

ADVISORY COMMITTEE MEETING

11 March 2021

10.00am

Corporate Office – Board Room Greymouth

AGENDA AND MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE



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.

COMMITTEE MEMBERS



WEST COAST DISTRICT HEALTH BOARD

ADVISORY COMMITTEE MEMBERS

Peter Neame (Chair)

Chris Auchinvole

Hon Rick Barker

Susan Barnett

Lynnette Beirne

Sarah Birchfield

Chervl Brunton

Paula Cutbush

Helen Gillespie

Anita Halsall-Quinlan

Tony Kokshoorn

Chris Lim

Joseph Mason

Edie Moke

Nigel Ogilvie

François Tumahai

EXECUTIVE SUPPORT

Dr Peter Bramley (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)



WEST COAST ADVISORY COMMITTEE MEETING to be held in Board Room, Corporate Office, Greymouth Thursday 11 March 2021 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
 - 26 November 2020
- 3. Carried Forward/Action Items

REF	PORTS		10.05am
4.	Community and Public Health Update	Gail McLauchlan Community and Public Health	10.05am – 10.15am
5.	Alliance Update	Philip Wheble General Manager, West Coast	10.15am – 10.25am
6.	Operational Update	Philip Wheble General Manager, West Coast	10.25am – 10.35am
7.	Maori Health Update	Gary Coghlan	10.35am – 10.45am
		General Manager, Maori Health	
8.	Disability Action Plan and	Kathy O'Neill	10.45am – 10.55am
	Disability Steering Group Update	Team Leader, Planning & Funding	
	General Business		10.55am – 11.05am

ESTIMATED FINISH TIME 11.05am

INFORMATION ITEMS

- Draft Committee Work Plan working document
- 2021 Schedule of Meetings

NEXT MEETING

Date of Next Meeting: Thursday 10 June 2021



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

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

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



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Peter Neame Chair	 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	
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	Perceived

Sarah Birchfield	Member, Accessible West Coast Coalition Group	N	
Board Member	Member, Canterbury/West Coast Disability Action Group	N	
	Member, PHO Clinical Governance Committee	Y	Perceived
Cheryl Brunton	Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board	N	
	 Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) 	N	
	Member - Public Health Association of New Zealand	N	
	Member - Association of Salaried Medical Specialists	N	
	Member - West Coast Primary Health Organisation Clinical Governance Committee	N	
	Member – National Influenza Specialist Group	N	
	 Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation 	N	
	Member – DISC Trust	N	
Paula Cutbush	Owner and stakeholder of Alfresco Eatery and Accommodation	N	
	Daughter involved in Green Prescriptions	N	
	Justice of the Peace	N	
Helen Gillespie Board Member	• Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature.	N	
	Accessible West Coast Coalition Group - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and	N	
	 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	
Anita Halsall-Quinlan Board Member	No interests to declare		
Tony Kokshoorn	Dixon House, Greymouth - Trustee	N	
Deputy Chair	Greymouth Evening Star Newspaper Shareholder	Y	
-r j	Hokitika Guardian Newspaper – Shareholder	Y	
	Greymouth Car Centre - Shareholder	N	
	Daughter a Doctor at Christchurch Hospital	N	

	Patron MS Parkinsons Society	N	
Chris Lim	No interests to declare		
Joseph Mason	Representative of Te Runanga o Kati Wae Wae Arahura	N	
-	Employee Community and Public Health, Canterbury DHB	Y	Perceived
	Tatau Pounamu – Committee Member	Y	Perceived
Edie Moke	New Zealand Blood Service Board (NZBS) – Member	Y	Actual
Board Member			
Nigel Ogilvie	Westland Medical Centre - Managing Director	Y	Actual
Board Member	Thornton Bruce Investments Ltd - Shareholder/Director	N	
	Hokitika Seaview Ltd - Shareholder	N	
	Tasman View Ltd - Shareholder,	N	
	White Ribbon Ambassador for New Zealand	N	
	Sister is employed by Waikato DHB	N Y	Perceived
	West Coast PHO - Board Member	1	Perceived
	Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre	Y	Actual
	Wife is Board Member West Coast PHO	Y	Perceived
	Chair – South ALT Workstream		
Francois Tumahai	Te Runanga o Ngati Waewae – Chair This is a factor of the control of the co	N	
Board Member	This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast.	14	
	Poutini Environmental - Director	N	
	Poutini Environmental is the authorised body for resource management, cultural		
	impact assessment and resource consent certification.	N	
	Arahura Holdings Limited – Chief Executive West Good Basis and Good il Bases and Management Good in the second of the seco		
	West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and		
	physical resources under the Resource Management Act 1991.	N	
	Poutini Waiora Board - Chair	3.7	
	Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care	Y	Actual
	to whanau across Te Tai O Poutini.		

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•	Development West Coast – Trustee		
	Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage,	N	
	invest and distribute income from a fund of \$92 million received from the		
	Government. It is governed by a "Deed of Trust" which specifies DWC's Objects -		
	to promote sustainable employment opportunities; and generate sustainable economic		
	benefits for the West Coast, both now and into the future.		
•	West Coast Development Holdings Limited – Director	N	
•	Putake West Coast – Director		
	This is a joint venture between Development West Coast and Putake Honey to	N	
	develop a West Coast wholesale honey business.	N T	
•	Ngai Tahu Pounamu – Director	N	
	Waewae Pounamu is the home of Ngāti Waewae Pounamu carving	N	
•	Westland Wilderness Trust – Chair	1N	
•	West Coast Conservation Board – Board Member	N	
	The West Coast Tai Poutini Conservation Board serves a conservation advisory role,	Ξ,	
	along with offering community perspective on conservation management issues for		
	the West Coast region.	N	
•	New Zealand Institute for Minerals to Materials Research (NZIMMR) - Director	N	
•	Westland District Council – Councillor		



DRAFT MINUTES OF THE WEST COAST ADVISORY COMMITTEE held in the Corporate Office Board Room on Thursday 26 November commencing at 10.00am

PRESENT

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

Nigel Ogilvie, François Tumahai and Paula Cutbush for lateness

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

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Add Sarah Birchfield – Growing Up Well On The West Coast

Remove Sarah Birchfield – Active West Coast Committee

Remove Anita Halsall-Quinlan – Niece is a trainee doctor at Te Nikau

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 16 September 2020 be confirmed as a true and correct record."

Moved: Tony Kokshoorn / Seconded: Chris Auchinvole - carried

3. CARRIED FORWARD/ACTION ITEMS

Item 2 'Repair or removal of the Buller Hospital sign' - the sign has been removed

4 COMMUNITY AND PUBLIC HEALTH UPDATE

Gail McLauchlan presented the report which was taken as read.

The findings of the Tuhono kia tu maia project are currently being written up and should be available for the next meeting.

The Community and Public Health Update was noted.

5. 2020/21 ANNUAL PLAN PROGRESS REPORT

Ginny Brailsford, Planning & Funding Team Leader, presented the report which was taken as read.

6.5 Planning Priority – Disability. Clarification was asked for around the Diversity and Inclusion Framework which show a hui was held but to date there hadn't been any feedback provided. Both Ms Brailsford and Gary Coghlan, General Manager Maori Health will look into this and bring back findings to the next meeting. It was requested that any updates be communicated back to the committee.

It was asked whether the WCDHB contracts/relationships with any community organisations that work with children, for example Home Builders. Ms Brailsford was not able to confirm but will check and provide the information back.

3.3 Planning Priority – Immunisation. Refresh of service model agreed and implemented. Due to COVID-19 and some children missing their immunisations during this time, it was asked what has taken place to prioritise these children. Two positions have been appointed in the population team for the NIR and Outreach.

Cheryl Brunton, Chair of the Immunisation Advisory Group, said the group had met the week previous and the main focus has been on the MMR and addressing the 'Gap'. Process on the Coast is not going as well as they would like with strategies of how to improve the rates being looked at.

The funding that was made available for a Kaumatua Influenza Programme hasn't been picked up and currently working with the Maori community they are looking at access which would cover all age groups.

A concern for the West Coast is the declines, not including Gloriaivale, the numbers are small but with small numbers here on the coast it is reflected negatively in the rates. These declines are continuously reviewed but one of the barriers is the way the MoH are reporting back data. Bridget Lester is currently working on a way to extract the data previously available to the teams.

Next year will see not only the regular vaccination schedule, MMR catch-up and influenza vaccines, but COVID vaccines as well. Recently the replacement of the aged vaccine fridges has been implemented to ensure the cold chain infrastructure is robust.

7.1 Planning Priority Primary Health Care Integration, and the delay in ethnicity data audits. It was asked if there is likely to be an outcome in January as mentioned in the report. Jenni Stephenson, Planning & Funding, informed everyone that this is an annual process and the PHO are working through practice to practice and are on target for a January completion.

It was asked if any update on the COVID-19 vaccine and vaccination procedure was available. Ms Brunton said she was of the understanding the first vaccines would arrived in New Zealand next year, the priority would be for those workers at the border/isolation, then health care in those areas. The discussion is currently around the next step which they are saying will be the vulnerable population. There are still a lot of discussions going on around this process.

Ms Brunton informed the committee of the different COVID-19 vaccines that are currently being reviewed by Medsafe to ensure they both work and meet New Zealand safety standards. One of the vaccines requires special temperature storage which is in excess of any current form of vaccine and is not as easy to roll out widely. Ms Brunton said it is going to be a huge task to roll out this vaccination process, but the MENZB vaccination was rolled out both quickly and efficiently.

The update was noted

6. ALLIANCE UPDATE

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

The workplans received from the new restructured locations, both Central and Northern regions are focusing on how they provide care for long term conditions and the Southern region are focusing on discharge planning and those patients that have multiple appointments are given the opportunity to coordinate their appointments removing too much travel.

It was asked what the difference between Shared Goals of Care and Shared Care Plan as mentioned in the report. Mr Wheble explained that the Shared Care Plan was putting care plans into Health Connect South so each person involved in a person's care can add to and view all records of care. Shared Goals of Care, is something specific to the mental health service, either in-patient or community based, and the way the client would like to have their care delivered.

It was noted that in the report the Alliance Leadership Team (ALT) would like to present to the Board on the new ALT structure and the workplans for the three locations.

The report was noted.

7. OPERATIONAL UPDATE

Philip Wheble, General Manager West Coast, presented the report which was taken as read. Mr Wheble highlighted the following:

- GP access is looking good going forward,
- There are a number of junior doctors coming through which then snowballs into more SMOs to train more juniors doctors.
- The wait times have been reduced and we are slightly over the volumes required, though this will alter over the Christmas break with shutdowns and visiting specialists also taking a break. This will right itself once we are into the new year.
- A lot of planning has been going into the planned care to smooth it out so it doesn't put a strain on the whole system.
- Nationally our DNA rates are seen as low, the process put in place to reduce the Maori DNA's will be moved out to wider services to try and improve the rates.

It was mentioned about wait times when coming into Te Nika for unplanned care, Mr Wheble explained that resource goes into planned care, if planned care is busy there are longer wait times in unplanned. The focus is to create consistency in the planned care.

Mr Wheble was asked to explain the Medical Leadership change proposal – this was consulted with the workforce to find out what would be the best structure for the medical workforce on the Coast. The results of that have established the framework where there is a CMO, Associate CMO and three Clinical Directors. The Clinical Directors are CD Central, also supporting Southern, CD Northern and CD Transalpine who is there to support the local team and working in with Canterbury. One of the key roles of that position is to integrate the specialist and sub speciality services across Canterbury and the West Coast so there is more streamlined service for West Coaster. Once the CMO is appointed then the other roles can be recruited to.

Mr Wheble explained that the rostering team has been centralised, their purpose is to ensure the right doctors are in the right place at the right time, identify any gaps and move people in whether that be permanent staff or locums. The rostering programme 'Core Schedule' makes the gaps visible and the team fills those gaps so the service continues.

If was asked how comfortable Mr Wheble felt with the vacancies showing and whether they have contributed to the wait times mentioned earlier. Mr Wheble said the vacancies do have an impact on wait times, we fill vacancies with locums so the system can provide the care that is needed. There are also gaps, there are days where we don't have enough planned sessions so unplanned waiting times are impacted. In the new year we are getting to a point where we will have a good cohort of doctors for continuity of services. It was asked whether the current vacancies causing backlog and stress in staffing groups, Mr Wheble said in Primary it has been causing stress, with a service that has predominately been staffed by locums who come and go, things like lab results coming in after the locum has left put stress on the rest of the team.

Delays in getting the appropriate allied health support was mentioned, patients being discharged without follow-up in place due to the lack of support. Mr Wheble said it is a challenge and an ongoing issue on the Coast with the small teams, if 1 or 2 leave it makes be big difference. A large piece of work on how we can improve the rehab portion of Allied Health is due to start. This piece of work is not just about discharge and in-patient but across the whole system.

It was asked how much clinical capacity is being removed from the system when clinical roles step into management. Mr Wheble explained a number of our clinical managers deliver care and even those clinical staff in solely management roles still support the team in a clinical capacity. Roles are back filled if needed to ensure service delivery.

The quality team collect all complaints and compliments and feed it into the Safety First which then provides data for the reporting the committee is provided with.

Rick Barker, Board Chair ask for two things. Firstly, if a detailed outline of the management structure of WCDHB be provided for the next Board meeting. And secondly, asked would it be helpful to have for either the Board Chair, CE or the GM West Coast to have a more proactive regular role with the media by getting the correct information out there rather than wait for the rumours to come back to us, a regular outflow of information on what we are doing. Mr Wheble, said we have recently provided the media with information relating to Rural Generalism. Information has been provided during a meeting with the West Coast Mayors and Chairs. The consumer council has correct information and there will be direct engagement with the community.

The report was noted

Before the next agenda item Mr Coghlan provided a brief update on Maori Health which included studentships with funding through Workforce NZ to help get more young Maori into the health care training,

The update was noted.

8. COMMITTEE TERMS OF REFERENCE/MEMBERSHIP

There was a discussion about the current make up on the committee and lack of community representation. This committee is the combination of three previous committees and each of those had three community members, there are currently only three sitting on this combine Advisory Committee. The timing of the meetings was also discussed as previously the meetings ran on the same schedule as the Board with six weekly meetings and they are now only quarterly which is felt not to be enough. It was suggested that everyone have a think about what direction they committee should take and forward any suggestions.

9. GENERAL BUSINESS

Community feedback had been received regarding the lack of 'parent parks' at Te Nikau, Mr Wheble will look into it, along with any plans for extra carparking.

INFORMATION ITEMS

• 2021 Schedule of Meetings

There being no further business the meeting concluded at 11.33am. Confirmed as a true and correct record: Peter Neame, Chairman Date



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	Maori DNA rates to be included in next report		November meeting
3	10 September 20	Presentation on vaccination programmes		Future meeting
4	10 September 20	Presentation on Rurally Focussed Urban Specialists (RUFUS)		Future meeting
5	10 September 20	Presentation by the Consumer Council		Future meeting

COMMUNITY AND PUBLIC HEALTH UPDATE



TO: Chair and Members

West Coast Advisory Committee

SOURCE: Community and Public Health

DATE: 11 March 2021

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

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

2. **RECOMMENDATION**

That the Advisory Committee:

i notes the Community and Public Health Update

3. APPENDICES

Appendix 1: Community and Public Health Update

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

Community and Public Health

COMMUNITY AND PUBLIC HEALTH (CPH) February 2021

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. The West Coast team continues to support the team in Christchurch and Timaru as part of a roster for both COVID-19 Case Investigation (tracing the movements of people who test positive for COVID-19) and Contact Monitoring (regular calls to confirmed contacts to monitor for development of symptoms during their self-isolation). Our Health Protection Officer continues to work 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 upcoming Wildfoods event.

Te Wheke Whakairo

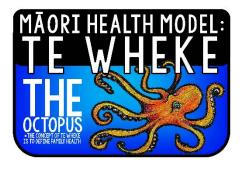
CPH is supporting 'Te Wheke' whakairo project at Reefton Area School, being led by Tony Manuel. is working with 27 Māori, Pasifika and Filipino students, funded by Creatives in Schools. The concept of Te Wheke (the octopus) was developed Rose Pere to define family health. The head of the octopus represents te whānau, the eyes of the octopus as waiora (total wellbeing for the individual and family) and each of the eight tentacles representing a specific dimension of health



Tony senior

by Dr

tentacles representing a specific dimension of health. Also underpinning the kaupapa of this project are the teachings of Te Rangi Hiroa (Sir Peter Buck).



Eight pou (poles) will be carved by the students for the school grounds. The creation of these pou will celebrate the stories of the great Polynesian explorers of the Pacific, explore the shared whakapapa of the Pacific and Māori akonga (students), and be a model of inclusiveness illustrating the interdependence of all things across the universe.

Nutrition

CPH continues to work with most of the Early Childhood Education (ECE) centres on the Coast working towards having nutrition and physical activity policies that are effective for whānau and children. In practise, for 0-5-year olds this covers how staff are collaborating with whanau with food and nutrition guidance, how they're teaching and learning with the children, the food they provide in the centre, and undertaking professional development (PD) in nutrition and physical activity. In the past few weeks one centre has provided feedback about the positive changes they have observed for a whānau; the centre manager is delighted with the improvement in behaviour and energy levels she's seeing in this child since the change in food. This change has most likely come about because of several factors in health promotion and across the health system:

- A couple of years ago the centre manager attended an Appetite for Life six-week long nutrition course (run by CPH) and has since used her newfound knowledge and confidence gained from the course for not only her own personal nutrition but for the implementation of the nutrition policy and practises within the ECE.
- There has been a positive relationship built over time with the ECE manager and CPH health promoter who has carefully guided the manager towards a less judgemental approach in the

- way they have conversations with whānau, as well as supporting them to implement their whole-centre approach to healthy eating and nutrition.
- The ECE manager connected the parent with the health promoter for a supportive, non-judgemental, one-off general conversation.
- The centre manager and staff have this year started actively engaging with other children and whānau who need a helping hand with transforming lunches.

Oranga Hā - Tai Poutini

CPH continues to host the Oranga Hā – Tai Poutini Stop Smoking Programme and are pleased to have recently appointed a replacement Stop Smoking Practitioner (SSP) to be based with Poutini Waiora in Westport. Recruitment is also underway to replace another SSP for the Greymouth and Hokitika districts.

Health in All Policies

CPH staff are currently working on submissions on:

- Consultation on the changes to the Smokefree Environments and Regulated Products Act 1990
- Consultation on the Climate Change Commission's draft first package of advice to Government on the actions it must take to reach net-zero by 2050, and ensure a transition to a lowemissions, climate resilient and thriving Aotearoa

The draft Long Term Plans for West Coast district and regional councils will soon be available for consultation and CPH will prepare submissions to these as usual.

ALLIANCE UPDATE



TO: Chair and Members

West Coast Advisory Committee

SOURCE: Alliance Leadership Team

DATE: 11th March 2021

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 February, the Alliance Leadership Team (ALT):

- Noted that although the locality workstreams are behind schedule, they are being encouraged
 to continue with their current plans and to start to develop a sense of what they may wish to
 work upon next.
- Continue to see the establishment of using Shared Care Plans across the system as an important way forward. A video presentation on Shared Care Plans is to be developed and shared with other forums to demonstrate the value of these plans.
- Received an impressive presentation by Dr Melissa Cragg on the qualitative evaluation of 'Pae Ora O Te Tai O Poutini' Improved access to health services for Maori through the provision of General Practice (GP) and Nurse led community clinics (September 2020) and intends to incorporate other information regarding the results and sustainability of the pilots in a set of recommendations to take forward.

Report prepared by: Ginny Brailsford, Team Leader, Planning and Funding (on

behalf of the West Coast Alliance)

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

OPERATIONAL UPDATE



TO: Chair and Members

West Coast Advisory Committee

SOURCE: General Manager, West Coast DHB

DATE: 11 March 2021

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

- In the last month the Northern Region has received further support from our Rural Generalists, a new GP that is starting in March and a newly graduated Nurse Practitioner. Another Nurse Practitioner is likely to start soon and there is interest from an additional GP to fill our Clinical Director role for the Northern Region.
- In the Central Region our new Clinical Nurse Manager (CNM) Acute Zone has now started bringing a wealth of knowledge from another DHB. The new CNM Primary Care will be starting in March.
- The Southern Community Mental Health team has recently appointed two new Case Managers; one following a retirement and the other following a reorganisation of existing FTE. One of these new Case Managers has an allied health background which adds to the diversity within the team.

• Our Rural Inpatients team have been piloting a targeted booking programme for patients who are struggling to attend their hospital outpatient appointments. This pilot has shown it is possible to improve appointment attendance to over 95%. The pilot is now being evaluated with a view to rolling it out to a wider patient group.

4. <u>DISCUSSION</u>

4.1 Service Update

Northern Region Integrated Health Services

This month, Northern continues to track positively with the permanent full-time GP from England commencing on 22 February; he is currently undertaking orientation in Te Nikau. In addition, the Clinical Director position for Buller has definite interest expressed by another GP and we are working towards finalising that process. A newly qualified Nurse Practitioner has commenced her Mentoring Programme on 1 March and she is 'home grown' from Karamea. There was a wonderful community gathering celebrating this achievement which was attended by members of the Northern leadership team.

Our newly graduated Nurse Practitioner has expressed her sincere gratitude for the professional support she has received from the WCDHB and Northern in her progress through this career choice.

With support from the Grey Rural Generalist and Central Leadership teams, we continue to see confidence growing in the WCDHB clinical systems across the site. The positive change in the observations and comments of the locum cohort continue to have an encouraging effect on our committed clinical teams. An example being a request for a further 3 months next Christmas expressed from a locum from England. He stated he found 'his Northern experience a highlight in his career.'

The PHO has been most supportive with the Quality Improvement education and support that has been provided to our senior staff who are most enthusiastic as a result. We plan to see the benefit of this education as we move the team into an integrated team mindset.

Level 2 COVID-19 processes are in place for this next 7 day period and we continue to be updated regarding the vaccination processes.

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 different ways to address this are being explored.

The new Clinical Nurse Manager (CNM) Acute Zone commenced in January 2021. They have brought a wealth of knowledge from another DHB and are working hard to ensure the sustainable delivery of safe and efficient services. They are also working closely with the Acting CNM Primary to further shape the integrated unplanned area. The new permanent CNM Primary commences in March 2021.

The off-site GP who joined in 2020 is working to further shape this role and will also visit on-site in March. The community are making good use of this unique resource. General Practice stability and continuity has also been enhanced with the addition of two GP Registrars as of December 2020 and another who commenced the training programme in February 2021.

The Central District Nursing team continue to experience growing patient numbers and clinical acuity. They are working hard to ensure their expert care can be provided to all community members in need and are also sharing this expertise via educating others.

The locality DHB and Consumer Council group are using complaints and compliments data to guide 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

The Southern Community Mental Health team has recently appointed two new Case Managers; one following a retirement and the other following a reorganisation of existing FTE. One of these new Case Managers has an allied health background which adds to the diversity within the team which is an important future direction previously identified and endorsed at the WCDHB Mental Health Service Leadership Group level.

Haast services successfully relocated in early December from the old Hannah's Clearing site into the Haast township. The newly refurbished facility represents a dramatic improvement appreciated by the staff and very much noticed and commented upon by patients/community members. An official blessing ceremony is being planned with a date to be confirmed.

Relationships continue to be fostered throughout the Southern region including recently with the Safer Westland Coalition (via the Westland District Council's Community Development Advisor); Poutini Waiora via their newly appointed Hauora Navigator who has met with the South Westland team and anticipates working collaboratively; the Westland Emergency Management Officer and the South Westland Emergency Relief Fund Trust (SERF) which provides another avenue of support to which South Westland patients can be referred by our Rural Nurses.

Quality improvement activities are ongoing including, in particular, work to enhance the transfer of patients from hospital back to their home settings. This initiative endeavours to elevate the role of primary health services in the process of a patient's transfer from hospital back to home so that they complement the pre-discharge activities undertaken by the hospital team with the objective of facilitating more effective transfers. A further initiative being bedded-in which does not have a particularly great impact on services but which can have a significant impact on individual patients, is a weekly scan of patients from the Southern area who have more than one future appointment scheduled. In consultation with the patient, efforts are made to align appointment dates and times to minimise the travel and cost burden on the person and their household - burdens which can rapidly escalate where a patient lives more remotely such as in South Westland. Clearly, changes are not always possible given the schedules of some specialty services however, where travel can be rationalised it can make a substantial impact for that person. There has been very positive feedback from the community at these efforts being made on behalf of, and with, patients.

Rural Inpatients & Transalpine Services

We are on track for most services regarding plans to improve Elective Service Patient Flow Indicators (ESPIs) which were agreed in September 2020 with the Ministry of Health. 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 reducing faster than predicted in almost all target areas. The exceptions are Orthopaedics and Plastics, which have changed in line with predictions.

The pilot of a targeted booking programme for patients who are struggling to attend their hospital outpatient appointments has been completed. This pilot has shown it is possible to improve appointment attendance to over 95%. The pilot is now being evaluated with a view to rolling it out to a wider patient group.

Outpatient Clinic DNA Rates

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]		
January 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%		
November 2020	1526	1426	100	6.55%		
December 2020	1330	1225	105	7.89%		
January 2021	1332	1223	109	8.18%		
13 month rolling totals	18251	17041	1210	6.63% Average		

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. We are ahead of year-to-date target, sitting at 112.5% for the six months to 31 December 2020. There had been an increase over plan in the number of minor procedures and non-surgical interventions undertaken during this period that has driven this increase; with inpatient surgery sitting at 7 cases completed above year-to-date plan.

Elective Services Patient Indicators [ESPI Compliance]

ESPI 2 FSA (First Specialist Assessment)

There were 32 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of December 2020. All but one of them were orthopaedic patients, with one ophthalmology patient also over wait time target. Some patients who were offered an appointment were unable to attend due to a range of individual patient circumstances. These patients are left on our waiting lists for re-booking to see a specialist at a later date, rather than being removed.

ESPI 5 (Treatment)

There were 47 patients were waiting over 120-days from FSA to surgical treatment as at the end of December 2020. These were spread across orthopaedics (17), plastics (16), dental surgery (8), urology (3), general surgery (2) and gynaecology (1). Extended waiting times to receive surgical treatment continue to remain at this time; particularly in orthopaedics, plastics and dental surgery

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results

DHB: West Coast

	Ja	an	F	eb	M	lar	Α	pr	М	ay	Ju	in	J	ul	Aı	ug	Se	ep	0	ct	N	ov	D	ec
	Imp. Req	Status %	lmp. Req	Status %	lmp. Req	Status %	Imp. Req	Status %	lmp. Req	Status %	Imp. Req	Status %	lmp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	lmp. Req	Status %
DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	18 of 18	100.0 %																						
 Patients waiting longer than four months for their first specialist assessment (FSA). 	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%	7	0.8%	11	1.3%	32	3.6%
 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%	1	0.1%	1	0.1%	1	0.1%	2	0.1%	1	0.1%	1	0.1%
 Patients given a commitment to treatment but not treated within four months. 	43	17.3%	35	12.7%	43	13.8%	67	19.0%	66	22.8%	42	16.2%	71	21.1%	40	12.2%	25	7.0%	38	10.7%	36	11.1%	47	14.5%
The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	100.0 %																						

Notes:

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

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

ESPI Compliance Levels:

- DHB Level 'Non-compliant Red' staus for ESPI 1 is temporarily removed so from July 2016 ESPI 1 will be Green if 100%, and Yellow if less than 100%.
- 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: 31/01/2021

Report Run Date: 1/02/2021 Data up to: Dec 2020

4.2 Workforce Update

Nursing

- A permanent Clinical Nurse Manager (CNM) for the Acute Zone Te Nikau has joined the team from Palmerston North. She brings a wealth of experience and is already working and integrating well within the teams. We have also successfully appointed into the CNM Primary who will start mid-March. Between both of these new appointments, we hope to see a stable workforce and quality improvements on the ground floor.
- Care Capacity Demand Management (CCDM) continues to move forward with a dashboard being developed in conjunction with CDHB. Our CCDM Coordinator and Trendcare Coordinator have been working with the CCDM team in Christchurch which has been valuable for progressing through the steps and accelerating our progress. Likewise, the support from TAS Safe Staffing Unit who are invested in seeing us make the deadlines.
- Takarangi Competency portfolios are continuing with small groups meeting regularly and one by one collecting evidence to complete. We are starting to see a difference with meetings starting with Karakia and staff recruitment which is excellent to see.
- Our first Northern home grown Nurse Practitioner (NP) will start in her new role on 1 March with the second trainee waiting for an interview date following submission of her portfolio. This is very exciting for the WCDHB. Both of these NPs will eventually work over unplanned and primary care.

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 we will continue to have a more resilient Rural Generalist Obstetric team with increased staff to draw upon. In the meantime we have recruited a further two Obstetrician Gynaecologists (1.3FTE), both of whom have a transalpine focus to their roles.
- Our Rural Generalist doctors are continuing to manage the inpatient ward in conjunction with our resident Physician and a long term locum.
- The resignation of a Surgeon in December reduced the permanent staff in that team to two and we have returned to using long term locums whilst recruiting to that position.
- We are continuing to work with CDHB to expand the support they offer to our sole West Coast based Physician. Presently we have secured a small pool of locums to ensure continuity of service.
- The National Bowel Screening Programme provides free bowel cancer screening to people between the ages of 60 and 74. Phase 2 of the WCDHB programme rollout is progressing well. Detailed implementation plans have been submitted to the Ministry of Health who will be completing an on-site readiness assessment in late March. The programme is provisionally scheduled to 'go live' in May 2021. Prior to this date we will be commencing extensive communication with the community and running numerous hui up and down the Coast.

Maternity

- Maternity birthing numbers remain steady at Te Nikau. We are getting very positive feedback from the women and whanau on our new facilities, as well as compliments regarding maternity staff and how well supported the women are feeling.
- We have just reviewed the number of births happening at Buller with many of the women now coming to Te Nikau. Our MQSP Coordinator is contacting Buller women to gain an understanding of why they are not birthing in Buller.
- Our long term Enrolled Nurse retired at the end of December, after 50 years of nursing service. Her FTE has been filled by a Lead Maternity Carer, as well as one of our casuals taking up a permanent role.
- Our IRR* (inter-rater reliability) testing for Trendcare has taken a little longer due to the number of in-patients but we are working through to have this completed shortly. We want to ensure the data is of good quality in preparation for the FTE calculations.
- We have arranged with our Trendcare Coordinator to do some refresher sessions with all staff around Trendcare.
- Interviews have been completed for the O&G SMO role which is a share transalpine role, 0.8FTE for the WCDHB.
- The CMM and a core midwife are working with the CCDM (Care Capacity Demand Management) Coordinator and staff on the CCDM programme.
- The Maternity Quality and Safety Programme (MQSP) now has a new Service Level Agreement with the Ministry of Health and we are working through the requirements associated with that to capture what is required with a specific emphasis on equity.
 - * IRR is a quality check within our CCDM programme, ensuring the data entered is accurate and of a high quality.

Allied Health, Scientific and Technical

- We have an interim Clinical Lead Occupational Therapy (OT) starting late March for a period of 6 months, while we are continuing our recruitment efforts for a Clinical Lead Occupational Therapy.
- We have appointed to the newly created Allied Health Term Manager Central and are continuing to the Northern Team Manager position. The Director of Allied Health, Scientific and Technical and the Associate Director are continuing to support the Northern Allied Health team.
- With ongoing difficulties to recruit to the OT position in Northern, we have changed strategy. We have now implemented that the new graduate rotations include a 6 month rotation in Northern. To this effect, we have recruited to 3 rotational OT positions and the first rotation in Northern has commenced.
- We have recruited to most AH vacancies, with 10 new staff members service-wide on-boarded in the last 2 months, including Physiotherapy, OT, Dietetics, Social Work and Kaiawhina/ Allied Health Assistants.
- There are still some vacancies in Physiotherapy and OT and these are being advertised.
- Allied Health therapies are part of a SIAPO project to replace paper referrals (faxes included) with an electronic referral process. This is already in place for Dietetics and Physiotherapy and will take effect for OT and Speech Language Therapy for referrals from GPs in March. Other areas and referral sources will be added over time.
- Allied Health Leaders have attended the HEAT tool training and projects within Pharmacy (Bowel Screening) and Dietetics (Diabetes) have been identified.

- Strengthening inter-professional and inter-locality collaboration is ongoing.
- Planning the translation of the transalpine strategy framework for Allied Health, Scientific and Technical into local activity is in progress.

Recruitment

Total Current Open Vacancies	59
Number of placements since last report	58
Average Time to Offer (days)	35

- Nursing Nursing recruitment has been constant throughout the last few months with vacancies mainly within our Acute Zone but the new year has brought a number of resignations which has created vacancies.
- <u>Allied Health</u> Vacancies within Allied Health are steady at present with recruitment occurring across the Allied Health spectrum. Good progress has been made in the last period with a large number of the placements reported above being in the Allied Health space.
- <u>Corporate</u> Vacancies in the Corporate area stay low as usual with an historically steady workforce.
- Medical With the placement of the majority of the new Medical Leadership team, recruitment in the Medical space has settled down again with a continued focus on further developing transalpine roles and the Rural Generalist workforce.

4.3 Quality



All West Coast DHB Incidents recorded in Safety1st for the 2020 year

West Coast DHB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	%
Behaviour & Safety	33	16	10	12	16	16	24	17	16	11	24	20	215	14.2%
Blood Product	0	0	0	0	1	0	0	1	0	1	1	0	4	0.3%
Drain & Tube	1	0	0	0	0	1	1	0	0	0	1	0	4	0.3%
Employee	16	7	34	6	10	16	16	18	12	15	26	18	194	12.8%
Facilities, Bldg	1	2	6	5	3	2	3	11	6	6	9	2	56	3.7%
Fall	21	32	25	19	20	9	18	11	24	21	27	22	249	16.5%
Infection	0	0	2	1	1	0	1	1	0	0	0	0	6	0.4%
IV Access Device	0	0	0	1	1	0	0	2	1	1	1	0	7	0.5%
Labour & Delivery	2	5	2	3	0	3	0	4	5	0	0	2	26	1.7%
Labs Specimen	3	5	0	7	6	11	13	15	9	6	9	5	89	5.9%
Medication	17	11	18	6	19	16	7	11	18	17	14	13	167	11.1%
Provision of Care	8	12	22	3	19	19	16	18	18	23	14	11	183	12.1%
Radiology	4	2	2	2	5	3	3	2	2	1	1	2	29	1.9%
Restraint Register	9	3	1	0	4	5	40	16	0	5	8	2	93	6.2%
Safe Staffing	10	7	5	1	3	0	3	14	12	10	5	1	71	4.7%
Security	7	2	9	0	2	2	7	5	6	6	8	4	58	3.8%
Skin Tissue	12	3	2	4	4	4	1	4	5	6	6	9	60	4.0%
Totals	144	107	138	70	114	107	153	150	134	129	154	111	1511	100%

West Coast DHB Incidents recorded in Safety1st for 2021

West Coast DHB	Jan	YTD	%
Blood Product	1	1	0.8%
Drain & Tube	0	0	0.0%
Employee	10	10	7.9%
Facilities, Bldg	5	5	4.0%
Fall	19	19	15.1%
Infection	1	1	0.8%
IV Access Device	1	1	0.8%
Labour & Delivery	3	3	2.4%
Labs Specimen	4	4	3.2%
Medication	16	16	12.7%
Provision of Care	10	10	7.9%
Patient Behaviour	25	25	19.8%
Radiology	1	1	0.8%
Restraint Register	17	17	13.5%
Safe Staffing	2	2	1.6%
Security	2	2	1.6%
Skin Tissue	9	9	7.1%
Totals	126	126	100%

Highlights

- Good to see the Kahurangi physical assaults being reported in both Patient Behaviour and related Employee forms.
- There is an improved level of detail being provided in Safety1st incidents.
- Most incidents are now being recorded within 24 hours of occurrence.

Lowlights

- Manaakitanga: The nature of the patients in IPU recently has correlated with an increase in risky behaviour, restraints and other such negative behaviour.
- Four Pressure Injuries were reported for the period of January. The Clinical Nurse Manager and Clinical Nurse Specialist are working with clinical product coordinators at CDHB to procure equipment and supplies to aid patients who may be predisposed to developing pressure injuries.

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

Maori Health Update



TO: Chair and Members

West Coast Advisory Committee

SOURCE: General Manager, Hauora Māori

DATE: 11 March 2021

Report Status – For:	Decision	Noting 	Information

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the West Coast Advisory Committee notes this report.

3. DISCUSSION

Kia Ora Hauora – Junior Exposure Day

In partnership with the team from Mokowhiti, the WCDHB ran a one-day programme on 25th February 2021 that targeted students from years 9 and 10. Eighteen students from four West Coast Schools attended.

School	Numbers attended
Greymouth High School	12
Westland High School	3
South Westland	1
John Paul II	2

There was strong support from all clinical areas within the DHB with teams from Allied Health and nursing providing an activity based programme for the students. The students also visited the radiography unit at Te Nīkau.

A three-day programme for senior school students is scheduled for August and will build on the very successful occurrence run in November 2020.

Annual Planning

Equity Actions

Equity activity within the Annual Plan are reviewed quarterly with a view to understanding any barriers that have hindered the achievement of the actions noted. This further supports the development of equity actions for future planning.

Annual Planning 2021-2022

The planning process for delivery of the DHB's key accountability documents for 2021/2022 is underway and the Hauora Māori team has been working on identifying actions to support the successful delivery of the organisations KPI's.

Giving practical effect to Whakamaua – Māori Health Action Plan 2020 - 2025 is at the core of all equity actions for Hauora Māori

Tatau Pounamu - Planning Hui

A planning Hui is being held 5th March to focus on key priorities for 2021. To include::

- Strategic and educative opportunities that will support Māori aspirations locally. There will be a strong focus on the New Zealand health and Disability review and Whakamaua Māori Health Action: 2020 2025.
- Workforce Development
- Using the HEAT tool and advocating for its use
- Emphasis on Equity.

Breastscreening

The Breastscreening South team including the General Manager, Community and Cervical Register Co-ordinator and Health Promoter visited the West Coast on the 1 March meeting with key people to work on the review of current plans and begin to develop strategies for engaging Māori, Pacifica and other priority women in the Breastscreening programme.

Ideas for further exploration include;

- investigating the opportunity to offer an after-hours joint screening clinic for cervical screening and breastscreening at Tē Nīkau
- plan a two yearly event hosted at a Marae using the mobile breastscreening unit
- connect with Poutini Waiora to offer supported attendance at clinics
- active promotion of dates and times of mobile screening unit in Buller and review of communications.
- Quarterly meetings will be facilitated by the Hauora Māori team and involve partners from the Population health team, Poutini Waiora, WCPHO, Planning and Funding and Community and Public Health.

System Level Measures Planning

The 2021/2022 Plan as in previous years will take a system wide approach to improving inequalities in the following areas:

- delivery of Cardiovascular Disease Risk Assessments (CVDRA) to eligible Māori men
- development of individualised plans for people with COPD who experience exacerbation
- engaging Māori and Pacifica women in the Breastscreening programme
- decrease number of pregnant women continuing to smoke during pregnancy
- increased number of infants exclusively or fully breastfed at 3 months of age
- supportive pathway in place for Rangatahi who make an unplanned presentation to Tē Nīkau with mental distress
- provision of oral health support and education for whānau with children who are admitted for dental conditions
- supportive 'whānau ora' pathway for whānau with children who present to ED with respiratory conditions

4. APPENDIX

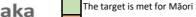
Appendix 1 West Coast DHB Maori Health Dashboard

Report prepared by: Marion Smith, Portfolio Manager

Report approved for release by: Gary Coghlan, General Manager Maori Health

West Coast DHB Māori Health Dashboard March 2021

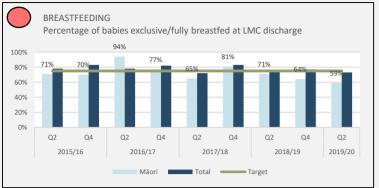
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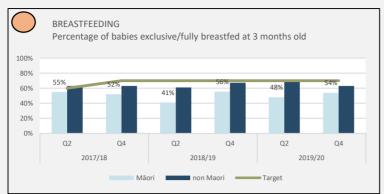


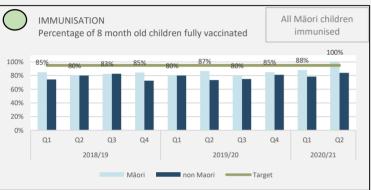
The target has not been met for Māori however the trend is improving

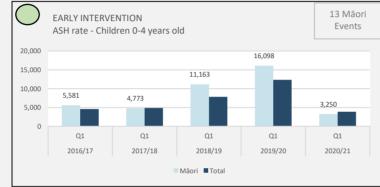
The target has not been met for Māori and performance is decreasing or there is significant inequity

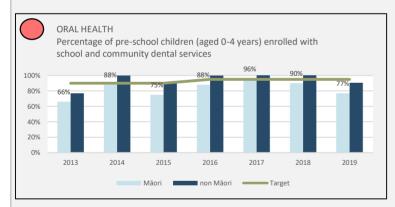
Tamariki Health and Wellbeing

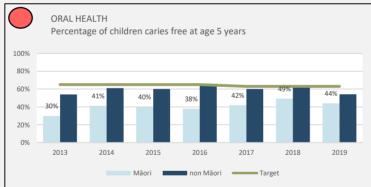


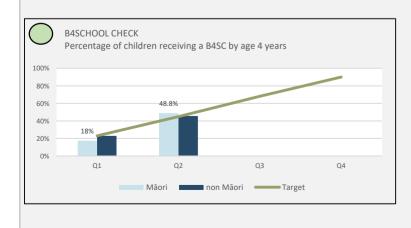


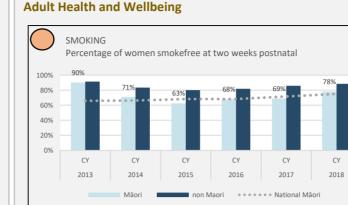


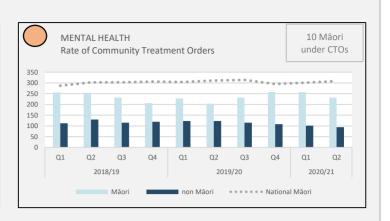


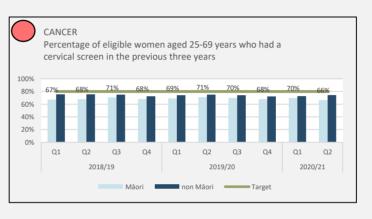


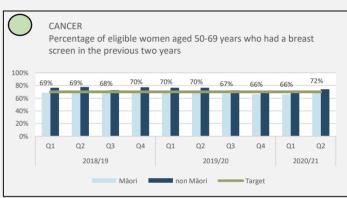


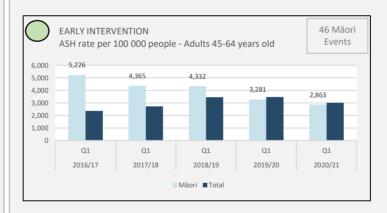


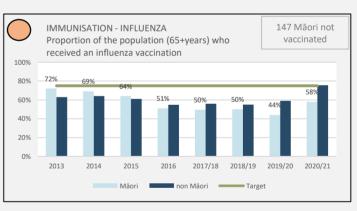




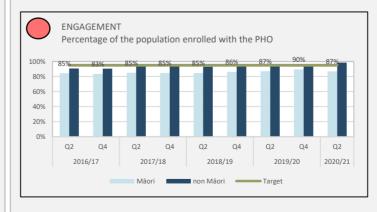


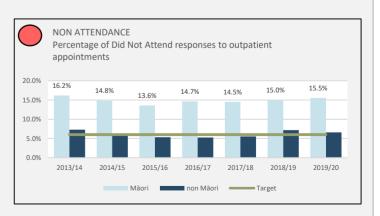






Enablers to support Improved Health and Wellbeing





Indicator Full Name	Data Source	Data Notes	Additional notes
Infants are exclusively or fully breastfeed at discharge from LMC	National Maternity Collection (MT)	Data may be incomplete, excluding data where records have no status	This data was updated in December 2020. The data is reported in arrears through the National Maternity Collection. The result shown is the latest available.
Infants are exclusively or fully breastfed at three months	Well Child Tamariki Ora (WCTO) National Dataset		This data was updated in December 2020. The data is reported in arrears. The result shown is the latest available.
Percentage of children caries-free for 5 years	DHB Community Oral Health Services		
Percentage of infants fully vaccinated at eight months	National Immunisation Register		
Children aged 0-4 years are enrolled with the Community Oral Health Service	Canterbury DHB Community Oral Health Service database "Titanium"		
ASH rates per 100,000 children 0-4 years old	National Minimum Dataset (NMDS)	ASH data is reported a quarter in arrears	NOTE: ASH results especially 0-4 years have been significantly impacted by OVID restrictions. The results are not likely to be sustainable over a longer term especially when borders reopen
B\$SC's are stated before children are 4 ½ years	B\$ School Check	We have made a change to the B\$SC chart and will report progress against the target over the course of the year	
Percentage of Women Smokefree at two weeks postnatal	National Maternity Collection (MT)	This data source has now changed. This measure was using the Well Child reports as its data source, for consistency and continuity of reporting we now use the National Maternity Clinical indicators report which reports by calendar year	
Population under Mental Health Act: section 29 Community Treatment Orders, rate per 100,000 population	Project for the Integration of Mental Health Data (PRIMHD)	Data is provided 3 months in arrears for each reporting quarter	
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit		
Women aged 50-69, who have had a breast screen once in the last two years	National Screening Unit		
ASH rates per 100,000 Children 45-64 years old	National Minimum Dataset (NMDS)	This result was given an orange rating, as performance is significantly better than the national result.	NOTE: ASH results especially 0-4 years have been significantly impacted by COVID restrictions. The results are not likely to be sustainable over a longer term especially when borders reopen.
Percentage of population (65+years) who have had a seasonal influenza vaccination	National Immunisation Register	This measure has changed from using PHO enrolled population data to census population data. Reporting periods have changed from 12 monthly Jan - Dec to 6 monthly Mar – Sep Results are not directly comparable between 2017 and previous years.	
Percentage of the population enrolled with a PHO	PHO Quarterly Report		
Percentage of patients who did not attend their outpatient appointment	DHB data		

DISABILITY ACTION PLAN 2020-2030



TO: Chair and Members Advisory Committee

SOURCE: Planning and Funding

DATE: 11 March 2021

Report Status – For: Decision □ Noting ☑ Information □

1. ORIGIN OF THE REPORT

At the last update on Disability Action Plan at June 2020 the Advisory Committee was presented with a timeframe of the steps required to establish a West Coast Disability Working Group, the endorsement of the refreshed Plan and the Steering Groups establishment of a West Coast Work Plan which would localise the implementation of the priority actions.

This report updates the Advisory Committee on the establishment of the Steering group, a revised timeframe and an update on progress to date against the priority actions of the Disability Action Plan.

2. RECOMMENDATION

The advisory committee:

- Notes the actions to date and the revised timeframe to establish a West Coast Disability Steering Group
- Notes the update on priority actions of the Transalpine Disability Action Plan

3. **DISCUSSION**

Forming the West Coast Disability Steering Group

The proposed timeline presented to the Advisory Committee for the forming of the West Coast Disability Steering Group was presented at their 11 June 2020 and was as follows:

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

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

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

At the time of the update the Advisory Committee was asked to note that during the timeframe actions will be progressed within the existing structures being used for implementation e.g. within DHB transalpine divisions.

In July 2020 the documentation explaining the objectives of the Disability Action Plan and the rationale and purpose of establishing a West Coast Disability Steering Group was prepared. This was circulated to key stakeholders across the West Coast calling for expressions of interest to join the

Steering Group in August 2020 with a closing date of the 20 September 2020. Also in August the Director of Allied Health, Scientific and Technical raised the need to identify internal DHB leaders to join the group at the DHB Operational Meeting. It was clear that this was a challenging time for the DHB to commit to additional work due to the imminent move into Te Nīkau, Grey Hospital & Health Centre. In addition, General Manager Maori, expressed a need to have increased input from manawhenua on the West Coast, as up until that point there had been minimal input into the direction of the refreshed plan and the establishment of the West Coast Disability Steering Group. It was agreed that the next step needed to be engagement with Tatau Ponamu. Their next scheduled meeting held in November was unable to accommodate an additional agenda item and the next meeting is 5 March 2021. At the time of writing this report it has not been confirmed if Tatau Ponamu will be open for external agenda items as the meeting is set aside as a planning meeting.

In terms of success of the identification of disability community members through an expression of interest process, it has generated two potential members. The aim was 6-8 community members who would sit alongside DHB and ALT members on the Disability Steering Group so a follow up process is needed. Feedback on the first process is that the documentation circulated to the community seeking EOI's needed to be simplified. This has subsequently amended and will be reviewed by West Coast DHB supports to the Action Plan and Tatau Ponamu. Once the process and documentation are endorsed both community, ALT and DHB membership will be sought. The timeline will be reliant on when the plans can be consulted on with Tatau Ponamu

Update on the Implementation of the Disability Action Plan 2020-2030

Attached with this paper is the updated monitoring template of the priority actions of the refreshed Disability Action Plan 2020-2030. The refreshed Plan was presented to the Advisory Committee for feedback at their June 2020 meeting. It was also advised by the Advisory Committee that manawhenua needed to have an opportunity to review the Plan before it could be brought back for endorsement so will be presented to Tatau Ponamu along with the process to establish the Steering Group.

In the meantime progress is occurring within the DHB divisions that are transalpine. As acknowledged to the Advisory Committee in June 2020, the West Coast Disability Steering Groups the first task is to establish a West Coast Work Plan separate from Canterbury. This will establish its own actions and priorities under the Plans strategic objectives.

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

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







Disability Action Plan 2020 - 2030

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



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Implementing and refreshing our Disability Action Plan: 2016 - 2026

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

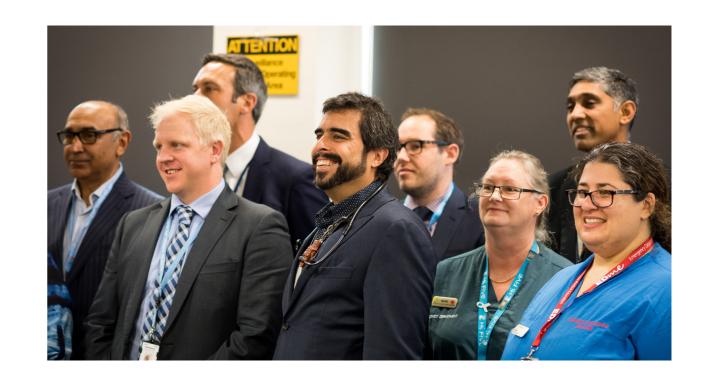
The Canterbury DHB Disability Steering Group (DSG) provides a way to deliver outcomes against the identified priority actions. In Canterbury, the DSG now has 22 staff and community members, and includes links with the Canterbury Clinical Network. On the West Coast, the Alliance Leadership Team and the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

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

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

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

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



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

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

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



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

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

The Plan is structured around the eight strategic outcomes in the 2016 -2026 NZ Disability Strategy. As District Health Boards, we emphasise the Health and Wellbeing strategic outcome, but also have a wider role, consistent with our Position Statement.

This statement is to inform our population and other agencies of the prevailing organisational view on key issues for disabled people.

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

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





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

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

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



Back row from left: Lara Williams (Administrator), Jane Hughes, Sekisipia Tangi, Rāwā Karetai, Rose Laing, Paul Barclay, Kathy O'Neill, Tyler Brummer, Kay Boone, WaikuraTau-McGregor, Maureen Love, Lemalu Lepou Suia Tuula

Front row from left: Joyce Stokell, Thomas Callanan, Grant Cleland (Chair), Allison Nichols-Dunsmuir, Shane McInroe, Harpreet Kaur, Mick O'Donnell

Absent: Simon Templeton, Jacqui Lunday-Johnstone, Catherine Swan, George Schwass, Dave Nicholls, Susan Wood

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Position Statement – Promoting the health and wellbeing of disabled people

Purpose

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

Key points

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



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

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

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

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

Alignment with Core Principles and Philosophies

The philosophies of whānau ora and Enabling Good Lives (EGL) are compatible with each other, with a mutual emphasis on building whānau capacity, collective leadership, whānau planning and kaitūhono.

The whānau ora outcome goals and EGL principles are outlined in the following table and are shown to be aligned with the UNCRPD Articles and the strategic objectives of this Action Plan:



Whānau Ora outcome goals	Enabling Good Lives principles	UNCRPD Articles	Transalpine Health Disability Action Plan 2020 -2030
Whānau are self-managing	Self-determination	Self-directionClauses N and O in the Preamble	Improve Health Literacy Improve access to personal information
Whānau are living healthy lifestyles	Beginning Early	• Health, Article 25 • Habitation, Article 26	Offer appropriate treatments Monitor Quality
Whānau are participating fully in society	Person Centred	Awareness raising Article 8 Living independently and being involved in the community Article 19 General obligations – human rights and fundamental freedoms	Implement a Pasifika disability plan Develop better approaches for refugee, migrant and culturally and linguistically diverse groups
Whānau are confidently participating in Te Ao Māori	Ordinary life outcomes		• Work towards equitable health outcomes for Māori
Whānau are economically secure and successfully involved in wealth creation	Mainstream first		• Be an equal opportunity employer
Whānau are cohesive, resilient and nurturing	Mana enhancing	 Article 17 - Liberty of movement and nationality Article 18 - Respect for home and family Article 23 - Protecting the integrity of the person 	Provide accessible information and communication Increase staff disability awareness, knowledge and skills Develop leadership of people with disabilities who have a role in the health system
Whānau are responsible stewards of their living and natural environment	Easy to use	• Accessibility Article 9	Integrate services for people of all ages with a disability Services and facilities are designed and built to be fully accessible
	Relationship building	Living independently and being involved in the community Article 19	• Implement the plan in partnership



Outcomes, Strategic Focus and Priority Actions

1. Education (NZ Disability Strategy 2016-2026)

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

Our Strategic Focus and Outcome Sought - Improve health literacy

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

Priority Actions:

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

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

2. Employment and Economic Security (NZ Disability Strategy)

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

Our Strategic Focus and Outcome Sought – Be an equal opportunity employer

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

Priority Actions:

- 3. Increase the numbers of disabled people being employed and supported in their role within the Canterbury and West Coast health system.
- 4. Develop and implement an appropriate quality tool for current employees who identify as having a disability, that can inform and identify opportunities to improve staff wellbeing.
- 5. Work with Work and Income NZ and the Ministry of Social Development in achieving employment of people with disabilities
- 6. Develop and implement affirmative action initiatives that will result in more people with disabilities being employed in the Canterbury and West Coast health system. We will work towards achieving a percentage people employed in the workforce as having a disability that is reflective of the districts population e.g. 24% as identified in the 2013 NZ Disability Survey.
- 7. Explore and implement ways to engage staff living with disabilities to help identify and inform how Canterbury and the West Coast DHBs can continuously support their wellbeing at work.

- 8. Utilise updated workforce data to track progress
- 9. Explore the development, with support from external agencies, of pathways that support people living with disabilities into leadership positions.
- 10. Undertake an environmental scan of a pilot site within our workplace to assess inclusivity and subtle messages in our environment with a focus on accessibility.

3. Health and Wellbeing (NZ Disability Strategy)

We have the highest attainable standards of health and wellbeing.

Our Strategic Focus and Outcome Sought - Integrate services for people of all ages with a disability

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

Priority Actions:

- 11. Work with disabled people and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers, so that infants/children and youth with impairments and adults with a disability, including those with age related conditions, can live lives to their full potential.
- 12. Ensure Funded Family Care is implemented equitably across the Canterbury and West Coast health system.

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

Our Strategic Focus and Outcome Sought - Offer appropriate treatment

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

Priority Actions:

- 16. Explore opportunities and identify how to support a timely response for disabled people and their families/whānau who require:
 - Aids to daily living
 - Housing modifications
 - Driving assessments
- 17. The geographical equity across NZ of the provision of hearing aids will be explored and options considered.
- 18. Work with Specialist Mental Health Services and the disability sector to identify how to build capacity and capability across the system in an evidence-informed way for those accessing the Intellectually Disabled Persons Health inpatient services. Explore what is needed to ensure progress can be made based on the Enabling Good Lives 'Try, Learn, Adjust' approach
- 19. Work with Primary Care and General Practice to adapt the Mental Health Equally Well approach to be able to be implemented for those with an intellectual disability and other disabilities at highest risk of poor health outcomes.

Our Strategic Focus and Outcome Sought – Implement a Pasifika disability plan

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

Priority Actions:

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

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

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

Priority Actions:

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

Our Strategic Focus and Outcome Sought – Monitor quality

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

Priority Actions:

- 22. Develop measures and identify data sources that will provide baseline information about disabled people who are accessing the health system. Using the Health System Outcomes Framework for each strategic goal, use data analysis to understand the population and evaluate progress towards improving health outcomes for disabled people.
- 23. The quality of life for disabled people while in Canterbury and West Coast long term treatment facilities is measured and monitored and that actions occur to address any identified areas of improvement quality actions occur.
- 24. Regular reporting occurs to the Disability Steering Group on the analysis of the Patient Experience Surveys response from people identified as having a disability. Where possible this information will be used to target quality initiatives that will improve the experience of the health system for disabled people.

4. Rights Protection and Justice (NZ Disability Strategy)

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

Our Strategic Focus and Outcome Sought – Work towards equitable health outcomes for Māori

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

Priority Actions:

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

^{*(}tāngata whaikaha is a strength based description that, as defined by Maaka means 'striving for enlightenment/striving for enablement)

5. Accessibility (NZ Disability Strategy)

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

Our Strategic Focus and Outcome Sought - Services and facilities are designed and built to be fully accessible

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

Priority Actions:

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

Our Strategic Focus and Outcome Sought – Provide accessible information and communication

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

Priority Actions:

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

6. Attitudes (NZ Disability Strategy)

We are treated with dignity and respect.

Our Strategic Focus and Outcome Sought - Increase staff disability responsiveness, knowledge and skills

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

Priority Actions:

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

7. Choice and control (NZ Disability Strategy)

We have choice and control over our lives.

Our Strategic Focus and Outcome Sought - Improve access to personal information

Priority Actions:

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

8. Leadership (NZ Disability Strategy)

We have great opportunities to demonstrate our leadership.

Our Strategic Focus and Outcome Sought - Develop leadership of people with disabilities who have a role in the health system

Priority Actions:

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

Our Strategic Focus and Outcome Sought - Implement the plan in partnership

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

Priority Actions:

43. Work with the Canterbury and West Coast Consumer Councils to ensure a network of disability-focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and redesign. This network will support the implementation and evaluation of the Canterbury and West Coast Health Disability Action Plan.

- 44. A West Coast DHB Disability Leaders Working Group is formed consisting of Transalpine Divisional Leads and members for the Consumer Council who identify as having lived experience of disability or as a family/whānau member. The purpose of the group is to progress the priority actions where their division holds the responsibility. The West Coast DHB Disability Leaders Working Group is accountable to the West Coast Alliance Leadership Team. (West Coast only)
- 45. Monitor progress against the priority actions to be undertaken annually, a report written and endorsed by the responsible implementation groups and communicated to the sector as a key part of the communication plan.
- 46. The priority actions will be refreshed at a minimum of 3 yearly through engagement with the health system and the disability sector and input from the disabled people, family/whānau and the wider disability sector.

Our Strategic Focus and Outcome Sought – Promote the health, wellbeing and inclusion of people of all ages and abilities

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

Priority Actions:

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



CORE DOCUMENTS

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

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

Appendix B

GUIDING PRINCIPLES OF THE CONVENTION

There are eight guiding principles that underpin the Convention:

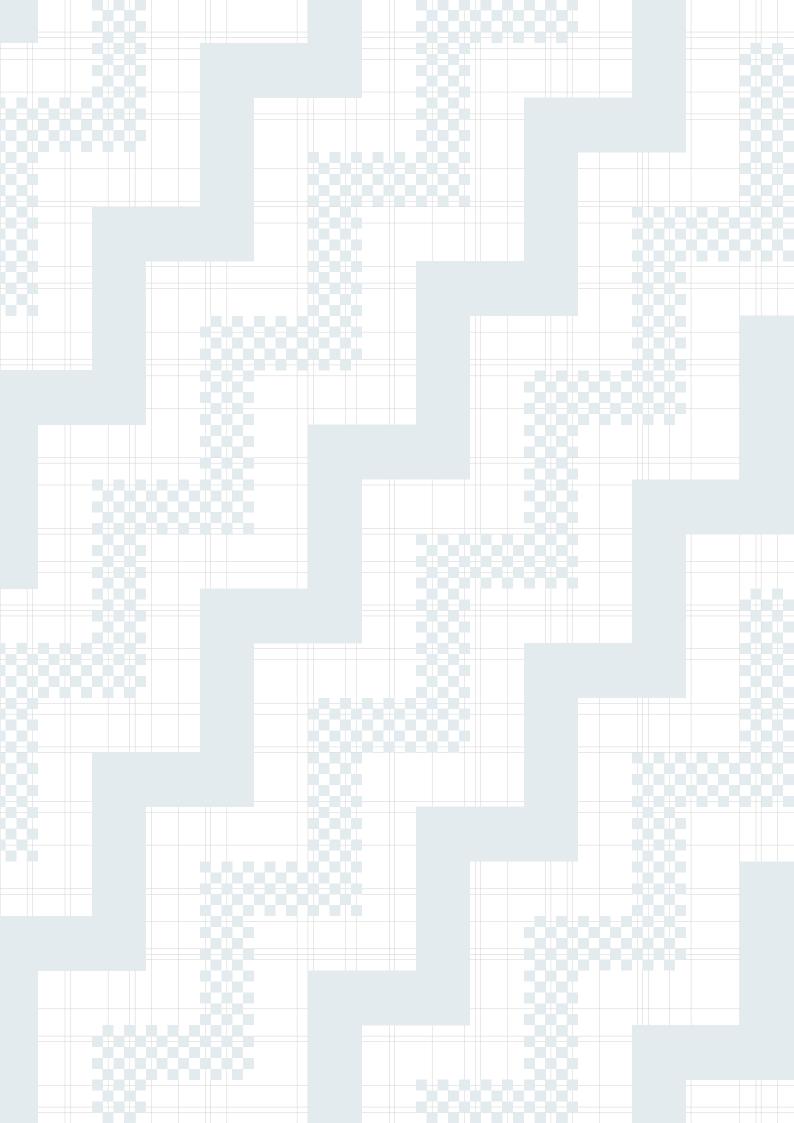
- 1. Respect for inherent dignity and individual autonomy, including the freedom to make one's own choices and be independent
- 2. Non-discrimination
- 3. Full and effective participation and inclusion in society
- 4. Respect for difference and acceptance of persons with disabilities as part of a diverse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

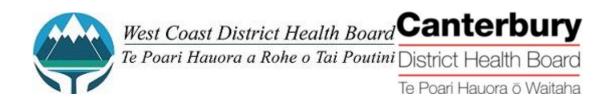


KEY THEMES FROM THE 2019 CONSULTATION

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

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





Canterbury and West Coast DHBs Disability Action Plan - Priority Actions 2020 -2021: Report for Monitoring Progress towards Outcomes

Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date	Progress Updates against measure (any other activity reported here)
Provide accessible information and communicatio n	 Establish Working Group and gain Executive, Management Group, Board approval for the national Accessible Information Charter endorsed by all the Public Sector Directors General. Develop Work Plan Upskill DHB Communications Team members in producing easy read documents and as a priority have this plan in Easy Read format 	Board endorsed Accessible Information Charter. Workplan completed. Actions for 2021-22 Number of documents/public notices produced in easy read and other accessible formats reported	Mick O'Donnell, Elyse Gagnon Kathy O'Neill	June 2021	Accessible Information Charter approved by Canterbury EMT and Board –November 2020. Planning to commence for event to sign the Charter by EMT Sponsors. Draft Work Plan Communications Team has completed some internal training and key staff across CDHB has attended MSD Accessible Information Training in November 2020 Producing Easy Read documents June 2021 This is extended to the West Coast

Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date	Progress Updates	
Services and facilities are designed and built to be fully accessible	4. Accessibility Charter Working Group (ACWG) paper approved by EMT which, sets out the process for physical access audits at design and rebuild stages.	Process approved and steps to implementing in place.	Jacqui Lunday Johnstone. Grant Cleland, Allison Nicholls Dunsmuir and the ACWG.	EMT approved July 2020 Ongoing	EMT approved 'Three Pillars' model that sets out expectation that all building design work will include technical expertise, lived experience, and in-house resourcing to oversee. Implementation continues in 2021.	
	5. The Canterbury DHB Accessibility Working Group scope is expanded to include the	West Coast engaged			Ongoing	Communication of work being done out of Christchurch made available to West Coast via DSG minutes. More to do to expand.
	West Coast DHB. 6. Technical accessibility experts will be engaged at key stages of the design and or rebuild, and involve disabled	Report on Technical expert activity prepared 6 monthly to DSG		Ongoing	Two new build projects have engaged accessibility auditors – Hillmorton and Rolleston projects. DSG regularly advised on progress. Also the Outpatients accessible toilet rooms were audited; issues arising are being addressed.	
	people to remove physical barriers. 7. Information will be sought about accessibility of our services and facilities from patients, family/whānau, and staff. The information gathered will be used to plan services and facilities improvements.	Process on how information will be collected identified and ready for implementation		Ongoing	More integrated work is planned for 2021; information is collected but needs better collation and reporting.	

b. Employ	yment and economic security (NZ Dis	sability Strategy)			
Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date	Progress Updates
Be an equal opportunity employer	 8. Work towards achieving a percentage of disabled people employed in the workforce reflective of the districts population and track progress using workforce data. 9. Develop and implement a quality tool for current disabled staff, to inform and identify opportunities to improve staff wellbeing. 10. Develop & implement affirmative action initiatives that result in more disabled people employed by CDHB. 11. Explore & implement ways to engage disabled staff to 	Identify and implement how we measure disabled staff Tool developed Affirmative actions identified. Implementation Plan developed with timeline for implementation Establish an engagement plan		-	As of October 2020, 3.7% of our CDHB workforce and 3.0% of our WCDHB workforce identified as having a disability. In partnership with University of Canterbury a Diversity survey, which focused on disability, was sent out of the CDHB and was open for two weeks. The data will inform a report produced by end of February 2021 which will inform our learning and development as well as help us prioritise our initiatives.
	identify/inform how to continuously support their wellbeing at work. 12. Explore support from external agencies, to support disabled people into leadership/jobs. 13. Undertake an environmental scan of a pilot site to assess inclusivity and subtle messages - with a focus on accessibility.	Produce a report on external agencies engaged and how they will provide support			

c. Attitud	les (NZ Disability Strategy)				
Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date	Progress Updates
Increase staff disabilityresp onsiveness, knowledge and skills	 14. Support the development of an employee network group for disabled staff 15. Work with Talent, Leadership and Capability, professional leaders and disabled people to progress targeted Disability Responsiveness staff training/s, including disabled staff telling their stories. 16. Deliver and evaluate this staff training 17. Review and update the Corporate Orientation Package 18. Work with the Maori and Pacific Reference Group about building a diverse workforce. 	Plan developed and training implemented Training evaluation Updated Orientation Package	People and Capability – Elyse Gagnon	TBC 1 training has been developed (01/02/2020) but additional information needed 25/01/2021 Ongoing	In collaboration with the Chair of the Disability Steering Group, the Learning and Design team have created a piece of learning entitled "adapting your communication style" for our people to learn ways they can meet the diverse communication needs of our workplace. Additional training is needed to keep increasing staff disability responsiveness, knowledge and skills We are working with our Maori and Pacific partners and supporting each other in our efforts to build a diverse workforce. We have a new recruitment policy which now allows us more freedom to implement affirmative action initiatives.

d. Rights	protection and justice (NZ Disability	Strategy)			
Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date	Progress Updates
Work towards equitable health outcomes for Māori	20. All the priority actions of this plan are to include culturally appropriate actions for Māori with a disability and their whānau, and that this promotes and supports whānau ora and rangatiritanga.	Engage with Mana whenua, Maori Provider Network Establish and agree a mutual plan which is aligned with the Maori Health Improvement Plan	Network - Waikura McGregor, Rawa Karetai	May 2021	Met with Maori and Pacific Provider Network November 2020. Plan to meet again in March 2021 to ensure alignment between Action Plans Maori members of DSG have provided input into the development of the Canterbury Maori Health Improvement Plan
Implement a Pasifika disability plan	21. Implement a Pasifika disability plan as part of the longer-term collective strategy for improving Pasifika health.	Form an alliance with CCN Pacific Reference Group Disability is included in the Pacific Health Strategy	Lelamu Lepou Tuulua, Sekisipia Tangi	March 2021 June 2021	Lelamu seeking to join Pacific Reference Group - Seki and Lelamu are developing specific actions that will be worked on through DSG for Pasifika people
Develop better approaches for refugee, migrant culturally/ linguistic diverse groups	22. Engage with key service providers, established groups and the CALD communities to explore opportunities for including the needs of CALD disabled people in the way we communicate.	Meet with the Multicultural Society Establish specific goals that fit within the Accessible information Strategy	Harpreet Kaur	March 2021	Meeting with Canterbury Multicultural Council Q3 2021

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27 January 2021

Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date	Progress Updates
Integrate services for	23. Integration of the Mental Health, Paediatric and		Catherine Swan, Jane Hughes, Kay	Ongoing	Being progressed by, HealthPathways. Progress Update provided to DSG in
people of all	Child Development		Boone		October 2020
ages with a disability	Services through a Health Pathways approach.				The Health pathways for Child Development Therapy services has
Achieve a more					been reviewed and updated in December 2020
integrated & coordinated					
approach to					
improve early intervention					
services:					
Offer appropriate treatment					
Improve health literacy					

Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date	Progress Updates
Integrate services for people of all ages with a disability Achieve a more integrated & coordinated approach to improve	24. Implement recommendations of the Transition Plan for children with complex needs, when they move to Primary Care.		Catherine Swan, Jane Hughes, Kay Boone	TBC	(Canterbury) Monthly planning meetings on hold. New virtual ways of working in General Practice and Specialist services need to be explored and implemented as they offer the potential for warm handovers. (West Coast) Plans to be progressed within the Child and Youth Work Stream as identified for 2020-22. This is aligned with the rural early years work.
early intervention services: Offer appropriate treatment Improve health literacy	25. Work with Specialist Mental Health Services and the disability sector to identify how to build capacity and capability across the system those accessing the Intellectually Disabled Persons Health inpatient services.		Specialist Mental Health – Jane Hughes	?	(Canterbury) A intersectoral meeting is to be scheduled between IDPH, Disability Needs Assessment and local Disability Support Services and a couple of large disability residential providers. The purpose of the meeting is to explore local opportunities to assist the transition out of the inpatient service. It is expected this will result in some key actions to be identified and progressed. Meeting Completed September 2020 West Coast Specific Actions not identified for 2021

Objectives	Priority Actions	Measure	Lead	Completion	Progress Updates
Integrate services for people of all ages with a disability Achieve a more integrated & coordinated approach to improve early intervention services: Offer appropriate treatment Improve health	26. Explore opportunities and identify how to support a timely response for disabled people and their families/whānau who require • Aids to daily living • Housing modifications • Driving assessments	Improved pathway live	Responsibility Jacqui Lunday Johnstone	July 2021	An allied health lead has been identified in Canterbury and the West Coast who will explore how to appropriately support improved access and response times for disabled people to these daily living aids. Review and amend Allied Health Ways in line with identified improvements.
literacy					
	27. The geographical equity across NZ of the provision of hearing aids will be explored and options considered.	Access to hearing aids is improved	Kathy O'Neill	June 2021	An options paper will be presented to Planning and Funding based on the findings of the exploration. Next steps will be reliant on the recommendations made as a result of the options paper. Completed by April 2020

Objectives	Priority Actions	Outcome	Lead Responsibility	Completion Date	Progress Updates (including how outcomes will be measured & when)
Integrate services for people of all ages with a disability Achieve a more integrated & coordinated approach to improve early intervention services:	28. The quality of life for disabled people while in Canterbury and West Coast long term treatment facilities is measured and monitored and that actions occur to address any identified areas of improvement quality actions occur.	Improved environments support health and wellbeing	Quality and Patient Safety – Susan Wood	August 2021	To review Certification findings to opportunities for improvement are including aspects of quality of life
Offer appropriate treatment Improve health literacy					

Objectives	Priority Actions	Outcome	Lead	Completion	Progress Updates (including how
			Responsibility	Date	outcomes will be measured & when)
Integrate services for people of all ages with a disability Achieve a more integrated & coordinated approach to improve early intervention services: Offer appropriate treatment Improve health literacy	29. Expanding the current shared plan pilot at New Brighton Health Centre and New Zealand Care to other large residential disability providers by: • Specific disability field added to Acute Plan template where patient where clinicians can add details about client needs and risks • Work with Health Care Home team to integrate electronic shared care planning into the work flow and standards of the primary care teams they are working with • Guideline with a strong disability and equity focus shared with primary care outlining which patients could benefit from a shared care plan • Evaluate the potential effectiveness of this with	Increased planned care and decreased acute care	Canterbury Clinical Network – Rose Laing	Review progress quarterly	Primary care teams continue to be encouraged and supported to create care plans with their most vulnerable patients. Patient cantered care plan brochures have been distributed to primary care, public health and some NGOs. Meeting with Canterbury and West Coast PHO's completed

Objectives	Priority Actions	Outcome	Lead Responsibility	Completion Date	Progress Updates (including how outcomes will be measured & when)
Integrate services for people of all ages with a disability Achieve a more integrated & coordinated approach to improve early intervention services: Offer appropriate treatment Improve health literacy	30. Regular reporting occurs to the Disability Steering Group on the analysis of the Patient Experience Surveys response from disabled people.	Improved environments support health and wellbeing	Quality and Patient Safety – Susan Wood	March 2021	First report scheduled for DSG meeting March 2021. To be prepared for the West Coast and ready to present to newly formed Disability Steering Group Measures and quality improvements that are identified will be added to this Work Plan

Objectives	Priority Actions	Outcome	Lead Responsibility	Completion Date	Progress Updates (including how outcomes will be measured & when)		
g. Leaders	g. Leadership (NZ Disability Strategy)						
Develop leadership of people with disabilities who have a role in the health system Monitor quality	31. A West Coast DHB Disability Leaders Working Group is formed	Improved environments support health and wellbeing	Planning and Funding Kathy O'Neill	March 2021 May 2021	Manawhenua engaged. Documentation prepared and circulated. First Meeting scheduled		
	32. Develop measures and identify data sources that will provide baseline information about disabled people who are accessing the health system.	No wasted resource (Right care, in the right place, at the right time, delivered by the right person) Improved environments support health and wellbeing	Planning and Funding – Kathy O'Neill	March 2021	Kathy has engaged with Decision Support who will take this to South Island Information Services Alliance for the approval that the Alert button in SI Patient Information System (SIPICS) is used to identify type of impairment and needs.		
	33. The DASC & Disability Steering Group Monitor progress against the priority actions.		Jacqui Lunday Johnstone, Kathy O'Neill, Grant Cleland with DSAC an DSG Groups	Ongoing	Regular reports presented to DSAC and West Coast Advisory Committee		

WORKPLAN FOR ADVISORY COMMITTEE 2021 (WORKING DOCUMENT)

	11 March 2021	10 June 2021	9 September 2021	25 November 2021
STANDING ITEMS	Interests Register	Interests Register	Interests Register	Interests Register
	Confirmation of Minutes	Confirmation of Minutes	Confirmation of Minutes	Confirmation of Minutes
	Carried Forward Items	Carried Forward Items	Carried Forward Items	Carried Forward Items
REPORTS FOR RECOMMENDATION TO THE BOARD				
STANDARD REPORTS	Community & Public Health Update Alliance Update Operational Update Maori Health Update	Community & Public Health Update 2020/21 Annual Plan Progress Report Alliance Update Operational Update Maori Health Update	Community & Public Health Update 2021/22 Annual Plan Progress Report Alliance Update Operational Update Maori Health Update	Community & Public Health Update 2021/22 Annual Plan Progress Report Alliance Update Operational Update Maori Health Update
PRESENTATIONS		Vaccination Programme (tentative)	Life Links (NASC) (tentative) Rurally Focused Urban Specialists (RUFUS) (tentative)	Consumer Council (tentative
DISABILITY REPORTING	Disability Action Plan Update Disability Steering Group			
GOVERNANCE AND SECRETARIAT				
INFORMATION ITEMS	Committee Work Plan	Committee Work Plan	Committee Work Plan	Committee Work Plan
	Disability Directorate Newsletter 2021 Schedule of Meetings	2021 Schedule of Meetings	2021 Schedule of Meetings	2021 Schedule of Meetings

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.