEE MEMBERS**



#### WEST COAST DISTRICT HEALTH BOARD

#### **ADVISORY COMMITTEE MEMBERS**

Peter Neame (Chair)

Chris Auchinvole

Hon Rick Barker

Susan Barnett

Lynnette Beirne

Sarah Birchfield

Cheryl Brunton

Paula Cutbush

Helen Gillespie

Anita Halsall-Quinlan

Tony Kokshoorn

Chris Lim

Jenny McGill

Joseph Mason

Edie Moke

Nigel Ogilvie

Francois Tumahai

#### **EXECUTIVE SUPPORT**

Peter Bramley (Acting Chief Executive)

Ginny Brailsford (Team Leader, Planning & Funding)

Gary Coghlan (General Manager, Maori Health)

David Green (Acting Executive Director, Finance & Corporate Services)

Brittany Jenkins (Director of Nursing)

Ralph La Salle (Acting Executive Director, Planning, Funding)

Paul Lamb (Acting Chief People Officer)

Jacqui Lunday-Johnstone (Executive Director, Allied Health)

Melissa Macfarlane (Team Lead, Planning and Performance)

Mr Graham Roper (Acting Medical Director)

Karalyn van Deursen (Executive Director, Communications)

Stella Ward (Chief Digital Officer)

Philip Wheble (General Manager, West Coast)



#### WEST COAST ADVISORY COMMITTEE MEETING to be held in Meeting Room 1, Te Nikau Hospital & Health Centre Thursday 10 September 2020 commencing at 10.00am

ADMINISTRATION 10.00am

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
  - 11 June 2020
- 3. Carried Forward/Action Items

PRE	PRESENTATION						
4.	PHO Presentation	Helen Reriti West Coast PHO, Executive Officer	10.05am – 10.25am				
REF	PORTS		10.25am				
5.	Community and Public Health Update	Gail McLauchlan Community and Public Health	10.25am – 10.35am				
6.	2020/21 Annual Plan Progress Report	Melissa Macfarlane Team Lead, Planning and Performance	10.35am – 10.45am				
7.	Alliance Update	Philip Wheble General Manager, West Coast	10.45am – 10.55am				
8.	Operational Update	Philip Wheble General Manager, West Coast	10.55am – 11.05am				
9.	Maori Health Update	Gary Coghlan	11.05am – 11.15am				

#### ESTIMATED FINISH TIME 11.15am

General Manager, Maori Health

#### **INFORMATION ITEMS**

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

#### **NEXT MEETING**

Date of Next Meeting: Thursday 26 November 2020



E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this time so that we may work together in the spirit of oneness on behalf of the people of the West Coast.

## WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS INTEREST'S REGISTER



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

Sarah Birchfield	Member, Accessible West Coast Coalition Group	N	
Board Member	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	
	Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team	N	
	Accessible West Coast Coalition Group - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people	N	
	• Kowhai Project Committee – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors.	N	
Anita Halsall-Quinlan Board Member	No interests to declare		

Tony Kokshoorn	Dixon House, Greymouth - Trustee	N	
Deputy Chair	Greymouth Evening Star Newspaper  Shareholder	Y	
1 7	Hokitika Guardian Newspaper – Shareholder	Y	
	Greymouth Car Centre - Shareholder	N	
	Daughter a Doctor at Christchurch Hospital	N	
	Patron MS Parkinsons Society	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 1	Employee Community and Public Health, Canterbury DHB	Y	Perceived
	Tatau Pounamu – Committee Member	Y	Perceived
Edie Moke <b>Board Member</b>	Nga Taonga Sound & Vision - Board Member (elected); Chair: Assurance and Risk Committee; and Member: Property Committee     Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.	Y	Perceived
	New Zealand Blood Service Board (NZBS) – Member	Y	Actual
Nigel Ogilvie	Westland Medical Centre - Managing Director	Y	Actual
<b>Board Member</b>	Thornton Bruce Investments Ltd - Shareholder/Director	N	
	Hokitika Seaview Ltd - Shareholder	N	
	Tasman View Ltd - Shareholder,	N N	
	White Ribbon Ambassador for New Zealand	N N	
	Sister is employed by Waikato DHB	Y	Perceived
	West Coast PHO - Board Member	-	
	Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre	Y	Actual
	<ul> <li>Wife is Board Member West Coast PHO</li> <li>Chair – South ALT Workstream</li> </ul>	Y	Perceived

Francois Tumahai	Te Runanga o Ngati Waewae – Chair  This is a second of the second o	N	
Board Member	This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast.	IN .	
	Poutini Environmental - Director	N	
	Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification.	N	
	<ul> <li>Arahura Holdings Limited – Chief Executive</li> <li>West Coast Regional Council Resource Management Committee – Member</li> </ul>	18	
	Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991.	N	
	<ul> <li>Poutini Waiora Board - Chair         Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care             to whanau across Te Tai O Poutini.     </li> </ul>	Y	Actual
	Development West Coast – Trustee     Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a "Deed of Trust" which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future.	N	
	<ul> <li>West Coast Development Holdings Limited – Director</li> <li>Putake West Coast – Director</li> </ul>	N	
	This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business.	N	
	Ngai Tahu Pounamu – Director  Waewae Pounamu is the home of Ngāti Waewae Pounamu carving	N	
	Westland Wilderness Trust – Chair	N	
	West Coast Conservation Board – Board Member     The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region.	N	
	the West Coast region.	N	
	<ul> <li>New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director</li> <li>Westland District Council – Councillor</li> </ul>	N	



## DRAFT MINUTES OF THE WEST COAST ADVISORY COMMITTEE held via zoom on Thursday 11 June 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; Edie Moke and Nigel Ogilvie

#### **APOLOGIES**

There were no apologies received for this meeting

#### **EXECUTIVE SUPPORT**

Philip Wheble (General Manager, West Coast); Jenni Stephenson (Programme Manager, West Coast Alliance); Kathy O'Neill (Planning & Funding) and Bianca Kramer (Minutes).

#### **APOLOGIES**

David Meates (Chief Executive); Carolyn Gullery (Executive Director, Planning, Funding & Decision Support) Brittany Jenkins (Director of Nursing);)

Edie Moke opened the meeting with a Karakia.

Due to technical difficulties Tony Kokshoorn (Deputy Chair) took over as Chair for the meeting.

#### 1. INTEREST REGISTER

Additions/Alterations to the Interest Register

#### Declarations of Interest for Items on Today's Agenda

There were no interests declared for items on today's agenda.

#### **Perceived Conflicts of Interest**

There were no perceived conflicts of interest.

#### 2. MINUTES OF THE PREVIOUS MEETING

Resolution 01/20)

"That the minutes of the meeting of the West Coast Advisory Committee held on 12 March 2020 be confirmed as a true and correct record."

Moved: Edie Moke/Seconded: Sarah Birchfield - carried

#### 3. CARRIED FORWARD/ACTION ITEMS

It was explained why Item 1 was not on the agenda for this meeting, it will now take place at September meeting. .

#### 4 COMMUNITY AND PUBLIC HEALTH UPDATE

Gail McLauchlan, Community & Public Health presented the Community & Public Health update.

The report provided updates on activity around: COVID-19 Response; Maori Health Promotion; Drinking Water, Nutrition and Food Security, Smokefree; and Alcohol Harm Reduction.

The update was noted.

#### 5. DISABILITY ACTION PLAN UPDATE

Kathy O'Neill, Team Leader Planning & Funding, presented the report which was taken as read. Ms O'Neill explained the changes made since the previous update provided, this gives the committee an opportunity to provide feedback befor the plan is presented to EMT and once any amendments are made the plan will come back to this committee for formal endorsement.

Ms O'Neill informed the committee that a West Coast Disability Steering Group was to be form with expressions of interest being called or in early July then the confirmed full membership of the committee will be available mid October with the first meeting being held mid November. The time-line then shows a workplan being drafted and then submitted to both ALT and the Advisory Committee for endorsement.

The update was noted

#### 6. OPERATIONAL UPDATE

Philip Wheble, General Manager, West Coast, presented the Operational update which was taken as read.

Mr Wheble's report highlighted the following notable features:

- 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.

Mr Wheble informed everyone that the teams in Greymouth are getting ready for the anticipated move into the new Te Nikau Hospital and Health Centre.

Discussion took place around both the recruitment and retention of staff, in particular General Practitioners. Mr Wheble informed everyone that there is currently a strong push in advertising for GP's both local and remote. A remote GP can work from anywhere and see patients via video link, this enables the GP to work wherever the need is greatest.

It was asked whether there would be any expected changes in the workforce with a lot of Kiwi's returning home because of COVID. Mr Wheble confirmed the advertising is out there and will hopefully capture the interest of those returning home. It was also mentioned that once borders are open again, will the returnees stay.

The low number of Maori staff employeed by the WCDHB was raised and it was asked how can we recruit young Maori to positions within the DHB. Mr Wheble indicated that both People & Capabilities and the Maori Health team are working hard on this and hopefully there will be a report back in the not too distant future.

The timing of the reports coming to the committee was queried. Now that the meetings are held quarterly the information appears to be lagging behind it was asked if the committee could receive

more current information. Mr Wheble said he would find a way to ensure the committee was seeing the most up to date information available.

With the recently reported changes to driving the passes in winter, if chains required the pass will be closed. Mr Wheble advised that if we need to get someone out there is the ablility to use either fixed wing or helicopter flights. In the case of adverse weather the team here can can work on the patient unitl the flight is able to leave.

The update was noted.

#### 7. MAORI HEALTH UPDATE

Philip Wheble, General Manager West Coast, presented the paper which was taken as read. Attention was drawn to the DNA's and the on-going strategies to remove the barriers for those not attending appointments and therefore reducing the Maori DNAs

There was discussion around the Work Placement and Junior Exposure Programme, showing the highschool students what potential careers are available within a DHB.

The update was noted.

#### **INFORMATION ITEMS**

- Advisory Committee Workplan
- 2020 Schedule of Meetings

Confirmed as a true and correct record:		
Peter Neame, Chairman	——————————————————————————————————————	

There being no further business the meeting concluded at 10.55am.

## **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.		PHO presentation	This was to be on today's agenda but clarification on what is required is needed	On the agenda for 10 September 2020

## COMMUNITY AND PUBLIC HEALTH UPDATE



TO: Chair and Members

**West Coast Advisory Committee** 

**SOURCE:** Community and Public Health

DATE: 10 September 2020

Report Status – For:	Decision	Noting <b></b> ✓	Information	
•		0		

#### 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

## COMMUNITY AND PUBLIC HEALTH (CPH) September 2020

#### **COVID-19** response

Since our last report the CPH team has been involved in preparing for any increase in COVID-19 cases in the community. This has meant extensive training in and testing of our systems. We have supported the standing up of systems as we moved into Level 2 and as a public health unit we have provided support to the Auckland region in its response to the latest outbreak.

#### Māori health promotion

We are supporting the Tuhono kia tu maia project on whānau raising tamariki on the West Coast for which the initial interviews with 20 families have been completed. The report on the analysis of interview data is due towards the end of September and the interviews have identified some very useful information to support the kaupapa of this project.

Health hui are being organised by the two local rūnanga and CPH is providing support. Planning is well underway for the hui which are scheduled for October and November.

#### **Drinking** water

The main focus over the last few months has been on the Annual Survey which looks at compliance of drinking water supplies over the past year. The results are looking similar to last year with most non-compliance being related to supplies that are scheduled to be upgraded. The exception is in parts of Buller where there are some supplies on BWN with either no or delayed plans for upgrades. Data from the survey are being finalised The results will be published

#### Nutrition and food security

CPH worked alongside Poutini Waiora to deliver a healthy kai workshop with a small group of Māori community members in Hokitika. The content included learning about balanced meals, how to get the nutrients we require through food, and tips to make healthy and tasty meals in the most affordable ways. Three different pre-prepared dinner meals were then shared as examples of tasty, healthy meals for families. Each meal could feed about six people and the total cost for the three meals was forty dollars. Every participant tried the meals and most were surprised by how tasty the vegetable soup was. There was plenty of learning through discussion and questions on the night.



CPH received great feedback from an Early Learning Service after they used one of two Oral Health Toolkits called Mene Mene Mai. The toolkits were developed by CPH for Early Learning Services and include songs, books and activities which the staff can use with children to learn about oral health. The lead teacher said that after using the kit with the children she was able to engage some parents in conversations about oral health and healthy eating. The Early Learning Centre now has a healthy eating display with resources for parents to take home.

#### **Smokefree**

We are continuing to increase Smokefree environments on the Coast, including supporting Westland District Council with signage for their Smokefree Outdoor Dining Policy. One café in Hokitika has recently become a Smokefree Outdoor Dining Café. A range of Smokefree signage was provided to them to implement and promote this. We are continuing to identify and work with other local cafés to support Smokefree outdoor dining.

#### Alcohol harm reduction

CPH attended and presented at the Safer Westland Community Forum workshop to inform the development of their 2020/2021 strategic plan. The presentation provided data and information on alcohol harm in both New Zealand and the West Coast and outlined projects CPH has been involved with or led to reduce alcohol harm. Actions to address alcohol harm in Westland will assist in meeting at least two of the Forum's priority areas: Reducing Harm and Reducing Crime.

CPH staff are currently working on a social supply project (social supply is when under 18 year olds are supplied alcohol by parents, whānau, or friends) with Grey High School. Following consultation with students and parents, a range of resources have been developed (some adapted with permission from excellent resources produced by colleagues in Nelson-Marlborough's public health unit). These are currently being trialled in Grey High School and we aim to roll the resources out to other local high schools next year.

#### Health in All Policies

CPH is a member of the West Coast Cross Sector Forum. This group has met post lockdown and identified Housing as an important area of work across the network. CPH has attended the first WCCSF Housing work stream meeting. Items discussed at this meeting included demand and availability of emergency housing, Kainga Ora housing and housing for older people (both private sector and Council owned) as well as the quality of housing.

CPH was invited to and attended a stakeholder's workshop in July and provided a public health perspective on infrastructure needs/policy to inform the draft Te Tai o Poutini Plan.

CPH submitted to both the Westland and Buller District Council Annual Plans. Through its membership of Active West Coast, CPH also compiled, sought feedback from members, and sent through submissions to the following:

- Government Policy on Land Transport (May)
- NZ Transport Agency, Accessible Streets consultation (May)
- Buller District Council Annual Plan (June)
- Westland District Council Annual Plan (June), and
- Amendments to the National Environmental Standards on Air Quality: particulate matter and mercury emissions (August)

#### 2020/21 ANNUAL PLAN PROGRESS UPDATE



TO: Chair and Members

**West Coast Advisory Committee** 

SOURCE: Planning & Funding

DATE: 10 September 2020

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

#### 1. ORIGIN OF THE REPORT

The attached report has been prepared to provide the Committee with an update progress against the initiatives, actions and targets highlighted in the DHB's Annual Plan for 2019/20. This report is circulated to Operational and Management Teams and shared with the Ministry of Health.

#### 2. RECOMMENDATION

The Committee notes the update on progress to the end of quarter four (April - June) 2019/20.

#### 3. SUMMARY

This past quarter has been severely impacted by the Covid-19 pandemic the West Coast teams were re-deployed to the Emergency Operation Groups and the Covid-19 response, recovery plans are in place for almost all services, the teams are now looking to re-establish programmes for quarter one. Commentary is provided throughout the report.

#### **Key Points to Note:**

- The DHB continues to provide School Based Health Services in all High Schools and Area Schools on the Coast regardless of Decile. While delivery has been impacted by the Covid-19 pandemic restrictions, it is anticipated the Public Health Nurses will be able to reach all Year nine students by the end of the 2020 school year. (P2)
- Sport Canterbury West Coast and the three District Councils have drafted Spaces & Places Sport & Recreation Facility Plan, this was shared for consultation and feedback during quarter four.
   The lockdown has led to a delay in finalising the plan following the feedback round, however it is anticipated the plan will be adopted early in 2020/21. (P10)
- The partnership between Poutini Waiora and Breastscreen South has resulted in a robust pathway for follow up and support for Maori attending clinics. (P13)
- Staff and stakeholders were engaged as part of the implementation of the locality-based model of care, which incorporated a new approach to the provision of planned and unplanned care across the three integrated localities in Northern (Buller), Central (Grey) and Southern (Westland). As at quarter four Central and Southern integrated health services are now in place. (P22)
- The introduction of the Rurally Focused Urban Specialists (RUFUS) model in child development services and the development of a rural kaiawhina (non-regulated) workforce strategy has been established Coast wide. This will better provide specialist Allied Health support to children and families using the service (P27)

#### 4. <u>APPENDICES</u>

Appendix 1: Annual Plan Report Quarter Four – 2019/20

**Report prepared by:** Sarah Fawthrop, Accountability Coordinator, Planning & Funding **Report approved by:** Melissa Macfarlane, Acting Director of Planning and Performance



## Improving Child Wellbeing

#### **Immunisation**





immunisation		90		
Key Actions from the Annual Plan	Milestones		Status	Comments
Focus on increasing the uptake of vaccinations during	Q2: Survey new parents to understand declines an messaging.	d improve	J	The work, to gain a better understanding of Pregnant
pregnancy, as an opportunity to build relationships with mothers and provide early protection for	Q2: Education Programme developed to support v conversations with women.	accination	J	woman not accessing vaccinations, has been delayed by events in 2020 but remains a
babies.	Q3: Opportunity to provide additional pregnancy vaccinations through community pharmacy investigated nationally.		✓	priority for the coming year.  The concept of utilising pharmacy has been discussed, and any changes to this sit with the MoH and Pharmac.
Continue to monitor and evaluate immunisation coverage to identify opportunities to	Ongoing: Provide Immunisation Register (NIR), Missed Event and Outreach Service support to general practice teams to reduce declines for childhood vaccinations.		✓	A review of quarterly coverage has indicated there is a need to improve timeliness of referring
maintain high immunisation coverage across all ages, with a particular focus on improved coverage at age five and equity across population groups. (EOA)	Quarterly: Immunisation SLA evaluate vaccination coverage rates to identify opportunities to further improve coverage / respond to emerging issues.		✓	overdue children to Outreach Immunisation Service. Work to develop a process is underway to look at improving this.
Further strengthen the school- based Human Papillomaviruses (HPV) immunisation programme	Ongoing: Provide support to general practice to enable the co-delivery of HPV and DTdap at age 11, including development of resources.		✓	General Practices have been provided with a list of young people overdue for their HPV
and identify innovative solutions to reduce the equity gaps in coverage rates for young Māori	equity gaps in Q2: Consult with Māori groups to better understand barriers to adolescent vaccinations.		×	and DTdap vaccinations. Work is ongoing to support general practice to better understand
students. (EOA)			J	the current model and to look at consenting processes.
				Consolation with Maori groups has been delayed due to the events of the year. This work will commence later in 2020.
Key Performance Measures Maori Result			Total Result	Comments
95% of 8-month olds fully immunis	sed.	85%	82%	These results are impacted by
95% of 2 year olds fully immunised.		89%	81%	small population numbers and reflect just four eight-month-
95% of 5 year olds fully immunised.			93%	old children who could not be reached, three two-year-olds and three five-year-olds.
75% of young people (year 8) complete the HPV vaccination programme.			52%	In total 10 young people declined the vaccination, 131 are overdue. Four young Maori

#### School-Based Health Services (SBHS)





have declined the vaccination and 21 remain overdue.

Status Report for 2019/20						
Key Actions from the Annual Plan	Milestones	Status	Comments			
Continue to support the delivery of SBHS in all decile one to four schools and alternative	Quarterly: Provide quantitative reports on SBHS to the Ministry.	✓	The DHB continues to provide SBHS in all High Schools and Area Schools on			
lucation settings across the West Coast.	Q1: Rollout to decile 5 schools confirmed with the Ministry.	<b>✓</b>	the Coast regardless of Decile.  While delivery has been impacted by the COVID-19 pandemic restrictions, it is anticipated the PHNs will be able to			

	=			
				reach all Year 9 students by the end of the 2020 school year.
Work with schools to review the data captured during Universal Health Assessments and identify actions that support wellbeing, using the 'Youth Health Care in Secondary Schools' Framework.	Q2:Q4: Template develope provide feedback to school SBHS activity, including stu feedback.	s on	✓	A report has been drafted and shared with schools.
Maintain an integrated approach to responding to the needs of young people on the Coast, with active oversight from the cross-sector Child &	Quarterly: Provide qualitative reports on delivery against the Child & Youth Health work plan.		✓	The Child & Youth Health workplan progress report is being monitored through the West Coast Alliance –
Youth Health Alliance Work Stream (Coast's SLAT equivalent). (EOA)	Q2: Options for delivery of sexual health advice in schools, to address barriers to support for young people, explored and scoped.		✓	actions are agreed and on track.  The DHB is looking at opportunities to extend nurse-led clinics and the utilisation of standing orders to more nurses, including Public Health Nurses working in school setting. Work is also underway to review the experience of consumers accessing Sexual Health services in the new Te Nikau facility once migration is complete.
Key Performance Measures		Maori Result	Total Result	Comments
95% of year nine children (decile 1-4 schools) receive a HEEADSSS assessment.		74.5%	87.2%	Total 246 of 282 children Māori 38 of 51 children.

#### Midwifery Workforce – Hospital and LMC







what where work force mospital at	Id LIVIC	00		
Key Actions from the Annual Plan	Milestones	Status	Comments	
Identify key stakeholders to support the development of a South Island Maternity	Q1: Regional Workshop held.	✓	This work was to continue into March/ April after the current year's students	
Workforce Plan, to support undergraduate training and workforce planning to better meet the future demands of our population.	Q4: Regional Maternity Workforce Plan drafted.	U	had started and settled into their year.  Due to COVID students were all withdrawn from clinical and the educators where all sent home for lockdown. The students are returning to clinical placements on May 18 having lost eight weeks of their year. We have worked hard with ARA to ensure that all these students will meet their clinical goals and experience for the year, so they complete their year with the best chance and the pipeline of current students remains on time.	
Establish regular meetings with Ara and University of Otago to further develop a graduate workforce pipeline, with a particular focus on the increased enrolment of Māori midwifery students. (EOA)	Quarterly: Joint meetings with Ara and University of Otago.	✓	We are undertaking work with SIAPO and Kia Ora Hauora as well as local	
	Q3: Appoint a new graduate midwife.	✓	secondary schools to recruit Maori into midwifery. A new graduate midwife has been appointed for 2020 and we will be advertising for another for 2021.	
Stocktake planned retirements across the maternity workforce, to identify opportunities to phase retirements, minimise system impacts and plan for recruitment.	Q2: Stocktake complete.	<b>√</b>	Further reviews have occurred as part of the COVID-19 response.	
Continue to invest in the development of a rural generalist workforce model to support the transformation of service models on the Coast,	Q1: Workshop held, focusing on the role of the wider team in supporting mother and baby.	✓	A Rural Generalist Project Governance Group is in place and this work is progressing with increased discussion	
with a focus on enabling the use of other workforces to support midwives and mothers.	Q2: Opportunities identified.	J	around transalpine support for this model.	
Support the implementation of Care Capacity Demand Management (CCDM) for midwifery by Lune 2021, working with other DNRs to ensure a	Q1: Director of Midwifery engaged as a member of the CCDM Council.	✓	Membership and ToR for the CCDM Council have been established and this group meets monthly and includes the	
June 2021, working with other DHBs to ensure a consistent approach to implementation of CCDM for maternity services.	Q2: Participation by midwifery leaders in national CCDM forums.	✓	Director of Midwifery. Charge Midwife of Maternity are very engaged as well.	

Key Performance Measures	Total Result	Comments
80% of women are registered with an LMC by 12 weeks of pregnancy.	80%	This data comes from the national maternity data set which is a year in arrears, we are awaiting 2019 results.
Baseline established for proportion of midwives identifying as Māori.	1	Baseline established.

#### First 1000 days (conception to around 2 years of age)







riist 1000 days (conception to around 2 years or age)			33		
Key Actions from the Annual Plan	Milestones		Status	Comments	
Engage Maternity Services in the development of a West Coast Maternity Strategy that takes a life course approach to preparing for pregnancy, being pregnant, birthing and becoming a parent, with a focus on achieving equitable outcomes for Māori women and babies. (EOA)	Q1: Key stakeholders identifi engaged in Strategy develop		✓	The draft Strategy has been developed and shared widely. Further direct	
	Q3: West Coast Maternity St agreed and in place.	rategy	✓	consultation with key Māori stakeholders has resulted in some minor changes. These have been endorsed and the DHB will share the Strategy widely with the community during 2020/21.	
Continue to invest in key programmes of work that support the most important focus areas	SUDI – Page 5		✓	See relevant tables.	
across the first 1,000 days of a child's life.	Smokefree households – Pag	e 12	✓		
Note: The key programmes of work reference here are presented in other parts of this report.	Childhood immunisations – F	age 3	O		
Work with Poutini Waiora to establish drop-in breastfeeding session, facilitated by a Lactation	Q1: Breastfeeding sessions scheduled.		✓	Breastfeeding and available support services were topics at the joint LMC/	
Consultant or Mum4Mum Peer Supporter, to increase access to face-to-face breastfeeding advice and support for Māori women. (EOA) Promote breastfeeding, alongside other nutrition interventions, to support a healthy weight for children.	Q2-Q4: Promotion of breastf alongside other nutritional interventions.	eeding	<b>√</b>	Well Child Tamariki Ora Education Da in November. An interactive session on troubleshooting common latching problems was very well received.	
Contribute to the national Well Child Tamariki Ora (WCTO) programme review and advocate for children living in remote rural areas and those living with disabilities. (EOA).	Q2: Child & Youth Alliance w engaged in the WCTO review		✓	The DHB is awaiting further direction from MoH review team regarding implementation of any changes.	
Complete analysis of the data for Core 1 WCTO	Q2: Core 1 Check analysis co	mplete.	✓	NHI level data for the DHB-funded	
Checks to find gaps where families are receiving this contact later than expected, and address issues to support earlier intervention at this crucial period. (EOA).	Q3: Actions to address gaps identified.		✓	providers has identified ongoing issues with timely notification of newborns who are born in Christchurch and go on to spend time in NICU. Local implementation of a system similar to the Canterbury LinKIDS is anticipated to address the gaps identified.	
-,		Maori Result	Total Result	Comments	
85% of newborns enrolled with general practice by 3 months of age.		87.5%	84.2%		
70% of babies are fully/exclusively breastfed at 3 months of age.*		87%	55%	See actions above.	
90% of four-year-olds provided with a B4 School Check (B4SC).		97%	84%	The high deprivation target has been achieved (108%) as well as the Māori (97%) and Pasifika results (200%).	

<sup>\*</sup>This data comes from local Plunket and Karo data as the results from the national Well Child data set are not yet available.

## Family Violence and Sexual Violence (FVSV)





Status Report for 2019/20			
Key Actions from the Annual Plan	Milestones	Status	Comments
Work alongside the Violence Intervention Programme team to increase the number of	Q1: Training programme developed.	✓	Programme developed and sessions successfully delivered to various
bridging/refresher training sessions provided, to ensure staff understand and implement the updated Child Protection & Partner Abuse policies and procedures.	Q2: Increased sessions available.	<b>√</b>	departments. Further sessions available and scheduled.
Develop a transalpine Canterbury/West Coast DHB Elder Abuse & Neglect Policy to support	Q1: Elder Abuse and Neglect Policy in place.	✓	Transalpine Policy developed and approved. This is now in place for
our growing older population from harm. Seek feedback from Kaumatua to ensure culturally appropriate responses to disclosures are embedded. (EOA)	Q4: Compliance review completed.	J	Canterbury DHB and West Coast DHB. Review postponed due to COVID 19 but planning in place.
Develop an Elder Abuse & Neglect training package in conjunction with Age Concern,	Q2: Training programme developed.	✓	Programme developed, and sessions successfully delivered. Further
Canterbury DHB, Police and Public Trust, to support the implementation of the Policy.	Q3: Sessions available.	✓	sessions available and scheduled.
Key Performance Measures		Result	Comments
Increased number of staff attending VIP Training sessions.		<b>√</b>	In Q1 & Q2 (19 sessions/ 148 staff attending). In Q3 & Q4 a further 10 sessions scheduled but 6 cancelled due to COVID 19 (89 registrations - 23 staff receiving training).
Violence Intervention Programme audit results >70	0/100.	85%	Overall VIP MoH/AUT evaluation score was 85% (higher than the National Median).

#### **SUDI**







3001			-	
Status Report for 2019/20				
Key Actions from the Annual Plan	Milestones		Status	Comments
Engage key stakeholders in the development of a West Coast Maternity	Q1: Key stakeholders identified and engaged in Strategy development.		✓	The first Hapū Wānanga took place in February with a second planned for
Strategy (refer above, First 1,000 Days).	Q3: West Coast Maternity Strategy	in place.	✓	June. The COVID-19 Pandemic has delayed the second session; however,
Complete the development and implementation of a Kaupapa Māori	Q1: Culturally appropriate Kaupapa P&P Education Programme availabl		✓	planning is underway to run this as soon as possible in Q1 of 2020/21. Improvements have been identified
Pregnancy & Parenting Education Programme, to support hapū wahine and whānau. (EOA)	Quarterly: Monitoring (by ethnicity) number of women engaged.	of the	✓	for the next hui to increase uptake. Process and format for delivery has been refined and a partnership
Continue to provide smokefree advice across all settings and deliver wrap-around stop smoking services for pregnant women	Quarterly: Monitoring of smokefree performance, advice, cessation referates and smokefree status.		✓	approach with local iwi and public health partners has been formed. The next hui will also be jointly facilitated.
(and their partners) who want to stop smoking, through continued investment in the Smokefree Pregnancy and Newborns Incentives Programme.	Quarterly: Progress against the smokefree pregnancy and smokefree homes actions in the West Coast's SLM Improvement Plan.		✓	
Key Performance Measures		Maori Result	Total Result	Comments
>50% of women referred to the Smokefree Pregnancy and Newborns Incentive Programme complete the Programme.		75%	57%	3 of 4 Maori women set quit dates and were supported through the programme
95% of West Coast households with a newbo recorded at the first WCTO core check.	rn have their smokefree status	66.7%	71.9%	At time of writing this data is not available for the period July - December 2019. Results are reflective of quarter two.

Demand for Pepi pods has been low during Q4 with none being accepted by whānau. The DHB is aware of pods being passed on within the community from whānau to whānau.

## Improving Mental Wellbeing

#### Inquiry into Mental Health and Addiction









S. J. D. J. C. 2010/20				
Status Report for 2019/20				
Key Actions from the Annual Plan	Milestones		Status	Comment
Expand the number of practices engaging people with mental health conditions in the Primary Care LTCM Programme, to support improved wellbeing and physical health outcomes for this high need group. (EOA)	Q4: Enrolment into the Long-Term Conditions Management Programm expanded in three general practice		✓	Three practices are now providing Long Term Conditions Management for Mental Health clients with the commencement of a new practice in Hokitika.
Provide a workforce development/training package to ensure all those working in the crisis	Q1: MH Nurse Educator and Quality engaged to drive workforce develop	•	✓	MH Nurse Educator recruited, MH development package confirmed
response develop the appropriate knowledge and skills to support people with mental health and addiction needs, no matter where in the	Q2: MH development package agrefirst training element underway.	ed and	✓	and staff currently being trained in several elements.  Training on the UK Mental H Triage
system they present.	Q4: All staff trained in UK MH Triag	e Scale.	✓	Scale is also underway with staff already engaged in training.
Implement agreed Pay Equity uplift to support the sustainability of local NGO service providers.	Ongoing: Pay Equity uplift applied t contracts as renewed.	0	✓	All contracts have had Pay Equity applied and will be updated as they expire.
Work collaboratively with any new Mental Health and Wellbeing Commission, to support He Ara Oranga actions.	Ongoing – as expectations evolve.		<b>√</b>	Applications for new funding to support He Ara Oranga actions ie IPMHAS funding for adults, youth and Māori were submitted and new funding for Suicide Prevention has been implemented.
Work with the Ministry to improve and expand the capacity of forensic services in line with	Q1: Additional FTE capacity confirmed to support community and inpatient teams.		×	FTE is being allocated regionally and it has been confirmed West
Budget 2019 investment, including how best to allocate increased FTE capacity across regions. Provide input into the national Forensic Framework Project as this work commences.	Q1: Stocktake of existing workforce development plans and programme provided to the Ministry.		✓	Coast will not be included due to extremely low Forensic numbers.  A wider Stocktake is currently underway which includes forensics at a South Island level.
Key Performance Measures			Total Result	Comment
>150 young people (0-19) accessing brief intervention counselling in primary care		-	90	The youth service was notably
>450 Adults (20+) accessing brief intervention counselling in primary care.		-	427	affected by the school holiday in Quarter 3 and the Covid-19 national pandemic lockdown in Quarter 4. This includes both referral numbers and the youth client's engagement in the service.
>3.8% of the population (0-19) access specialist n	nental health services (SMHS).	5.6%	5.5%	
>3.8% of the population (20-64) access specialist	mental health services (SMHS).	9.6%	6%	

#### Population Mental Health







Key Actions from the Annual Plan	Milestones	Status	Comment
Complete realignment of resources to strengthen community mental health teams and support them to work alongside primary care teams as part of the locality-based integrated health services team model.	Ongoing: Complete implementation of the proposal for change for mental health services.	✓	An implementation team is progressing with the move to locality based services.
	Q2: Crisis response function embedded in locality teams and phone service in place out-of-hours.	✓	Respite pathway has been mapped but options to increase respite are or hold as need has not been demonstrated.
	Q4: Increased respite options in place.	✓	
Complete Māori mental health services review and support a complementary model that	Q2: Revised model proposed and change underway.	✓	This work has been completed and the review has been endorsed by the
provides improved cultural support for Māori across the continuum. (EOA)	Q4: Complementary model in place.	✓	Executive Management Team. The DHB is working with Poutini Waiora to identify additional Kaupapa Maori resource for the community.
Review the function of specialist CAMHS and AOD services and roles in the context of the evolving locality-based teams, to strengthen connections and build support across the full continuum.	Q4: Review of future specialist CAMHS and AOD services direction completed.	✓	New Managers appointed who are contributing to this work.
Include dedicated Co-Existing Problems clinical FTE in locality-based teams, to strengthen connections and build support across the full continuum of care.	Q2: Co-Existing Problems position in place in Westport locality team.	J	CEP positions were recruited to however vacancies now exist in Hokitika and Westport and have bee re-advertised.
Continue to monitor local service utilisation data, and report (using PRIMHD), to national systems, to support improved decision-making and service planning.	Ongoing: Balancing metrics/data captured and reported through PRIMHD.	✓	Mental Health data on the West Coast is being monitored through PRIMHD and the national KPI project
Establish a work group to identify actions to increase the responsiveness of suicide prevention	Q2: Work group established.	✓	Conversations regarding cultural
activity for Māori and ensure a 'by rangitahi for rangitahi' approach that is tikanga Māori and whānau centred. (EOA)	Q3: Equity tool applied.	×	responsiveness have continued with key Maori community leaders and a plan of how to enhance Māori community suicide prevention is awaiting feedback and endorsement. The Suicide Prevention Group met during Q4 to develop a cohesive approach to prevention activity. Thi will align with the Ministry request for RFPs for Maori Suicide Preventio activity. The mahi was well supported by both hapu, consumers, Govt agencies and Hauora Maori.  We still intend to apply an equity to to all suicide prevention activities within our planning, the development of the localised plan
Key Performance Measures		Total Result	has been delayed due to COVID.  Comment
80% of people (0-64) referred to specialist mental health and addiction services are seen within 3 weeks		65.4%	Work is being undertaken with our local community providers and the
95% of people (0-64) referred to specialist mental health and addiction services are seen within 8 weeks.			MoH with AOD data inconsistencies impacting on wait times. 72% of people are seen in our Mental healt service within 3 weeks and 90% within 8 weeks.

#### Mental Health Addictions Improvement Activities



#### Key Actions from the Annual Plan Milestones Status Comment Continue to support use of the newly established Q1: Additional mental health respite Data indicates a reduction in sensory room and modulation and talking capacity available in Buller. seclusion events for the calendar therapies, to provide a safe therapeutic year, there has been 100 seclusion Q2: Guidance from HSQC incorporated environment for patients. free days. into the model of care. Establish weekly meetings, with support from the Formal inclusion of the sensory Health Quality and Safety Commission (HQSC), to room in the model of care remains a consider learnings from other DHBs and identify work in progress. actions to further minimise restrictive care, with a focus on Māori. (EOA). Engage with service users to include their Q1: Service user perspective included A Consumer and Family Advisor has been included on the HQSC project perspective and ensure a co-design approach to in HQSC project groups. environmental changes that enhance admission team and consumer feedback is and inpatient experience. being incorporated in change ideas. Design and implement a new process to improve Quarterly: Monitor transition planning The Inpatient Unit is focusing on the quality of information provided to patients, to lift the quality of plans and raise the embedding reporting around whānau and nominated contacts pre-discharge. focus with staff transition/wellness/relapse Determine the impact of the primary nursing model prevention plans into the Multi-Q2: New discharge information sheet (implemented in 2018/19) on the inpatient unit Disciplinary Team meeting. in place. environment and transitions to community services Consumers' own goals are a specific to capture opportunities for improvement. focus for these meetings. Q4: Impact of primary nursing model × evaluated. The new discharge information sheet was an original strategy to improve the transition from inpatient to community. However, updated processes have negated the need for such a form - the **HQSC Connecting Care quality** improvement project group is reviewing and improving practice in this area with implementation of a HQSC change idea regarding a discharge information booklet underway. Impact of primary nursing model evaluation has been delayed due to Covid-19. Evaluations will begin Q1 20/21 **Key Performance Measures** Total Comment Result

Reduction in seclusion hours and events

<sup>\*</sup> Data is sourced from the NZ Mental Health and Addictions KPI Programme (indicator KPI 19) and results are a year in arrears.





Status Report for 2013/20			
Key Actions from the Annual Plan	Milestones	Status	Comment
Continue to engage with Poutini Waiora to deliver Kaupapa Māori AOD services, to support Māori and their whānau by taking a holistic approach to the recovery process. (EOA)  Continue to engage with PACT services, to support adults and young people at risk of addiction and those with co-existing MH and addiction issues.	Quarterly: Monitor AOD wait times (by ethnicity) to address any emergent issues.	✓	Regular monitoring is in place and performance data is reviewed quarterly.
	Q2: Co-Existing Problems position in place in Westport locality team.	J	CEP positions are still being recruited to in Westport and Hokitika.
Fully implement the new community-based AOD service, provided by Salvation Army, to increase community-based AOD capacity and support timely access to services with a focus on Māori as a highneed population group. (EOA)	Q2: Community-based AOD service operational across the Coast.	<ul><li>✓</li><li>★</li></ul>	The new service is operational and is providing service both individually and in group settings. There have been some staffing challenges, however the service has engaged over 100 clients since it began.
	Q4: >100 people engaged with the new service.	✓	
Review the function of specialist DHB AOD services in the context of the evolving locality-based teams,	Q1: Review underway.	✓	A review of the function has now been deferred as CEP recruitment continues to be challenging. This will occur alongside regional AOD initiatives.
and realign currently resources to support earlier intervention.	Q4: Review of future specialist AOD services direction completed.	O	
Work with Canterbury DHB to explore options for an improved approach to the provision of Opioid	Q2: Pilot underway in Canterbury.	×	Canterbury pilot delayed with the events of the year. However,
Substitution Treatment (OST), to improve the management of treatment.	Q4: Recommendations made for future provision of OST on the Coast.	×	support from CDHB has been provided to improve OST provision.

#### Maternal Mental Health Services





Key Actions from the Annual Plan	Milestones	Status	Comment
Continue to invest in current community- based services to support women, and their partners in need of additional support before	Ongoing: Free brief intervention counselling for provided for people needing mild-moderate mental health support.	✓	The West Coast Maternal Health Pathway was audited and revised. Fridge Magnets and stickers for Well
and after the birth of a child. (EOA)	Ongoing: Free Plunket-led individual and group programmes provided for people needing higher-level support.	✓	Child books being developed to provide contacts for women early when requiring support in the community.
Use the stocktake of primary maternal mental health service to inform the mapping of maternity services as part of the development of a West Coast Materials Strategy.	Q1: Continuum of maternity services mapped and Maternal Mental Health Service gaps identified.	✓	Capturing data from LMC booking form on women with identified with self/family history of Mental Health treatment and referral to match outcomes later. Working with Mental Health Services to identify one point of contact for women with medium to high need Maternal Mental Health issues across the three regions.
of a West Coast Maternity Strategy.  Engage with Well Child Tamariki Ora providers to highlight issues for postpartum mothers	Q1: Key stakeholders identified and engaged in Maternity Strategy development.	✓	
and explore options to improve service access, with a focus on Māori as a population of higher need. (EOA)	Q3: Refreshed Maternal Mental Health Pathway in place and socialised.	✓	

## Improving Wellbeing Through Prevention

#### Cross-sectoral collaboration







Status Report for 2019/20						
Key Actions from the Annual Plan	Milestones	Status	Comments			
Work with the local MSD team to develop processes that support at risk whanau, moving	Q2: Opportunities for information sharing identified.	✓	Initial conversations have taken place regarding strategies to close the gaps			
into and within the West Coast DHB region, to enrol with appropriate health services including	Q4: Process for supporting families defined.	✓	for transient families including a central coordination point for multiple child health services. This			

primary care, Well Child and community dental services. (EOA)			coordination is likely to be similar to the Canterbury LinKIDS model.
Work with Community and Public Health, through the Healthy West Coast workstream, to support	Q1: Food Security Steering Group established.	✓	Following the establishment of the Steering Group, the group continue
the establishment of a cross-sector Food Security Steering Group and the development of community initiatives that support healthier choices and behaviours. (EOA)	Q2: Action plan developed.	U	to develop ideas and actions towards a formal plan. The formal plan has been delayed by the COVID-19 Pandemic however local initiatives to share food and resources as a result of the lockdown have provided inspiration and a platform from which to build further actions.
Work with Sport Canterbury West Coast and the three District Councils to review the West Coast Spaces & Places Sport & Recreation Facility Plan, to maximise access to physical activity opportunities for Coasters including those living with a disability. (EOA)	Q4: Spaces & Places Sport & Recreation Facility Plan reviewed.	*	The draft Spaces & Places Sport & Recreation Facility Plan was shared for consultation and feedback during quarter 4. The lockdown has led to a delay in finalising the plan following the feedback round, however it is anticipated the plan will be adopted early in 2020/21.

## Climate Change





Status Report for 2019/20			
Key Actions from the Annual Plan	Milestones	Status	Comments
Measure current energy use, using the newly installed Energypro software, to build up a	Q2: Baseline measurement of greenhouse gas emissions determined.	J	We employed an EECA funded energy graduate from June 1 <sup>st</sup> and he has
history and identify areas for improvement.	Q4: Monitoring of energy use against previous baseline commenced.	J	started work on updating the coal data in energypro. We will then be able to benchmark FY19/20.
Utilise existing staff engagement mechanisms to promote participation of staff in identifying actions which could contribute to reducing	Q2: Opportunities provided for staff to make positive change.	✓	Workshops were held with staff on reducing carbon emissions and to begin development of an action plan.
carbon emissions.			The truck transport review is complete and truck runs have been reduced and a smaller van, with lower emissions is being used, one day per week.  Broader outcomes addressing sustainability have been added into our procurement policy as per MBIE guidance.
Review inter-hospital truck transport, to identify opportunities to reduce mileage and use of fossil fuels.	Q3: Truck transport review complete.	<ul><li>✓</li><li>★</li></ul>	
Increase emphasis on sustainability requirements in DHB procurement policies and	Q1: Sustainability questions included in tenders.	✓	
practices, to positively mitigate environmental impacts on health.	Q4: Procurement policy updated, in line with MBIE guidance (once released).	✓	
Key Performance Measures		Result	Comment
Reduction of WCDHB carbon emissions per square metre against baseline.		J	Reduction will start occurring when the migration into Te Nikau is completed.
Reduction in internal truck transport kilometres by	33%.	✓	

#### Waste Disposal





Status Report for 2019/20							
Key Actions from the Annual Plan	Milestones	Status	Comments				
Continue to promote clear messages to the public that people should return their surplus/expired medicines and used medicine sharps to pharmacies for safe disposal.	Q1: Educational materials distributed to local pharmacies.	<b>√</b>	Hard copy patient-level resources have been supplied to community pharmacies. Supporting information is also available in HealthInfo.				
Work with the local Council, Waste Contractor and Suppliers to identify additional	Q2: Options for mixed and plastic recycling reviewed with Council and Disposal Agent.	✓	Waste contractor has advised only Cardboard and paper can be accepted for recycling on the West Coast at this				

opportunities for the disposal of mixed and plastic recycling.	Q4: Options for supplier reduction or removal, of waste and packaging material reviewed.	<b>√</b>	time. There are still limited options for plastic recycling within NZ and there is no change forecast for the West Coast in the foreseeable future.  Stock is delivered in cardboard, but plastic pallet wrap is being reduced with more items coming from CDHB central supply
Identify options to redeploy outdated and surplus DHB furniture, to reduce the load going to land fill.	Q3: Redeployment and auction of old and surplus furniture and equipment.	✓	

## Drinking Water





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Status Report for 2018/19			
Key Actions from the Annual Plan	Milestones	Status	Comments
Work with the Public Health Unit to maintain an accredited Drinking Water Unit and accredited Assessors to support their role in ensuring drinking water safety.  Support the Public Health Unit in their role in managing and mitigating public health risks by highlighting water issues and advice through the Healthy West Coast Alliance.	Q2: IANZ accreditation of Unit.	×	Amendments to the Health Act mean that there is now no legislative
	Ongoing: IANZ accreditation of Drinking Water Assessors.	×	requirement to maintain IANZ accreditation for the South Island Drinking Water Unit (SIDWAU).
	Ongoing: Management and mitigation of public health risks discussed with Council staff and elected officials as required.	<b>√</b>	Community and Public Health has now exited from IANZ accreditation and is still in discussions with the Ministry of Health and the other Public Health Units who are part of SIDWAU looking at alternative quality assurance systems.
Conduct an annual review of network drinkingwater supplies, serving more than 100 people,	Q1: Annual review completed.	✓	Annual Survey completed. Compliance reports completed and
and provide a report to water suppliers on their compliance.	Q2: Compliance reports completed.	✓	provided to suppliers.  Ministry of Health have advised that
Undertake assessments of water suppliers' Water Safety Plans, as required, and provide a timely report to suppliers to support effective management of any risks to supplies.	Water Safety Plans assessed as required.	✓	due to WSP format changes it is no longer possible or appropriate for
	Quarterly: Monitoring of assessments.	✓	plans to be processed within 20 working days. Due to the more complex nature of plans it will take considerably longer in future.
Conduct inspections of drinking water supplies with approved Water Safety Plans, to certify	All drinking water supplies with a Water Safety Plan inspected every 3 years.	✓	
implementation of the Safety Plans.	Quarterly: Monitoring of inspections	✓	
Contribute to Māori health and wellbeing through the ongoing provision of technical advice on drinking water to local Rūnanga and Marae, to improve access to safe to drink water. (EOA)	Q3: Q4: Training on the lwi Management Plan provided to Health Protection and Policy staff involved in resource management work.	×	This training has been unable to be completed due to the COVID -19 response. It will be rescheduled for 2020/21.
Key Performance Measures		Result	Comment
100% of network suppliers (serving 100+ people)	receive compliance reports	100%	All Water Safety Plans (WSP) received
100% of Water Safety Plans assessed and reporte	ed on within 20 working days.	100%	under the old framework were assessed and reported on within 20 days. WSPs submitted under the new framework are expected to take longer to assess and there have still been no WSPs approved under the new framework nationally. The Draft WSP received for Reefton is still being assessed.
100% of drinking water suppliers have had a Wat	er Safety Plan inspection in the last 3 years.	100%	
Percentage of networked drinking water supplies	s compliant with the Health Act.	81%	

#### Healthy Food and Drink





Status Report for 2019/20				
Key Actions from the Annual Plan	Milestones	Status	Comment	
Socialise and implement the recently endorsed West Coast DHB Healthy Food and Drink Policy.	Q1: Communication of the DHB Policy.	✓	The café menu has been reviewed and is currently with the dietitians for final	
	Q4: Audit of current Food and Drink items provided across DHB sites.	✓	approval. A new menu will be implemented with the new Te Nikau café from August	
Work regionally to agree consistent approach to health service provider contracts that stipulates the	Q2: Service provider contract clause agreed.	✓	Following discussions with the Ministry of Health's Sector Services,	
expectation providers will develop and implement a Healthy Food and Drink Policy, in line with the national policy for organisations. Engage with providers to provide support and	Q4: Service provider contracts include Healthy Food and Drink Policy expectations.	✓	the DHBs contract templates have been updated to include a Healthy Food and Drink Policy clause. These changes are being applied to all	
advice in developing their Policies, with a focus on our Māori service provider to target higher need populations. (EOA)  Track the number of provider contracts with a Healthy Food and Drink Policy.	Q2:Q4: Monitoring report on progress.	U	new contacts and contract variations going forward.  A tracking mechanism has been established to monitor the number of contracts with the Policy in place.  Tracking will begin in 2020.	
Work with education providers in early learning settings, primary, intermediate and secondary schools to support the adoption of water-only and healthy food policies in line with the Healthy Active Learning Initiative.	Q2:Q4: Monitoring report on progress and adoption of policies by schools, kura and early learning services.	G	The results of the stocktake undertaken in Q2 (and analysed Q3) has enabled us to target support to those education providers that do not currently have policies and those that request help to review their policies. However, limited progress has been made in Q4 due to COVID-19 lockdown. Joint visits by public health and Heart Foundation staff were made to almost all West Coast Early Childhood Education centres before lockdown and six ECEs asked for, and were provided with, further support during lockdown.  Four schools have requested support to develop nutrition policies and this will be provided.	
Key Performance Measures		Result	Comment	
DHB Healthy Food and Drink Policy fully implemented	across all DHB sites.	✓	8/15 West Coast ECEs have a nutrition policy. 6/15 West Coast ECEs only	
Healthy Food and Drink Policies implemented by health provider organisations.			offered water or plain milk to childre and a further 2/15 have a water only	
Number and proportion of education providers adopting water-only and Healthy Food Policies.		✓	statement in their nutrition policy 10/14 West Coast schools have a nutrition policy/guideline/procedure. 4/14 schools have a water/milk only policy/guideline/procedure	

## Smokefree 2025







Key Actions from the Annual Plan	Milestones	Status	Comment
Continue to provide smokefree advice across all settings and deliver wrap-around stop smoking services for people who want to stop smoking, through Oranga Hā - Tai Poutini –including continued investment in the Smokefree Pregnancy and Newborns Incentives Programme.	Quarterly: Monitoring of smokefree advice, cessation service referrals and quit rates, by ethnicity and target groups.	<b>√</b>	Delivery of smoking advice, referrals and quit rates are monitored quarterly.
Establish a particular focus on Māori, people with Chronic Obstructive Pulmonary Disease (COPD),	Q1: Targeted smokefree actions agreed in the SLM Improvement Plan.	✓	Progress against the SLM actions is reported and monitored quarterly

pregnant women, parents of children with respiratory illness and households with a new baby, as vulnerable population groups in need of extra support to stop smoking. (EOA)	Quarterly: Progress against the smokefree actions in the SLM P	lan.	✓	through the West Coast Alliance with further monitoring monthly. The smokefree actions are all completed
Work with Oranga Hā – Tai Poutini to collate and combine service data with other cessation programmes, to provide a complete picture across the West Coast and identify areas where target groups need more support. (EOA)	Quarterly: Monitoring of combi results by Healthy West Coast A Workstream.		<b>√</b>	
Work with Oranga Hā - Tai Poutini to investigate a whānau ora approach incorporating a Noho Marae	Q2: Whānau Ora model agreed	•	✓	The West Coast Stop Smoking Providers are now working with the
(overnight marae stay) for young Māori women who smoke, to better engage and motivate them to stop smoking. (EOA)	Q4: First Noho Marae held.		J	whole household when pregnant smokers are referred for support to quit. Plans for a Noho Marae are developing with this likely to be incorporated as part of the Hapū Wānanga offered by Poutini Waiora. Delivery of the first session has been delayed due to COVID.
Key Performance Measures		Maori Result	Total Result	Comment
90% of pregnant women who identify as smokers upon registration with an LMC are offered brief advice and support to quit smoking.			100%	The West Coast DHB is pleased with the 100% result achieved.
90% of PHO enrolled patients who smoke are offered brief advice and support to quit smoking.			93%	
90% of households with a newborn have their smokefree status recorded at the first WCTO core check.			71.9%	This result reflects local figures for Q2, data is not available for Q4.

## **Breast Screening**







breast sercening				
Status Report for 2019/20				
Key Actions from the Annual Plan	Milestones	Status	Comment	
Work with the PHO and BreastScreen Aotearoa to implement a process for	Q2: Results checking process in place at practices.	✓	An Equity Improvement Plan has been developed in partnership with	
checking screening terms and results so that these are filed and captured accurately in the practice patient management system.	Q3: Breast screening results, and recall lists, are accurately identifying women to be screened.	J	Breastscreen Aotearoa, PHO and Poutini Waiora. The process for sharing recall lists is now embedded between Poutini Waiora and BreastScreen Aotearoa.	
Work with ScreenSouth and Poutini Waiora to capture opportunities for joint promotion and delivery of screening and support for the recall of women to improve rates for Māori and Pacific	Ongoing: Provision of dedicated Māori and Pacific screening clinics using the mobile screening unit.	✓	Maori and Pacific dedicated screening clinics were held post	
	Q1: Screening appointment targets for Māori and Pacific women embedded.	✓	Covid-19 in the Buller with 22.5% of all screens being held for Maori and 50% of all screens in Greymouth	
women. (EOA)	Q4: Further opportunities for the mobile unit to come to smaller community areas identified.	✓	were for Maori.	
Utilise Poutini Waiora Whānau Ora nurses, who are integrated in general practice teams, to contact Māori and Pacific women who are not engaging	Ongoing: Provide overdue breast screening coverage reports to Poutini Waiora to support their nurses to contact Māori and Pacific women to encourage breast screening	<b>✓ ★</b>	The partnership between Poutini Waiora and Breastscreen South has resulted in a robust pathway for follow up and support for Maori	
with breast screening and support them to attend appointments. (EOA)	Ongoing: Assistance with travel and support at appointments provided by Poutini Waiora nurses.	✓	attending clinics. A scheduled quarterly hui has not occurred yet due to Breastscreen Aotearoa being	
	Q3: Review successful strategies implemented to improve cervical screening rates for opportunities to improve breast screening rates.	O	in catch up mode.	
Provide health promotion materials via general practices, rural communities, community pharmacies and social media, to promote the importance of breast screening for priority populations (Māori and Pacific). (EOA)	Q4: Health promotion material distributed across the Coast and awareness campaign promotes breast screening on local social media.	J	Planning is underway for a series of hui across Te Tai o Poutini to be held in Maori community settings. Breastscreen Aotearoa will be invited to participate in the hui to promote Breastscreening Services.	

Key Performance Measures	Group	Baseline	Result	Comment
70% of all women (45-69) have has a breast screen in the last two years with a reduction in the equity gap for priority women (baseline to March 2019).	Total	72.3%	68%	The result covers the two quarters ending 30 December 2019. The West Coast Pacific rate represents 16 women that were not screened during the period.
	Maori	67.7%	64%	
	Pacific	48.0%	70%	
	Other	72.5%	68%	

#### Cervical Screening







Cervical Screening			90	<b>O</b>			
Status Report for 2019/20							
Key Actions from the Annual Plan	Milestones			Status	Comment		
Establish a whole-of-system Cervical Screening Working Group to develop and review monthly performance and identify opportunities to coordinate efforts to improve screening rates.	coverage re	rovide cervical s ports to genera mproved recall	l practice	✓	Karo reports (NCSP recall dates) are supplied monthly to Primary Practices.  Monthly performance reports from		
(EOA)	Q1: Workin	g Group establis	shed.	✓	the NSU are used to check on achievements in screening and		
	Q2: Perform	nance reports d	eveloped.	✓	NCSP Regional staff have been working at Practice level to ensure a		
	Q3: Collecti	ve plan agreed.		J	woman's recall date match's the NCSP date.		
				A Cervical Screening Working group consists of Poutini Waiora, West Coast PHO, DHB Population Health Manager, NCSP Maori Pathway Navigator / Smear taker and Register Co-ordinator. This group will develop a collective NCSP Regional plan to achieve national targets. Delay due to the COVID response, a meeting has been arranged and the collective plan will be drafted during Q1 2020/21.			
Support the PHO to work closely with general practice and the local NCSP office to use data matching to identify and recall priority group	Ongoing: Weekend and outreach appointments offered with Māori smear taker.			✓	Poutini Waiora is engaged with five practices to support to Maori to attend appointments.		
women, who are unscreened or overdue. EOA  Ensure overdue cervical screening coverage reports are provided to Poutini Waiora (via the PHO) to	Q1:Q4: All seven GP practices supported to recall priority women.			✓	Practices have active recall and are aware of the free screening scheme for Maori, Pacific, Asian, and woman		
support catch-up and screening.  Offer free cervical smears to priority women and ensure practices have a process in place to claim	Q1:Q4 Overdue screening reports provided to Poutini Waiora.			✓	over 30 years who have never have been screened or are overdue – and invoice directly.		
through the NCSP Office. (EOA)  Offer weekend and outreach screening appointments with Māori smear takers. (EOA)	Q4: Minimum of 50 free smears provided for priority group women.			✓	Greater than 50 women meeting the above criteria have been screened during Q1 & Q2		
Work with DHB-owned practices to investigate provision of after-hours appointments to target women who struggle to access during business hours. (EOA)	Q4: After-hours appointment availability scoped.			✓	Monthly community weekend clinics continue and in September one practices offered a "pay what you can afford" campaign.		
Develop targeted invites for women in priority groups as they become eligible for screening, that also link to other free services i.e. HPV vaccination	Q2: Well woman consultations scoped.			✓	Poutini Waiora are working within the Primary care setting to assist		
and long-acting reversible contraception to promote a wellbeing approach. (EOA)	Q4: Targeted invitations developed and in use.		✓	with recalls and delivering screening for Maori and Pacific women as part of the Covid-19 recovery work.			
Key Performance Measures		Group	Baseline	Result	Comment		
80% of all women (25-69) have had a cervical smear in		Total	74.5%	71.7%	West Coast DHB is closely		
three years with a reduction in the equity gap for price (baseline to March 2019).	only women	Maori	70.5%	68%	monitoring the uptake of Cervical Smears, the impact of the work by		
		Pacific	65.6%	59.6%	Poutini Waiora is anticipated to show over the next six months.		
		Asian	59.0%	53.2%			
		Other	75.9%	73.5%			

## A Strong and Equitable Public Health and Disability System

#### Engagement and obligations as a Treaty partner







Status Report for 2019/20					
Key Actions from the Annual Plan	Milestones	Status	Comments		
Maintain a Memorandum of Understanding (MOU) with Tatau Pounamu and actively engage with Māori leaders in the planning and design of health services and strategies to	Ongoing: Tatau Pounamu meetings attended by WCDHB Board members and Senior DHB staff	✓	An elected DHB Board member regularly attends the Tatau Pounamu meetings and reports back to the DHB Board.		
improve Māori health outcomes. Engage members of Tatau Pounamu and Māori	Q1: Tatau Pounamu Annual Work Plan developed.	✓	The Annual Work Plan has been agreed and is in the final stages of		
leader from across the system in the West Coast Alliance work streams to bring a Māori perspective to the redesign of local services.	Q1: Targeted equity actions agreed in the 2019/20 SLM Plan and Annual Plan.	✓	editing. Target equity actions have also been agreed in the SLM Plan and the Annual Plan for 2019/20.		
	Q3: Tatau Pounamu input into development of the 2020/21 SLM Plan and DHB Annual Plan.	✓	Planning is underway for a Board meeting to be held in South Westland at Te Tauraka Waka a Maui Marae. This will likely occur during the		
	Q4: Board hui held on a local Marae.	J	second half of 2020.		
Continue to invest in the newly developed Takarangi Competency framework, an evidence-based model that influences and	Ongoing: Support provided to staff from the DHB and the wider system to complete their Takarangi Portfolios.	✓	The Hauora Maori team and Takarangi graduates have provided 1:1 sessions with students to work on		
shapes practice and supports improved cultural competency, to improve the experience of Māori presenting to our service.	Q4: Minimum of one Takarangi hui held.	J	their Portfolios. Moe Milne was in Greymouth in November to assess their work. Critical Mass is slowly building which provides more of a pool of support for those students who need assistance to complete their portfolios.  A hui was scheduled but due to Covid-19 lockdown this has been delayed. Organising of another hui for the 2020/21 year has commenced		
Develop an Equity Outcomes Framework that will enable regular reporting and monitoring of	Q2: Equity Action Group established.	✓	The DHB's Operational Leadership Group (OLG) is invested in		
equity outcomes across the West Coast to support open discussion and identification of areas for improvement.	Q3: Equity reporting framework developed and implemented.	<b>✓</b>	accelerating Equity Outcomes and equity is one of OLG's four priorities.  A draft framework has been developed providing a platform for planning, evaluation and reporting against equity at OLG level.  A commitment to utilise the HEAT tool for new services, reviews and contract development has been endorsed alongside a commitment to grow the Maori workforce and		
			embed cultural competency.		
Key Performance Measures		Result	Comments		
Tatau Pounamu Annual Work shared with DHB's Board.		J	Still in draft.		
SLM Improvement Plan demonstrates strong equity focus in every priority area.		<b>√</b>	Agreed equity actions evident throughout the SLM Plan.		
Percentage of staff engaged in completing the Takarangi (cultural competency) framework – baseline 3%.		1.3%	14 people have completed or are engaged in Takarangi training. This year completion of the training was affected by Covid-19. 25 People are enrolled for the 2020/21 training		

#### Delivery of Whānau Ora







Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to support the Whānau Ora model and team approach for Māori with Diabetes in the	Q2: Model in place in two practices.	✓	The Buller Whakakotahi work has been expanded to Greymouth with
Whakakotahi pilot practice and expand the programme to one more general practice. (EOA) Facilitate a Quality Improvement approach to the	Q4: Report on outcomes shared with the Healthy West Coast Alliance Workstream.	✓	the Poutini Waiora team in Greymouth working alongside the Nurse Specialist and GP at
Whakakotahi project with the aim of evidencing measurable improvements within the system and a whānau ora approach to service delivery.	Q4: Quality Improvement Plan identifies learnings for future service delivery.	<b>√</b>	Greymouth Medical and the Community Pharmacist. Learnings from Buller have been shared with her and the Clinical Manager from the PHO is available to advise as required. A whanau assessment tool is being developed, as a result of the Whakakotahi initiative, which will be used amongst whanau with Long Term Conditions with a view to progressing the whanau ora model of care approach. The West Coast PHO Clinical lead presented the outcomes these findings and outcomes are live on the HQSC website.
Collaborate with Te Pūtahitanga whānau ora navigators to identify opportunities for alignment between DHB and Poutini Waiora kamahi to align priorities and increase support to whānau. (EOA)	Q4: At least two opportunities identified and implemented.	<b>✓</b>	Te Putahitanga Whanau ora Navigators, Connector and Contracts Adviser are connecting with the DHB to input into a strategy for Suicide Prevention and wellness for Maori and identify several initiatives that will feed into the Te Rau Ora Hauora Maori Fund.  Poutini Waiora Navigators are part of a co-ordinated response to the improvement of DNA rates for Maori in Outpatient Clinics. A Whanau ora approach will result in better planning, co-ordination and outcomes for Maori with evaluation and learnings being captured for future education within DHB services.
Key Performance Measures		Result	Comments
90% of Māori identified with diabetes have an annua	al HbA1c test.	84%	See above work being undertaken to
80% of Māori identified with diabetes (via an HbA1c test) have good or acceptable glycaemic control (HbA1c <64 mmol/mol).		49.6%	support improved outcomes for Māori.

## Care Capacity Demand Management (CCDM)



Status Report for 2019/20			
Key Actions from the Annual Plan	Milestones	Status	Comments
Establish a CCDM Governance Council to provide leadership and	Q1: CCDM Council established.	✓	Membership and Terms of Reference
oversight of the care capacity demand management programme. Introduce Hauora Māori membership at Governance level, to ensure equity is considered in the rollout of the programme. (EOA	Q1: CCDM Governance Council membership includes GM-Māori Health.	✓	established and this group continues to meet monthly. Membership includes our GM-Māori Health.
Implement paper-based Variance Response Management (VRM) plans	Q1: CCDM Working Group established.	✓	Membership for the CCDM Working Group has been established and this
across the acute care departments,	Q1: Departmental VRM response plans determined.	J	group has started meeting.

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to underpin the delivery of the CCDM programme.	Q1: Mandatory safe staffing incident forms implemented within Safety First.	✓	A VRM sub-working group has been established. This group, although	
	Q2: Education provided to teams on the use of the traffic light Variance Indicator System.	J	disrupted by COVID-19, is developing up prioritised VRM plans using existing escalation plans and will be	
	Q3: Variance Indicator System and departmental VRM response plans implemented.	J	working rapidly to progress these plans as well as the education around the traffic lights.	
			Our CCDM Coordinator resigned to take up another position during the COVID-19 period and our nursing operational lead is providing interim Coordination of the Programme. We are working quickly to recruit to this position.	
			Although disrupted by COVID-19, we are continuing to develop an interim electronic dashboard in partnership with IT students at our local high school. The display would enable nurses to score and record VRM while we await the development of a more comprehensive package in partnership with CDHB.	
Gather appropriate information to support formation of a Core Data	Q1: Options for a centralised data warehouse explored.	✓	We have identified a shared Canterbury-West Coast option to	
Set, to inform improvements and evaluate the effectiveness of CCDM.	Q2: Stocktake on current data measures completed, to inform development of a core data set.	✓	support central data warehousing.  An initial stocktake of our core data set has been completed and the	
	Q3: Options to support a dashboard to visibly display the Core Data Set explored.	✓	working group is progressing development of our prioritised data	
	Q4: Dashboard solution identified and implemented.	J	(top 5) data set. This was interrupted by COVID-19 but is now underway again, including plans to rapidly	
	Q4: Move to electronic data display, following migration into new Greymouth facility.	J	establish our local data councils.  A visual dashboard is in development; however, this is likely to be up to two years away. We are now exploring the option of manual data capture and presentation in the interim, as described in the previous key action.	
Utilise existing systematic process for determining and budgeting staffing FTE and skill mix to ensure the provision of timely, appropriate, safe care in both acute and non-acute clinical settings.	Q1: Annual IRR testing complete, ensuring data integrity.	✓	IRR testing was completed for 2019 and will be repeated in non-migrating areas from June 2020. Migrating	
	Q1-Q3: Data collection undertaken to inform FTE calculations, budgeting, and skill mix.	✓	departments will complete testing following movement to new facilities.	
Gather quality data to inform current FTE calculations, with a view to re-start 18 months of data collection in May 2020, following migration to the new facility.	Q4: Re-start data collection to inform new staffing levels and skill mix for the new facility.	<b>✓</b>	Data collection is ongoing, and we are now preparing for FTE calculations in our prioritised, eligible departments. This includes our acute integrated ward prior to migration to new facilities, which will most likely be occurring late July/early August. The national Safe Staffing Healthy Workplace Unit has offered us assistance to rapidly progress these calculations.	
Key Performance Measures		Result	Comments	
Trendcare acuity tool used to demonstrate staffing resource is consistently matched with patient demand and to support continuous improvement.		✓	Safe staffing is informed by Trendcare. From March to May 2020, shifts below target are 1.29% a positive drop from	
Shifts below target <5%.		1.29%	4.5% in Q3.	
50% of the Core Data Set recorded centrally to enhance bi-monthly reporting.		J	This is progressing in our working group and will be enhanced by the establishment of our local data councils.	

Core data set is used to evaluate the effectiveness of CCDM.	J	As above.
GM-Māori Health or proxy has attended 80% of CCDM Council meetings.	×	Due to limited availability we have not yet been able to meet this target; however, a new position within Hauora Māori will now be able to assist with attending.

## Disability





Status Report for 2019/20				
Key Actions from the Annual Plan	Milestones	Status	Comments	
Implement the first stage of the healthLearn learning management system upgrade, to support delivery of modules and reporting on uptake.  Engage subject matter experts to develop disability training modules, building on the e-learning work completed in 2018/19. (EOA)  Engage with the DHB Disability Steering Group and	Q1: First stage system upgrade complete.	×	The four South Island CE's have approved for an extension of	
	Q2: Development of training modules complete.	✓	healthLearn to remain as is, whilst further business cases are discussed for the management of the system.	
	Q2: Disability training modules launched.	✓	An original module has been released that serves as the foundation for all	
Māori leads, to ensure content is consumer focused and culturally appropriate. (EOA)  Track uptake and feedback on modules, as a means of evaluation and to identify improvements.	Q3: Reporting on uptake of training modules by staff commenced.	U	Diversity, Inclusion, and Belonging (Care Starts Here) work, as well as an 'Unconscious Bias' learning module. More releases are scheduled that focus on subject matter around recruitment and other Diversity, Inclusion, and Belonging -related content.	
Continue to include identification of patient's impairments (by the admitting nurse) at the point of admission and document these on the nursing history form, to inform planned nursing care and/or interventions.	Q1: Audit tool developed to ensure impairments are being captured.	×	Work is continuing to redevelop the nursing history form as the current one is not fit for purpose. The nursing care plan project is complete.	
	Q2: Tool incorporated as part of monthly quality audit of patient files.	*		
Key Performance Measures		Result	Comments	
Percentage of staff completing disability training modules.		75%		
Percentage of staff rating disability content positively.		94%		
95% compliance rate of patient files audited.		J	This piece of work is underway.	

#### Planned Care





Status Report for 2019/20				
Key Actions from the Annual Plan	Milestones	Status	Comments	
Improving/Sustaining Planned Care Performance Rollout electronic triage to strengthen triage	Q1: Electronic triage rolled out to 2 further services.	✓	Electronic triage was rolled out to ENT and Urology in Q1. Respiratory	
process and reduce waiting times.  Increase clinical capacity for ophthalmology through the provision of increased specialist	Q1: Weekly automated reporting of ESPI2 performance initiated for each specialty.	✓	was added in Q2.  We moved contracting with our ophthalmology provider to late Q3 as key staff were unavailable in Q2, but this work was interrupted due to COVID. The contractor was unable to deliver additional volumes during the lockdown period or since as they are working through COVID related backlog.  Electronic triage has been rolled out to services during the 2019/20 year.	
undertake weekly monitoring of wait times and waitlist volume by specialty, to increase visibility of planned care delivery and ensure equitable access to services for our population. (EOA)  Monitor the delivery of Planned Care interventions against planned interventions, and where delivery falls below the plan, identify and address barriers.	Q2: Increased capacity sourced for ophthalmology.	J		
	Q2: Weekly automated reporting of ESPI5 performance initiated for each specialty.	✓		
	Q3: Electronic triage rolled out to 2 further services.	✓		
Develop a Plastic Surgery recovery plan to achieve ESPI2 and ESPI5 compliance, including investigating opportunities for primary care to support the	Q1: Issues relating to large follow up lists and lack of capacity for routine patients identified.	✓	Planned skin lesion volumes for 2019/20 were agreed in Sept 2019 as part of the Planned Care Plan.	

recovery in line with the new Planned Care strategy.  Develop and implement a pathway for the management of minor and intermediate skin lesions in primary care.	Q2: Planned Care skin lesion procedure volumes agreed with MOH.	✓	Additional theatre and outpatient sessions in plastics and orthopaedics		
	Q2: Opportunities for primary care to support plastics delivery identified and plan developed.	✓	have been delivered.  A plastics recovery plan, with the addition of a registrar working alongside a specialist to increase		
	Q2: Plastics recovery plan developed.	✓	capacity, along with additional clinics,		
	Q3: Plastics recovery plan implemented.	<b>✓</b>	reduced the outpatients and inpatient waiting list dramatically by end of April. However, COVID disruptions have seen the numbers waiting increase and the surgeons are unable to catch up quickly due to the backlog. A Recovery plan continues and monitoring of the plan is underway. It is anticipated we will be back on target with the plan by end of September.  The plastic surgeons have offered to commence training of primary care practitioners for minor procedures in general practice, and this is expected to commence in September as part of our proposal for improving planned care services.		
Complete the transalpine Orthopaedic Surgery recovery strategy to achieve ESPI2 and ESPI5	Q1: Orthopaedics ESPI 2 recovery plan complete.	✓	No orthopaedic patients were waiting greater than 12 days from October		
compliance, including engaging administrative and clinical staff to book people at the right time and utilising all resources across the district efficiently.	Q2: Transalpine Operations Manager appointed.	✓	until end March for their FSA's. Plans put in place late 2019 for ESPI 5 proved beneficial with the number o		
	Q2: Orthopaedic surgery production plan developed.	✓	patients overdue for surgery declining until mid-March 2020.  From mid-March 2020 the number of		
	Q3: Transalpine action plan implemented to address ESPI5 barriers.	✓	patients waiting more than 120 days for both FSA and Surgery has increased due the impact of COVID. We are unable to rapidly reduce the longest waits due to the back log at CDHB and the need to reduce surger volumes in July as we move into Te Nikau. We will continue to work to the plan established in 2019 and forecast recovery by the end of 2020 for ESPI 2 and March 2021 for ESPI 5		
Three-Year Plan for Planned Care Development  Develop a three-year Planned Care strategy, aligned with our locality-based, whole of system	Q1: Outline of the proposed approach to developing the three-year plan is presented to the Ministry.	✓	The approach to be taken to develop the 3-year plan has been highlighted to the Ministry.		
approach, to provide increased and equitable access to planned care for our population. (EOA)	Q2: Service analysis/stocktake complete.	×	Q2 actions on completion of a clinical stocktake and presentation and		
Undertake a stocktake to identify Planned Care services that could be delivered in primary care, and where capacity exists across the three West Coast localities to allow more services to be delivered closer to home.  Engage with clinical leads, West Coast Alliance, NGOs, Consumer Council and Tatau Pounamu in the development of the Planned Care strategy, to better understand local priorities and ensure a whole of system approach with a focus on equity.	Q2: Consultation undertaken with stakeholders.	×	consultation with primary care stakeholders were delayed due to the availability of key people. We		
	Q2: Summary of analysis and consultation presented to stakeholders.	*	reprioritised this work for Q3 but were stymied by COVID. The consequent inability to complete		
	Q3: Three-year Planned Care Plan complete.	Œ	stakeholder engagement means have submitted a draft provisional plan		
	Q4: Update provided on initial actions outlined in the three-year plan.	*	and envisaged consultation will be completed by October 2020.		
Improving equity and access for Māori Review primary care referrals and outpatient DNA rates, to identify barriers for Māori and develop a plan to improve attendance at planned clinics. (EOA) Partner with Poutini Waiora to investigate opportunities for providing general practice/nurse	Q2: Outpatient referral and DNA rate analysis completed.	✓	Our Māori Health and Central Booking Teams have partnered to review DNA rate and developed a		
	Q2: Scoping project for establishing GP/Nurse led clinics into the community completed.	✓	plan for the most vulnerable in our community. The plan involves working with Poutini Waiora who will		
	Q3: Outpatient DNA action plan agreed and implementation underway.	✓	be pro-actively supporting Māori to attend appointment.		

led clinics in Māori community settings, to increase access to health services for Māori. (EOA)	, 0,		✓	
Key Performance Measures		Maori Result	Total Result	Comments
ESPI 2: 100% of people wait <120 days from referral to FSA.		-	87.8%	See above for detail
ESPI 5: 100% of people wait <120 days from decision to treat to treatment.		-	82.9%	
<6% of outpatient appointments were booked but the patient did not attend.		14%	5.7%	

#### **Acute Demand**







Acute Demand			<b>G G</b>	9	
Key Actions from the Annual Plan	Milestones		Status	Comments	
Implement a Primary Unplanned Care area within the new Grey Base facility, where the locality-based integrated health services team work together to ensure people presenting are seen by the right person, in the right service, at the right time.	Q1: Staff across the integrated team have understanding of each other's roles and		✓	Administration teams have developed a skills and activity matrix	
	Q2: Workforce and FTE needs determine	d.	$\checkmark$	to support cross training of roles.  Training and orientation of staff was	
	Q3: Training calendar developed, to ensulate the necessary skills to work within t		✓	delayed in Q3 due to uncertainty of the date of occupation of Te Nikau. The training and orientation is now underway and the "Primary Unplanned Care" area will be operational from August 2020.	
	Q3: Primary Unplanned Care area operat	ional.	J		
Encourage staff to engage in the Takarangi Cultural Competency Framework, to improve the experience	Q1: Promote the Takarangi Cultural Com Framework to clinical Leaders and front- working in the Primary Unplanned Care a	ine staff	✓	A hui on the initial pilot was held and improvements were made. A formal evaluation will be occurring before the next round of Takarangi Cultural Competency training with focus on the format of the program to help support those undertaking the training to complete it.	
of Māori presenting to our service and support the improved (and appropriate) flow of patients though	Q2: Profile the experiences of those com the programme to highlight the benefits.		✓		
improved communication and delivery of key messages. (EOA)	Q4: Review the percentage of staff comp and working on Takarangi portfolios.	leting	✓		
Work towards implementing the Care Capacity Demand Management	Q1: All new staff understand what CCDM means and how this helps with patient care.		✓	The DHB has a CCDM governance group functioning and has	
(CCDM) programme to help improve the flow of patients, by enabling the DHB to better match the capacity to care with patient demand. This work will also improve the quality of care for patients, the working environment for staff, and the use of health resources.	Q2: Training and education of all nursing staff is in place, to be implemented the first week each new nurse arrives into the organisation.		✓	established a strong working partnership between the Union and staff via the Safe Staffing Health Workplace Unit.  The CCDM governance group is functioning. All escalation plans have been updated but these are manual at present. Education continues with all staff entering the WCDHB.  Education regarding VRM will be occurring in Q3/Q4 and the plans and	
				any future education will be reviewed following migration to new facilities in mid-2020.	
Implement SNOMED coding in the Emergency Department alongside the implementation of the South Patient	Q2: Options confirmed for implementing SNOMED into the current patient management system until SI PIC is operational.		J	We are still working on assessing an alternative to SI-PICS and the SNOMED coding work for the current	
Information Care System (PICS).	Q3: SNOMED training and education launched.		×	patient management system has been put on hold to avoid duplicate	
	Q4: Implementation of SI PIC's begins.		×	effort.	
•		Maori Result	Total Result	Comments	
95% of patients are admitted, discharged or transferred from ED within 6 hours.		98.5%	98.4%		
<20% of patients admitted from ED short-Stay Unit to inpatient wards.		-	22%	2,126 Total attendance, 1,643 were not admitted.	
8/10 for inpatient survey question 'Rate your experience of communications'.		-	8.8		







Key Actions from the Annual Plan	Milestones		Status	Comments
Engage clinical leads, consumers and stakeholders in the development of major strategies through the West Coast Alliance and Tatau Pounamu, codaisiance and the company of the strategies of the company	Q1: Key stakeholders engaged development of a West Coast Maternity Strategy.	in	✓	The draft Strategy has been developed and shared widely. Consultation with key stakeholders, in particular Māori, took place in
design workshops, hui and public engagement, to better understand the priorities and issues of all of our communities. (EOA)	Q1: 2019/20 Alliance work plan agreed.		✓	quarter two.
Continue to engage with staff and stakeholder as part of the implementation of the locality-based model of care, incorporating a new approach to the provision of planned and unplanned care across the three integrated localities in Northern [Buller], Central [Grey] and Southern [Westland]. Work with staff to realign resources to support	Ongoing: Complete implementhe integrated locality-based reare.		<b>✓ ★</b>	An implementation team is progressing the move to locality-based services.
	Q2: Communication plan for n planned/unplanned care path developed.		✓	Consumer council representatives have participated in discussions around the Grey planned / unplanned
the implementation of the new locality-based service model and ensure timely and equitable access to care. (EOA)  Work with the Ministry to ensure external contracting, reporting and funding mechanisms do not create artificial barriers or restrict development of the new model.	Q4: Central and Southern inte health services in place.	grated	✓	care pathways.  Central and Southern integrated health services are now in place.
Undertake the last elements of consultation to complete the realignment of resources to strengthen community mental health teams and	Ongoing: Complete implementhe proposal for change for mhealth services.		J	Embedding of the crisis response function in locality teams is on-track and the Homecare Medical after-
support them to work alongside primary care teams as part of the locality-based integrated health services team model.	Q2: Crisis response function embedded in locality teams and phone service in place out-of-hours.		J	hours phone service has commenced.  Recruitment of a Nurse Educator and Nurse Consultant for mental health is completed and the recruiting of the Clinical Manager is underway. Once this role is recruited the new leadership structure will be complete.
Complete the upgrade of telehealth facilities, moving to a more accessible mobile-bases solution to facilitate easier access for rural communities to specialist consultations, clinical education and peer support. (EOA)	Q4: New mobile-based telehealth capability embedded and uptake increased.		✓	Phase 1 of install completed. Capex going through sign off for phase 2 which includes the new facility fitout. A mobile platform has been enabled and being used.
Key Performance Measures		Maori Result	Total Result	Comments
Reduction in the equity gap that exists for ASH (avoidable hospital admission) rates between Māori and Total population for children 0-4-years.		4,000	5,674	The number of Māori presentations is small and subject to significant fluctuation when translated into rates per 100,000, with only 16 admissions for Māori children.  Baselines to September 2019 – Equity Gap is 1,975. Results to March 2020 – Equity Gap is -1674 with Maori rates improving.
Acute hospital bed day rate maintained below the national average (rate per 1,000 population).		281	304	The three-year averages are 319 (total population) and 331 (Māori). The 3-year rolling average shows that the West Coast rates compare favourably to the National rates and the equity gap continues to be small.
Readmission rates (at 28 days) maintained below the	e national average.	13.1%	11.3%	National rate is sitting at 12.8% as at March 2020







Status Report for 2013/20			
Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to work with the Canterbury Falls and Fractures Service Level Alliance and WCDHB Falls Coalition Group to enhance and integrate falls and fracture prevention services.	Quarterly: Reporting to the national Hip Fracture Registry.  Q1: Options explored for	✓	The Falls Prevention Coalition Group continues to use the falls and fracture dashboard to further explore local pathways and options to enhance the
Embed the fracture pathway to ensure people with a fractured Neck-of-Femur (hip) or Humerus (arm) are referred to the in-home Falls Prevention Programme.	implementing automatic referrals to the Falls Prevention or Fracture Liaison Service.		Falls referral process.  The establishment of the Fracture Liaison Service had been delayed,
Embed the Fracture Liaison Services to ensure people with a frailty fracture receive appropriate support and follow-up.  Identify and accredit community Strength & Balance classes targeted towards older Māori. (EOA)	Q3: Three culturally appropriate Strength & Balance classes accredited.		however with the assistance of The Nursing Director, Older People – Population Health/Older Persons Health and Rehabilitation a local potential provider has been identified. Work is underway to progress this towards work.  A successful Maori focussed community exercise class is being held, however the class is not yet accredited. Engagement with this group continues to be worked upon. The lockdowns for COVID-19 resulted in all local strength and balance classes being cancelled during that period; however, information was provided regarding the 'Healthy For Life' new strength and balance TV programme for people to exercise safely at home. It is anticipated that this will encourage more people to join a class when safe to do so.
Continue to engage across the DHB and with partner organisations to socialise and embed the restorative model of care across our system.	Q1: Baseline established for the rate of InterRAI assessments per 1,000 population.	✓	InterRAI assessments are being completed in a timelier and consistent manner.
Continue to work with the CCCN to ensure appropriate, equitable and timely assessment of people's needs using the InterRAI assessment tool. (EOA)	Q2: Identify and address key drivers of longer wait times for InterRAI assessments.	✓	ACC Non-acute pathways have been established. Care bundles are being used in the ward setting to help
Capture learnings from Non-Acute Rehab demonstration pilots to establish pathways to improve the flow through our inpatient environment and identify those appropriate for early supported discharge in a timelier way.	Q4: ACC Non-Acute Rehab casemix pathways implemented, and supported discharge uptake increased to 10 patients.	✓	identify those clients best placed to receive the supported discharge service.
Continue to work through the Health of Older Persons Workstream to identify appropriate restorative pathways for older people to support people to keep well in their own homes and communities.	Q1: Use of health care plans socialised across the West Coast health system through stories and patient voices.	✓	Health care plans continue to be promoted throughout services. 17 Advanced Care Plans have been completed and Acute Care Plans are
Promote the use of personalised, acute and advance care plans to enable the delivery of consistent, managed care and to support people at end of life.	Q2: Monitoring established (by ethnicity) of the number of care plans completed.	✓	being used.  A Maori Health Needs Assessor has been appointed within our Complex Clinical Care Network.
Work with the West Coast PHO to focus initially on the development of acute care plans for Māori (aged over 50) enrolled in the primary care Long-term Conditions Management Programme, as a high need group. (EOA)	Q2: Process in place to identify Māori enrolled in the LTCM Programme without acute care plans in place to enable contact and follow-up.	✓	The Maori clinical assessor at the Complex Clinical Care Network is working with the West Coast PHO to develop acute care plans for their clients who are over 50 and Maori.
Key Performance Measures		Total Result	Comments
720 places available at accredited strength & balance class	ses.	1,182	All classes were cancelled at the beginning of the quarter due to Covid-19, with the first class not commencing back until 19th May. Eight approved classes were offered towards the end of Q4, providing a total of 37 individual classes and 168

		available places during quarter four. Average utilisation for those classes reported upon was 31.93%.
120 people seen by the Falls Prevention Service.	84	COVID-19 has been a significant factor in the low numbers of people who received in-home strength and balance retraining for Quarters 3 and 4.
95% of long-term HBSS clients have had an InterRAI assessment and have a completed care plan in place.	77.1%	A long-standing vacancy has led to a backlog of InterRAI assessments being undertaken the team is currently working on a solution to close the gap





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Status Report for 2019/20				
Milestones	Status	Comments		
Q1: Targeted asthma and smoking related actions agreed in the SLM Improvement Plan.	✓	SLM actions and targets agreed and progress tracking to Plan.		
Q2:Q4: Progress against the SLM actions.	✓			
Q2: Co-design focus groups run.	✓	Co-design via consumer focus groups have been held to determine what is		
Q2: Information system changes made to include nominated contact person and draft procedure for contact details collection finalised.	J	needed to develop nominated contact person role and responsibilities. Feedback has been received to strengthen information		
Q2: Education material/tools agreed.	✓	and supporting material with consumer requests for simple and		
Q3: New process launched in CDHB as a pilot to test processes and information.	J	consistent messaging and language. Nominated contact information and procedures have been published		
Q4: Staff training and rollout underway.	U	following endorsement from consumer focus group.  Work has been completed to determine the feasibility of required changes to the South Island Patient Management System. This has been shown to be technically possible but requires South Island agreement. Quality Managers are progressing these changes through their organization.		
Q1: Access to CDHB's Pink Book (antimicrobial guidelines) is enabled.	✓	Canterbury's book is available to WC staff and HealthPathways are well		
Q1:Q4: HealthPathways are reviewed and revised as required.	✓	utilised by the teams across primary and secondary services.  Ongoing liaison with Antimicrobial		
Q2:Q4: Regional meeting to seek agreement on regional hospital prescribing guidelines.	✓	Stewardship Pharmacist in Canterbury and Microbiologist has ensured consistency of regional		
Q4: Information flow agreed and documented.	✓	hospital prescribing guidelines.  The West Coast PHO held a series of advanced training sessions for rural		
Ongoing: Use of ICNet to support real- time notification of organisms requiring infection prevention and control input.	U	nurse specialists which included a specific focus on best practice for preventing antimicrobial resistance.		
	Q1: Targeted asthma and smoking related actions agreed in the SLM Improvement Plan.  Q2:Q4: Progress against the SLM actions.  Q2: Co-design focus groups run.  Q2: Information system changes made to include nominated contact person and draft procedure for contact details collection finalised.  Q2: Education material/tools agreed.  Q3: New process launched in CDHB as a pilot to test processes and information.  Q4: Staff training and rollout underway.  Q1: Access to CDHB's Pink Book (antimicrobial guidelines) is enabled.  Q1:Q4: HealthPathways are reviewed and revised as required.  Q2:Q4: Regional meeting to seek agreement on regional hospital prescribing guidelines.  Q4: Information flow agreed and documented.  Ongoing: Use of ICNet to support realtime notification of organisms requiring infection prevention and	Milestones  Q1: Targeted asthma and smoking related actions agreed in the SLM Improvement Plan.  Q2:Q4: Progress against the SLM actions.  Q2: Co-design focus groups run.  Q2: Information system changes made to include nominated contact person and draft procedure for contact details collection finalised.  Q2: Education material/tools agreed.  Q3: New process launched in CDHB as a pilot to test processes and information.  Q4: Staff training and rollout underway.   Q1: Access to CDHB's Pink Book (antimicrobial guidelines) is enabled.  Q1:Q4: HealthPathways are reviewed and revised as required.  Q2:Q4: Regional meeting to seek agreement on regional hospital prescribing guidelines.  Q4: Information flow agreed and documented.  Ongoing: Use of ICNet to support realtime notification of organisms requiring infection prevention and		

Key Performance Measures	Maori Result	Total Result	Comments
Reduction in the number of children (aged 0-4) admitted with ambulatory sensitive respiratory related illness – base 63 events Q4 2018/19.		29	Targeted actions have been identified in the SLM Improvement Plan for 2019/20.
Reduction the rate of childhood admissions due to asthma or wheeze – base 6 events Maori, 17 events total population.	4 events	13 events	2015/20.
Improved result for the Patient Experience survey question 'Did hospital staff include your whānau or someone close to you in discussion about your care?' - base 53% June 2018.		64%	November 2019 result
Regional agreement reached on hospital antimicrobial guidelines for key indications.		✓	Canterbury's pink book is available to West Coast staff
Adoption of national antimicrobial guidelines.		×	This was still a work in progress at a national level.

#### **Cancer Services**







made.

#### Key Actions from the Annual Plan Milestones Status Comments Work with West Coast PHO, Poutini Waiora, Q2: Health Hui held to promote health A second printing of the Cancer Community and Public Health, Cancer Society, and initiatives and an understanding of the Korero booklet has been delayed by Tatau Pounamu to offer support and encourage benefits of cancer screening and early renewed editorial adjustments, but Māori whānau to engage in screening and seek intervention. an updated on-line version has been early advice and intervention. (EOA) posted on our website. Q4: Second Health Hui held. A health hui was held in Westport in November, led by Poutini Waiora and supported by staff from West Coast DHB and the West Coast PHO. A second hui venue at Hokitika in Quarter 2 was cancelled due to a tangi. A new date is to be set. Continue to use data/intelligence systems to Quarterly: Monitoring (by ethnicity) of Cancer performance against Cancer monitor the 62-day and 31-day wait times for cancer wait times, analysis of any cases targets is monitoring monthly and patients, and undertake breach analysis for outside of time frames and action taken quarterly to track patient wait times patients who wait longer than target to assess any to address emergent issues. and identify barriers to access. emergent systems issues and identify opportunities to reduce process delays. Engage with the Southern (regional) Cancer Q4: West Coast process aligned with The regional Route to Diagnosis Network on the progressive implementation of regional Routes to Diagnosis recommendations have now been the Route to Diagnosis project recommendations recommendations. adopted nationally and the West and support equity of access for West Coast Coast processes are aligned to these. patients. (EOA) The local action plan has been developed to cover actions across the Work with the Ministry of Health to develop a Ongoing: Development of a local whole of system. Cancer Plan, and support progressive action plan once the national Cancer implementation to deliver on the local actions Plan is developed. from within the Cancer Plan. **Key Performance Measures** Total Comments Result 90% of patients receive their first cancer treatment (or other management) within 62 days 81% This result reflect performance over of being referred with a high suspicion of cancer and a need to be seen within 2 weeks. the last six months – In the last quarter 86.7% of people were seen 85% of patients receive their first cancer treatment (or other management) within 31 days 93.2% with 62 Days - reflecting two patients of date of a decision-to-treat. in the last quarter who were not treated within the timeframe. Breech analysis has been completed on each event to ensure missed timeframes can be identified and improvements





Key Actions from the Annual Plan	Milestones		Status	Comments	
Actively manage colonoscopy demand through matching of available capacity, to ensure diagnostic colonoscopy waiting time indicators are consistently met. (EOA)  Continue to support the Endoscopy Coordinator to work across services and with patients to improve access to information, increase engagement with endoscopy services and improve follow-up process.	Weekly: Review of colonoscop waiting lists to accommodate provision of diagnostic endosc within clinically indicated time	сору	✓	Monitoring is embedded into the DHB's business practice to identify emerging issues and address barriers to access.	
	Ongoing; Monitoring of colon results to ensure wait time incare met and delays are prompresponded to.	dicators	✓		
Work with the West Coast PHO and Poutini Waiora to support bowel cancer awareness promotion through primary care networks, with a specific focus on Māori, to de-stigmatise and encourage people to present earlier with symptoms and concerns. (EOA)	Ongoing: Promotion of bowel messages.	cancer	✓	A health hui was held in Westport in November, led by Poutini Waiora and	
	Q2: Health Hui held to promo initiatives and an understandi benefits of cancer screening a intervention.	ng of the	<b>√</b>	supported by staff from West Coast DHB and the West Coast PHO. A second hui venue at Hokitika in Quarter 2 was cancelled due to a	
	Q4: Second Health Hui held.		×	tangi. A new date is to be set.  'Phase One Implementation' information paper for National Bowel Screening Programme business case was reviewed by the Ministry and a final draft has been prepared.	
Prepare 'Phase One Implementation' information for the business case to support the implementation of the National Bowel Screening	Q3: Phase One Implementation information provided to the Nof Health.		✓		
Programme on the West Coast. Commence 'Phase two Planning' in preparation for the roll-out across the Coast in 2020/21.	Q4: Bowel cancer champion a lead clinician identified.	nd/or	✓	Internal sign off has been delayed due to Covid-19 reprioritisation.  Professor John Baxter will become our Cancer Champion for the West Coast DHB	
Key Performance Measures		Maori Result	Total Result	Comments	
90% of people accepted for an urgent diagnostic colonoscopy receive their procedure with 14 days, 100% within 30 days.		NA	100%	COVID-19 impacted performance over quarter four. Work to return to	
70% of people accepted for a non-urgent diagnostic colonoscopy receive their procedure within 42 days, 100% in less than 90 days.		NA	61.5%	pre-COVID wait times is occurring.	
70% of people waiting for a surveillance colonoscopy within 84 days, 100% in 120 days.	receive their procedure	NA	66.2%		

# Workforce – Workforce Diversity







Status Report for 2019/20			
Key Actions from the Annual Plan	Milestones	Status	Comments
Introduce and socialise unambiguous, consistent terminology for our clinical workforce and their activities throughout the DHB and in our external communications.  Progress the Rural Generalist (Medical) project with: an implementation plan for rural generalists to support General Medicine and Obstetrics; a governance group to drive change; and updates to the roster to clearly articulate workforce expectations.  Continue to progress our rural Allied Health workforce strategy with introduction of the Rurally Focused Urban Specialists (RUFUS) model in child development services and the development of a rural kaiawhina (non-regulated) workforce strategy.	Q1: Rural Generalist Project Governance Group in place.	✓	Child Development Service (CDS) Rufus Occupational Therapists has commenced visits to West Coast. Initial CDS OT training session for West Coast rural generalists (physiotherapist and allied health assistants) held in Greymouth Rural Generalist Kaiawhina Position
	Q2: Glossary/lexicon developed and socialised.	✓	
	Q3: Alignment of learning opportunities across DHB, West Coast Alliance and South Island Regional Workforce Hub.	✓	
	Q4: RUFUS model for Child Development Services finalised.	<b>✓</b>	Descriptions have been updated with support of Hauora Maori team to improve equity  A coastwide Kaiawhina network has been established, to commence development of rural generalist practice that is not profession specific (shifting away from being physiotherapist based or occupational therapist based).

Continue to develop the rural nursing workforce with investment in a Rural Nurse Specialist development pathway and ongoing recruitment, training and development of nurse practitioners.	Q1: Regional discussions instigated to explore opportunities for standardisation of a professional development package.	✓	The local review of our current professional development package for Nurse Practitioners is complete. A draft paper has been prepared for
Review the West Coast's current allocation for Nurse Practitioner professional development to identify opportunities to ensure resources offered are consistent with continuing competence	Q3: Review of current allocation complete with recommendations for improvements made to executive.	✓	discussion and a decision with the local leadership team but has not been progressed for due to disruptions related to COVID-19 and
requirements and enable access to forums that promote professional contributions to quality care and ongoing improvement.	Q4: New Nurse Practitioner professional development package finalised and implemented.	J	migration to new facilities. A plan is in place to progress this draft plan to the local leadership team in August.
Establish an integrated workforce development cluster with strategic partners to facilitate system-	Q3: Workforce Development Cluster established.	×	Three recruitment attempts for the operational lead for the development
wide education and training opportunities and support the development of our rural generalist workforce model and pathways to develop our Māori nurse and midwifery workforce. (EOA)	Q4: Three-year work plan and associated measures for success agreed.	×	cluster have been made without success. A temporary leadership structure is in place, but the work plan has not yet been progressed. The first step will be establishing a collaborative governance group who will help to drive the strategic priorities of the Cluster.
Continue to invest in the Takarangi Cultural Competency Framework, Te Tiriti o Waitangi and Tikanga Best Practice Guidelines development programmes, to support our commitment to equity and improve cultural competency across our core	Q1: Clinical Leaders and front-line staff working in the Primary Unplanned Care area encouraged to engage in the Takarangi Cultural Competency Framework.	J	Clinical leaders who have undertaken Takarangi continue to advocate with colleagues to participate in the framework. Work is occurring with the Nursing Director Operations to
workforce. (EOA)	Q2: Takarangi Hui held for next round.	×	identify the most appropriate front- line staff to undertake Takarangi. COVID has delayed the next round.
Work in tandem with the Canterbury DHB to support and encourage greater participation of Māori in our health workforce and build on the	Q3: Targeted attraction and recruitment programme for Māori workforce developed.	J	We have updated our recruitment process to gather ethnicity at application. This will enable to us to
learnings from the joint workshops held in 2018/19. (EOA)	Q4: Targeted attraction and recruitment programme for Māori workforce launched.	U	have the data to advance Māori applicants, who meet all core competencies to interview stage. This also enables us to utilise the data to identify trends and gaps in our process for Māori applicants. An updated recruitment policy has been developed and will be socialised next quarter. This will support targeted initiatives for Māori workforce
Expand and promote the Essentials of Leadership and Management programme (aligned with the			recruitment.
and Management programme (aligned with the	Q1: Our Learning Pathways launched online.	✓	A refreshed website (helmleaders.org) has been launched.
		✓	A refreshed website (helmleaders.org) has been launched. We have delivered a further 16 pieces of learning (including User Stories) and have refined and released the evaluation process to
and Management programme (aligned with the People Strategy: Everyone Enabled to Lead) to lift the capability of clinical and operational leaders	online.  Q2: Delivery of 12 'User Stories', which include feedback and		A refreshed website (helmleaders.org) has been launched. We have delivered a further 16 pieces of learning (including User Stories) and have refined and
and Management programme (aligned with the People Strategy: Everyone Enabled to Lead) to lift the capability of clinical and operational leaders	online.  Q2: Delivery of 12 'User Stories', which include feedback and evaluation processes for learners.  Q3: A reviewed roadmap document for year 2020 published for	<b>✓</b>	A refreshed website (helmleaders.org) has been launched. We have delivered a further 16 pieces of learning (including User Stories) and have refined and released the evaluation process to better monitor the success of each
and Management programme (aligned with the People Strategy: Everyone Enabled to Lead) to lift the capability of clinical and operational leaders	online.  Q2: Delivery of 12 'User Stories', which include feedback and evaluation processes for learners.  Q3: A reviewed roadmap document for year 2020 published for stakeholder engagement.	✓ ✓	A refreshed website (helmleaders.org) has been launched. We have delivered a further 16 pieces of learning (including User Stories) and have refined and released the evaluation process to better monitor the success of each
and Management programme (aligned with the People Strategy: Everyone Enabled to Lead) to lift the capability of clinical and operational leaders through anytime, anywhere learning.	online.  Q2: Delivery of 12 'User Stories', which include feedback and evaluation processes for learners.  Q3: A reviewed roadmap document for year 2020 published for stakeholder engagement.  Q4: Further 12 'User Stories'.	✓	A refreshed website (helmleaders.org) has been launched. We have delivered a further 16 pieces of learning (including User Stories) and have refined and released the evaluation process to better monitor the success of each deployment.
and Management programme (aligned with the People Strategy: Everyone Enabled to Lead) to lift the capability of clinical and operational leaders through anytime, anywhere learning.  Key Performance Measures	online.  Q2: Delivery of 12 'User Stories', which include feedback and evaluation processes for learners.  Q3: A reviewed roadmap document for year 2020 published for stakeholder engagement.  Q4: Further 12 'User Stories'.	✓ ✓ Result	A refreshed website (helmleaders.org) has been launched. We have delivered a further 16 pieces of learning (including User Stories) and have refined and released the evaluation process to better monitor the success of each deployment.  Comments  14 people have completed or are engaged in Takarangi training. This year completion of the training was affected by Covid-19. 25 People are
and Management programme (aligned with the People Strategy: Everyone Enabled to Lead) to lift the capability of clinical and operational leaders through anytime, anywhere learning.  Key Performance Measures  Percentage of staff engaged in the Takarangi (cultural 90% of patients responded positively to the inpatient	online.  Q2: Delivery of 12 'User Stories', which include feedback and evaluation processes for learners.  Q3: A reviewed roadmap document for year 2020 published for stakeholder engagement.  Q4: Further 12 'User Stories'.	✓ ✓ Result 1.3%	A refreshed website (helmleaders.org) has been launched. We have delivered a further 16 pieces of learning (including User Stories) and have refined and released the evaluation process to better monitor the success of each deployment.  Comments  14 people have completed or are engaged in Takarangi training. This year completion of the training was affected by Covid-19. 25 People are enrolled for the 2020/21 training Results to November 2019  The unplanned turnover rate for the
and Management programme (aligned with the People Strategy: Everyone Enabled to Lead) to lift the capability of clinical and operational leaders through anytime, anywhere learning.  Key Performance Measures  Percentage of staff engaged in the Takarangi (cultural gold of patients responded positively to the inpatient available when you needed it?"	online.  Q2: Delivery of 12 'User Stories', which include feedback and evaluation processes for learners.  Q3: A reviewed roadmap document for year 2020 published for stakeholder engagement.  Q4: Further 12 'User Stories'.	✓ ✓ <b>Result</b> 1.3%	A refreshed website (helmleaders.org) has been launched. We have delivered a further 16 pieces of learning (including User Stories) and have refined and released the evaluation process to better monitor the success of each deployment.  Comments  14 people have completed or are engaged in Takarangi training. This year completion of the training was affected by Covid-19. 25 People are enrolled for the 2020/21 training Results to November 2019

		unplanned turnover for the NZ public service sector (11.8% in 2019). We have a number of SMO positions that have been hard to recruit and this is driving our high average days. Our recruitment strategy for hard to fill roles is being implemented to attract talent to the Coast and build a sustainable pipeline.
Māori workforce closer aligned to the proportion of the population – baseline 3.4%.	5.7%	5.7% of the WCDHB workforce (who have recorded Ethnicity data) are Maori. This compares to 12% of the West Coast population.

# Workforce – Health Literacy







Key Actions from the Annual Plan	Milestones	Status	Comments
Participate in a collaborative health literacy review (with the Canterbury DHB) to assist in the formulation of a Health Literacy Action Plan. (EOA)	Q2: Health Literacy Review scoped, and team formed to undertake the Review.	✓	Work to achieve the Health Literacy Action Plan was divided into two parts; a health literature review
	Q4: Health Literacy Review report is complete and recommendations made to inform the development of a Health Literacy Action Plan.	U	which has been undertaken and a Healthy Lifestyles review which will be based on a Kaupapa Māori lead design. The Kaupapa Māori co designevision work is underway and in the final consultation phase. Once complete it will be used to guide the Healthy Lifestyles review, which will inform the action plan.
Undertake a co-design process with consumers and whānau to develop education material that reinforces the role of a nominated person in the early stages of admission. Focus on engagement with Māori and Pacific groups to ensure processes are culturally appropriate. (EOA)  Provide staff training to reinforce the need to	Q2: Co-design focus groups run.	✓	Co-design via consumer focus group have been held to determine what i needed to develop nominated contact person role and responsibilities. Feedback has been received to strengthen information and supporting material with
	Q2: Education material and tools agreed	✓	
	Q4: Staff training underway.	J	
establish and engage with the patient's nominated person.	Q4: Rollout underway.	G	consumer requests for simple and consistent messaging and language. Nominated contact information and procedures have been published following endorsement from consumer focus group.  Work has been completed to determine the feasibility of required changes to the South Island Patient Management System. This has been shown to be technically possible but requires South Island agreement. Quality Managers are progressing these changes through their organization.

# Delivery of Regional Service Plan (RSP) Priorities





Status Report for 2019/20				
Key Actions from the Annual Plan	Milestones	Status	Comments	
Capture the range of Dementia Services available on the West Coast and provide as input to the regional	Q1: Stocktake of Dementia services complete.	✓	NZ Dementia Cooperative released the Dementia Action Plan on 20 <sup>th</sup>	
stocktake.  Using the stocktake and, in line with the national NZ Framework for Dementia Care, identify priorities to	Q2: Stocktake provided to the regional team and to the Ministry of Health.	✓	May 2020 along with a summary of the consultation response.	

address service gaps and improve the experience of people with dementia and their families.	Q2: Priority focus areas identified and response underway.	✓	The Dementia Action Plan is on the agenda for review and discussion at
Engage with primary, community and aged care partners to develop strategic and service responses that support earlier diagnosis and referral to services and improve access to support for those caring for people with dementia.	Q3:Q4: Report on progress implementing the NZ Framework for Dementia Care.	✓	the West Coast Dementia Stakeholders Group meeting on 30 <sup>th</sup> June 2020.
Participate in the regional Hepatitis C work stream to support implementation of an integrated approach to	Q1: Regional Hepatitis C work plan is agreed.	✓	Testing and treatment continues as per the objectives on the regional
the screening, treatment and management of Hepatitis C.	Q2: Local Action Plan is developed.	✓	plan. There have been some delays due to
Develop and deliver against a local action plan, aligned with Regional Plan, which ensures at-risk and 'treatment naïve' populations are reached. (EOA)	Q2: Local HealthPathway aligned to national guidelines.	✓	Covid-19, however everything is now back on track with a focus on engagement with Maori and the
Engage with primary care partners to support them to provide the majority of treatment services for individuals with Hepatitis C.	Q3:Q4: Report on progress against the regional Hepatitis C work plan.	✓	establishment of an outreach clinic.
Key Performance Measures		Total Result	Comments
Each GP practice with known Hep C+ patients has active engagement with a secondary care community clinic nurse.		81%	There is active engagement between secondary care nurses at CDHB and general practices on the West Coast. Since July 2016, 109/134 known patients with Hepatitis C on the West Coast have been successfully treated with antivirals.

# Better Population Health Outcomes Supported by Primary Health Care

# Primary Health Care Integration







Status Report for 2019/20					
Key Actions from the Annual Plan	Milestones	Status	Comments		
Continue to invest in the West Coast Alliance as a mechanism for leading service and system improvements across the West Coast.	Quarterly: Monitoring of system performance and progress against the Alliance work plans.	✓	The Alliance Leadership Team welcomed an Independent Chairperson in August and the		
	Q1: Independent Alliance Chair appointed.	✓	Alliance workplan for 2019/20 was endorsed.		
	Q1: Alliance 2019/20 work plan approved.	✓			
Deliver on the commitment of the Alliance to include the consumer voice in all activity, by	Q2: All Alliance work streams have consumer representation.	✓	The Alliance has reviewed the workstream structure and will be		
engaging consumer representation for each work stream and providing regular feedback to the DHB Consumer Council.	Quarterly: Activity report provided to the DHB Consumer Council.	✓	implementing stronger links to the DHB localities, Consumer Council and Te Ao Māori expertise for the 20/21 year.		
Work with Sport Canterbury West Coast and the three District Councils to review the West Coast	Q1: Refreshed SLM Improvement Plan in place.	✓	The West Coast SLM Improvement Plan was approved by the Ministry of		
Spaces & Places Sport & Recreation Facility Plan, to maximise access to physical activity opportunities for Coasters including those living with a disability. (EOA)	Quarterly: Progress against the actions agreed in the SLM Improvement Plan.	✓	Health in July 2019. This is available on the DHB's website.  Progress against the SLM actions is reported and monitored through the West Coast Alliance.		
Establish an integrated workforce development cluster to facilitate cohesive system-wide	Q3: Workforce Development Cluster established.	*	Three recruitment attempts for the operational lead for the development		
education and training opportunities, to support the development of our rural generalist workforce model and the delivery of high quality and culturally appropriate care.	Q4: Three-year work plan and associated measures for success agreed.	×	cluster have been made without success. A temporary leadership structure is in place, but the work plan has not yet been progressed. The first step will be establishing a collaborative governance group who		

				will help to drive the strategic priorities of the Cluster.
Continue to expand the number of general practices offering people with long-term mental health conditions enrolment in the primary care Long-Term Conditions Management Programme, to support improved physical health and wellbeing for this high needs group. (EOA)	Q4: Three general practices had expanded enrolment into the Term Conditions Management Programme.	Long-	<b>√</b>	Three practices are now providing Long Term Conditions Management for Mental Health clients with the commencement of a new practice in Hokitika.
Key Performance Measures		Maori Result	Total Result	Comments
>95% of the population are enrolled with general pr	actice.	88%	88%	30,444
Improved system performance in line with the 2018,	/19 SLM Improvement Plan.	✓	✓	
Reduction in the equity gap that exists for ASH (avoirates between Māori and Total population for childr	4,000 (16 events)	5,674 (96 events)	Baselines to September 2019 – Equity Gap is 1,975. Results to March 2020 – Equity Gap is -1674 with Maori rates improving.	
Reduction in the equity gap that exists in the Acute H Māori and Total populations.	Hospital Bed Day rate for	281	304	The three-year averages are 319 (total population) and 331 (Māori). The 3-year rolling average shows that the West Coast rates compare favourably to the National rates and the equity gap continues to be small.

#### **Pharmacy**







#### Key Actions from the Annual Plan Milestones Status Comments Q4: Offer and explain the revised national 100% of West Coast pharmacies Participate in the national review of the **Integrated Community Pharmacy Services** ICPSA agreement to pharmacies, including accepted the DHB's offer of IPCSA Agreement (ICPSA), to better support the opportunities to improve the integration of Variation 1A from October 2019. role of pharmacists in the integrated local services. health care team. Continue to invest in the Pharmacy Long-Quarterly: Monitoring of Medicines Use The Pharmacy Workstream has Term Conditions Service to improve access Reviews delivered by community pharmacists. begun looking at aligning PHO and Pharmacy LTC services for better to community pharmacist advice and support, for people with chronic Q2:Q3: Widening of eligibility for enrolment impact. However, workforce conditions and those taking multiple or constraints and demands on in the Pharmacy LTC Service scoped. high- risk medications. community pharmacy during the Investigate the widening of eligibility for COVID-response meant the West Q4: Options for enhancing the LTC Service enrolment in the Pharmacy Long-Term presented for agreement. Coast had capacity only to maintain Conditions (LTC) Service to more closely current services. align with the general practice LTC Management programme with a higher focus on Māori. (EOA) Through the Pharmacy Alliance Q2:Q4: Provide support to general practice to All general practices with systems Workstream, implement key initiatives implement the NZ Electronic Prescription capable of using NZePS have been that support closer integration of Service (NZePS) to enable the smooth, safe enabled, and the majority are now pharmacy and primary care teams and transfer of medicines information between GP routinely using it. Pharmacy scanning improve the quality of care and and pharmacy systems. of NZePS-scripts is improving - one sustainability of West Coast services. practice had over 90% of its scripts Q3: Proposal developed for further integration scanned in Q2. of pharmacists into general practice teams to From July 2020 a pharmacist will be optimise prescribing for complex patients. assisting Buller Health doctors with medicines reconciliations and optimization. Further pharmacist assistance for other general practice teams is under consideration for 2020/21. Work with PHO and Pharmacy Leads to Q1: Current influenza vaccination rates The Immunisation Advisory Group, identify local strategies to support an reviewed for equity gaps and areas of including representation from Maori, integrated approach to improving improvement. general practice and pharmacy,

influenza vaccination rates with a focus on older people and Māori, as high need groups. (EOA)	Q3: Plan for 2019/20 season develop Q4: Promotion of free flu vaccination general practice and community pha	s from	<b>✓</b> ✓	coordinates the influenza programme with a Plan developed for 2019/20.  An early start to the immunisation programme, and the threat of COVID-19, has seen a substantial increase in flu vaccine uptake from practices and pharmacies despite some difficulties with vaccine stock supply. The 2020 Flu season has seen more than a 50% increase in coverage on the West
				Coast. Pharmacy, General Practice, and DHB Occupational Health have played an important role.  The DHB received funding to provide a Kaumatua Vaccination Programme. This will be implemented in Q1 2020/21.
Key Performance Measures		Maori Result	Total Result	Comments
>25 people receive a Medicines Use Review I	MUR from a pharmacist.		1	544 people registered with West
>900 people enrolled in the Pharmacy LTC Se	ervice.		544	Coast pharmacies for the LTC Service as of June 2020. Access is severely constrained by limited pharmacy workforce.
Three West Coast general practices have the	Electronic Prescription Service in place		5	
75% of the population aged 65+ receive a fre	e influenza vaccination.	58%	74%	Preliminary numbers for the 2020 season to 31/07/2020.

## Diabetes and other long-term conditions







Diabetes and other long-term cond	IIIIOIIS	900					
Status Report for 2019/20							
Key Actions from the Annual Plan	Milestones	Status	Comments				
Continue to support delivery of the primary careled Long-Term Conditions Management Programme, including community-based lifestyle	Quarterly: Monitor PHO/Practice level data to improve service provision and inform quality improvement.	✓	PHO and practice level data is reviewed quarterly to identify emerging issues and barriers to				
change initiatives, to strengthen the focus on the prevention of diabetes and other long-term conditions.	Quarterly: Community-based lifestyle change and LTCM management initiatives delivered.	✓	access.				
Continue to support the Whānau Ora model and team approach for Māori with Diabetes in the	Q2: Model in place in two practices.	✓	The Whakakotahi model is well embedded and supported in Buller				
Whakakotahi pilot practice and expand the programme to one more general practice. (EOA)	Q4: Report on outcomes shared with the Healthy West Coast Alliance.	×	Medical practice in Westport; with related extension into Grey Medical practice in Greymouth via fortnightly Nurse Led clinics directly supported by a General Practitioner from the practice, a community pharmacist, and a Whanau Ora Registered Nurse from Poutini Waiora.  The report on outcomes due to be given to HWC this quarter has been delayed due to Covid-19 activity but is expected to be reported to the group in Q1 2020/21				
Engage with Canterbury DHB to confirm a Clinical Leadership model for delivery of a transalpine (secondary level) Diabetes Service, with support for primary practice.	Q2: Clinical Leadership model in place.	J	Transalpine clinical leadership form Canterbury DHB in place for paediatric diabetes services, but still to be firmed up for adults.				
Provide training and support to Clinical Nurse Specialists to increase capability in relation to the	Q1: Training provider confirmed.	✓	Initial training for CNS's has been undertaken in Canterbury with the				
use of insulin pumps and continuous glucose monitors, to better support West Coast patients living well in the community. (EOA)	Q3: Training delivered.	J	paediatric team, and an insulin pump staff trier has come to the West Coast to deliver a session.				

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				Online training for glucose monitors was provided during the Covid-19 lockdown and the CNSs continue to link with both suppliers and the team in Canterbury to ensure up to ensure their knowledge is up to date.		
Work with Maternity Services to improve the process for referring women who develop	Q2: Referral process mapped.		J	A draft pathway has been developed and is under review by the clinical		
Gestational Diabetes to primary care for ongoing postnatal follow up.	Q4: New Referral Pathway in p	olace		teams ahead of endorsement and adoption early in Q1 20/21.		
Establish an integrated approach to the prevention and management of cardiovascular disease (CVD) and the introduction of the new	Ongoing: Monitoring of CVD r assessment rates and targeter support to practices with lower	H	✓	CVD risk assessment data is reviewed quarterly to identify emerging issues and barriers to access.		
national guidelines for CVD risk assessment and management in primary care. (EOA)	Q1: Joint CVD Improvement P	an	✓	A joint (primary care and DHB) CVD Improvement Plan was agreed as		
Collaborate with the PHO and Poutini Waiora to identify and contact Māori men aged 35 -44 who are overdue for CVD Risk Assessments.	approved.			submitted to the Ministry of Health.		
Key Performance Measures		Maori Result	Total Result	Comments		
>3,000 people enrolled in the primary care LTCM Pro	266	3,693	Māori enrolments make up 6.7% of all			
Percentage of Māori population engaged in the LTCN proportion of the population enrolled.	6.7%	-	enrolments in the LTC programme this quarter. For comparison Māori make up 6.8% of the enrolled population aged 45+ years – the prime age group of people in the LTC programme.			
90% of the population identified with diabetes have	84%	87.7%	See above for actions to improve outcomes.			
80% of the population identified with diabetes (havior acceptable glycaemic control (HbA1c <64 mmol/r	80% of the population identified with diabetes (having an HbA1c test) have good					

#### ALLIANCE UPDATE



TO: Chair and Members

**West Coast Advisory Committee** 

SOURCE: Alliance Leadership Team

DATE: 12<sup>th</sup> August 2020

Report Status – For: Decision □ Noting ☑ Information □

#### 1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made by the West Coast Alliance.

### 2. RECOMMENDATION

That the Committee;

i. Notes the Alliance Update.

#### 3. SUMMARY

Progress of Note:

#### Alliance Leadership Team (ALT)

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

- Looked at system-wide learnings from the COVID-19 pandemic experience.
- Discussed the importance of Quality Improvement to enabling system wide change.
- Endorsed the 2020/21 System Level Measures Improvement Plan.
- Noted sound progress being made on the changes to the workstreams which are to be whole of system with a locality approach (Northern, Central, Southern) and aligned to the System Level Measures Improvement Plan.
- Endorsed the establishment of the Disability Steering Group subject to a plan being provided to ALT on the group's engagement with the system.
- Endorsed nominations for four new members, representing Medical, Māori Health, Mental Health and Allied Health.

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

- Welcomed new members Mere Wallace, Jane George and Heather McPherson
- Received and endorsed the action plan from Oral Health Service Development Group for 2020-2022
- Were enthusiastic about the progress being made to increase uptake of shared care plans through a pilot
- Noted the three new workstreams are in the process of being stood up and there is enthusiasm for the first projects emerging

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

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

## **OPERATIONAL UPDATE**



TO: Chair and Members

**West Coast Advisory Committee** 

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

DATE: 10 September 2020

Report Status – For: Decision □ Noting ☑ Information □

#### 1. ORIGIN OF THE REPORT

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

#### 2. **RECOMMENDATION**

That the West Coast Advisory Committee:

i. notes the Operational Update.

#### 3. **SUMMARY**

This report is intended to:

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

The report is broken into 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:

- We have successfully recruited to all of our anaesthetic vacancies. The new appointees each have strong rural experience backgrounds.
- We have recently appointed a permanent full time surgeon. This person worked with us for 10 weeks during the initial COVID-19 period and brings a wealth of knowledge that others in the team are keen to benefit from.
- The Southern team are driving a number of exciting initiatives including District Nursing supporting our RNS's, improved discharge planning and Outpatient appointment management.

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

## 4.1 Service Update

#### Northern Region Integrated Health Services

Northern is currently undertaking recruitment to the Medical Lead / Clinical Director role. The addition of this clinical lead position to the Northern team and for the DHB will very much strengthen the clinical team and assist with progressing the model of care.

It is great to see progress in the asbestos removal on site with the area sectioned off and the working team going about their business. It certainly helps us to be future focused especially when we feel the tight squeeze of our physical environment. The team can be commended on their determination to deliver health care and keep the patient at the centre.

Planning for releasing time for more routine appointments and long term conditions management is underway including the use of virtual consults that COVID promoted. A key focus is modelling team flow around the patient that provides consistency and proactive restorative management of care for the patient and whanau.

Over the next weeks we will be exploring the specialist rural generalist model and how that will progress and support the Buller team and provide greater sustainability for our services in Westport.

Centralising recruitment processes for our medical staffing has had excellent outcomes across the DHB 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 working towards integrating staff across services and 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

After a mammoth effort the move into Te Nikau Grey Hospital and Health Centre is now complete. Our administration and clinical teams capably managed a series of challenges along the way and have been working hard to provide the best possible service for our community members using this new facility. Further improvements will be made as services continue to settle into Te Nikau and the new ways of working.

During the two COVID periods the teams have been working hard to provide care to our community in a safe and convenient manner. A number of primary care consults were undertaken via telehealth and this will be continuing. A permanent off-site GP joins the team on 2 September and is excited to work with the practice team in shaping this innovative role. The central medical

staffing team are also providing support for both Te Nikau Health Centre (formerly Grey Medical Centre) and our other primary practices across the Coast to improve locum staffing.

#### Southern Region Integrated Health Services

The pilot for the provision of additional District Nursing Southern (DNS) support to the South Westland Area Practice RNS team has continued to achieve positive results and a routine has been established. The process continues with orientation of additional members of the DNS team to the Hari Hari area.

The DNS are also currently trialling the documentation of notes into a patient's electronic record rather than on paper. In particular, this is intended to ensure that important information generated by those nurses in the course of providing care is available to the wider health team ensuring better sharing of information and greater continuity of patient care.

Our team has been actively pursuing improvement in relation to early liaison where patients from the Southern area have been admitted to hospital. Through early identification (on admission) and systematic identification of any changed requirements or support needs it is anticipated that there will be an enhancement in the effectiveness of this process and, in particular, a reduction in the number of problems arising upon hospital discharge.

In collaboration with the IT team, we are now receiving a weekly report: Southern Patients with More Than One Booked Outpatient Appointment. This list is being reviewed to see if there is any possibility of adjusting any of the appointment dates for each patient to reduce the travel/accommodation/cost burden for patients where appointments fall only a few days apart. Depending on the particular services involved, there may be no scope for change, however the Central Booking Unit team are willing to assist as much as possible to adjust appointments that can be changed to improve patient experience where possible.

We are close to confirming the appointment of a new Public Health Nurse Southern following the resignation of our previous nurse. The scope of this position will broaden slightly such that there is a clearly defined working relationship with the South Westland RNS team to foster collegial support and learning.

The relocation of Haast services from the Hannah's Clearing site into the Haast township is closer than previously with interior decoration largely complete and fit-out work currently being addressed. This process has been stymied by COVID restrictions and, more recently, by the team's focus being redirected to the Te Nikau commissioning and transfer. We are awaiting a confirmed date for moving from the development team.

#### Rural Inpatients & Transalpine Services

While all Inpatients and Transalpine Services have been reinstated after the disruption caused by COVID-19, some are still being affected by the altered Air New Zealand flight schedule and this is resulting in some face to face clinics being converted to Telehealth.

We are negotiating a comprehensive plan to improve Elective Service Patient Flow Indicators (ESPI's). These indicators primarily relate to the length of time between referral and the patient being seen (or treated). While the plan has a focus on services which have longer waiting times in

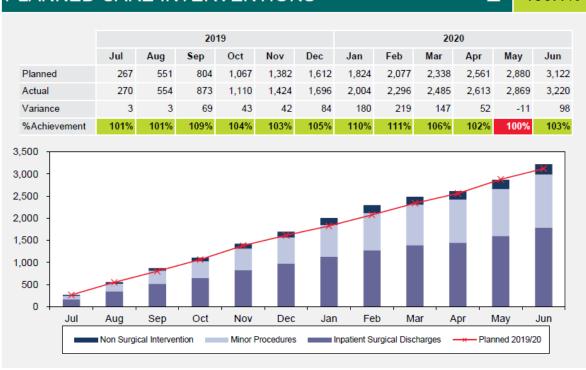
June (post the initial wave of COVID-19 disruptions) the initiatives included in the plan to minimise patient waiting times will have a benefit across the board.

Previous reports have highlighted ongoing issues with Orthopaedic, Plastics and Gynaecology waiting times and it is pleasing to report that these services are actively reducing the number of patients waiting longer than appropriate. Orthopaedics were significantly affected with the move into Te Nikau but have scheduled catch-up sessions in October. Plastics and Gynaecology have provided additional clinics already.

Neurology remains problematic, with a shortage of specialists nationally. The Neurologists have completed 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.

#### **Outpatient Clinic DNA Rates**

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]
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%
May 2020	1137	1055	82	7.21%
June 2020	1562	1464	98	6.27%
July 2020	1560	1483	77	4.94
13 month rolling totals	18486	17117	1369	7.41% Average



Planned care services incorporate a wider range of volumes than the previous 'Elective surgical services' target volumes (1,916 operations in 2018/19). West Coast was expected to deliver 3,122 planned care interventions in 2019/20. In spite of elective theatre sessions and other planned care interventions having to be scaled back both on the West Coast and in Canterbury in April and May as part of the pandemic response, West Coast DHB achieved our year-end target. Delivery for the year to 30 June 2020 ended at 103% of target, with 98 interventions above target being provided over all.

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

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

There were 100 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of June 2020. Those specialities with the largest cases in backlog were gynaecology (34), ophthalmology (22), neurology (18) and orthopaedics. Among these cases are several patients 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 may be quite variable depending on the individual patient and their 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 44 patients were waiting over 120-days from FSA to surgical treatment as at the end of June 2020. These were spread across most specialities, the largest being in orthopaedics (20); plastics (8); and general surgery (8). There are no individual patients who had surgery deferred at West Coast DHB's surgical services directly due to the COVID-19 pandemic response Alert Level 4 to 3 lock-downs of the March-May 2020 period who have still to have their elective surgery undertaken. All such cases from that period have since been provided with surgery. During the

COVID-19 Alert Level lockdown period itself, there were some 331 elective surgery and endoscopic surveillance cases delayed – either by theatre session cancellations by the West Coast DHB, or deferred at patients' own requests. No urgent elective surgery cases were cancelled or delayed due to the COVID19 lockdown at West Coast DHB. Provision was made to allow urgent elective procedures to continue during the lock-down period. Delays to those patients with current waiting times over 120 days for surgery on our surgical waiting lists are due to circumstances other than COVID-19.

#### MoH Planned Care Measurement

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

**DHB: West Coast** 

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	Imp. Req	Status %	lmp. Req	Status %	Imp. Req	Status %	lmp. Req	Status %	lmp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	lmp. Req	Status %								
DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	18 of 18	100.0 %																						
<ol> <li>Patients waiting longer than four months for their first specialist assessment (FSA).</li> </ol>	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%	97	12.4%	120	14.3%	100	12.2%
<ol> <li>Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).</li> </ol>	0	0.0%	0	0.0%	0	0.0%	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%	43	15.0%	45	16.3%	36	12.1%	47	17.5%	54	20.4%	44	17.6%	36	13.0%	44	14.0%	68	19.2%	68	23.3%	44	17.1%
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).

Data Warehouse Refresh Date: 2/08/2020

Report Run Date: 3/08/2020 Data up to: Jun 2020

#### ESPI Compliance Levels:

- DHB Level 'Non-compliant Red' staus for ESPI 1 is temporarily removed so from July 2016 ESPI 1 will be Green if 100%, and Yellow if less than 100%.
- 2. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
- 3. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 4.99%, and Red if 5% or higher.
- 4. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
- 5. ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if less than 90%.

#### 4.2 Workforce Update

#### Nursing

- Nursing has seen the resignations of two Clinical Nurse Managers over the last month, from the Acute Zone Te Nikau and from Buller IFHC. Both Clinical Nurse Managers wish to take a break and are happy to work as casuals for the organisation until they decide where to next. Discussions are happening around interim leadership ensuring teams are well supported. We would like to thank them for their contribution and hard work over the past 2-3 years.
- The move for nursing into the new facility went very smoothly due to good processes and planning preparedness. Whilst a number of procedures have been tweaked, we are now seeing very settled teams and staff starting to feel comfortable in their new surroundings.
- CCDM staff from TAS are working with CDHB on a dash board to display Trendcare data in real time. This is very exciting as we feel we are starting to make some progress. The WCDHB continue to recruit a new Care Capacity Demand Management Coordinator to oversee our programme. In the meantime, there are a number of staff keeping it on an even keel, however it should be noted we have not been able to make much progress moving forward.
- Nurse Director Operations is working closely with leadership in Buller supporting them, ensuring consistency of rostering, education and professional standards over the DHB.
- The Trendcare Coordinator, in conjunction with the Nurse Director, has developed a draft template in the Trendcare roster for the primary care part of the IFHC so nursing staff are visible to all. This roster template is similar to the one developed for Te Nikau again ensuring consistency over the DHB. Training has started with the Coordinator in Buller the week starting 31 August.
- Takarangi Competency training for Clinical Nurse Managers is back in November with pre reading going out shortly to those who have signed up.

#### 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. We are using these doctors to support Buller Medical and to deliver GP urgent care in Te Nikau Health Centre and are actively recruiting more.
- Our Rural Generalist doctors are continuing to manage the inpatient ward. This initiative was
  put in place in March due to COVID-19 and is even more successful with the single adult
  ward in Te Nikau.
- The Obstetrician and Gynaecology team has been strengthened by the addition of a part time CDHB consultant now working alongside out two obstetrically trained Rural Generalists and our full time Obstetrician Gynaecologist.
- We have successfully recruited to all of our anaesthetic vacancies. The new appointees each have strong rural experience backgrounds.
- We have recently appointed a permanent full time surgeon. This person worked with us for 10 weeks during the initial COVID-19 period and brings a wealth of knowledge that other in the team are keen to benefit from.

#### Allied Health, Scientific and Technical

#### Organisational Change Process

- We have completed our workforce reorganisation into the locality based interprofessional teams, including the relocation of staff into the Cowper St Hub and Te Nikau Hospital and Health Centre.
- This is already demonstrating advantages and opportunities, by being co-located and having a range of views in meetings and case conversations. Recruitment is still ongoing for 2 remaining leadership roles

#### Setting the Strategic Direction

- Our transalpine strategy framework for Allied Health, Scientific and Technical has been finalised and launched across both the West Coast and Canterbury. Our next steps will involve translating this into local activity, through our Alliance and service areas by way of work plans.
- A number of our leadership staff have had the opportunity to take part in targeted professional development alongside their CDHB colleagues, with more opportunities available shortly. This work is designed to coach our leaders in Improvement Science and thinking partnership models to translate our strategy, and the District Annual Plan into targeted improvement activity.

#### Workforce

- The long standing Occupational Therapy vacancy in Buller has finally been filled from September 2020, recruitment for Central is ongoing.
- 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

- Our Allied Health Assistants (Kaiāwhina) and those working with children will be the first across our workforce to adopt the use of the Celo secure messaging app. While widely used by medical professionals to seek consultation and opinions from colleagues at a distance, our aim is to use this with our Kaiāwhina to support their new locality based ways of working, their ability to respond quickly to patients discharge requirements from Te Nikau, and ensure they can contact a clinician when they have concerns or questions when working with Coasters out in the community.
- 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.

#### Recruitment

New Vacancies	4
Total Open Vacancies	34
Appointed Vacancies	16

- <u>Nursing</u> Nursing recruitment has again been constant through the last month with minimal vacancies and with recruitment mainly occurring with finding casual health care assistants.
- Allied Health Vacancies within Allied Health are minimal again for this month with 2 new graduate intern pharmacists being appointed into roles.
- <u>Corporate</u> The Corporate space has been steady with recruitment into our logistics & finance team ongoing.
- Medical Medical recruitment has been steady this month with continuing recruitment for both GP's, a Medical Lead in Buller and other SMO's.

## 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%
<b>IV</b> 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	May	Jun	Jul	YTD	%
Behaviour & Safety	33	16	10	12	16	16	24	127	15.4%
Blood Product	0	0	0	0	1	0	0	1	0.1%
Drain & Tube	1	0	0	0	0	1	1	3	0.4%
Employee	16	7	34	6	10	15	16	104	12.6%
Facilities, Bldg	1	2	6	4	3	2	1	19	2.3%
Fall	21	32	25	19	20	9	18	144	17.4%
Infection	0	0	2	1	1	0	1	5	0.6%
IV Access Device	0	0	0	1	1	0	0	2	0.2%
Labour & Delivery	2	5	2	3	0	3	0	15	1.8%
Labs Specimen	3	5	0	7	6	10	14	45	5.4%
Medication	17	11	18	6	19	17	7	95	11.5%
Provision of Care	8	12	22	3	19	19	14	97	11.7%
Radiology	4	2	2	2	5	3	3	21	2.5%
Restraint Register	9	3	1	0	4	5	40	62	7.5%

Safe Staffing	10	7	5	1	3	0	3	29	3.5%
Security	7	2	9	0	2	2	6	28	3.4%
Skin Tissue	12	3	2	4	4	4	1	30	3.6%
Totals	144	107	138	69	114	106	149	827	100%

## Highlights

- No seclusion events for June/July 171+ Seclusion free days.
- No pressure injuries recorded during July 2020
- All patients were provided with a falls risk assessment even if they had no history of falls
- No patients had repeat falls during the month

Report prepared by:	Philip Wheble,	General Manager	West Coast DHB

## West Coast DHB national performance measures report

Quarter 4 2019/20: April - June 2020



#### 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 West Coasts performance in areas of significant public and government interest and continue to be tracked by the Ministry as part of the DHB's quarterly performance reporting suite. The targets remain in place until the new high-level measures set is released. We will continue to present performance across these priority areas. Three of the measures focus on patient access and three focus on prevention.





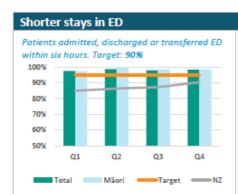












Faster cancer treatment

within 62 days. Target: 90%

01

Total

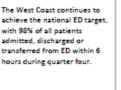
100%

60%

Patients getting their first cancer treatment

98%

achieve the national ED tareet. with 98% of all patients admitted, discharged or transferred from ED within 6 hours during quarter four.



## Planned Care interventions

Patients receiving planned elective surgery or procedures: Year-end target: 3,122



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 3,220 planned care interventions at the end of quarter four, exceeding the target.

#### Supplementary indicators









This quarter 81% of patients 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 Eight-month-olds fully immunised





Overall, 82% 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 (85%) 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

03

Target



93%

West Coast health practitioners have reported giving 4,547 smokers cessation advice in the 15 months ending June 2020. This represents 93% of smokers against the 90% target.

92% of Māori populations were given brief advice to quit smoking.

## Raising healthy kids

80%

70%

60%



Children with obesity referred for support Target: 95%

02

Total Māori ——NZ ——Target



During quarter four, ten children were identified as obese and offered a referral. The B4SC team continues to engage families with the Be Smarter resource and report that conversations are easier to have with parents/whanau about their child's weight.

#### MAORI HEALTH UPDATE



TO: Chair and Members

**West Coast Advisory Committee** 

**SOURCE:** General Manager, Maori Health

DATE: 10 September 2020

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

#### 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.

#### 3. SUMMARY

It is with deep regret and sadness that we acknowledge the passing of Harold Wereta, former GM Māori Health and Whānau ora, Nelson Marlborough DHB and most recently GM Māori, Northland DHB. Harold was one of the most effective Māori health leaders in New Zealand. He was a great colleague and friend of Gary Coghlan, working closely with the Hauora Māori team on several challenging kaupapa. He will leave a huge gap within Hauora Māori in Aotearoa.

Haere ra e te rangatira haere haere haere atu ra.

#### Kaupapa Māori Mental Health and Addictions - RFP

The Hauora Māori team is working in partnership with Poutini Waiora on the development of a proposal for the Ministry of Health for the New Kaupapa Māori Mental Health and Addictions services. Expanding access to and choice of primary mental health and addiction services was a key need identified in He Ara Oranga: The Government Inquiry into Mental Health and Addiction. In Budget 2019, a package of \$455 million over four years was allocated to provide the funds allowing this recommendation to be implemented.

These services are aimed at those people who need formalised mental health and addiction support but do not meet the threshold for secondary services. The Programme includes targeted funding for priority groups who experience inequities in mental health and wellbeing, including Māori, Rangatahi / Young people and Pacific peoples.

#### Key aspects of the proposal are:

- Development of a new Kaupapa Māori Mental Health and Addictions service. Managed and based within Poutini Waiora
- Co-design and research capability
- Stepped care model of intervention
- Components of Marae based intervention, peer support, group counselling, talking therapies, reconnection with whakapapa, te reo, whenua
- Strong focus on engaging tamariki, rangatahi
- Strong focus on reconnection with cultural connectedness

#### Māori Suicide Prevention Community Fund

A collective approach was undertaken to develop a proposal for the Māori Suicide Prevention Fund. A broad rōpu came together to connect and discuss ideas for Māori suicide prevention that could inform the application. The rōpu consisted of a wide range of interested groups and individuals and some constructive korero resulted in a range of ideas that formed the proposal to the Ministry.

Applications totalled \$4.7 million with only \$1.6 million available. Poutini Waiora were successful in their proposal receiving 25k to put towards their identified kaupapa that will aim to engage whānau in wellbeing activity centred around the four pou of Tē Whare Tapa Whā and a noho marae 'pa wars' competitive games kaupapa. The rōpu will continue to provide guidance and advice to the project and are committed to progressing the other initiatives that were identified throughout the process.

#### Māori Workforce Development - Recruitment Initiative

The Hauora Māori team are working with the Recruitment Lead, HR Advisor and Hiring Managers to develop and implement a pilot that will test a different approach to recruitment with the aim of attracting and supporting Māori through the recruitment pathway.

Evidence will be collected throughout the pilot that demonstrates the different methods used in pre recruitment and interviewing phases and outcomes documented. The pilot will, initially, be tested with four current vacancies where a strong equity focus is a requirement of the position. Adverts and Position Descriptions will be reviewed to ensure relatability to Māori and Pasifika people. Marketing, promotion and networking will be an essential part of the pilot and will be

This pilot is working towards the Tūmū Whakarae position statement:

"All DHB's measure and report on the recruitment and retention of Māori staff in clinical and non-clinical occupations.

#### Māori Workforce Training Programmes

#### Heat Tool

The Hauora Māori team are working with Managers of key department leads and their staff to timetable the delivery of HEAT tool training. There is a strong commitment to ensuring equity is embedded in all areas of service provision and a commitment to continue to build and strengthen the models of care following the move into Te Nīkau.

The training was supported by OLG and an interactive programme has been developed to help support staff to confidently embed equity in all decisions made that promote healthy outcomes.

## Takarangi Cultural Competency

The next occurrence of the Programme is being run at Te Tauraka Waka a Māui Marae in November with 25 staff confirmed to attend. Moe Milne will again be the facilitator with support from the Hauora team. This programme forms the foundation of the Cultural Competency Framework which is being developed with support from the WCDHB Learning and Development and Workforce Development teams.

# 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
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	St John, Water Walk Rd, Greymouth
Friday 7 August 2020	BOARD MEETING	10.00am	Te Nikau, Water Walk Rd, Greymouth
Thursday 10 September 2020	Advisory Committee Meeting	9.45am	Te Nikau, 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	TO BE CONFIRMED
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.