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

ADVISORY COMMITTEE MEETING

26 November 2020

10.00am

Corporate Office – Board Room
Greymouth

AGENDA AND
MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

COMMITTEE MEMBERS

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

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
Joseph Mason
Edie Moke
Nigel Ogilvie
Francois Tumahai

EXECUTIVE SUPPORT

Andrew Brant (*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)*
Savita Devi *(Acting Chief Digital Officer)*
Philip Wheble (*General Manager, West Coast)*

AGENDA

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

WEST COAST ADVISORY COMMITTEE MEETING
to be held in Board Room, Corporate Office, Greymouth
Thursday 26 November 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**
   - *10 September 2020*

3. **Carried Forward/Action Items**

REPORTS — 10.05am

4..	**Community and Public Health Update**	Gail McLauchlan *Community and Public Health*	*10.05am – 10.15am*
5.	**2020/21 Annual Plan Progress Report**	Melissa Macfarlane *Team Lead, Planning and Performance*	*10.15am – 10.25am*
7.	**Alliance Update**	Philip Wheble *General Manager, West Coast*	*10.25am – 10.35am*
8.	**Operational Update**	Philip Wheble *General Manager, West Coast*	*10.35am – 10.45am*
9.	**Committee Terms of Reference/Membership**	*Discussion*	*10.45am – 11.00am*
	General Business		*11.00am – 11.10am*

ESTIMATED FINISH TIME — 11.10am

INFORMATION ITEMS

- **2021 Schedule of Meetings**

NEXT MEETING

Date of Next Meeting: Thursday 11 March 2021

KARAKIA

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

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

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

WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS INTERESTS REGISTER

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

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

Sarah Birchfield **Board Member**	• Member, Accessible West Coast Coalition Group • Member, Canterbury/West Coast Disability Action Group • Member, Active West Coast Committee	N N N	
Cheryl Brunton	• Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board • Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) • Member - Public Health Association of New Zealand • Member - Association of Salaried Medical Specialists • Member - West Coast Primary Health Organisation Clinical Governance Committee • Member – National Influenza Specialist Group • Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation • Member – DISC Trust	N N N N N N N N	
Paula Cutbush	• Owner and stakeholder of Alfresco Eatery and Accommodation • Daughter involved in Green Prescriptions • Justice of the Peace	N N 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. • Accessible West Coast Coalition Group - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people • Kowhai Project Committee – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors.	N N N	
Anita Halsall-Quinlan **Board Member**	• Niece is a trainee doctor at Te Nikau	N	

Tony Kokshoorn	• Dixon House, Greymouth - Trustee	N Y	

Deputy Chair	• Greymouth Evening Star Newspaper– Shareholder • Hokitika Guardian Newspaper – Shareholder • Greymouth Car Centre - Shareholder • Daughter a Doctor at Christchurch Hospital • Patron MS Parkinsons Society	Y N N N	
Chris Lim	• No interests to declare		
Jenny McGill	• Husband employed by West Coast DHB • Peer Support – Mum4Mum • Member, Accessible West Coast Coalition Group • Employee LifeLinks	Y N N Y	
Joseph Mason	• Representative of Te Runanga o Kati Wae Wae Arahura • Employee Community and Public Health, Canterbury DHB • Tatau Pounamu – Committee Member	N Y Y	 Perceived Perceived
Edie Moke **Board Member**	• New Zealand Blood Service Board (NZBS) – Member	Y	Actual
Nigel Ogilvie **Board Member**	• Westland Medical Centre - Managing Director • Thornton Bruce Investments Ltd - Shareholder/Director • Hokitika Seaview Ltd - Shareholder • Tasman View Ltd - Shareholder, • White Ribbon Ambassador for New Zealand • Sister is employed by Waikato DHB • West Coast PHO - Board Member • Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre • Wife is Board Member West Coast PHO • Chair – South ALT Workstream	Y N N N N N Y Y Y	Actual Perceived Actual Perceived
Francois Tumahai **Board Member**	• Te Runanga o Ngati Waewae – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast. • Poutini Environmental - Director	N N	

	Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. • Arahura Holdings Limited – Chief Executive • West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. • 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. • 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. • West Coast Development Holdings Limited – Director • Putake West Coast – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. • Ngai Tahu Pounamu – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving • Westland Wilderness Trust – Chair • 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. • New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director • Westland District Council – Councillor	N N Y N N N N N N N N	Actual

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

DRAFT
MINUTES OF THE WEST COAST ADVISORY COMMITTEE
held in Meeting Room 1, Te Nikau Hospital & Health Centre
on Thursday 10 September commencing at 10.00am

PRESENT

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

EXECUTIVE SUPPORT

Philip Wheble (General Manager West Coast), Gary Coghlan (General Manager Maori Health), Melissa Macfarlane (Jenni Stephenson (Programme Manager, West Coast Alliance); and Bianca Kramer (Governance Support).

APOLOGIES

David Meates (Chief Executive); Gary Coghlan (General Manager Maori Health)**for** lateness

The Chair requested Joe Mason opened the meeting with a Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Add Anita Halsall-Quinlan – Niece is a trainee doctor at Te Nikau
Remove Lynnette Beirne – Consumer Representative on West Coast DHB Health of Older Persons Committee

Declarations of Interest for Items on Today's Agenda
There were no interests declared for items on today's agenda.

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution 01/20)

"That the minutes of the meeting of the West Coast Advisory Committee held on 11 June 2020 be confirmed as a true and correct record."

Moved: Tony Kokshoorn /Seconded: Chris Auchinvole - carried

3. CARRIED FORWARD/ACTION ITEMS

Item 1 is an agenda item for today's meeting

4 PHO PRESENTATION

Helen Reriti, Executive Officer West Coast PHO, introduced herself and her colleague Pauline Ansley, PHO Clinical Manager.

Ms Reriti explained have the PHO is contracted to provide primary health services to the community and can be found across the entire health system. The advantages of being enrolled with the PHO are lower fees for doctors' visits with an adult paying only $19.50 per visit and under 14-year olds are free.

The PHO's key goal is to keep the community well, by promoting and enabling better health for all West Coasters and actively working to reduce health inequalities amongst at risk and disadvantaged groups. This is done by working closely with not only medical practices and rural clinic but also other partners such as Community & Public Health, Corrections Services, Oranga Tamariki, Poutini Waiora and other organisations.

The PHO runs a number of programmes with some being delivered by the PHO staff and others by primary practice teams, with an aim to reduce the cost barrier to all. The programmes range from long-term conditions, dietitian services, green prescription, smoking cessation, brief intervention counselling, youth mental health to breast feeding support and many others. Ms Reriti said that we are in a unique position on the Coast where there is a Service Coordinator who works across the whole health system to bring the groups working in an area together.

A team of four Health Navigators who work as an extension of the General Practice teams. The role of the team is to help people navigate the health and social system, ensuring people are hooked into the right service for their needs. A gap was identified where some going through the Corrections Service were not enrolled and are sometimes not accessing services like GP/health service visits. The PHO works closely with Poutini Waiora with a voucher system, the vouchers are given out by the Corrections Service and these give the client access to up to four GP consultation/follow-up Nurse consultation and subsidies the $5 prescription as cost is usually the barrier.

Ms Ansley finished by telling the committee about the role the PHO takes in general practice support with education, along with helping implement quality improvement programmes across all West Coast practices. Her role is to support the staff of the general practices.

A question was asked whether the PHO had investigated additional funding for the Navigator roles? Ms Reriti advised funding for the health improvement coaches, which sits alongside the mental health support in general practice, had recently had a request for additional funding submitted. The application wasn't successful in the first round, but they are waiting to hear back if it was successful in the second round.

It was asked at what stage the navigator role comes part of the client's healthcare service, are they getting in there early enough and is it an optional pathway or do the navigators make the connection without being asked by the client? Ms Reriti explained the bulk of referrals come in from the general practices recognising they need help to keep the client well, also another healthcare worker identifying help is needed when visiting for another unrelated issue.

A question was asked about self-referrals, it was said ideally not, the client should be looked after by their general practice but the PHO would facilitate the need back to the practice team, something as simple as a phone call to the practice informing them that they had been approach by a client needing help and then a referral can be sent through.

It was asked what is the one thing we don't do well between the DHB and the PHO, and can be improved? Ms Reriti said the relationship between the DHB and PHO is good, it's a lack of time or resource to do everything that is needed, we do a really good job with what funding we have.

A question was asked what work is done when someone is identified as needing help but not eligible., Ms Reriti informed everyone non-eligibility is usually directly related to not being enrolled, they then support the person to get enrolled, so they can then have all the benefits of being enrolled.

Ms Reriti will provide the committee with a copy of the PHO's Annual Report once available.

The Chair thanked Ms Reriti for the informative presentation.

The presentation was noted.

5. COMMUNITY AND PUBLIC HEALTH UPDATE

Cheryl Brunton, Community & Public Health presented the Community & Public Health update. The report provided updates on activity around: COVID-19 Response; Maori Health Promotion; Drinking Water, Nutrition and Food Security, Smoke free, Alcohol Harm Reduction, Health in All Policies.

Under the heading drinking water, the comment "exception is in parts of Buller where there are some supplies on BWN with either no or delayed plans for upgrades" it is not listed who they are. Ms Brunton replied by saying the reason is the results of the survey are with ESR for validation. The council suppliers identified are listed in the relevant council annual plan. One identified in Buller is Waimangaroa, that have a drinking water subsidy under the old system that is yet unspent and what the upgrade will look like and which option is taken is still under discussion with the community. Another supply in Buller that is untreated is the one supplying Hector and Ngakawau but that is a community supply not a council supply, there had a been an upgrade subsidy in place but the ownership of the supply was contested between the community and council, it is still contested.

Some upgrades such as Reefton have been delayed, it has been upgraded but needs further work so Community & Public Health are working directly with the Buller Council to rectify this and keep it on track.

All results of the survey are reported at the end of next June. This may change with Taumata Arowai the new Water Regulator being established, there has been some sense of what the new direction may look like. Taumata Arowai will take over from the Ministry of Health in this area.

Clarification was requested for the following comment under Alcohol harm reduction "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)". It was mentioned that recent research shows that alcohol consumption by young people has reduced dramatically, does this trend not follow through on the West Coast? Ms Brunton confirm that yes they are seeing a reduction but there are still young people consuming alcohol at hazardous levels, and there are issues in particular settings. The West Coast is not unique in this, the trend shows that people under 20 are less likely to be drinkers but when they are drinkers they still drink hazardly. Ms Brunton also mentioned the patterns of alcohol abuse established when younger often continue. A previous survey carried out in schools/young people asking what their concerns were around alcohol identified supply was not just from older friends but parents as well. The schools identified they would like C&P to focus on the aspect of social supply, not just with the schools but with the wider school community.

It was asked whether the question was asked to those young people who indicated they were not partaking in alcohol consumption whether they were partaking in something else? Ms Brunton said this survey did not address that, they survey was carried out two years ago and very few surveyed mentioned other drugs. At a local level there was no indication that this was happening, at a national the decline in the alcohol consumption does not have a corresponding increase in the use of other substances. One result of the survey indicated that those opting not the consume alcohol did so because seeing the effect it has on those around them and the lack of control exhibited. Ms Brunton felt that if that was there reason they would be unlikely to use any other substance that would have that effect.

It was asked if the Healthy Kai workshop was to be rolled out Coastwide. Ms Brunton confirmed it was not meant to be a one-off but the capacity issue for both P&PH and Poutini Waiora

A question regarding the Muhono kia tu maia project and whether there were any results that could be shared. Ms Brunton informed the committee that this isn't a C&PH project, C&PH are providing their Maori health promoter to do some of the interviewing. Ms Brunton felt the timeline set for the

responses was on the ambitious side for a qualitative project, as data from interviews with 20 families is considerable. She suspects the information available by the end of September would be something quite preliminary as opposed to a definitive report.

The update was noted

6. PLANNING & FUNDING UPDATE

Melissa Macfarlane, Team Lead, Planning and Performance, presented the report which was taken as read.

Ms Macfarlane explained that this report covers annual plan deliverables for both quarters 3 and 4 as the reporting for quarter 3 wasn't provided due to COVID-19. Ms Macfarlane said it has been a big six months with COVID-19 and the migration to Te Nikau, and during this time the DHB managed to keep going and delivering. The speed of change over that period means we have not always been able to count delivery, services had to change ways they reached people, i.e. telephone consults/telehealth. They are currently working through ways to capture this so the results are pretty conservative until it can be captured.

The biggest impact over this period has been on the group programmes where a lot of it is face to face, which has had to be delivered in an alternative way. Meetings and forums to get feedback etc. have had to be delayed. There is a strong commitment to pick those back up and the information shows these have either been rescheduled or have already started to move forward.

We are still waiting on the 2020/21 plan to be signed off by the Minister of Health. The next report provided to this committee will be against this year's new annual plan.

A question was asked about the item on page 7 'review the function of specialist CAMHS and AOD services in the context of evolving locality based teams, to strengthen connections and build support across the full continuum' – are CAMHS available Coast-wide at the moment and are they able to cope with demand? Mr Wheble answered yes to both questions. He is not aware of any delay in waiting times. Ms Macfarlane added that the waiting times showing at the bottom of the page are national waiting times; there may also be some services not being provided on the Coast included in that data so this is being checked.

A question was asked about the information for influenza vaccinations for people over 65, this data looks to have improved from previous years but it was felt that with the current push for vaccinating due to COVID-19 the Maori figures would be higher. Gary Coghlan, General Manager Maori Health, responded by saying the West Coast is around the middle and definitely not a poor performer in this area. Ms Macfarlane mentioned they were trying to bring in actual patient numbers for these measures as sometimes it's only a matter of 1 or 2 people. Ms Brunton, who chairs the Immunisation Advisory Group reminded everyone these figures are for the end of July and there has been a substantial improvement in both total and Maori over 65's vaccinated. Ms Brunton also mentioned with the implementation as part of the Kaumatua programme mentioned in the report, there were a number of eligible Kaumatua who declined vaccination. The advisory group is looking at drilling down to find out why they declined and find the things that worked well so they can be used again, or fix what didn't work. The equity gap on the Coast in this area is one of the narrowest.

Attention was drawn to the final point on the reports covering sheet 'the introduction of the Rurally Focussed Urban Specialists (RUFUS) model in child development services and the development of a rural Kaiawhina (non-regulated) Workforce Strategy established Coast-wide'. It was asked how will this work for someone with a very high needs child needing a sensory report or modifications - how is the Kaiawhina to know? Jenni Stephenson, Planning & Funding explained that the Kaiawhina, previously called Allied Health Assistants, would be working in a support role to the specialist providing lower scope work. There is a lot of work being done to ensure the Kaiawhina are connected in real time to the registered health professionals working with the patients.

A question was asked under the 'Improving Well Being' heading of Immunisation and why with Maori are shown doing as well in the 8 month to five-year-old categories and then with HPV the figures are lower. Ms Macfarlane said the team is doing a stella job looking at these figures but HPV vaccinations are viewed differently. Ms Brunton explained that the data is behind again but the issue with HPV is not a single dose programme. On the Coast a school based programme is used and this appears to work better for equity outcomes. We are talking about a cohort that become eligible each year and as the numbers are small we can get wider swings over the regular vaccination programme. With the smaller number of Maori children eligible missing one can change the figures. Ms Brunton suggested if the committee wanted to learn more a presentation on the vaccinations programmes could be provided by Ms Bridget Lester and Ms Brunton.

The Chair asked whether we use the same vaccination implementation for HPV as Australia does, with both boys and girls being vaccinated. Ms MacFarlane confirmed we do now, originally it was girls only. The Chair commented that this is not for only one form of cancer but for 15-20 cancers that the HPV.

It was noted that under the Bowl Screening heading the Key Performance Measures are showing all three sections have Maori as NA, it was asked why? Ms Macfarlane explained that this is a national programme and numbers are obtained from the MoH and they are not broken down by ethnicity, that information has been requested but they are not available.

A question was asked about the information under the Key Performance Measures saying 95% of the population to be enrolled with a general practice, the figures show 88% for both Maori and total, but why are we not at the 95%. Ms Macfarlane said the measure is used against the Statistics NZ estimated population and what percentage are enrolled, if the stats change or people move. It was requested that Ms Macfarlane find out what figure Statistics NZ has put for the population of the West Coast and what the MoH use for the population number for the population based funding, and if there is a difference, and the number of West Coast people completed the census.

Action: Ms Macfarlane to find out the Statistics NZ population figure and the MoH population figure.

The report was noted.

7. ALLIANCE UPDATE
and
8. OPERATIONAL UPDATE

Philip Wheble, General Manager West Coast, presented both reports together as there were a number of things happening across both. The papers were taken as read.

The Alliance Group made the decision to move workstreams across the three localities (Northern, Central and Southern). The instruction the Alliance Leadership Team put to the workstreams was don't have a long list of activities for the year, pick 2-3 things that are going to make a big difference.

Mr Wheble talked about two points under the Southern Region Integrated Health Services heading, one being the District Nurses trialling electronic patient records on Healthlink using the Shared Care Plan helping with greater continuity of care due to the records being available to the wider health team. And the new discharge process the team are implementing, which is flipping the responsibility to the Southern team, as well as working with the central booking unit, to ensure a patient doesn't have follow-up appointments on different days, where possible having them on the same day reducing travel.

Mr Wheble drew attention to the ESPI Compliance where there were 100 patients waiting over 120 days for their First Specialist Assessment at the end of June 2020. That has not significantly decreased, as of September there are now over 90 waiting.

ESPI 5 are still struggling around Plastics, General Surgery has 7 patients waiting for specific procedures that we do not provide on the Coast – we are currently working with specialists to provide these procedures.

A robust discussion took place around those coming into the ED and being triaged as a primary care case. There needs to be clarity for the community about the process, individual cases were mentioned and how the system is not working. Mr Wheble said there is an instructional video being made to inform the community of the process, staff training will also take place. Mr Wheble informed everyone there is a voucher system in place for those in hardship. Mr Wheble confirmed there had been consultation with the Consumer Council but this was not an item brought up by them as an issue.

For the Northern Region it was asked if the Buller Hospital sign could be repaired or removed as the state of it is a bad look, Mr Wheble agreed with this and will action the removal.

A question was asked where the newly created Northern Medical Lead/Clinical Director role, what is the focus of the role and where does it sit in the organisational chart. Mr Wheble explained that after the restructuring there is a Chief Medical Officer, below that is the Associate Chief Medical Officer both are the clinical leads across the entire system and then below that are the three Clinical Directors for Northern/Central/Rural Inpatients and they look after the clinical teams within those spaces. The Northern Clinical Director has oversite of the medical team, is part of the Northern leadership team providing advice and is part of the wider leadership team looking at initiative and issues across the Coast.

Mr Wheble was asked whether any thought had been given to putting having a rural based clinician, like the old medical super intendant, into Westport and Reefton it was suggested that this would sort out a lot of the problems and also help when GPs are in high demand. Mr Wheble explained that previously it had been said Greymouth would support Westport when they needed it but this has now been changed and now a rural generalist will go up to Westport on a regular basis. The intent is that by the end of the year there will effectively be 1FTE of support going to Westport and that will grow into the next year. This supports the higher acuity in Westport and also supports the growing of the GP workforce because then the GPs may not need to do on-call or look at the acute side of things that they may feel uncomfortable with, so you grow more GPs that might be interested in coming here.

A question was asked about the planning to release more routine appointments, how is this going to happen? Mr Wheble mentioned he was not aware of the details for this but there are a couple of challenges in this space, one being the number of people, what has already been mentioned about the rural generalist support will help with this. The other being the real tension between 'unplanned' and 'planned', we want to emphasise more going into the planned appointments, we need to train our community to work in that way because if they just come in thinking they get a quicker service in unplanned, then that is what they will do. There is a tendency that if more people are coming into unplanned we move more resources int that area. This not just happening is Westport, but also in Greymouth.

Clarification was requested around the centralising of the recruitment process, does this mean it is being carried out in Canterbury. Mr Wheble responded by saying we have centralised the Medical Staffing to Greymouth, because the DHB uses a large number of locums and the sourcing of these locums takes up a lot of the managers' time. We now have full-time staff working on bringing local medical staff into the Coast to provide services, leaving the local teams to focus on recruiting for permanent staff. This has turned out to be very effective. It was asked if it was the goal to eliminate the majority of locums use and establish a regular workforce? Mr Wheble indicated that you won't eliminate the need for locums 100%, our focus is around developing a workforce that is a permanent workforce as this solves a huge amount of problems in the health system. This is where going to the rural generalism approach as you are wanting to attract people (not just medical, but nurse & allied as well) who are interested working in rural areas so they will stay. We are building up that interest now, rural generalist medical is growing we had three 3 generalists 6 years ago and now we

have 10. That then leads into our ability to bring in young trainee doctors, there is clear evidence that training in a rural area brings those doctors back in the future.

Mr Wheble was informed about a problem with the transalpine and the use of telephone consults with both coverage and specialists ringing outside the appointment time. Patients are ensuring they are in a place with good coverage and the appointment isn't taking place, the patients are just getting voice messages. Mr Wheble thanked the member for this information it is very useful feedback, this is something that needs to be fed back to Canterbury so they understand the issue of coverage problems over here. It was asked whether this issue would affect the DNA rates, Mr Wheble said he would hope not.

The signage at Reefton was queried, Mr Wheble said that this process is ahead of Buller, the design has been completed.

Action: Mr Wheble to arrange either the repair or removal of the Buller Hospital sign
Action: Mr Wheble to provide feedback to Canterbury about the issue of telephone consults and specialists ringing outside of appointment times.

The update was noted.

8 MAORI HEALTH UPDATE

Gary Coghlan, General Manager Maori Health presented the report which was taken as read.

There was a request for the Maori DNA figures, Mr Coghlan said there has been a lot of work carried out on Maori DNAs and the figures will be provided in the next report.

A question was asked about the 'Pa Wars', whether they are same and using the same format of competitive games previously held on the East Cape. Mr Coghlan confirmed they are. They were remembered as two days of fantastic fun, if something like that can be recreated you are onto a winner.

Mr Wheble informed the committee that he had just received the Maori DNA rates and they are sitting at 9%.

Mr Coghlan acknowledged the life and achievements of Harold Wereta who had recently passed.

Mr Coghlan expanded on the comments in the report on the Heat Tool and training programmes, key departments and their staff working alongside the Maori Health team. The departments will look at their own systems to see where there are inequalities for their patients and formulate a plan

Action: Mr Coghlan to provide the Maori DNA rates in the next report.

General Business

It was asked if the base of this committee should be broadened to have more community input? It was asked that Mr Wheble come back to the next meeting with a background and some possible directions to broaden the community base. It was mentioned there is going to be a new Disability Steering Group set up and whether we take a community voice from that.

Mr Wheble informed the committee that they have been working with the Consumer Council and one of the things has been engaging with the communities up and down the Coast. The Consumer Council is developing a plan to put in place. Mr Wheble suggested that the Chair of the Consumer Council may be invited to talk to the committee about the work they have been doing

Action: Add presentation by the Consumer Council to the Carried Forward

INFORMATION ITEMS

- Advisory Committee Workplan
- 2020 Schedule of Meetings

There being no further business the meeting concluded at 12.10pm.

Confirmed as a true and correct record:

_____ _____

Peter Neame, Chairman Date

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

WEST COAST ADVISORY COMMITTEE
CARRIED FORWARD/ACTION ITEMS AS AT 26 NOVEMBER 2020

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	10 September 20	Find out the Statistics NZ population figure and the MoH population figure.	Question relating to % of community enrolled with a general practice showing 88% - what population figure is being used	November meeting
2	10 September 20	Repair or removal of the Buller Hospital sign	Mr Wheble to follow-up	November meeting
3	10 September 20	Feed back to CDHB the concerns identified around tele-consults where appointment times are not being adhered to and patients being rung earlier – coverage is an issue	Mr Wheble to feed-back	November meeting
4	10 September 20	Maori DNA rates to be included in next report		November meeting
5	10 September 20	Presentation on vaccination programmes		Future meeting
6	10 September 20	Presentation on Rurally Focussed Urban Specialists (RUFUS)		Future meeting
7	10 September 20	Presentation by the Consumer Council		Future meeting

COMMUNITY AND PUBLIC HEALTH UPDATE

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

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

SOURCE: **Community and Public Health**

DATE: **26 November 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Advisory Committee:

i notes the Community and Public Health Update

3. APPENDICES

Appendix 1: Community and Public Health Update

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

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

COVID-19 response

There have been no cases on the West Coast since our last report. The only cases in CPH's regions have been linked to managed isolation and quarantine facilities, including the two health workers in Christchurch. There were a significant number of cases from a group of international mariners and the West Coast team supported this response.

Our Health Protection Officer worked with the WCDHB's Emergency Planner to assist organisations planning events to develop their own robust COVID-19 response plans to reduce the risk of disease transmission. This included plans for activities such as the Greymouth motorcycle street race, the MS Craft Fair and AgFest.

Māori health promotion

We are near completion of the "Tuhono kia tu maia" project in which 18 whānau Māori identified their aspirations for their tamariki and the challenges and opportunities that affect their parenting. Whānau identified substantial challenges that affect them including limited access, quality and consistency of health services, racism they face within support systems, and additional long-term health needs. The project has presented a great opportunity to talk with local social, education and support services about how they are engaging with Māori whānau on the Coast and the experiences of whānau Māori.

We have assisted a local group to organise and hold a kapa haka festival this month to allow the tamariki in our community to showcase their learning and enjoyment of te ao and te reo Māori

Drinking water

A workshop was held in mid-October between two of CPH's Drinking Water Assessors and the Buller District Council's three waters management team regarding Council's current draft water safety plan (WSP) for Reefton. Buller is the first council on the West Coast to submit a WSP under the recently revised Ministry of Health NZ Drinking-water Safety Plan Framework. In the short term, major works at Reefton are about to start to upgrade the main reservoir and replace the old cast iron rising/falling main that feeds the reservoir. Council staff are aware that they need to manage the risks to the supply while the upgrade works are happening and they are planning a communications, monitoring and remedial treatment strategy to be in place for the busy summer season.

Nutrition and food security

CPH presented a nutrition session on one night as part of a six-week boot-camp for youth organised by the Police. There were around 35 youth and a few parents at the nutrition session. Lots of questions were asked and most of the teenagers voluntarily took home a number of the resources about healthy eating and eating on a budget.

CPH continues to facilitate and contribute to the Food Security Network for the West Coast. The connections created via this network have enabled knowledge and skills to build capacity on the ground, including the organisers of a of start-up community edible gardens. These connections supported a Kawatiri-based community edible gardener to apply for $20,000 worth of funding through a Ministry of Social Development "Food Secure Communities" grant to carry out a feasibility study over the next two years.

Smokefree

We are continuing to increase Smokefree environments on the Coast, including supporting Westland and Grey District Councisl with signage for their Smokefree Outdoor Dining Policies. A further three cafés in Hokitika have become Smokefree Outdoor Dining Cafés, bringing the total to four. 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.

With the recent inclusion of vaping under the Smokefree Environments Act, the Smoke-free Enforcement Officer is in the process of planning tobacco and vape retailer compliance visits, and subsequent Controlled Purchase Operations across the West Coast. CPH worked with the event organisers of AgFest to promote the event as Smokefree and Vapefree through the use of signage during the event.

Alcohol harm reduction

Currently the Alcohol Licensing Officer, Police and the Grey District Licensing Inspector are working with the licensee and Duty Managers from a Grey District licensed premises to mitigate alcohol related harm after some serious alcohol-related harm including intoxication. This includes a range of actions including host responsibility, signage and staff training. Enforcement action is also pending.

The social supply project reported on last quarter has been trialled in Grey High School and we are currently collating the feedback from the pre and post intervention surveys.

Health in All Policies

We continue to engage around housing with the West Coast Sector Forum. The focus will be on housing options for older people. During this period, we also developed submissions on:

- Reducing the impact of plastic on our environment, drawing on the importance of this to the Coast given the issues with landfills and flooding in recent years (October)
- Westland District reduced speed limits – largely supporting the proposal to improve health and wellbeing outcomes, especially in support of walking and cycling. (October)

Mental wellbeing

We continue to contribute to the West Coast Welfare Co-ordinating Group and at a recent meeting shared the resources and kits from the 'Getting Through Together' campaign run by AllRight? and the Mental Health Foundation. We are also supporting community workplace wellbeing workshops from the Mental Health Foundation, which will be run in Franz Josef, Greymouth and Westport on 22, 23 and 24 November, respectively. We also promoted the AllRight? website campaign and the community wellbeing workshops at a meeting of the West Coast Cross Sector Forum and gave some physical resources to the group. Members were encouraged to share the information with their workplace and clients.

2020/21 ANNUAL PLAN PROGRESS REPORT

TO: **Chair and Members**
West Coast District Health Board Advisory Committee

SOURCE: **Planning & Funding**

DATE: **26 November 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The attached report has been prepared to provide the Committee with an update on progress against the initiatives, actions and targets highlighted in the DHB's Annual Plan for 2020/21. This report is circulated to Executive Management Team, 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 one (July - September) 2020/21.

3. SUMMARY

Activity during quarter one was impacted by the Covid-19 pandemic with staff from across West Coast DHB teams and local service providers who were re-deployed to the Emergency Operation Groups and the Covid-19 response coming back to their roles. Recovery plans are in place for almost all services, the teams are now looking to re-establish programmes and pick activity back up for quarter two 2020/21.

Key Points to Note:

This is the first report against the new plan for 2020/21 and we are off to a comfortable start but are conscious that there is a lot of activity coming up for quarters two and three.

- Hapu Wanaga classes, initially delay due to Covid-19, were provided this quarter by Poutini Waiora. These classes are part of the ongoing investment in our a local Hapū Wānanga to promote SUDI prevention and support access to smoking cessation, safe sleep devices and breastfeeding support. (P7)
- The DHB is collaborating with local agencies and organisations to facilitate culturally inclusive education and support for Māori men who are perpetrators (and often victims) of Family Violence, to support behavioural change. A Community Hangi has been organised in Hokitika for December with collaboration between Safe Man, Safe Family, Women's Refuge and Arahura Marae. (P8)
- A Did Not Attend (DNA) Action Plan has been developed with a focus on helping people better navigate the system and improve attendance at planned clinics. The emphasis has been on Māori and populations living in low decile areas. Implementation of the Plan over quarter one is already demonstrating positive results, particularly for Maori. (P20)
- The first stage of training and education was formally commenced in preparation for the roll-out of the National Bowel Screening Programme with a National Bowel Screening Establishment Day held in Greymouth on 22 September 2020. The rollout is planned for May 2021. (P23)
- The DHB has collaborated with the PHO and Poutini Waiora to deliver culturally-appropriate, community-based, initiatives focused on Diabetes Self-Management Education. A program is now in place with the dieticians from the PHO seeing Poutini Waiora patients alongside Poutini Waiora nurses. The program will promote lifestyle changes and reduce risk factors associated with diabetes. (P30).

4. APPENDICES

Appendix 1: Annual Plan Report Quarter One – 2020/21

Report prepared by: Sarah Fawthrop, Accountability Coordinator, Planning & Funding

Report approved by: Melissa Macfarlane, Team Lead, Planning and Performance

WEST COAST DHB

ANNUAL PLAN PROGRESS REPORT

2020/21

1. Give Practical effect to He Korowai Oranga - The Māori Health Strategy

1.1. Engagement and Obligations as a Treaty Partner			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Maintain our strategic relationship with Tatau Pounamu to promote Māori participation in the development of strategies to improve Māori health with regular performance reporting to inform strategic thinking and identify opportunities for improvement. (EOA)	Q1-Q4: Quarterly reporting on progress and performance.	✓	A process is in place to report quarterly to Tatau Pounamu on progress and performance against the Equity measures and commitments in the Annual Plan.
In partnership with Tatau Pounamu, review the Memorandum of Understanding with the DHB Board to ensure it captures shared expectations and strategies to progress Māori health improvement and equity. (EOA)	Q3: MoU reviewed.		
	Q4: Refreshed MOU adopted.		
Design and make available a Māori Health Profile to support strategic thinking and action to address areas of inequity and track progress towards Pae Ora (Healthy Futures) for Māori on the West Coast. (EOA)	Q2: Māori health profile complete.		
	Q4: Key measures of Pae Ora agreed.		
In partnership with Tatau Pounamu, engage with iwi, hapū whānau and Māori in our community to develop a longer-term strategy for improving Māori health outcomes, in line with national direction but targeting local priority areas. (EOA)	Q3: Consultation undertaken, and priorities identified.		
	Q4: Improvement Plan developed.		
Prepare a proposal for the DHB's Board on options for training in Te Tiriti o Waitangi, Māori health equity and outcomes. (EOA)	Q1: Proposal presented to Board.	↺	GM Maori Health is in discussions with the Board Chair on appropriate training
	Q4: Training delivered.		

1.2. MHAP- Accelerate the spread and delivery of Kaupapa Māori Services			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Invest in a local Hapū Wānanga (Kaupapa Māori antenatal education programme) that promotes SUDI prevention and supports access to smoking cessation, safe sleep devices and breastfeeding support. (EOA)	Q1: Contract for delivery of Hapū Wānanga in place.	✓	A contract is in place with Poutini Waiora for delivery of Hapu Wanaga classes. Initially delayed due to Covid-19, a third class was provided this quarter.
Invest in an additional clinical mental health role to support increased capability and capacity within our Kaupapa Māori service provider and enhance mental health and addiction service options for Māori. (EOA)	Q2: New Kaupapa Māori mental health role in place.		
Work with our Kaupapa Māori provider to identify the learnings from the COVID-19 response and invest national COVID-19 funding to embrace new ways of working. (EOA)	Q1: Opportunities captured.	✓	
In partnership with Poutini Waiora and the West Coast PHO, complete the evaluation of the Pae Ora O Te Tai O Poutini Pilot and use the findings to support future development of the primary care model. (EOA)[1]	Q3: Evaluation findings and recommendations circulated.		

1.3. MHAP- Shifting Cultural and Social Norms			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue to invest in the Takarangi Competency Framework, Te Tiriti o Waitangi and Tikanga Best	Q2: Takarangi staff Hui held.		

[1] The Pae Ora O Te Tai O Poutini Pilot aims to assist whānau to more readily access primary care on the Coast by enabling nurse and GP led clinics in Māori community settings. The evaluation of the pilot is being funded by the Ministry of Health's Te Ao Auahatanga Hauora Māori: Māori Health Innovation Fund.

Practice programmes to support our commitment to equity and improve the cultural competency of our workforce. (EOA)	Q4: ≥3 Treaty training sessions held.		
	Q4: ≥3 Tikanga Māori Beliefs and Practices sessions held		
Utilise the "Bias in Health Care" modules from the Health Quality and Safety Commission (HQSC), to highlight potential bias in clinical decision making as a learning tool for clinical staff. (EOA)	Q1: Bias in Health Care modules live on HealthLearn.	↺	This project is underway and the HealthCare modules will be going live by Q3.
In partnership with the PHO, develop an education package to advance the skills our primary care staff to confidently and competently respond to Māori clients, improving outcomes for at risk groups in primary care settings. (EOA)	Q4: Cultural Safety education package developed and delivered to at least five practices.		

1.4. MHAP- Reducing Health Inequities- The Burden of Disease for Māori			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Rangatahi (Child Health and Wellbeing)			
Collaborate with Community & Public Health to advocate for, and support, policies that will improve oral health for our most vulnerable populations, including water fluoridation and reduced sugar/ sugar free policies. (EOA)	Q3: Fluoridation and Sugar-Free Policies refreshed.		
Introduce a process to identify children being lost to recall and re-engage them and their whānau with school and community oral health services. (EOA)	Q2: New recall process in place.		
Establish a pathway to facilitate improved access to hospital or specialist dental services on the West Coast for people with special dental or health conditions.	Q3: Pathway in place.		
Develop an Oral Health Promotion Programme (with a focus on Māori children) to increase engagement with services and promote good oral health habits. (EOA)	Q4: Promotion Programme in place.		
Mental Health and Wellbeing			
Invest in an additional clinical mental health role to support increased capability and capacity within our Kaupapa Māori service provider and enhance mental health and addiction service options for Māori. (EOA)	Q2: New Kaupapa Māori mental health role in place.	↺	This role has been approved and work is underway to recruit to this position.
Partner with the PHO, Poutini Waiora and Te Putahitanga, to enhance our integrated approach to mental health and wellbeing with a bid for the next tranche of primary mental health and addiction initiative funding. (EOA)	Q2-Q3: Kaupapa Māori funding bid submitted.	✓	A bid has been submitted for new Kaupapa Māori Mental Health and Addictions funding.
Promote a 'by rangitahi for rangitahi' approach that is tikanga Māori and whānau centered to increase the responsiveness of suicide prevention activity. (EOA)	Q2: Action identified.	↺	The Suicide Prevention Coordinator is working to develop this approach on the West Coast as part of a wider work Plan.
Planned Care			
Identify services with high Māori Did Not Attend (DNA) rates and support the service to take a whānau ora approach to identify and eliminate barriers to access. (EOA)	Q1: Priority services identified.	✓	A DNA Action Plan has been developed with a focus on helping people better navigate the system and improve attendance at planned clinics.
Introduce the tracking of DNA rates as a regular item on the agenda of GM and DHB Board agendas to support shared learnings and capture opportunities. (EOA)	Q1: DNA tracking live.	✓	
	Q3: Changes underway.		

1.5. MHAP- Strengthening System Settings			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Achieve a collective understanding of what equity is across the Operational Leadership Team and develop an equity framework to visibly measure service gaps and monitor improvement in equity over time. (EOA)	Q2: Equity position statement endorsed.		
	Q4: Performance against equity framework on EMT and Board agendas.		
Improve the consideration of Māori health equity and health outcomes in service planning by engaging the Hauora Māori team and applying the HEAT tool to all significant Clinical Quality Improvement projects and process redesign. (EOA)	Q2: Introduction of HEAT Tool to quality processes.		
	Q4: Evidence of increased application of HEAT tools in decision-making.		
Redesign processes within the DHB's Planning & Funding Division to enhance the Māori voice in Resource Allocation and Funding decisions. (EOA)	Q1: New process in place.	✓	Resource Allocation and Funding team includes Maori and Pacific Portfolio Leads to supported improved decision making.
Engage with Māori stakeholders and communities to better understand the priorities and issues for children and their whānau and develop a Rural Early Years Strategy to improve engagement with services, service options and outcomes for our most vulnerable populations. (EOA)	Q2: Engagement underway.		
	Q4: Draft Strategy complete		

2. Improving Sustainability

2.1. Planning Priority: Improved Out Year Planning Processes			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Financial Planning			
Implement a new finance reporting and forecasting tool to assist with improving financial forecasts and aligning financial forecasts with workforce planning.	Q1: Implementation complete.	✓	
	Q2: Forecasts aligned to workforce plans.		
Enhance the business partnership model with Finance, to support the delivery of savings targets while ensuring ongoing operational performance.	Q1: New process in place to support delivery of savings targets.	✓	Management accountant FTE resource dedicated to supporting the Rural Generalist workforce model project.
Workforce Planning			
Work towards full implementation of Care Capacity Demand Management (CCDM) for nursing and midwifery in all units/wards by June 2021, to better align workforce planning with service demand and patient acuity.	Q2: Acute mental health FTE calculations commence.	↺	Training to increase our number of IRR testers will be occurring in late October, which will enable us to prepare to commence FTE calculations in Q2.
	Q3: Core Data Set workplan approved.	↺	We have recently appointed to our vacant CCDM Coordinator role and additional support from the national safe staffing unit is helping us to prioritise setting up our Data Council. This will assist us with drafting/progressing our Core Data Set workplan and Standard Operating Procedures for FTE calculations.
Progress the next steps in our Rural Generalist (medical) strategy to further embed Rural Generalists in Obstetrics & Gynaecology (O&G) and Internal Medicine as well as greater support for primary care.	Q1-Q2: Change proposal on Rural Generalist roster and ways of working complete.	↺	Work is underway with the aim of releasing the Proposal for Change in Q2.
	Q3-Q4: Transalpine Clinical Directors in place for O&G and Internal Medicine.		

2.2. Planning Priority: Savings Plans - In-Year Gains			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Advance our Rural Generalist workforce model, to support the development of a clinical and financially sustainable system by: enabling staff to work to the full extent of their scope, improving the continuity of care and reducing dependence on locums and contractors. (CRP)	Q1: Change proposal on Rural Generalist roster and ways of working complete.	↺	Work is underway with the aim of releasing the Proposal for Change in Q2.
	Q2: Decision on change proposal made and implemented.		
Optimise investment in shared electronic systems and telehealth technology, to reduce delays in care, sessions where patient do not attend appointments, and the time specialist, clinical staff and patients waste travelling. (CRP)	Q1-Q2: Opportunities for introducing In-Home telehealth consultations captured.	✓	Two general practices (Buller Medical and Te Nīkau Health Centre) are offering appointments (where appropriate) with an off-site General Practitioner who consults directly with patients in their own environment. The video conferencing platform used by the West Coast DHB (Vidyo), can be used by practitioners in the system to perform video consultations, by sending a secure link directly to a capable device in the patient's own environment. During the lockdown period, many areas of our health system successfully delivered care to people in their own homes without an in-person presence. Appointments delivered via telehealth are captured in "IPM" (Inpatient Management System).
	Q2-Q3: Remote GP role implemented.	✓	
Complete the migration of services into Te Nikau, to support the realisation of key aspects of our integrated service delivery model, extended general practice hours and the streamlining and standardising of processes. (CRP)	Q1: Migration into Te Nikau.	✓	Complete.
	Q2: Integrated unplanned care area operational.		
	Q3: Extended general practice opening hours.		
Consider the provision of services in hospital settings that could be more sustainably delivered in the community, to capture opportunities to integrate and realign resources to provide the greatest return in terms of health gain.	Q1-Q2: Identified service shifts initiated.	↺	The start of this work has been delayed by the COVID response but is scheduled to resume in upcoming quarters.
	Q3: Capacity for the migration of planned care into primary care settings identified.		
	Q4: Further areas of service change identified.		
Capture opportunities to optimise revenue opportunities for the West Coast health system.	Q1: Regional applications submitted for National Sustainability Programme funding.	↺	Proposals have been put forward and the selection processes is underway to determine which proposal will go forward for the Sustainability funding.
	Q2-Q3: Bid for the next tranche of primary mental health initiative funding submitted.		

2.3. Planning Priority: Savings Plans -Out-Year Gains			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Work towards independent implementation of the New Treatment and Technology's Programme by August 2022, using ECRI's Heath Technology Assessment service to support the business to acknowledge fiscal constraints when considering implementing new technologies, initiatives or services.	Q3-Q4: West Coast supported (by Canterbury DHB) to join ECRI.		
	Q3-Q4: Process mapped out for engagement with key projects.		
	Q3-Q4: Audit for evidence of mirrored change and collective purchasing.		
	Q2-Q3: Review underway.		

Consider the future use of all DHB-owned houses, facilities and land to optimise investment and reduce surplus assets.	Q4: Proposal submitted.		
Review administrative resources following the move to Te Nikau with view to upskilling existing staff and developing universal administrative positions to make more efficient use of administrative resources across the organisation.	Q3: Review underway. Q4: Proposal put to Operational Leadership Group for approval.		
Develop and promote workforce development / career development resources to support increased capability amongst our non-registered workforce to enhance their role in the care and support of our community. (EOA)	Q4: Career pathway and resources developed.		

2.4. Planning Priority: Working with Sector Partners to Support Sustainable System Improvements

Key Actions from the Annual Plan	Milestones	Status	Comments
In partnership with Tatau Pounamu, engage with iwi, hapū whānau and Māori in our community to develop a longer-term strategy for improving Māori health outcomes, in line with national direction but targeting local priority areas. (EOA)	Q3: Hui undertaken, and priority areas and actions identified.		
Work through the West Coast Alliance to develop and deliver on the System Level Measures (SLM) Improvement Plan for 2020/21.	Q1: SLM Approved and action underway.	✓	The 2020/21 SLM Plan was approved by the Alliance Leadership, Board and Ministry of Health.
Facilitate collaboration between DHB Palliative, Cardiac, Diabetic and Respiratory Clinical Nurse Specialists (CNS) and nurses from the DHB's Kaupapa Māori service provider to identify and manage early exacerbations of long-term conditions and reduce acute hospital presentations. (EOA)	Q2: Poutini Waiora nurses working alongside CNSs in the unplanned care area.		
Collaborate regionally, through the South Island Alliance Operational Leadership Group, to develop 3-4 innovative change projects to put forward for National Sustainability Programme funding (one of which will be vascular-focused) to support equitable access to specialist services for our population. (EOA)	Q1: Applications submitted.	↺	Proposals have been put forward and the selection processes is underway to determine which proposal will go forward for the Sustainability funding.

3. Improving Child Wellbeing- Improving maternal, child and youth wellbeing

3.1. Maternity and Midwifery Workforce

Key Actions from the Annual Plan	Milestones	Status	Comments
Develop and implement LMC sustainability agreements to improve the recruitment and retention of LMC midwives in the region and ensure consistent access to services for women living on the West Coast.	Q1: Agreements in place.	✓	LMC Sustainability agreements are in place. The DHB is reviewing the developments of the Primary Maternity Notice to ensure future agreements are aligned to changes.
Develop a hub and spoke model, in collaboration with the Maternal Fetal Medicine team in Canterbury DHB, to improve service access for Coast women and their babies by reducing the burden of travel. (EOA)	Q2: Hub and spoke model developed		
Define how new rural nurse specialists and rural generalist roles can support our midwifery workforce to provide maternity care for women living in the most remote parts of the West Coast. (EOA)	Q3: Roles in maternity care defined.		
Collaborate, through the SI Workforce Development Hub, to develop a strategy to recruit and retain midwives in rural settings, including development of a pathway to support a dual nursing/midwifery scope of practice. (EOA)	Q4: Dual scope pilot underway.		

3.2. Planning Priority: Maternity and Early Years

Key Actions from the Annual Plan	Milestones	Status	Comments
Refresh the Alliance's Child & Youth workstream to better enable a system-wide approach to support maternity and early years interventions that focus on achieving equitable health outcomes for Māori women and babies. (EOA)	Q2: New workstream membership and objectives established.		
Establish locality-based Maternity Consumer Hubs as a means of maintaining consumer engagement and understanding local issues and challenges as we progress the implementation of our Maternity Strategy.	Q1: Forums dates agreed for 2020/21.	✓	Maternity Consumer Hubs have been established with forums taking place both physically and virtually to ensure these are accessible by as many women as possible.
	Q2: First forum held.	✓	
Invest in a local Hapū Wānanga that promotes SUDI prevention and supports access to smoking cessation, safe sleep devices and breastfeeding support. (EOA)	Q1: Contract for delivery of Hapū Wānanga in place.	✓	Poutini Waiora delivered their third Hapūtanga Wānanga in early September (delayed from August due to Covid-19). The participants are keen to continue their antenatal education through a potential Wahakura Wānanga; planning is underway.
Audit the uptake and redistribution of whahakura or pepi pods to confirm they are being shared with whānau who have risk factors present for their pepi and that whānau understand the need for a safe sleep space.	Q3: Audit complete.		
	Q4: >68 safe sleep devices provided to at risk whānau.		
Establish a process to ensure general practice and other early childhood support services are notified when babies are discharged from NICU and Maternal Fetal Medicine services in Canterbury, to ensure a continuum of care and timely support is in place for Coast families. (EOA)	Q2: Notification process in place.		

3.3. Planning Priority: Immunisation

Key Actions from the Annual Plan	Milestones	Status	Comments
Develop a process to identify women who have not been vaccinated during pregnancy, to support LMCs, GP teams and our Kaupapa Māori provider to reach women and better promote vaccinations, particularly to Māori and Pacific women where vaccination rates are lower. (EOA)	Q1-Q2: Process established and implemented.	↺	Work is underway on this project.
Use service data to refresh the childhood Immunisation Service Model to respond to current challenges within the system, with a focus on improving links between NIR and Outreach Services to ensure children moving in and out of the district are reached by service providers. (EOA)	Q1-Q2: Proposal for refresh of service model agreed and implemented.	↺	Work has been delayed with key members of the team redeployed on COVID recovery.
Review the impact of COVID-19 on the delivery of childhood immunisations, with a focus on prioritising children who missed vaccinations during this time.	Q1: Rates reviewed and catch-up implemented.	✓	This work has taken place and the DHB's rates have remained consistent.
Implement the Immunisation Conversation Programme, trialled in Canterbury, to support LMCs, GP teams, Well Child and Kaupapa Māori providers to have difficult conversations with parents who are undecided about vaccinations.	Q4: Programme implemented.		
Implement the catch-up MMR programme for young people (15-29), with a focus on reaching young Māori and reducing the equity gap in uptake. (EOA)	Q1: MMR catch-up programme launched.	✓	This programmed started with a soft start in September, as we waited on the national roll out.
Engage with the Executive Director of Māori Health and the Hauora Māori Team to develop strategies and innovative solutions to maintain high immunisation rates amongst Māori children on the West Coast. (EOA)	Q1-Q4: Ongoing engagement with Māori leads.	↺	

3.4. School-Based Health Services

Key Actions from the Annual Plan	Milestones	Status	Comments
Monitor the delivery of SBHS in all decile one to five schools and alternative education settings across the Coast and provide quantitative reports on service performance to the Ministry in quarters 2 and 4.	Q2: Report provided.		
	Q4: Report provided.		
Review service delivery to determine the impact of COVID-19, and work with the public health nursing team to agree a catch-up plan and prioritise assessments for young people identified by schools as higher need. (EOA)	Q1: Gaps identified and catch-up plan in place.	✓	The DHB has identified two high schools (one funded and one not) where the target may not be achieved due to pandemic lockdown and workforce vacancies. Both schools will work with the Public Health Nurses to prioritise the remaining students for assessment during Term Four.
	Q4: High need children prioritised for assessment.		
Provide schools with an annual overview of SBHS delivery and feedback from the student surveys to support the Framework for Continuous Quality Improvement.	Q2: Dashboard provided to schools.		
Provide free sexual and reproductive consultations in general practice for young people under 25 years and promote access to low-cost Long-Acting Reversible Contraception to reduce cost barriers to access. (EOA)	Q1-Q4: Monitor uptake of sexual health consultations and LARC	✓	Free sexual and reproductive consultations continue to be provided in general practice for young people under 25 years and access to low-cost Long-Acting Reversible Contraception continues to be provided for target groups.
Explore opportunities to improve access to contraceptives through Registered Nurse Prescribing, with a focus on nurses working with high schoolers.	Q2: RN interest scoped		
	Q4: Options identified.		
Provide quarterly reports to the Alliance Leadership Team and Ministry of Health on the progress of the Child & Youth workstream against the 2020/21 workplan.	Q1-Q4: Quarterly progress reports provided.	✓	The Alliance structure has been changed for the 2020/21 year with a move to a locality focus. Priority Child & Youth Health actions are included in the System Level Measures Plan and the Alliance receives monthly updates on the progress of these.

3.5. Planning Priority: Family Violence and Sexual Violence

Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain our commitment to the Violence Intervention Programme (VIP) and deliver regular training sessions to ensure staff understand their role in helping to identify and support people at risk of family violence.	Q1-Q4: Report on number of staff attending VIP Training sessions.	✓	VIP CORE Training (two sessions), Bridging/ Refresher sessions (two sessions), eProsafe/ National Child Protection Alert (four sessions) and Elder Abuse & Neglect Training (two sessions) delivered to a total of 49 participants.
	Q1-Q4: Report on screening and disclosure rates across departments.	✓	Ministry of Health VIP audit (July 2020) evidenced improved or stable screening rates for all services with eight out of nine priority departments achieving or sitting just under the target of 80% screening rate.
Collaborate with the Women's Refuge, MSD and the Te Rito Family Violence Network to support the Te Rito Community Champions Project, providing training and mentoring for local Community Champions, to increase community leadership in reducing violence in the home.	Q1: Community training and mentoring delivered.	↺	Under this ongoing collaboration, new Community Champions are currently being recruited with planning underway for training dates.
Collaborate with the Women's Refuge and Safe Men Safe Family to facilitate culturally inclusive education and support for Māori men who are perpetrators (and often victims) of Family Violence, to support behavioural change. (EOA)	Q1-Q4: Report on number of men accessing regular support and participating in programmes.	✓	This collaboration is underway with regular meetings occurring. A Community Hangi event has been organised in Hokitika for December with collaboration between Safe Man, Safe Family, Women's Refuge and Arahura Marae. 13 Māori men currently attend the programme regularly.
Collaborate with the Te Rito Family Violence Network to establish a program of Equine Therapy for male survivors	Q3-Q4: Two programmes offered.		

of trauma or sexual abuse, to help participants develop trust and manage post-traumatic stress and depression.			
Take part in a SI Child Protection Forum, convened by the SI Child Health SLA, to support staff to gain confidence in identifying and managing child protection issues and working across disciplines and DHBs.	Q4: WCDHB representatives attend the South Island Child Protection Forum.		

4. Improving Mental Wellbeing

4.1. Planning Priority: Mental Health and Addiction System Transformation

Key Actions from the Annual Plan	Milestones	Status	Comments
Placing People at the centre of all service planning, service implementation and monitoring programmes			
Map the number of lived experience and peer support workers supported or employed by the DHB, to identify strengths and gaps, with a focus on supporting Māori peer support and whānau roles. (EOA)	Q1: Stocktake complete.	✓	
Expand use of the Marama Real-Time survey in the Manaakitanga inpatient unit across other community services to capture a broad range of feedback from services users and identify themes for improvement, in observance of the Code of Health and Disability Consumers Services Rights.	Q2: Report on survey findings.		
Evaluate the success of the new in-reach model, where NGOs resource the Help Desk in the Inpatient Unit to connect consumers/whānau with wider community services, targeted at young people who find it hardest to access services. (EOA)	Q3: Evaluation recommendations implemented.		
Embedding a wellbeing and equity focus			
Using the model already adopted in Westport and Hokitika practices, encourage a further general practice to expand their Long-Term Conditions Management programme to include people with long-term mental health conditions, to support improved wellbeing and physical health outcomes for this high need group. (EOA)	Q4: Model expanded to a third and fourth general practice.		
Engage with Te Ara Mahi to increase service referrals and improve employment, education and training options for people with low prevalence conditions.	Q2: Update on engagement and activity.		
Provide weekly cultural activity in the Manaakitanga Inpatient Unit, to better engage with Māori service users and provide opportunity for recovery through karakia, mihi and traditional activities. (EOA)	Q2-Q4: Weekly activities implemented.		
Implement a Supporting Parents Health Children audit tool to allow data collection and quality auditing to begin in the new year.	Q2: Audit tool in use.		
Develop and introduce Family Care Plans to mental health teams as part of the Supporting Parents Health Children initiative.	Q2: Family Care Plans in use.		
Increasing access and choice of sustainable, quality, integrated services across the continuum			
Maintain the delivery of brief intervention counselling in primary care to support earlier intervention for people with mild to moderate mental health needs.	Q1-Q4: Number of people accessing BIC.	✓	71 Young people (12-19 years) and 241 adults 20+ have accessed BIC in Q1
Complete the realignment of resources across our mental health services to strengthen community-based teams and support them to work alongside general practice teams as part of the locality-based service model, improving the continuity of care and access to respite services to reduce unsustainable acute demand.	Q1-Q4: Update on activity.	↺	Realignment has occurred with the change proposal. A review of crisis response service provision is ongoing. Recruitment to localities has been successful and increased respite options are currently being explored.

Invest in an additional clinical mental health role to support increased capacity and capability within our community-based Kaupapa Māori service provider and enhance service options for Māori. (EOA)	Q2: Role in place.		
Undertake an annual review of contract delivery and apply cost pressure funding to support the sustainable delivery of mental health services across the Coast.	Q1-Q4: Contract review.	✓	A contract review has been completed to address cost pressures and delivery of services on the West Coast.
Partner with the PHO, our Kaupapa Māori provider and Te Putahitanga (the Māori Whānau Ora Commissioning Agency), to enhance our integrated approach to mental health and wellbeing, and strengthen the focus on promotion, prevention, identification and early intervention, with bid for the next tranche of primary mental health initiative funding. (EOA)	Q2-Q3: Bid completed.	✓	A bid has been submitted for new Kaupapa Māori Mental Health and Addictions funding.
4. Suicide Prevention			
Identify actions to increase the responsiveness of suicide prevention activity for Māori and promote a 'by rangitahi for rangitahi' approach that is tikanga Māori and whānau centered and focused on earlier intervention. (EOA)[2]	Q2: Actions identified.	↺	Establishment of a Tai Poutini Maori Suicide Prevention work group. Representation includes; community, iwi, Maori providers and government agencies such as TPK.
Collaborate with the Office of Suicide Prevention and Clinical Advisory Services Aotearoa (CASA) to implement a new postvention counselling service pathway to improve access to counselling for people bereaved by suicide. (EOA)	Q3: Pathway established.	↺	Discussions under way with CASA, aiming to hold local information hui and provider training in Q2.
Agree a Project Plan to support improved Mental Wellbeing with health promotion activities planned across West Coast communities.	Q4: Wellbeing promotion delivered.	↺	Establishment of the Governance Group will provide leadership in the development of a plan.
Continue to gather data in support of the implementation of the national suicide prevention strategy 'Every Life Matters' and evaluate local initiatives to better to promote wellbeing, respond to suicidal behavior and offer support after a suicide.	Q1-Q4: Data reported.	✓	Local activity continues to align with the national strategy. Focus this quarter and for Q2 has been reviewing the leadership structure to ensure a broad, cross-sector and community perspective.
5. Workforce			
Develop and promote workforce development / career development resources to support increased capability amongst our non-registered workforce to enhance their role in the care and support of our community. (EOA)	Q4: Career pathway and resources developed.		
Provide Talking Therapies training to enhance the skill set of our mental health workforce in helping people bring about the changes they want in their lives.	Q4: Four additional staff trained.		
Work with Te Pou to promote workforce development training to strengthen people's capabilities when working with people and whānau experiencing mental health and addiction issues.	Q1-Q4: Workforce development options promoted.	↺	West Coast DHB has liaised with Te Pou and once Clinical Educator & Clinical Nurse Specialist roles are filled, they will lead this work.
6. Forensics			
Provide input into the national Forensic Framework Project to improve the consistency and quality of current and future services as opportunities arise.	Q1-Q4: Input provided.	✓	Input from the West Coast DHB is ongoing with regular attendance at the regional forums
Examine the feasibility of providing youth forensic capacity through the court liaison role, to increase service access for youth with mental health challenges. (EOA)	Q2: Opportunities considered.		
7. Commitment to demonstrating quality services and positive outcomes			
Track and monitor service utilisation data, and reporting into national systems (including PRIMHD), to support improved decision making and service planning.	Q1-Q4: Data provided.	↺	Work is ongoing to strengthen data reporting and utilization with the creation of meaningful dashboards. Aiming to progress this in Q2.

[2] This work was identified in 2019/20 but delayed due to staff capacity. A work group was established to lead the work, which will get underway this year.

4.2. Planning Priority: Mental Health and Addictions Improvement Activities

Key Actions from the Annual Plan	Milestones	Status	Comments
Develop a process to utilise, and make visible, the findings from file audits (of wellness and transition plans) to identify, inform and work with staff to address common areas that require improvement.	Q2: Audit themes visible to staff.		
Prioritise the completion of relapse prevention plans to increase the number of consumers arriving into the Manaakitanga Inpatient Unit with a plan in place.	Q1-Q4:	↺	This coincides with the work going into national MH02 accountability reporting. A new audit tool run for Q1 reporting will inform how we target this area in Q2.
Embed the first five competencies from the Takarangi Competency Framework into everyday practice to better respond to Māori patients and their whānau. (EOA)	Q2-Q4:		
Hold weekly review meetings, with support from the HQSC, to consider learnings from other DHBs and identify actions to further minimise restrictive care, with a focus on Māori as an over-represented group. (EOA)	Q1-Q4:	✓	Ongoing.
Embed a service wide analysis of every seclusion, personal and environmental event, with a focus on providing early intervention for deteriorating patients.	Q4: Process in place to provide event analysis for 80% of all events.		
Input into the new facility design and business case for Central Mental Health Services, including Manaakitanga, with an emphasis on environmental suitability that supports de-escalation and safety of patients and staff.	Q4: Business case completed.	✓	Business case has been submitted.

4.3. Planning Priority: Addiction

Key Actions from the Annual Plan	Milestones	Status	Comments
Review of the function of specialist Child and Adolescent Mental Health Service (CAMHS) in the context of the evolving locality-based approach, to strengthen connections between primary, community and specialist teams and build support for people across the full continuum.	Q3: Review completed.		
Include dedicated clinical Co-Existing Problems FTE in locality-based teams, to strengthen connections and support people with the most complex issues. (EOA)	Q4: Dedicated FTE in place.		
Implement the review of the function of specialist Alcohol and Other Drug (AOD) service in the context of the evolving locality-based approach, and national model, and strengthen connections between teams to better meet service demand.	Q4: Review actions implemented.		
Track and monitor service utilisation data to maximise the use of the community-based Salvation Army AOD service, strengthening referral pathways and reducing waiting times. Focus particularly on access for Māori as a high need group. (EOA)	Q2: Service data evaluated.		
Implement a quality framework for the service provision of Opioid Substitution Treatment, to improve the management of treatment and support an independent/high quality of life for people with addiction issues.	Q4: Quality framework in place.		
Collaborate with the other South Island DHBs to ensure the allocation of regional resource enhances access to community-based detoxification on the West Coast.	Q1-Q4: Report on activity.	↺	FTE approved and recruitment underway.

4.4. Planning Priority: Maternal Mental Health Services			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Collaborate with the PHO, Plunket and CDHB to maintain access to community-based and specialist level maternal mental health services for West Coast women and their partners, before and after the birth of a child.	Q1-Q4: Report on activity.	↺	The DHB is working with the regional Well Child Tamariki Ora Quality Improvement Manager to re-invigorate the local provider forum. This forum will provide the platform for monitoring maternal access to mental health services.
Socialise the revised Maternal Mental Health Pathway with Lead Maternity Cares, Well Child providers and primary care, highlighting links to infant mental health services and early parenting support to improve the whole-of-system response for women and their whānau in need of additional support.	Q1: Maternal Mental Health Pathway Live on HealthPathways.	↺	The Pathway has been developed and shared with stakeholders with stickers made for addition to the Parent Held Well Child Tamariki Ora Handbook. Publishing to HealthPathways is delayed due to a vacancy in the HealthPathways team locally but is anticipated for Q2.
Establish locality-based Maternity Consumer Hubs, to provide an opportunity for women and their whānau to identify local challenges and strengthen links between providers working with women in the first 1,000 days.	Q2: First Consumer Hub forum held.		
Engage with Poutini Waiora, Well Child and Whānau Ora nurses, to understand their training and education needs to support an improved response for Māori women experiencing mild-moderate mental health issues post pregnancy. (EOA)	Q3: Engagement underway.	`	

5. Improving Wellbeing through Prevention

5.1. Planning Priority: Environmental Sustainability			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Collaborate with the Canterbury DHB, through Transalpine Environmental Sustainability Governance Group (TESGG), to develop an Environmental Sustainability Operational Policy and Implementation Plan.	Q1-Q4: Policy and Implementation plan under development.	×	Work has been delayed by the operational response to the Covid-19 pandemic. The TESGG has met once since February.
Develop intranet sustainability pages to support the sharing of resources, initiatives and projects and encourage staff to make sustainable changes.	Q2: Pages live.		
Include environmental sustainably questions in procurement tenders to mitigate future environmental impacts on health by designing waste out of our system.	Q1-Q4: Questions included.	✓	Carbon offsetting program is established, and reporting set up
Commence reporting on Carbon Offsetting for travel carried out under Senior Medical Officer's Continuing Medical Education agreements.	Q1: Reporting underway.	×	Work has been delayed by the operational response to the Covid-19 pandemic. The TESGG has met once since February. There has been minimal overseas travel by SMOs this year due to COVID.
In collaboration with EECA, employ a graduate engineer to assist with energy reduction activities and begin work towards obtaining CEMARs (Certified Emissions Measurement and Reduction Scheme) certification.	Q1: Graduate employed.	✓	A Graduate has been employed. Discussions regarding funding for CEMARs, now renamed Toitū Reduce are underway.
	Q3: Work underway.	✓	
Establish pathways to monitor energy use across DHB sites and identify areas for energy savings.	Q2-Q4: Pathways in place.		

5.2. Planning Priority: Antimicrobial Resistance (AMR)			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
	Q1: Champion in place	✓	

Establish a pharmacy champion to work with Community & Public Health, the PHO and our Kaupapa Māori provider to develop and deliver a Coast-wide campaign for World Antibiotic Awareness week. (EOA)	Q2: Campaign launched		
Produce Antibiotic Awareness Week resources, for educational sessions, in both Te Reo and English to increase antibiotic health literacy amongst Māori. (EOA)	Q2: Resource Produced.		
Engage prescribers and pharmacy in the development of a policy to ensure a consistent method of documentation of antimicrobial indication and duration for inpatients across all DHB facilities (in line with national policies).	Q2: Policy development underway.		
Conduct an annual audit on all cultures completed through the WC laboratory to ensure ongoing appropriateness of empiric antibiotic use. Refresh antimicrobial prescribing guidelines as required.	Q4: Audit complete.		
Maintain a continuous improvement cycle of auditing antimicrobial use against local guidelines, to identify areas to improve practice and update guidelines.	Q1: Audit undertaken.	✓	
	Q3: Update guidelines, re-establish practice.		
Analyse antimicrobial reports from ESR to identify sensitivity rates and support reporting from the Infection Prevention and Control Committee (IPC) to the Clinical Quality Improvement Team (CQIT) and DHB EMT to raise the organisational focus on antimicrobial resistance.	Q1-Q4: Reporting to leadership Teams in place.	↺	IPC committee report is a standing agenda item at the CQIT meetings. AMS has been added as a standing agenda item at Medication Safety. The minutes of this meeting are made available to the WCDHB Clinical Leads (and DHB GM). Reporting lines to the DHB EMT are a work in progress and have been discussed with the Quality Team.
Deliver and report on the drinking water activities and measures in the MoH Environmental Health exemplar to ensure high quality drinking water.	Q2: Progress report		
	Q4: Progress report		
Provide technical advice on marae drinking water quality to local rūnanga to contribute to Māori health and wellbeing. (EOA)	Q1-Q4:	×	No contacts this quarter.

5.3. Planning Priority: Environmental and Border Health

Key Actions from the Annual Plan	Milestones	Status	Comments
Deliver and report on the activities contained in the MoH Environmental and Border Health exemplar, including undertaking compliance and enforcement activities relating to the Health Act 1956 and other environmental and border health legislation, to improve the quality and safety of our physical environment.	Q2: Progress report		
	Q4: Progress report		
Maintain relationships with local rūnanga to support ongoing partnership in addressing environmental health issues. (EOA).	Q1-Q4. Number of contacts with rūnanga representatives.	×	No contacts this quarter. The two Maraes were in lockdown for much of this period as a precautionary approach and a number of hui were cancelled as a result.

5.4. Planning Priority: Healthy Food and Drink

Key Actions from the Annual Plan	Milestones	Status	Comments
Audit the implementation of the DHB's Healthy Food and Drink Policy, and ensure alignment to national policy, to ensure the DHB is taking a lead in creating supportive environments to promote healthy eating and healthy choices.	Q4: Audit of DHB sites.		
	Q2: Report on progress.		

Track and report on the number and proportion of provider contracts that include the clause stipulating providers will develop a Healthy Food and Drink Policy that aligns to national policy.	Q4: Report on progress.		
Collaborate with education providers in early learning settings, primary, intermediate and secondary schools to support the adoption of water-only (including plain milk) and healthy food policies in line with national Healthy Active Learning Initiative, with an emphasis on education providers with higher proportions of Māori, Pacific, and/or lower socioeconomic status students. (EOA)	Q2:Q4: Report on adoption of policies.		

5.5. Planning Priority: Smokefree 2025

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the PHO, Poutini Waiora and Oranga Ha - Tai Poutini to maintain delivery of a range of smoking cessation support options, with a deliberate focus on Māori, hapū wāhine and whānau of children under 5. (EOA)	Q1-Q4:	↺	A range of smoking cessation options continue to be offered across the Coast with providers approaching people who are referred to discuss whether they have whānau who also need support to quit. The DHB continues to support the Smokefree Pregnancy and Newborn Incentive Programme focussing on the whole household being smokefree.
Review referrals to stop smoking services by LMC midwives to identify and address gaps and barriers to women accessing these services, as a priority area. (EOA)	Q1: Review complete.	↺	This review has been delayed but is now underway in Q2. Early indications are that there is generally good use of the Incentive Programme by most LMC midwives and these referrals cover a representative spread of demographics. Further analysis will be completed in Q2.
Promote quit options for patients with mental health concerns who are enrolled in the primary care Long-Term Conditions Management programme. (EOA)	Q2-Q3:		
Through the West Coast Tobacco-free Coalition, inform submissions on tobacco-related issues including the proposed vaping legislation.	Q1-Q4:	↺	There have been no submissions made this quarter however the Coalition have been actively sharing information about progress of the vaping amendment Bill and are keen to contribute to the pending review of the Smokefree 2025 Action Plan.
Undertake compliance activities relating to the Smokefree Environments Act 1990, including delivering and 6-monthly reporting on the activities relating to the public health regulatory performance measures.	Q1-Q4:	↺	Work is underway in preparation for the new vaping legislation and what this means for current local retailers.
Collaborate with the Cancer Society, CPH and the PHO to advance Fresh Air Project Smokefree Outdoor Dining initiatives in Westport and Greymouth.	Q1-Q4:	↺	Premises with current Smokefree Outdoor Dining in Grey and Westland districts are being encouraged and supported by Community & Public Health to include vapefree in their signage. The West Coast Tobacco Free Coalition is supporting the Cancer Society to re-approach the Buller District Council to seek support for Smokefree Outdoor Dining Policy implementation in line with Grey and Westland.
Track and monitor the delivery of smokefree advice and activity across all settings, to identify service and equity gaps and opportunities for further focus.	Q2: Report on activity		
	Q4: Report on activity		

5.6. Planning Priority: Breast Screening

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with BreastScreen South and the PHO to identify overdue priority women and those not enrolled in the national breast screening programme at a practice level and provide practices with targeted follow-up to lift rates. (EOA)	Q2: Shared BSS/PHO reporting in place.	✓	
BreastScreen South will prioritise Māori and Pacific wāhine when allocating screening appointments to reduce equity gaps. (EOA)	Q1-Q4:	✓	
BreastScreen South will reduce recall time to 20 months to assist with 'on time' screening for Māori and Pacific wāhine. (EOA)	Q1-Q4:	✓	
Collaborate with the PHO to deliver query build training to general practices to assist them to set and track targets for reaching priority group women. (EOA)	Q3: Query Build training delivered.		
Deliver education to practices to support an understanding of barriers that affect participation in screening particularly for Māori and Pacific wāhine. (EOA)	Q3: Education delivered to >5 practices.		
Collaborate with CPH, the PHO, Poutini Waiora and BreastScreen South to deliver a 'Top and Tail' programme – a clinic that will combine breast and cervical screening, whānaungatanga, kai and education targeting Māori and Pacific wāhine. (EOA)	Q4: Pilot 'Top and Tail' clinic held in Greymouth.		

5.7. Planning Priority: Cervical Screening

Key Actions from the Annual Plan	Milestones	Status	Comments
Meet quarterly with the PHO and Poutini Waiora to review screening data and coordinate efforts to improve rates for priority women. (EOA)	Q1-Q4:	✓	Our DHB high-needs cervical screener provides clinics from the Poutini Waiora premises in Hokitika and the Poutini Waiora clinical team refer Maori to that service.
Deploy the DHB's Māori Pathway Navigator to support practices with overdue women with recalls and holding bi-monthly cervical screening clinics. (EOA)	Q1-Q4:	✓	
Encourage practices to engage with Poutini Waiora's Māori RN smear taker, who will work in practices to focus on delivery of screening for Māori wāhine. (EOA)	Q1-Q4:	✓	
Collaborate with the PHO to deliver query build training to general practices to assist them to set and track targets for reaching priority group women. (EOA)	Q3: Query Build training delivered.		
Deliver education to practices to support an understanding of barriers that affect participation in screening particularly for Māori, Pacific and Asian women. (EOA)	Q3: Education delivered to >5 practices.		
Collaborate with CPH, the PHO, Poutini Waiora and Breastscreen South to deliver a 'Top and Tail' programme – a clinic that will combine breast and cervical screening, whānaungatanga, kai and education targeting Māori and Pacific wāhine. (EOA)	Q4: Pilot 'Top and Tail' clinic held in Greymouth.		
Following migration to the new Te Nikau facility, utilise the extended general practice opening hours to introduce evening screening clinics to target women who struggle to access general practice during business hours. (EOA)	Q3:		

5.8. Planning Priority: Reducing Alcohol Related Harm			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Undertake compliance activities relating to the Sale and Supply of Alcohol Act 2012, including delivering and reporting on the activities relating to the public health regulatory performance measures.	Q1-Q4:	↺	CPH have met with 10 premises looking to renew licenses or apply for new ones
Maintain and support intersectoral alcohol accords in our district.	Q1-Q4: Number of active alcohol accords.	↺	No formal alcohol accords are in place, however we are involved in discussion with stakeholders including licensees, inspectors, Police and Hospitality NZ to work collaboratively to develop alcohol accords in Westland and Grey districts.
Identify and begin to work with Māori partners and organisations on the West Coast to strengthen the Māori voice in alcohol licensing decision-making, including local alcohol policies. (EOA)	Q1: Engagement underway.	↺	Engagement has been delayed by the teams deployment onto the COVID response but is planned for upcoming quarters

5.9. Planning Priority: Sexual Health			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Provide free condom packs and health promotion information via the West Coast Community Health Information Centre (EOA).	Q1-Q4: Report on activity.	✓	Community & Public Health continues to provide condom packs to locations across the West Coast including cafés, rural clinics, other NGOs and schools. Further packs are available on request for people dropping in to the Community & Public Health office.
Provide free sexual and reproductive health consultations in general practice for young people under 25 years and promote access to low-cost Long-Acting Reversible Contraception to reduce cost barriers for young people. (EOA)	Q1-Q4: Report on uptake.	✓	The DHB continues to support these free consultations for young people across the Coast via the PHO and General Practice.
Explore opportunities to improve access to contraceptives through Registered Nurse Prescribing with a focus on nurses working with Māori and Pacific populations, high schoolers and our more remote communities. (EOA)	Q2: RN interest scoped.		
	Q4: Options identified.		
Establish a Syphilis Working Group with CDHB and CPH to ensure actions to prevent new syphilis cases and congenital syphilis are aligned across the two regions and support the National Syphilis Action Plan.	Q2: Working Group Established.		

5.10. Planning Priority: Communicable Diseases			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Monitor and report communicable disease trends and outbreaks.	Q1-Q4:	↺	18 cases of communicable disease monitored with no outbreaks.
Follow up communicable disease notifications to reduce disease spread, with a focus on culturally appropriate responses. (EOA)	Q1-Q4:	↺	Follow up of the 18 cases above.
Identify and control communicable disease outbreaks, with a focus on culturally appropriate responses. (EOA)	Q1-Q4:	↺	There were no outbreaks in this period.
Develop and deliver public health information and education to improve public awareness and understanding of communicable disease prevention.	Q1-Q4:	↺	Community and Public Health have an ongoing involvement in the preparation and response to Covid-19. Community and Public Health also assisted Greymouth Motorcycle Street Race to develop a Covid-19 response plan.

5.11. Planning Priority: Cross Sectoral Collaboration including Health in All Policies			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Deliver Broadly Speaking training (including the use of HEAT and other equity tools) to staff from the DHB and other health and social service agencies, to support and grow Health in All Policies work in our region. (EOA)	Q1-Q4: Number of non-health agencies attending Broadly Speaking training sessions.	✖	Plans to deliver Broadly Speaking across the region are on hold due to the instability of alert levels and social distancing and capacity to deliver. We will review again in 2021 but are committed to delivery.
Collaborate with the member organisations of the West Coast Alliance (CPH, the PHO, Poutini Waiora and Sport West Coast) to develop and deliver a joint workplan, to support collaborative work and improve health outcomes in our region. (EOA)	Q1-Q4:	✖	A formal joint work plan is not currently a priority given capacity being redirected to Covid-19 but we remain engaged in Healthy West Coast and the West Coast Cross sector forum which has identified several priorities to work together on. Currently we are working with the housing stream of the forum. We are also engaged in the consultations for the Single District Plan for the West Coast.
Through CPH, develop DHB submissions related to policies impacting on our community's health. (EOA)	Q1-Q4:	↺	In this reporting period a submission on the National Air Quality standards was prepared and presented through Active West Coast. Discussions are occurring about a process for preparation and sign off submissions on behalf of the West Coast DHB.

6. Better Population Health Outcomes Supported by a Strong and Equitable Public Health & Disability System

6.1. Planning Priority: Delivery of Whānau Ora			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Prioritise two clinical areas where Māori are repeatedly presenting to services, and design and implement a whānau ora approach to enable a more integrated response to care for the person and their whānau. (EOA)	Q2: Areas identified.		
	Q3: Changes underway.		
Implement a new approach to the co-design of an Early Years Strategy to better capture the voice and contribution of people that experience inequities. (EOA)	Q2-Q4: Approach implemented.		
Identify services with high Did Not Attend (DNA) rates and support services to take a whānau ora approach to identify and eliminate barriers to access, with emphasis on Māori and Pacific patients and those living in low decile areas. (EOA)	Q1: DNA tracking live.	✓	
	Q2: Opportunities identified.		
	Q3: Changes underway.		
Partner with the PHO, Poutini Waiora and Te Putahitanga (the Māori Whānau Ora Commissioning Agency), to enhance our integrated approach to mental health and wellbeing with a joint bid for the next tranche of primary mental health and addiction support initiative funding. (EOA)	Q2-Q3: Joint Bid submitted.		

6.2. Planning Priority: Ola Manuia 2020-2025: Pacific Health and Wellbeing Plan			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Review the national Pacific Health and Wellbeing Action Plan to identify key actions for the West Coast and complete an action plan to support delivery.	Q3-Q4:		

6.3. Planning Priority: Care Capacity Demand Management (CCDM)			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Provide formal partnership training for the Care Capacity Demand Management (CCDM) Council members and adopt a Council charter to assist with effective governance level decision-making.	Q1: CCDM Council charter in place.	↺	Partnership training was postponed due to the impact of Covid-19/Level 2 restrictions and has been rescheduled for mid-November.
Engage the Directors of Nursing and Midwifery in the CCDM Council to ensure variance response management is enabled in the Maternity ward.	Q1: DOM and DON engaged in CCDM.	✓	
Provide Takarangi and/or Tipu Ora cultural competency training for the CCDM Coordinator, TrendCare Coordinator, and CCDM administrator to promote cultural safety within our CCDM Programme. (EOA)	Q2: Training underway.	↺	Our vacant CCDM Coordinator position has been appointed to and our TrendCare Coordinator returns from maternity leave in November. Both staff will be undertaking Tikanga Best Practice training in Q2.
Deliver monthly progress reports to the CCDM Council, including progress on Core Data Set development, Variance Response Management plan implementation and FTE calculations.	Q1-Q4:	✓	Reporting is being achieved and is being improved. Our vacant CCDM Coordinator position has been appointed to and additional support for programme implementation is being provided by the national safe staffing unit. This is enabling us to reinvigorate the working group and to improve reporting.
Pending Variance Response Management stocktake and Inter-Rater Reliability (IRR) testing results, commence FTE calculations for the acute mental health inpatient ward (which is not impacted by migration to new facilities).	Q2: acute mental health FTE calculations commence.	↺	Training to increase our number of IRR testers is occurring in late October, which will enable us to commence FTE calculations in Q2.
Following migration to new facilities in Greymouth, commence patient acuity refresher training for staff in the newly integrated acute care departments to ensure accurate patient acuity data in our new model of care.	Q3: Refresher training underway.	✓	Training is already underway.
Following migration to new facilities in Greymouth, utilise the Core Data Set stocktake to develop a Core Data Set workplan for CCDM Council approval.	Q3: Core Data Set workplan approved.		
Communicate agreed Core Data Set workplan and process to staff.	Q4:		
Following migration to new facilities in Greymouth, complete the Variance Response Management stocktake.	Q4: Variance stocktake completed.		
Following migration to new facilities in Greymouth, commence an FTE calculation stocktake to prepare FTE calculations in our new acute care wards.	Q4: acute care FTE stocktake complete.		
Prioritise employment of Māori and Pacific nurses into any identified vacancies resulting from implementation of the CCDM Programme to increase the cultural diversity and responsiveness of our workforce. (EOA)	Q3-Q4:	✓	This work is already underway and on track, with a recruitment strategy being developed in partnership with our Hauora Māori Team and our People & Capability Team. This includes looking at how CCDM might identify roles/opportunities for Health Care Assistants and Enrolled Nurses, whose training pathways are currently more accessible and can enable a step-stone to other careers in health.

6.4. Planning Priority: Disability Action Plan

Key Actions from the Annual Plan	Milestones	Status	Comments
Through the Disability Steering Group, and working with consumers and key stakeholders, complete the refresh of the Transalpine (Canterbury/West Coast) Disability Action Plan to improve health outcomes for disabled people. (EOA)	Q2: Updated Plan approved.	↺	Following consultation with disabled people and their whanau the refreshed Action Plan is being presented to Tatou Pounamu before being presented to EMT and the Board for final approval. Due to infrequency of meetings this approval may fall into Q3.
	Q3: Disability Action Plan published.		

6.5. Planning Priority: Disability

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the Disability Working Group and other key stakeholders to continue developing the Diversity and Inclusion Framework.	Q1: Diversity and Inclusion Hui held.	↺	Collaboration with the chair of the disability steering committee has been completed with the identification of an initial learning module. This work was launched at the disability steering committee meeting with further consultation and wider feedback being the next step.
	Q4: Framework developed.		
Continue to provide disability training (via HeathLearn) for staff on what needs to be considered when interacting with a person with a disability (while the Diversity and Inclusion Framework is developed).	Q1-Q4: Number and percentage of staff completing training.	✓	1,177 completions of disability awareness training (year to date) for Canterbury and the West Coast.
Engage with primary care, Māori and residential providers to advocate the use of electronic Shared Care plans for people with a disability, particularly for those with intellectual disability and/or communication challenges. (EOA)	Q1-Q4:	↺	Primary Care teams continue to be encouraged and supported to create care plans with their most vulnerable patients.
Make key health information to the public available on the front page of the DHB website (including public health alerts) and vet all new content to ensure compliance with national Web Accessibility Standards. (EOA)	Q1-Q4:	↺	The DHB has created several templates and a set of icons/images for common health warnings and immunisation advice.
Train the Communications Team in the use of Easy Read, to improve the accessibility of key health communications provided by the DHB. (EAO)	Q2: Training delivered.		
Track the number of key public health information messages, health alerts and warnings the DHB issues each year, and the number translated into New Zealand Sign Language.	Q4: Report on volumes.		

6.6. Planning Priority: Planned Care

Key Actions from the Annual Plan	Milestones	Status	Comments
Engage with the Consumer Council, Alliance Leadership Team and Tatau Pounamu around the model of service delivery for planned care services in the new facility in Greymouth, to identify further opportunities to align direction with local need and consumer priorities and ensure a clear focus on equity. (EOA)	Q1-Q3:	↺	Consumer Council, Alliance Leadership Team and Tatau Pounamu have given feedback on the model of care. A communication and engagement plan has been developed to support the community to engage with the model of care and this is to be rolled out in Q2. Waiting/reception area refinements, in response to patient experience and community feedback received since the opening, are to be implemented in Q2.
Ensure all planned care services (in primary and secondary settings) are using the National Prioritisation Scoring System to align access with other regions. (EOA)	Q1-Q4:	↺	Services are set up to access the National Prioritisation Tool and the Central Booking Team will review the consistency of use in Q2.

Complete implementation of the orthopaedic and plastic surgery ESPI recovery plan to reduce delays in treatment in these pressure areas.	Q1-Q4:	↺	Orthopaedic and Plastics recovery plans are underway and are resulting in a decrease in the number of patients waiting. August ESPI results show a 33% reduction in the number of patients overdue for Orthopaedic surgery compared to July and Plastic surgery has had a 50% reduction.
Track and monitor delivery of planned care interventions in primary care to ensure delivery of agreed intervention targets.	Q1-Q4:	↺	Regular Planned Care intervention reporting is not yet automated but we intend to have an automated system developed during Q2.
Implement the DNA Action Plan (currently being developed) to help people better navigate the system and improve attendance at planned clinics, with emphasis on Māori and populations living in low decile areas. (EOA)	Q2: Implementation underway.	✓	DNA Action Plan for Maori has been successfully implemented and we are now seeing positive results.
Following the opening of the new Te Nikau facility, expand planned care delivery hours in general practice in Greymouth (8am to 8pm).	Q3:	✓	Completed ahead of schedule
Engage with the West Coast PHO Clinical Governance Committee to explore options for further migration of planned care services into primary care settings to optimise sector capability and build future capacity.	Q3: Further capacity identified.		
Partner with Poutini Waiora to explore opportunities for the delivery of general practice/nurse-led clinics in Māori community settings to increase access to planned care services for Māori. (EOA)[3]	Q4:		

6.7. Acute Demand

Key Actions from the Annual Plan	Milestones	Status	Comments
Implement SNOMED coding in the Emergency Department to enable submission into national data collections by 2021, alongside the implementation of our new integrated South Island Patient Information Care System (PICS).	Q1: Value proposition for implementing SNOMED into our old IPM system.	✓	West Coast DHB have decided not to implement SNOMED coding in the current IPM system and to focus our resources on preparing for coding alongside the roll out of the new patient management system
	Q2: SNOMED training and education held.		
	Q3: SNOMED built into our new system.		
Establish a voluntary team (friends of the Hospital) to meet and greet patients, utilising local Iwi and kaumatua to establish connections with Māori and Pacific whānau who are frequent attenders to ED. (EOA)	Q2: Team established.		
Establish an unplanned care area within the new Te Nikau facility with primary care, allied, mental health and secondary services working together to ensure patients are seen by the right person, in the right service, at the right time.	Q2: Unplanned area operational.		
	Q3: Gaps in skills and training identified.		
	Q4: Workforce and FTE needs refined.		
Facilitate collaboration between DHB Palliative, Cardiac, Diabetic and Respiratory Clinical Nurse Specialists and Poutini Waiora nurses to identify and manage early exacerbations of long-term conditions to reduce acute presentations. (EOA)	Q2: Poutini Waiora nurses working alongside CNS within the integrated unplanned care area.		
	Q3: Opening hours extended.		

[3] This was identified in 2019/20 but was delayed until planned care pathways were fully embedded in general practice and capacity was better understood.

Following the opening of the Te Nikau facility, expand planned care delivery hours in the general practice (8am to 8pm).	Q4: Identify demand for further extended hour services.		

6.8. Planning Priority: Rural health

Key Actions from the Annual Plan	Milestones	Status	Comments
Engage clinical and Māori health leads, stakeholders and consumers in the development of a Rural Early Years Strategy to better understand the priorities and issues for children and their whānau across our three localities and improve access and engagement with services. (EOA)	Q2: Engagement underway. Q4: Draft complete.		
Investigate opportunities for introducing 'In-Home' telehealth consultations, including work with consumer groups and a review of outpatient booking forms to promote telehealth as the first option with face to face as a backup option.	Q2-Q3:		
Following the opening of the new Te Nikau facility, expand planned care delivery hours in general practice in Greymouth (8am to 8pm).	Q3: Opening hours extended.	`	

6.9. Planning Priority: Healthy Ageing

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the ACC, Aged Residential Care (ARC) providers and general practice, through the local Falls Coalition, to embed a pathway that supports automatic referral to the Falls Prevention Service for all patients post a fractured neck of femur (NOF) or humerus.[4]	Q4: Pathway embedded.	✓	West Coast Health Pathways has an established 'Falls Prevention' pathway. The Complex Clinical Care Network receives referrals and patients are triaged to the Falls Prevention Clinical Leads for further provision of services.
Expand the implementation of ACC non-acute rehabilitation (NAR) bundles of care, to target those living in the Buller region who would benefit from accessing the Earlier Supported Discharge service. (EOA)	Q4:	✓	The community bundles of care flow charts are being used in the inpatient wards to help identify patients that would benefit from an Early Supported Discharge response across the Coast.
Collaborate with the Technical Advisory Service and the Ministry of Health to align local service specifications and implement the National Framework for HCSS, when it is formally released.[5]	Q1-Q4:	✓	The West Coast DHB has been using the UoA Caseemix methodology for their model of care for some time now and at the last contract rollover the contracted provider (Access) moved to case mix bulk funding also.
Track and monitor service delivery to ensure that all clients in receipt of HCSS for more than six weeks (long-term) have had a needs assessment using the InterRAI geriatric assessment tool, and progressively implement the proposed national review and re-assessment timeframes for those long-term clients.	Q1-Q4: Quarterly review of delivery of InterRAI assessments.	↺	HCSS and InterRAI data continues to be monitored at the monthly Operational Management Group meetings. The proposed review and re-assessment timeframes will be considered by the operational management group. Access has had difficulty recruiting and retaining nurses on the coast and has subsequently fallen behind on InterRAI assessments. We are working with them and the nursing schools to help catch them up on these assessments.
Appoint a Māori clinical assessor as part of the Complex Clinical Care Network team to support an increase in the	Q1: Māori assessor appointed.	✓	A Māori clinical assessor has been appointed as a member of the Complex

[4] Patients referred to the West Coast falls prevention programme are triaged by the falls champion, with those able to attend a community Strength and Balance class referred to one and those who are frailer seen by the falls champion who delivers the modified Otago exercise programme in their home.

[5] The West Coast DHB has already implemented the Auckland University case mix model and uses the service information collected to help enable and inform a restorative model of care for older people on the Coast. West Coast DHB is well positioned to implement the national specifications when they are released.

number of InterRAI assessments delivered for older Māori. (EOA)	Q2: Cohort identified and targeted.	✓	Clinical Care Network team. They are working collaboratively with Poutini Waiora to identify and target older Māori requiring InterRAI assessment and have completed nine InterRAI assessments thus far for older Māori.
Investigate practical solutions to issues raised by the Dementia Stocktake, to promote timely dementia diagnoses - including implementing a new diagnosis tool (M-ACE) in general practice and scoping Specialist Dementia Nurses roles.	Q3: M-ACE tool introduced.	✓	Training via HealthLearn is readily available and Complex Clinical Care Network staff have completed this. Training information and the M-ACE tool has been circulated to all Practice teams. The use/roll-out of M-ACE with Rural Nurse Specialists is also being supported.
	Q4: Roles scoped.		
Identify a "frail" cohort of patients (via interRAI) and trial a referral process that supports access to appropriate services to reduce acute demand and restore function, including Strength and Balance programs where appropriate.	Q2: Cohort identified.	✓	West Coast Health Pathways has a 'Frailty' Pathway with a scoring tool included. This pathway supports access to approved services and the process is in place.
	Q3: Pathway developed.	✓	
	Q4: Process in place.	✓	

6.10. Planning Priority: Improving Quality

Key Actions from the Annual Plan	Milestones	Status	Comments
Improving Equity			
Retrospectively review cases of children presenting to ED with respiratory conditions, who are not admitted, to identify barriers to earlier intervention and opportunities to improve referrals to the DHB's Clinical Nurse Specialist (CNS) service for support.	Q1-Q2: Review completed.	↺	A working group has been formed with repository nurse specialist, public health nurses, Poutini Waiora, Planning and Funding. This group will review and address inequities and care of children with asthma and initiate a Whanau Ora response.
Working with Paediatrics, general practice and the CNS Service, use data from the case review to map the optimal referral pathway for respiratory presentations.	Q2-Q3: Pathway mapped.		
Establish a Multi-Disciplinary Team to provide ongoing oversight of respiratory presentations and evaluate the impact of the revised pathway for Māori. (EOA)	Q4: Team in place.		
Improving Consumer Engagement			
Engage the West Coast Consumer Council in the governance role to guiding implementation of the quality and safety marker, with support from the Quality Team.	Q1-Q4:	↺	Steering Group Terms of Reference complete.
Agree the process for information collection and reporting against the marker.	Q2:		
Upload the marker data onto the Health Quality and Safety Commission's consumer engagement HQSM dashboard, using the SURE framework as a guide	Q3-Q4:		
Evaluate the impact on the quality and safety of service provision by reporting against the framework twice yearly.	Q2: Report completed. Q4: Report completed.		

6.11. Planning Priority: New Zealand Cancer Action Plan 2019-2029

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the PHO, Poutini Waiora, Community & Public Health, Cancer Society and Tatau Pounamu to offer local support to Māori whānau to engage in screening, seek early advice and understand cancer diagnosis to reduce inequity of outcomes. (EOA)	Q1: Cancer kōrero booklet promoted.	✓	The Cancer Kōrero booklet was initially published in a printed format, and subsequently posted on the West Coast DHB's website. It will continue to be periodically updated as required to serve as an active resource to support conversations with Maori patients and their whanau around cancer screening, diagnosis and treatment.

Use data/intelligence systems to monitor the 62-day and 31-day wait times for access to cancer treatment and undertake a breach analysis for every patient who waits longer than target to identify emergent systems issues and capture opportunities to reduce process delays.	Q1-Q4:	↺	Monitored quarterly; both internally and using Ministry of Health results analysis. Our Cancer Nurse Coordinator liaises with clinical teams in Canterbury to look at breaches for individual patients to monitor for any emergent issues that might be able to be resolved.
Engage our cancer workforce in Tikanga and Takarangi training to improve cultural competency and support our goal of ensuring cultural safety and reducing bias in clinical decision making. (EOA)	Q1-Q4	↺	Regular training is being offered to DHB staff, with training undertaken by the DHB's Maori Health team. Our Cancer Nurse Coordinator has undertaken the training, but wider cancer workforce has yet to be specifically engaged in the training programme.

6.12. Planning Priority: Bowel Screening and Colonoscopy Wait Times

Key Actions from the Annual Plan	Milestones	Status	Comments
Refresh data systems to ensure the DHB complies with new reporting requirements under the Ministry's framework for monitoring symptomatic colonoscopy and bowel screening performance.	Q1:	✓	Data systems are compliant with the Provation Database system being updated in August
Undertake monthly waiting list review of colonoscopy wait lists and wait times to identify any emergent systems delays and prompt corrective actions and management, through our Endoscopy User Group.	Q1-Q4:	↺	The Endoscopy Group continue to undertake this work. Timeliness of access to screening slipped in August 2020 due to temporary staff shortage.
Embed dedicated theatre session time to provide timely access to colonoscopy.	Q1-Q4:	↺	Production planning work has quantified the number of sessions required and these are embeded in rosters and theatre allocation, this may need to be further reviewed in preparation for our DHB commencing in the National Bowel Screening Programme. This is currently planned for May 2021.
Provide training and education to community nurses and general practice teams in preparation for the roll-out of the National Bowel Screening Programme, to ensure that symptomatic patients are promptly triaged and processed. (EOA)	Q1-Q4:	↺	The first stage of training and education was formally commenced with a National Bowel Screening Establishment Day held in Greymouth on 22 September 2020.
Collaborate with the PHO, Poutini Waiora and Community & Public Health to deliver bowel cancer awareness health promotion initiatives through primary and community care networks with a focus on Māori communities, to de-stigmatise the screening process and to encourage uptake of bowel screening checks among Māori as a target population. (EOA)	Q1-Q4: Health Hui delivered in Māori settings.	↺	Q1 NBSP Establishment Day was 22 Sept 2020 and involved PHO, Poutini Waiora and Community & Public Health.
Undertake the 'Phase Two' work identified in the 'Phase One' plan for the roll-out of the National Bowel Screening Programme, linking in with key partner organisations and the National and Southern Regional Bowel Screening Centres.	Q1-Q4:	↺	The first stage of this process was formally commenced with a National Bowel Screening Establishment Day held in Greymouth on 22 September 2020.
Subject to meeting the prerequisites of the readiness assessment, commence implementation of the National Bowel Screening Programme on the West Coast.	Q4:		

6.13. Planning Priority: Workforce – Workforce Diversity

Key Actions from the Annual Plan	Milestones	Status	Comments
DHB Workforce Priorities			
Collaborate, with training bodies, high schools and local iwi to promote health careers locally.	Q2: Hui held to consider recommendations made by	↺	

	our 2019 Studentship/Scholarship recipients.		Recommendations have been prepared for presentation to the local leadership team for approval-in-principle in Q2.
	Q4: Studentship recommendations implemented.		
Develop a prioritisation strategy to support uptake of rural training placement opportunities, prioritising opportunities for Māori and Pacific students. (EOA).	Q2: Placement prioritisation strategy developed and approved.	↺	A date has been set to commence drafting this prioritization strategy in Q2.
	Q3: DHB-subsidised housing promoted to education providers and students considering training placements on the Coast.		
Implement our Rural Generalist model to support a more sustainable service model and provide continuity of care for our population.	Q1: Opportunities identified to support the obstetrics pathway on the Coast in line with the Rural Generalist Model.	✓	Transalpine development of O&G pathway underway and SLA established with CDHB. RUFUS role now in place with O&G from CDHB providing clinical activity for agreed blocks as visiting clinician to WCDHB. Rural Generalists currently working in obstetrics and part of agreed roster.
	Q2: Opportunities identified to support general medicine on the Coast in line with the Rural Generalist Model.		
	Q4: Pathway to support a dual nursing/midwifery scope of practice developed and pilot underway.		
Build on the work begun in 2019, to support access to continued professional development for Nurse Practitioners.	Q1: Support for two Northern Region Nurse Practitioner interns to complete their training and submit portfolios.	✓	Two Nurse Practitioner candidates are currently preparing to submit their portfolios to Nursing Council.
	Q2: Review the professional development package (updated in 2019) with Nurse Practitioner staff and other DHBs.		
	Q3: Identify opportunities to improve the development package.		
Develop and promote workforce development resources to support the increased capability of our non-registered workforce. (EOA)	Q4: Career pathway / workforce development resources developed and promoted.		
Use the six targets outlined by Te Tumu Whakarae (the national Māori GMs Group) to inform our actions to improve equity and increase participation in our health workforce.			
Build business intelligence infrastructure to track progress towards equity outcomes for Māori. (EOA)	Q1: Set of metrics and data requirements to measure progress against targets developed.	↺	This work has begun but a delayed start means this will be finished later than anticipated.
	Q2: Dashboards for first set of metrics implemented.		
	Q4: Metrics and dashboards reviewed and refined.		
Implement affirmative action measures to increase the number of Māori, Pacific people and people living with disabilities in our workforce. (EOA)	Q1: Process for people who meet minimum requirements to go to interview stage developed and tested.	↺	Hauora Māori are working with People and Capability on a process to ensure Māori applicants (who meet minimum requirements) go straight to interview. We undertook a trial for a

	Q2: Hiring managers educated on best practice for hiring for diversity and guidelines that reduce bias in hiring process implemented.		position within Population Health where four Māori applicants were interviewed.
In partnership with Māori, improve the cultural competency of our workforce and leaders. (EOA)	Q1: Hui held to co-design cultural competency learning pathway.	✓	
	Q2: Cultural competency integrated into the self-learning pathway.		
	Q3: Te Reo Māori incorporated into all Talent, Leadership, and Capability-building Learning Material.		
	Q4: Leaders that have completed Takarangi cultural training identified and a plan in place for further training opportunities.		

6.14. Planning Priority: Workforce - Health Literacy

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the PHO, Poutini Waiora, Community & Public Health, Cancer Society and Tatau Pounamu to promote the Cancer kōrero (booklet) to support Māori to better understand the risk factors for cancer, engage in screening, seek early advice and understand their cancer diagnosis. (EOA)	Q1: Cancer kōrero promoted.	✓	The Cancer Kōrero booklet will be periodically updated as required to serve as an active resource to support conversations with Maori patients and their whanau around cancer screening, diagnosis and treatment.
Identify a Health Literacy Champion to build health literacy within the DHB and across the wider health and disability system.	Q2: Health Literacy Champion identified.		
Following on from the health literacy review conducted in Canterbury 2019/20, develop a Health Literacy Action Plan for the West Coast identifying short, medium and long-term service improvements.	Q3: Action Plan development underway.		

6.15. Planning Priority: Workforce – Cultural Safety

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in the Takarangi Competency Framework, Te Tiriti o Waitangi and Tikanga Best Practice programmes to support our commitment to equity and improve the cultural competency of our workforce. (EOA)	Q2: Takarangi Hui held for next intake of staff.		
	Q4: ≥3 Te Tiriti o Waitangi training sessions held.		
	Q4: ≥3 Tikanga Māori Beliefs & Practices sessions.		
Work with the PHO to develop an education package to advance the skills of primary care staff to respond to the needs of Māori clients, improving outcomes for at risk groups in primary care setting. (EOA)	Q4: Cultural Safety education package developed and delivered to at least five general practices.		
Advance the skill development of Nurse Practitioner and Clinical Nurse Specialist (mental health) roles to confidently and competently respond to Māori clients presenting with mental illness. (EOA)	Q2: Cultural safety training options discussed and documented in success and development plans.	↺	The Clinical Nurse Specialist role is currently vacant and our Nurse Practitioners (Mental Health) has completed Tipu Ora.

	Q4: Agreed cultural safety training commenced.		

6.16. Planning Priority: Workforce - Leadership			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Develop the Hub for the Essentials of Leadership and Management (HELM) and increase uptake from West Coast audiences.	Q2: Relevant learning packages available on HELMLEADERS.ORG.	✓	Recently completed a communications campaign to boost engagement with HELM content. 3475 total HELM course completions. 5% of West Coast DHB managers have completed at least one HELM course. 9,719 users have visited HELMLEADERS.ORG.
Launch 'leading-self' leadership pathway to support leaders and those with leadership potential including links to relevant content and the Our Leadership Koru.	Q2. Leading Self pathway on HELMLEADERS.ORG.	✓	Released the Leading Self Pathway in September 2020. The pathway contains 9 eLearning modules and 1 face to face workshop totaling over 12 hours of development time. 116 Pathway enrolments. Two Pathway Completions.
Scope the work required for developing a 'Leading-Others' leadership pathway, including determining work with internal and external partners.	Q2: Content review complete.		
	Q3: Gap analysis of current learning content complete.		
In partnership with Māori, develop a leadership development programme to progress Māori into leadership roles. (EOA)	Q2: Hui held to co-design programme.		
	Q3: First phase agreed.		
Deploy the success and development framework to support succession planning and role progression.	Q2: Success and development learning resources released.		
Assess areas with a low number of success and development plans and put in place a plan to increase uptake.	Q3: Plan to increase uptake in place.		

6.17. Planning Priority: Workforce – COVID-19			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Establish a West Coast multiagency Psychosocial Recovery and Wellbeing Committee to support the implementation of *Kia, Kaha, Kia Maia, Kia Ora Aotearoa – COVID-19 psychosocial and mental wellbeing recovery plan* to support our community to adapt and thrive over the next year.	Q1: Committee established.	✓	
	Q1: Focus area leads facilitate implementation.	✓	
Engage regionally with Canterbury and South Canterbury DHBs, through the Regional Recovery and Wellbeing Committee to respond to the national direction and recovery.	Q1: Regional plan developed.	✓	
Work with community providers and public health services to update our cross-sector pandemic plan, incorporating the learnings from the COVID-19 response.	Q1: Pandemic plan updated.	✓	
Work with our Kaupapa Māori provider to identify the learnings from the COVID-19 response and invest the national COVID-19 funding (through Te Herenga Hauora) to embrace new ways of working. (EOA)	Q1: Opportunities captured.	✓	

6.18. Planning Priority: Data and Digital			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue the roll-out of the regionally shared Electronic Referral Management System implementing e-triage within the DHB.	Q2:		
Complete implementation of the Regional Service Provider Index.	Q2:		
Deliver ISG support to ensure Te Nikau hospital and IFHC are fully operational with all ISG functions in place to support clinical teams.	Q2:	↺	
Expand telehealth capability within Te Nikau to support the new locality-based model of care and equity of access to services for our most remote populations. (EOA)	Q2:	✓	All consult rooms provided with Telehealth technology.
Implement the (single) South Island Patient Information Care System (PICS), aligning the West Coast with Canterbury and Nelson Marlborough DHBs.	Q3: PICS live.		
Commence implementation of our faxing replacement solution including completing the RFI process and addressing change management.	Q3		
Collaborate with the PHO and general practice to implement the new Community System which in Phase 1 replaces the legacy primary care patient management system and in Phase 2 supports implementation of patient portals to provide consumers with greater access to their health information.	Q4: Legacy system replaced.		
Build on the digital maturity assessment completed in December 2019, with implementation of Phase 2 of the community system and ongoing work with Canterbury DHB to provide greater integration of systems and processes.	Q1-Q4.	↺	Business case completed for a new system, final approval is pending.
Improve Application Portfolio asset management by implementing cloud first systems and completing the migration of remaining Citrix environments to the data centre (cloud provider).	Q4: New Community system is cloud based.		
Support implementation of the National Bowel Screening Programme to support equity of access to services for our population. (EOA)	Q4: System is live.		
In alignment with Canterbury DHB, implement the following activities to improve our IT Security Maturity to Level 3: Procurement of a phishing education tool, Development and delivery of security awareness training for staff and Moving our email environment onto Office 365 – Exchange online.	Q4:		
Work with the Ministry of Health on implementation of the National Health Information Platform (nHIP).	Q4:		
Submit quarterly reports to the Ministry of Health on the DHB ICT Investment Portfolio on data and digital.	Q1-Q4:	✓	

6.19. Planning Priority: Implementing the New Zealand Health Research Strategy			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Identify a champion within the West Coast DHB to work with the Ministry of Health to design a programme of work to support the implementation of the New Zealand Health Research Strategy by supporting local research and innovation capability.	Q1: Champion Identified.	✓	
Formalise a Transalpine Research Partnership with the Canterbury DHB to create pathways for staff to engage	Q2: Transalpine partnership in place.		

in research and innovation and identify regional priorities for research activity.			
Develop research policies and procedures to provide a supportive framework for clinical staff to engage in research and innovation activities, which gives priority to reducing inequity for Māori in our communities. (EOA)	Q2: Research and Innovation framework developed.		
Work with the South Island Alliance Programme Office to develop a plan for how we will work regionally to create research and analytics networks.	Q4: Regional plan developed.		
Provide a summary update on progress to the Board and Ministry of Health.	Q4: Summary provided.		

6.20. Planning Priority: Delivery of Regional Service Plan Priorities			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Review and update the local Hepatitis C HealthPathway to ensure access to diagnostics and treatment is aligned with national recommendations.	Q2:	✓	Embedded as part of the BAU process, pathways also being reviewed to ensure equity focus.
Collaborate with the Canterbury DHB and regional Hepatitis C Coordinator to develop a multidisciplinary transalpine clinical network to ensure effective collaboration and messaging between primary and secondary care.	Q2: Network in place	↺	Key stakeholders identified, looking to establish network before year-end.
Engage with Poutini Waiora and work in partnership to identify and treat at risk or 'treatment naive' Māori living with hepatitis C. (EOA)	Q3: Partnership established		
Collaborate with local providers and the regional Hepatitis C Coordinator to identify economic barriers to accessing testing and treatment and if appropriate, consider options for implementation of a financial assistance programme.	Q4:		

7. Better Population Health Outcomes Supported by Primary Health Care

7.1. Planning Priority: Primary Health Care Integration			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Complete a reorientation of the West Coast Alliance workstreams to align with the DHB locality model and to improve focus on primary care integration priorities in each locality. Ensure Te Ao Māori views are represented in each locality and DHB membership is complemented by membership from NGO to ensure a strong equity focus. (EOA)	Q1: Alliance workstreams re-oriented.	✓	The new workstreams, Northern, Central and Southern, are now established with membership mostly confirmed. New workplans are in final draft and due to be reviewed and endorsed by the Alliance Leadership team in Q2.
	Q1: Membership re-oriented.	✓	
Review Māori enrolment rates and the quality of ethnicity data following the COVID-19 pandemic and lockdown and work with the West Coast PHO to develop a recovery plan where required. (EOA)	Q1: Rates reviewed and responded to.	↺	This action is delayed. Full ethnicity data audits will be completed practice by practice commencing in October. This is likely to take until January to complete but will provide the information needed to develop a recovery plan if necessary.
Implement alternative options for Māori men aged 35-44 years who are due for their Cardiovascular Disease risk assessment to increase access and uptake of screening – offering appointments outside of normal business hours, physically in the new Te Nikau facility or virtually via telehealth. (EOA)	Q2: Recall process updated to reflect alternative options.		
Using Emergency Department data relating to respiratory presentations in young children (age 0-4 years), work with primary care, paediatrics, Clinical Nurse Specialists and our	Q2: Draft pathway for acute respiratory episodes developed.		
	Q4: Pathway in place.		

Kaupapa Māori provider to review and map the optimal referral pathway for acute respiratory episodes.			

7.2. Planning Priority: Emergency Ambulance Centralised Tasking			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Maintain our commitment to the 10-year plan to achieve a high functioning and integrated National Air Ambulance service and actively participate through the National Ambulance Collaborative to achieve this. Support changed governance arrangements to improve the partnership with DHBs, MOH and ACC across all elements of the National Ambulance Sector Office work programme and support the design and planning for tasking and coordination of aeromedical services.	Q1-Q4: Ongoing commitment maintained.	↺	

7.3. Planning Priority: Pharmacy			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Collaborate with pharmacists to achieve a locally consistent, clinically-informed process for pharmacists completing medicines reconciliation in general practice.	Q4: Process agreed.		
Enable pharmacists to provide Medicines Therapy Assessments (MTAs) to general practitioners for people likely to have potentially harmful polypharmacy.	Q4: MTA enabled.	↺	Three pharmacists are accredited to provide MTAs. Proposal for DHB to fund this service in development.
Identify opportunities to engage pharmacists in interdisciplinary team meetings (IDTs) where complex individual cases are discussed to ensure older people living in the community and ARC to have access to the medicine's optimisation. (EOA)	Q1-Q2: IDT meetings, in an increased number of settings, have access to pharmacist expertise.	↺	Baseline established: Pharmacists attended IDT meetings in Greymouth and Hokitika at the rate of approximately one IDT per quarter per region. IDTs are held every 2 weeks.
Commission pharmacies to provide funded influenza and MMR immunisations, in collaboration with general practice, to improve the uptake of vaccinations amongst more vulnerable groups in the community. (EOA)	Q1-Q4: Vaccinations reported quarterly by ethnicity.	↺	Pharmacies in Greymouth and Hokitika are now funded to provide both Influenza and MMR immunisations. Service levels will reported for the Q2 report.
Engage a community pharmacist as a member of the West Coast Immunisation Advisory Group to support system-wide influenza vaccination planning.	Q1:	✓	The West Coast Immunisation Advisory Group has invited a community pharmacist to join the group.
Extend access to the DHB's cultural training programmes to non-clinical pharmacy staff to improve the interactions with Māori visiting pharmacies. (EOA)	Q2: Options identified and promoted.		
Survey pharmacies on the resilience of their services to pandemics, natural disasters and other civil emergencies, including identified vulnerabilities and mitigating measures, to build on strengths and improve system planning.	Q1: Survey complete.	×	Work yet to begin.
	Q2: Follow-up actions identified.		
Engage with general practices to shift further prescription and pharmacy referral flows to digital transmission, using the New Zealand electronic prescription service (NZePS), to enable timely low-contact healthcare.	Q2-Q4: report NZePS uptake.		For West Coast DHB-owned practices, the planned change of practice management system to *Indici* will include connection to NZePS. For other practices, just one of three is not connected to NZePS, as its practice management system does not support this.

7.4. Planning Priority: Long-term Conditions including Diabetes			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Maintain the primary-care-led Long-Term Conditions Management (LTCM) Programme, to prevent, identify and enhance the management of cardiovascular disease, diabetes and chronic obstructive pulmonary disease,	Q1-Q4:	✓	The primary-care-led Long-Term Conditions Management (LTCM) Programme continues to be provided. PHO and practice level data is reviewed

with a focus on Māori, Pacific people and those in high deprivation areas. (EOA).			quarterly to identify emerging issues and barriers to access. Referral and follow-up pathway process mapping for gestational diabetes that was delayed from Q4 in 2019/20, has now been undertaken.
Though the PHO, provide Safe Effective Clinical Outcomes training to practice nurses, including improved understanding and consideration of health literacy needs from the perspective of the patient and their whānau.	Q1-Q4:	✓	Safe Effective Clinical Outcomes training to practice nurses is being actively provided by West Coast PHO.
Progressively expand the Whakakotahi whānau ora model across general practices, to better engage with high need, low access, Māori patients and provide wrap-around support to them and their whānau. (EOA)	Q4: Model expanded to a third practice.	✓	The Whakakotahi whanau ora model is well embedded with support for its expansion having endorsed by the West Coast Alliance. The model is now being actively used at Buller Health and Coast Health in Westport, at Reefton general practice, and at the Grey Medical practice at Te Nikau Grey Hospital and Health Centre in Greymouth. The model in Greymouth includes fortnightly Nurse Led clinics which are directly supported by a GP from the practice, a local community pharmacist, and a Whanau Ora Registered Nurse from Poutini Waiora. Note: The Whakakotahi project itself is now ended, but its approach is being embedded with general practices working with Poutini Waiora as part of the long-term conditions programme.
Share PHO/practice level data with Poutini Waiora to enable their Māori nurses to contact and engage with Māori men who are eligible for cardiovascular disease and diabetes risk assessments to lift the rates for this high-risk population. (EOA)	Q1-Q4:	↺	Awaiting compilation of Quarter 1 data for general practices to be able to share results. (Data due mid-October)
Deploy diabetes nurse specialists to work with Poutini Waiora and GP teams to support highly complex patients (with existing complications) who are not regularly accessing services to improve the continuity of care. (EOA)	Q1-Q4:	↺	Poutini Waiora are actively reviewing and supporting Māori patients with complex diabetes care needs using Whakakotahi whanau ora model as part of an inter-agency approach within the PHO's long-term conditions programme, with support linkages to the DHBs Diabetes Nurse Specialists for clinical advice and support as required.
Collaborate with the PHO and Poutini Waiora to deliver culturally-appropriate, community-based initiatives and Diabetes Self-Management Education (DSME) to help people make lifestyle changes and reduce risk factors associated with their condition. (EOA)	Q1-Q4: Three diabetes courses delivered.	↺	Community-based initiatives and Diabetes Self-Management Education programmes are in place. The West Coast PHO dietician is seeing Poutini Waiora patients alongside Poutini Waiora nurses. Work to support retinal screening expos is underway.
	Q1-Q4: Four retinal screening expos held.	↺	
Use outcomes data to evaluate the uptake and effectiveness of the DSME for Māori, to identify gaps and inform opportunities for quality improvement. (EOA)	Q2-Q4:		

ALLIANCE UPDATE

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

SOURCE: **Alliance Leadership Team**

DATE: **26 November 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 October the Alliance Leadership Team (ALT):

- Agreed to three recommendations regarding Shared Care Plans, being:
    - That all members of ALT be able to describe the difference between Shared Goals of Care and Shared Care Plans and the system benefits of Shared Care Plans.
    - That ALT supports each of the Workstreams to incorporate Shared Care Plans into their work programme by supporting work stream members (including Consumer members) to access and attend education about Shared Care Plans and determine 1-2 measures that will assist with progressing utilisation of Shared Care Plans.
    - That ALT write to the Information Services Service Level Alliance of the South Island Alliance and request that they prioritise a regional solution to allow non-data contributing health partners to access the platforms where Shared Care Plans are situated.
- The ALT are pleased with the Workplans received from the three new locality Workstreams and have provided feedback. The Workplans include some exciting work ahead which will create opportunities for system learning e.g. two different approaches on looking at Long Term Conditions.
- The ALT requests that a presentation be made to the Boards in future on the following: ALT structure, the work that ALT is reporting on, the locality based Workplans, and the shared care tools that we are looking at trialling; noting that all this work is very important in improving the health and wellbeing of West Coasters.

Report prepared by: Jenni Stephenson, Programme Manager – West Coast Alliance
Report approved for release by: Kevin Hague, Chair, Alliance Leadership Team

OPERATIONAL UPDATE

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

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

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

DATE: **26 November 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:

- Patient waiting times falling and in September all of our services were assigned as 'green' or 'orange' status by the Ministry. Across all services we have 22 patients overdue (waiting more than 4 months) for their first specialist assessment and 26 overdue for surgery.
- With GP numbers coming up to an optimal level through to February 2021 (with a few exceptions around Christmas), it creates the opportunity for community confidence to grow. This is a result of centralising recruitment of our medical staffing.
- The permanent off-site GP (Central Region) who joined the team has now settled in and is working to further shape this role. There are early indications of community support in that some patients are now choosing this GP as their primary clinician.

4. DISCUSSION

4.1 Service Update

Northern Region Integrated Health Services

With support from the Grey Rural Generalist and leadership teams, we are seeing and hearing a far more positive tone in general communication across the non-clinical and clinical teams. The concept of a whole of Coast effort supporting the delivery of health care is more visible and therefore more understandable to our staff which in turn, helps lead our conversations out into the community. In addition, it is the positive change in the observations and comments of the locum cohort that are building up the morale of the hardworking teams.

Within this strengthening framework, fostering a dynamic rural generalist model (RGM) that is guided by best evidence practice is attainable and the vision of a rural health service of excellence is achievable. With two of our RNS staff members moving towards Nurse Practitioner registration early next year, the RGM is further developing. As we manage and support this there is a sense that it will have a synergy of its own as other clinicians further expand their scopes of practice.

With GP numbers coming up to an optimal level through to February 2021 (with a few exceptions around Christmas), it creates the opportunity for community confidence to grow. This is a result of centralising recruitment of our medical staffing.

Planning for releasing time for more routine appointments and long term conditions management is underway including the use of virtual consults that COVID-19 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. The PHO has assisted us this month with helping us review our processes in BMC and time will be given to analyse and implement priorities.

The visible demolition of the old buildings is another positive for the staff and for the community, helping us towards achieving the vision and goal for whanau centred health care that is timely, equitable and accessible.

Central Region Integrated Health Services

Services in Te Nikau Grey Hospital and Health Centre are now settled and generally functioning well. The volume and flow of people in the unplanned acute area continues to present some challenges but ways to address this are being explored. Our clinical and administration teams are working closely together to iron out any other issues and ensure we focus on service quality.

During the two COVID periods the teams worked hard to provide safe care for our community. They also recognise that COVID will be an ongoing health challenge for some time and are therefore ensuring this learning is maintained, with testing and resurgence planning being included in usual business.

The permanent off-site GP who joined the team has now settled in and is working to further shape this role. There are early indications of community support in that some patients are now choosing this GP as their primary clinician.

The central medical staffing team continue to provide expert support for both Te Nikau Health Centre (formerly Grey Medical Centre) and our other primary practices across the Coast to improve rostering and staffing stability.

The locality DHB and Consumer Council group are using complaints and compliments data to guide the creation of the annual work plan, as well as considering how the full breadth of the community can be represented by the locality group.

Southern Region Integrated Health Services

Both the Southern Consumer Council and the Southern Alliance Workstream are now meeting regularly and have clearly defined processes and work plans to follow. Two additional consumer representatives have joined the Consumer Council and members of the Consumer Council have agreed to provide 'co-design' input into the identified Alliance projects.

We are currently recruiting to a Case Manager role in the Southern Community Mental Health team given the imminent retirement of a current staff member after 41 years' service. A recent team-wide planning day highlighted important future directions for the team that have also been identified and endorsed at the WCDHB Mental Health Service Leadership Group level. This case management position being able to be filled by a 'suitable' mental health professional from a nursing or allied health background is an important step in that service evolution.

The newly appointed Public Health Nurse Southern has commenced recently and is settling into her role. As previously noted, the scope of this position has been broadened slightly such that there is a clearly defined working relationship with the South Westland RNS team to foster collegial support and learning. This sits comfortably alongside the other key linkage with the Central PHN team from whom our new appointee has received a tremendous orientation programme.

An update on progress with the relocation of Haast services from the Hannah's Clearing site into the Haast township has been received which clearly identifies outstanding issues to be resolved. This includes several minor items to be completed by building or other trades which will in turn enable the Westland District Council to issue a Code of Compliance certificate. A relocation plan has been drafted that can be adjusted once confirmed dates are received.

Work continues on quality improvement initiatives previously reported including District Nurses documenting their notes into a patient's electronic records; District Nurses providing regular support to South Westland Rural Nurse Specialists as demand requires and as resources permit; developing a systematic approach to the transfer of patients back to their home settings after hospitalisation; and improving coordination of multiple appointments for patients.

Rural Inpatients & Transalpine Services

With the Air New Zealand flight schedule returning to its 'pre-COVID' pattern from November we no longer have to factor this into our clinic scheduling. This will benefit Friday plastics and orthopaedic clinics in particular.

We have completed the negotiations with the Ministry of Health regarding our plan to improve Elective Service Patient Flow Indicators (ESPIs). 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. This plan has already seen patient waiting times falling and in September all of our services were assigned as 'green' or 'orange' status by the Ministry (either compliant with timeframes or fewer than 10 patient waiting longer than the target timeframes). Across all services we have 22 patients overdue (waiting more than 4 months) for their first specialist assessment and 26 overdue for surgery. These figures include some patients who may have chosen to defer their surgery.

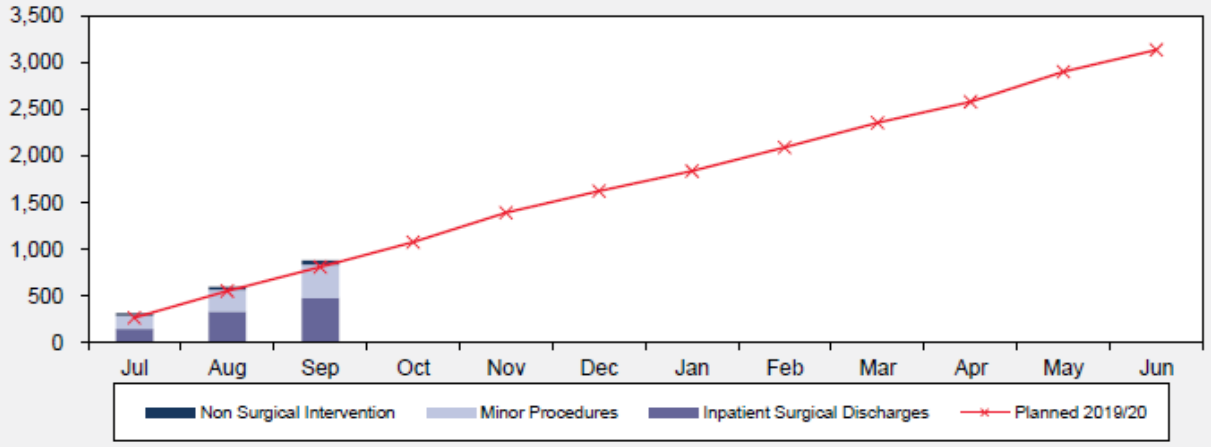
In particular, Orthopaedics and Ophthalmology have significantly improved. At the end of September only 1 Ophthalmology patient was overdue (waiting more than 4 months) for their first specialist assessment. In Orthopaedics, 4 patients were overdue for specialist assessments and only 10 for surgery at the end of September.

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]
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%
August 2020	1396	1317	79	5.66%
September 2020	1551	1474	77	4.96%
October 2020	1764	1669	95	5.39%
13 month rolling totals	**18382**	**17197**	**1185**	**6.45% Average**

PLANNED CARE INTERVENTIONS ▲ 108.5%

	2020						2021					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Planned	270	556	812	1,079	1,395	1,628	1,841	2,096	2,359	2,585	2,905	3,140
Actual	315	602	881									
Variance	45	46	69									
%Achievement	117%	108%	108%									



Planned care intervention service volumes incorporate a range of inpatient surgery, minor procedures and non-surgical interventions. West Coast DHB is expected to deliver 3,140 planned care interventions in 2020/21. West Coast DHB was ahead of year-to-date target, sitting at 108% for the 3 months to 30 September 2020. There had been an increase over plan in the number of minor procedures undertaken during this period that has driven this increase; with inpatient surgery tracking just slightly higher than year-to-date plan.

Elective Services Patient Indicators [ESPI Compliance]

ESPI 2 FSA (First Specialist Assessment)

There were 22 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of September 2020, continuing a downward trend in the number of people with prolonged waiting times across services. Those specialities with the largest cases in backlog were respiratory (10), neurology (5) and orthopaedics (4). 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 offered appointments are unable to attend due to a range of individual patient circumstances. These patients are kept on our waiting lists for re-booking to see a Specialist at a later time, rather than being removed.

ESPI 5 (Treatment)

There were 26 patients waiting over 120-days from FSA to surgical treatment as at the end of September 2020. These were spread across Orthopaedics (10), Plastics (8), and Dental Surgery (4). As with outpatients, there has been a concerted effort during the three months to September to reduce the number of people on our surgical waiting lists with prolonged waiting times to receive treatment.

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results

DHB: West Coast

	Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %
2. Patients waiting longer than four months for their first specialist assessment (FSA).	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%	87	10.4%	43	5.0%	22	2.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%	1	0.1%	1	0.1%
5. Patients given a commitment to treatment but not treated within four months.	36	12.1%	47	17.6%	53	20.1%	43	17.3%	35	12.7%	43	13.8%	67	19.0%	67	23.1%	43	16.7%	72	20.9%	41	12.2%	26	7.1%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %

Notes:

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

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

ESPI Compliance Levels:

1. 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%.

Data Warehouse Refresh Date: 1/11/2020
Report Run Date: 2/11/2020
Data up to: Sep 2020

4.2 Workforce Update

Nursing

- After the recent resignations of two Clinical Nurse Managers from the Acute Zone Te Nikau and from Buller IFHC, we have interim managers in place for these key leadership roles. Interviews are underway for a permanent CNM in the Acute Zone.
- CCDM staff from TAS continue to work with WCDHB (in collaboration with CDHB) on a dash board to display Trendcare data in real time. This is nearing completion. There was also CCDM partnership training between the WCDHB and Unions which took place in mid-November. We have successfully recruited to the role of Capacity Demand Management Coordinator to oversee our programme and they commenced in the role mid-November.
- Takarangi Competency training for Clinical Nurse Managers took place in November.
- IRR (inter rated reliability) "train the trainers" has been completed for the WCDHB. This means that data integrity should be of good quality in preparation for FTE calculations. This ensures we have the right staff in the right area looking after the patients.

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 health care. We are using these doctors to support Buller Medical and to deliver GP urgent care in Te Nikau Health Centre and we are actively recruiting more.
- The Ministry of Health have given approval in principle to supporting additional Rural Generalists to complete training in Obstetrics. This means that in due course, we will have a more resilient Rural Generalist Obstetric team with increased staff to draw upon.
- 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.
- One Anaesthetist and two Rural Generalist Doctors have commenced the Takarangi Cultural Competency programme.
- CDHB are investigating ways to expand the support they offer to our sole West Coast based Physician. This enhanced support will commence in early 2021. In the meantime, we have secured a small pool of locums to ensure continuity of service.
- Phase 2 of the WCDHBs National Bowel Screening rollout is underway. This involves the recruitment of a Project Manager and in early 2021 a Community Engagement and Equity Lead. The Project Manager is expected to be appointed in December. The programme, which is due to 'go live' in May 2021, will offer free bowel cancer screening to people between the ages of 60 and 74.

Maternity

- Maternity has had a retirement after 50+ years' nursing/midwifery. The staff member had worked for 47 years in Maternity so has seen a lot of changes over this time. Another of our long-term staff members who works as an enrolled nurse is retiring at the end of December. Her work history was also 45+ years. Both are valuable members of our team here in Maternity and will be missed.
- Birthing numbers have been steady through all months. We are seeing an increased number of Buller women choosing to birth at Te Nikau. We are approaching this by having an open forum to discuss this with mothers who have birthed in the last 12 months.

- Staff are well settled in our new Maternity unit and enjoying the new surroundings.
- The CMM, along with 2 staff members, has had IRR testing training and will commence testing staff members shortly. This will ensure all staff are competent in using Trendcare.
- We welcome the Obstetrician from CDHB who works alongside our permanent O&G and with our Rural Generalist.

Allied Health, Scientific and Technical

- Our locality based teams are continuing to further develop the inter-professional way of working and are working on strategies to strengthen inter-locality collaboration.
- Planning the translation of the transalpine strategy framework for Allied Health, Scientific and Technical into local activity is in progress.
- We are continuing our recruitment efforts within OT for Central and Northern, with the Buller candidate withdrawn from the position. We have had a good response to our latest round of advertising and interviews are on the way.
- There are current vacancies in Dietetics, Physiotherapy and Kaiawhina (Allied Health Assistants); all are being advertised currently.
- A new Allied Health Central team member role has been advertised in conjunction with the team member vacancy in Northern. We are recruiting to a Clinical Lead Occupational Therapy.
- The Director of Allied Health, Scientific and Technical and the Associate Director have been supporting the Northern Allied Health team since the resignation of a team member.
- The South Island Career Framework has come into effect and a couple of roles have been identified for the scoping process.
- Allied Health therapies are part of a SIAPO project 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.
- Allied Health will participate in the HEAT tool training and a project has been identified to address DNA rates using this tool.
- An SLA has been set up with CDHB providing complex wheel chair and seating clinics in each locality four times a year. They will be supporting local therapists to gain and sustain basic accreditation in this area.

Recruitment

New Vacancies	6
Total Open Vacancies	46
Appointed Vacancies	14

- Nursing – Nursing recruitment has been constant throughout the last month with vacancies mainly within our secondary services in our Acute Zone and our Medical Surgical wards.
- Allied Health – Vacancies within Allied Health are higher than usual this month with recruitment occurring across the workforce. But good progress has been made in filling these vacancies.
- Corporate – Vacancies in the corporate area are lower than previous month with a high degree of stability across the space.
- Medical – Medical recruitment has been busier than usual following the release of the Medical Leadership change proposal. With this change comes a number of medical leadership roles which are looking to be filled with internal applicants.

4.3 Quality

All West Coast DHB Incidents recorded in Safety1st for the year to date

West Coast DHB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD	%
Behaviour & Safety	33	16	10	12	16	16	24	17	16	11	171	13.8%
Blood Product	0	0	0	0	1	0	0	1	0	0	2	0.2%
Drain & Tube	1	0	0	0	0	1	1	0	0	0	3	0.2%
Employee	16	7	34	6	10	16	16	16	12	15	148	12.0%
Facilities, Bldg	1	2	6	5	3	2	3	12	6	6	46	3.7%
Fall	21	32	25	19	20	9	18	11	24	21	200	16.2%
Infection	0	0	2	1	1	0	1	1	0	0	6	0.5%
IV Access Device	0	0	0	1	1	0	0	2	1	1	6	0.5%
Labour & Delivery	2	5	2	3	0	3	0	4	5	0	24	1.9%
Labs Specimen	3	5	0	7	6	11	13	15	9	5	74	6.0%
Medication	17	11	18	6	19	16	7	11	18	15	138	11.1%
Provision of Care	8	12	22	3	19	19	16	17	17	22	155	12.5%
Radiology	4	2	2	2	5	3	3	2	2	1	26	2.1%
Restraint Register	9	3	1	0	4	5	40	16	0	5	83	6.7%
Safe Staffing	10	7	5	1	3	0	3	14	12	10	65	5.3%
Security	7	2	9	0	2	2	7	5	6	6	46	3.7%
Skin Tissue	12	3	2	4	4	4	1	4	5	6	45	3.6%
Totals	**144**	**107**	**138**	**70**	**114**	**107**	**153**	**148**	**133**	**124**	**1238**	**100%**

Highlights

- Increased reporting of Safe Staffing events providing us with better information on what is contributing to these events.
- Managers are providing good feedback to the staff submitting incidents through the "File Submission Tracker" part of Safety1st.
- Good to see reporting coming through for Wellfood and Environmental Services as they are now delivered in-house.

Lowlights

- Falls: during September / October there are several patients that fell more than once.
- Some staff are still trying to find Te Nikau locations by choosing "Grey" as the starting Hospital / site within Safety1st. It is taking some time for them to get used to the new locations in Safety1st and is taking time to resolve for managers.
- Teething problems still being reported in terms of incidents affecting staff / visitors in the new facility due to design / flow.
- Aged Care incidents up: during August Aged Care reported their lowest number of incidents for the year, but this trend has not continued during September / October.

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

WEST COAST ADVISORY COMMITTEE TERMS OF REFERENCE

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

INTRODUCTION

The West Coast Advisory Committee is a Statutory Committee of the Board of the West Coast District Health Board established in accordance with the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the West Coast District Health Board.

The West Coast District Health Board has combined their three statutory committees to reflect the whole of system approach to health services and to allow discussions to take place from a whole of system perspective.

This Committee encompasses the purposes of Committees as detailed in the Health & Disability Act around hospital monitoring, advice on the health needs of the local population and advice on disability support needs.

These Terms of Reference will apply from 15 February 2019 until such time they are reviewed by the newly elected Board of the West Coast District Health Board who will also review the membership of the Committee.

FUNCTIONS

This Committee encompasses the purposes and functions of the Statutory Committees as detailed in the Health & Disability Act around hospital monitoring, advice on the health needs of the local population and advice on disability support needs.

The functions and aims of the Statutory Committees as detailed in Schedule 4 of the NZ Health & Disability Act 2000 are:

Community and Public Health

Provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

Disability Support

Provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided".*

Hospital

- *monitor the financial and operational performance of the hospital and specialist services of the West Coast District Health Board; and*
- *assess strategic issues relating to the provision of hospital and specialist services by the West Coast District Health Board; and*
- *give the Board advice and recommendations on that monitoring and that assessment".*

Advice to the Board should be consistent with the priorities identified in the New Zealand Health Strategy and with the Annual Plan and Statement of Intent of the West Coast District Health Board.

The Committee can effect these functions by:

- Making appropriate recommendations to the Board, where necessary, for inclusion in the Annual Plan and Statement of Intent;

- Reviewing performance against the Annual Plan and making appropriate recommendations to the Board where necessary for inclusion in future plans;
- Reviewing information regarding environmental and demographic changes within the area that the West Coast District Health Board is working;
- Identifying Key Priority Actions from the Annual Plan and other Strategic Plans to review progress. (Management will report on key deliverables and measurable achievements associated with these Key Priority Actions);
- Monitoring community outcomes that reflect the priority needs of the West Coast population;
- Monitoring, reporting and making appropriate recommendations to the Board on those issues that fall within its terms of reference arising from matters delegated to it by the Board and from direct reporting to it. To facilitate this, Management will provide reporting to the Committee to measure against financial and operational issues. (Responsibility for the monitoring of individual contracts rests with management).

KEY PROCESSES

- The Board approves the Annual Plan, Statement of Intent, associated Regional Plans and any individual strategies developed to meet the health and disability needs of the West Coast population.
- The Committee's input at planning workshops and advice to the Board from meetings should be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and approved Strategic Plans and the Disability Action Plan of the West Coast District Health Board.
- Reports or pieces of work requested by the Committee should be consistent with the strategies outlined in the Annual Plan and other strategic documents.
- Updates on progress regarding the implementation of the strategies in the annual plan should detail any challenges and solutions around the provision of services.

ACCOUNTABILITY

The Advisory Committee is a Statutory Committee of the Board and as such its members are accountable to the Board.

- Members of the West Coast Advisory Committee are to carry out an assessment role but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner (where evidence is available) for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Advisory Committee members, and members will abide by the West Coast District Health Board's External Communications Policy and Procedure and Standing Orders.
- The Committee Chair will during each Board term review the performance of the Advisory Committee and members.

LIMITS ON AUTHORITY

The West Coast Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates specific decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Committee provides advice to the Board by assessing and making recommendations on the reports and material submitted to it.
- Requests by the members of the Committee for work to be done by management or external advisors (from both within a meeting and external to it) should be made via the Committee Chair and directed to the Chief Executive or their delegate. Such requests should fall within the priorities of the Annual Plan.
- There will be no alternates or proxy voting of Committee members.
- The management team of the West Coast District Health Board makes decisions about the funding of services within the Board approved parameters and delegations.

RELATIONSHIPS

The West Coast Advisory Committee should make themselves familiar with the work being undertaken by the Board to ensure a cohesive approach to health and disability planning and delivery

This can be achieved through the sharing of agendas which are available on the West Coast DHB website, regular information presentations at meetings and participation in annual planning workshops.

Management will provide the Committee with updates on the work of other government agencies, funders or territorial local authorities that may affect the health status of the resident population of the West Coast District Health Board.

TERM OF MEMBERSHIP

The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for reappointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills-mix of the committee and allow for a diverse and representative cross section of the community to have input into decision making.

MEMBERSHIP OF THE COMMITTEE

The West Coast Advisory Committee will ordinarily comprise all Board members and appropriate members selected from the Community. The Board in selecting members will have regard to the need for the Committee to comprise an appropriate skill mix including people with special interests in hospitals, community and public health and also in disability and Maori and Pacific health issues. However, the Board may appoint advisors to the Committee from time to time, for specific periods, to assist the work of that Committee.

Members of the Advisory Committee will be appointed by the Board who will comply with the requirements of the Act.

The Chair of the Advisory Committee will be a member of the Board and will be appointed by the Board, who may also appoint a Deputy Chair of the Committee.

The Chair, Deputy Chair and members of the Advisory Committee shall continue in office for a period specified by the Board until such time as:

- The Chair, Deputy Chair or member resigns; or
- The Chair, Deputy Chair or member ceases be a member of the Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
- The Chair, Deputy Chair or member is removed from that office by notice in writing from the Board or
- The Chair or Deputy Chair ceases to be a member of the Board.

All Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:

- The appointment term of members.
- A conflict of interest statement being required prior to nomination.
- Remuneration and
- Resignation, vacation and removal from office.

MEETINGS

The West Coast Advisory Committee will meet regularly as determined by the Board with the frequency and timing taking into account the workload of the Committee.

- Subject to the exceptions outlined in the Act, the date and time of the Advisory Committee meetings shall be publicly notified and be open to the public. The agenda, any reports to be considered by the Committee and the minutes of the Committee meeting will be made available to the public as required under the Act.
- Meetings shall be held in accordance with Schedule 4 of the Act and with the West Coast District Health Board's Standing Orders, adopted by the Board in May 2001 (and as amended from time to time).
- In addition to formal meetings, Committee members may be invited to attend workshops for briefing and information sharing.

REPORTING FROM MANAGEMENT

- Management will provide exception reporting to the Advisory Committee to measure against performance indicators and key milestones as identified by the Committee.
- Management will also provide updates on the work of other government agencies or territorial local authorities that may affect the health status of the resident population of the West Coast District Health Board.
- Management will provide such reports and information as necessary to enable the statutory committees to fulfil their statutory obligations.

MANAGEMENT SUPPORT

- In accordance with best practice, and the delineation between governance and management, key support for the Advisory Committee will be provided by the Chief Executive or his representative. The Chief Executive or his representative will be involved in the preparation of agendas, reports and minutes of the Committee in liaison with the Chair of the Committee.
- In practice, attendance at the part or whole of the meetings by management and other support staff should be determined by the Chair based on items on the agenda.
- The Advisory Committee will also be supported by Community and Public Health staff and by internal secretarial, clinical support, hospital, Planning and Funding and financial management staff as required.
  The Board may appoint advisors to the Advisory Committee from time to time, for specific periods, to assist the work of that committee. The committee may also, through management, request input from advisors to assist with their work.

REMUNERATION OF COMMITTEE MEMBERS

- In accordance with Cabinet Guidelines, members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of $250 per meeting up to a maximum of ten meetings, with a total maximum payment of $2,500 per annum. The Committee Chair will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings, with a total maximum payment of $3,125 per annum. Ex-officio members are not remunerated.
- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at Committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (i.e.: reasonable travel-related costs) for Committee members may be paid. Members should adhere to the West Coast District Health Board's travel and reimbursement policies.

Adopted by the West Coast District Health Board – 15 February 2019

WEST COAST DHB – MEETING SCHEDULE
FEBRUARY – DECEMBER 2021

DATE	MEETING	TIME	VENUE
Friday 12 February 2021	BOARD MEETING	10.00am	Board Room, Corporate Office
Thursday 11 March 2021	Advisory Committee Meeting	10.00am	Board Room, Corporate Office
Thursday 11 March 2021	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 26 March 2021	BOARD MEETING	10.10am	Board Room, Corporate Office
Friday 7 May 2021	BOARD MEETING	10.00am	Board Room, Corporate Office
Thursday 10 June 2021	Advisory Committee Meeting	10.00am	Board Room, Corporate Office
Thursday 10 June 2021	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Board Room, Corporate Office
Friday 25 June 2021	BOARD MEETING	10.00am	Board Room, Corporate Office
Friday 6 August 2021	BOARD MEETING	10.00am	Board Room, Corporate Office
Thursday 9 September 2021	Advisory Committee Meeting	10.00am	Board Room, Corporate Office
Thursday 9 September 2021	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Thursday 24 September 2021	BOARD MEETING	10.00am	Board Room, Corporate Office
Friday 5 November 2021	BOARD MEETING	10.00am	Board Room, Corporate Office
Thursday 25 November 2021	Advisory Committee Meeting	10.00am	Board Room, Corporate Office
Thursday 25 November 2021	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 December 2021	BOARD MEETING	10.00am	Board Room, Corporate Office

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