

## **ADVISORY COMMITTEE MEETING**

10 June 2021

10.00am

# Corporate Office – Board Room Greymouth

# AGENDA AND MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

#### **COMMITTEE MEMBERS**



#### **WEST COAST DISTRICT HEALTH BOARD**

#### **ADVISORY COMMITTEE MEMBERS**

Peter Neame (Chair)

Chris Auchinvole

Hon Rick Barker

Susan Barnett

Lynnette Beirne

Sarah Birchfield

Cheryl Brunton

Paula Cutbush

Helen Gillespie

Anita Halsall-Quinlan

Tony Kokshoorn

Chris Lim

Joseph Mason

Edie Moke

Nigel Ogilvie

Francois Tumahai

#### **EXECUTIVE SUPPORT**

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)

Mary Johnston (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)

Philip Wheble (General Manager, West Coast)



#### WEST COAST ADVISORY COMMITTEE MEETING to be held in Board Room, Corporate Office, Greymouth Thursday 10 June 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

PRESENTATION 10.05am				
4.	Update on Drinking Water Regulation	Cheryl Brunton Public Health Specialist, Community and Public Health		
REF	PORTS		10.20am	
5.	Community and Public Health Update	Cheryl Brunton Public Health Specialist, Community and Public Health	10.20am – 10.30am	
6.	Alliance Update	Philip Wheble General Manager, West Coast	10.30am – 10.40am	
7.	Operational Update	Philip Wheble General Manager, West Coast	10.40am – 10.50am	
8.	Maori Health Update	Gary Coghlan	10.50am – 11.00am	
		General Manager, Maori Health		
	General Business		11.00am – 11.10am	

#### ESTIMATED FINISH TIME 11.10am

#### **INFORMATION ITEMS**

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

#### **NEXT MEETING**

Date of Next Meeting: Thursday 9 September 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	<ul> <li>White Wreath Action Against Suicide – Board Member and Research Officer White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders.</li> <li>Author and Publisher of "Suicide, Murder, Violence Assessment and Prevention" 2017 and four other books.</li> </ul>	N N	Perceived
Chris Auchinvole	Director Auchinvole & Associates Ltd	N	
Board Member	Justice of the Peace	N	
	Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand  Daughter-in-law employed by Southern DHB  Son is employed by Southern DHB	N	
Rick Barker	Deputy Chair - Hawke's Bay Regional Council	N	
Board Chairman	Commissioner - Representation Commission	N	
	Director - Napier Port	N	
	Director - Hawke's Bay Regional Council Investment Company	N	
Susan Barnett  Board Member	• Employed by the West Coast DHB as a Public Health Nurse based in Reefton (0.2FTE)	Y	
Board Member	• I also undertake <b>on-call work for multiple areas</b> : Practice Nursing; District Nursing and as a Registered Nurse at the Reefton Health Centre	Y	
Lynnette Beirne	Patron of the West Coast Stroke Group Incorporated	N	
•	Daughter employed as nurse for West Coast DHB	N	
	Consumer Representative on WCDHB Stroke Coalition Committee	N	Perceived
	Member, Accessible West Coast Coalition Group	N	

Sarah Birchfield	Member, Accessible West Coast Coalition Group	N	
<b>Board Member</b>	Member, Canterbury/West Coast Disability Action Group	N	
	Member, West Coast PHO Clinical Governance Committee	Y	Perceived
Cheryl Brunton	<ul> <li>Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board</li> </ul>	N	
	<ul> <li>Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)</li> </ul>	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 N	
	<ul> <li>Member – National Influenza Specialist Group</li> <li>Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation</li> </ul>	N	
	Member – DISC Trust	N	
Paula Cutbush	<ul> <li>Owner and stakeholder of Alfresco Eatery and Accommodation</li> <li>Daughter involved in Green Prescriptions</li> </ul>	N N	
	Justice of the Peace	N	
Helen Gillespie Board Member	<ul> <li>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.</li> </ul>	N	
	Accessible West Coast Coalition Group - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and	N	
	<ul> <li>organisations is seeking to create greater accessibility for people</li> <li>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.</li> </ul>	N	
Anita Halsall-Quinlan <b>Board Member</b>	No interests to declare		
Tony Kokshoorn	Dixon House, Greymouth - Trustee	N	
Deputy Chair	Greymouth Evening Star Newspaper  Shareholder	Y	
	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	<ul> <li>Representative of Te Runanga o Kati Wae Wae Arahura</li> <li>Tatau Pounamu – Committee Member</li> </ul>	N Y Y	Perceived Perceived
Edie Moke Board Member	New Zealand Blood Service Board (NZBS) – Member	Y	Actual
Nigel Ogilvie Board Member	<ul> <li>Westland Medical Centre - Managing Director</li> <li>Thornton Bruce Investments Ltd - Shareholder/Director</li> <li>Hokitika Seaview Ltd - Shareholder</li> <li>Tasman View Ltd - Shareholder,</li> <li>White Ribbon Ambassador for New Zealand</li> <li>Sister is employed by Waikato DHB</li> </ul>	Y N N N N	Actual
	<ul> <li>Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre</li> <li>Wife is Board Member West Coast PHO</li> <li>Chair – South ALT Workstream</li> </ul>	Y Y N	Actual Perceived
Francois Tumahai Board Member	<ul> <li>Te Runanga o Ngati Waewae – Chair         This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast.     </li> <li>Poutini Environmental - Director</li> </ul>	N N	
	<ul> <li>Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification.</li> <li>Arahura Holdings Limited – Chief Executive</li> <li>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.</li> </ul>	N N	
	<ul> <li>Poutini Waiora Board - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini.</li> </ul>	Y	Actual

•	Development West Coast – Trustee	N
	Development West Coast – Hustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage,	
	invest and distribute income from a fund of \$92 million received from the	
	Government. It is governed by a "Deed of Trust" which specifies DWC's Objects -	
	to promote sustainable employment opportunities; and generate sustainable economic	
	benefits for the West Coast, both now and into the future.	N
•	West Coast Development Holdings Limited – Director	2.7
•	Putake West Coast – Director	N
	This is a joint venture between Development West Coast and Putake Honey to	N
	develop a West Coast wholesale honey business.	IN .
•	Ngai Tahu Pounamu – Director	N
	Waewae Pounamu is the home of Ngāti Waewae Pounamu carving	- 1
•	Westland Wilderness Trust – Chair	N
•	West Coast Conservation Board – Board Member	
	The West Coast Tai Poutini Conservation Board serves a conservation advisory role,	
	along with offering community perspective on conservation management issues for	N
	the West Coast region.	N
•	New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director	
•	Westland District Council – Councillor	



## DRAFT MINUTES OF THE WEST COAST ADVISORY COMMITTEE held in the Corporate Office Board Room on Thursday 11 March commencing at 10.00am

#### **PRESENT**

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

#### **EXECUTIVE SUPPORT**

Philip Wheble (General Manager West Coast), Gary Coghlan (General Manager Maori Health), Kathy O'Neill (Planning & Funding Team Leader) and Bianca Kramer (Governance Support).

#### **APOLOGIES**

Helen Gillespie

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

#### 1. INTEREST REGISTER

#### Additions/Alterations to the Interest Register

**Remove** Lynnette Beirne – Publican, Dunollie Hotel

**Amend** Sarah Birchfield – Member – West Coast PHO Clinical Governance Committee **Remove** Joseph Mason – Employee Community and Public Health, Canterbury DHB

#### 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 2/21)

"That the minutes of the meeting of the West Coast Advisory Committee held on 26 November 2020 be confirmed as a true and correct record."

Moved: Tony Kokshoorn / Seconded: Rick Barker

#### 3. CARRIED FORWARD/ACTION ITEMS

Items were noted

#### 4 COMMUNITY AND PUBLIC HEALTH UPDATE

Cheryl Brunton presented the update which was taken as read.

Ms Brunton updated everyone on the previous meetings discussion around the Kaumatua Influenza Program. The plan for this year is to implement a number of the strategies planned for, making sure the vaccine is where the Kaumatua are. Discussions at a local level of the need to extend the age range

of what is considered as Kaumatua, as opposed to being restricted to the 65 and over age eligibility. Timing will need to consider due to the roll out of the COVID vaccination program as well, with a two week gap between vaccinations required.

An update on the issue of the water quality in Reefton was requested, Ms Brunton said the issues with the Reefton water supply was recurrent problems with recontamination after the treatment partly due to an aging reticulation system which is also prone to leaking and little backflow prevention. Ms Brunton attended a meeting with Buller Council informed the council they needed to put in place permanent chlorination. There is a lot of work being carried out under the council's water safety plan, Ms Brunton advised the council that given evidence of recontamination they should be chlorinating until all those works are completed.

It was asked if routine tests for lead were carried out, Ms Brunton advised that DHB doesn't, but the councils do. Ms Brunton referred back to any earlier update on water contaminate testing, lead is a priority 2, a number of water supplies have contaminates they need to measure because of the geology of the water source, on the West Coast Manganese is identified as one of these contaminants. The Reefton area does have lead identified as a P2 and is tested for by the council.

Ms Brunton informed everyone that Taumata Arowai takes over the role as regulator from 1 July 2021. Discussions are currently taking place for a memorandum of understanding with Taumata Arowai to clarify how DHBs will operate in the new regulatory environment. The Water Services Bill is still before Parliament and submissions have been made.

#### Resolution (3/21)

(Moved: Rick Barker / seconded: Lynnette Beirne)

That the Board:

i. notes the Community and Public Health Update.

#### 5. ALLIANCE UPDATE

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

Mr Wheble updated everyone on the workstreams, with some moving ahead faster than others. The three workstreams were explained as a group of people from large range of backgrounds who come together to look at their geographical area and issues being experienced, then work out how to achieve the desired outcome.

The Alliance Update was noted

#### 6. OPERATIONAL UPDATE

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

Mr Wheble highlighted some key points:

- Northern region now has a new Nurse Practitioner, with another training and also a new GP to be based in Westport
- Bowel Screening Programme 25 March is the MoH visit to ensure everything is in place for the go live date in May.

The topic of Patient Portals to allow patients access to their own records was discussed briefly. Mr Wheble advised that there some complications needing to be worked through. The Indici Project which is the new technology coming through has a patient portal. The positive and negative aspects of patients having access to their files via a patient portal were discussed.

It was asked why there was such a large variance between the planned and actuals in Planned Care Interventions. Mr Wheble explained that it comes down to the types of procedures being done, with smaller procedures more can be carried out within the allocated resources. We are achieving the volumes but when measured against the case weight of the procedures there is a difference. For this DHB at the end of the year usually there is a run-over for volumes and either just on or just under for case weight targets. Being ahead of target doesn't reflect in all waiting times as those differ from service to service.

DNA rates for outpatient clinics were discussed and Mr Wheble advised that the recent work carried out on the Maori DNAs with the central booking unit will be rolled out wider. Mr Wheble was made aware of letters not arriving before the text reminder, and instances where there was no txt reminder. Mr Wheble will follow-up n those concerns. Work is also being done around opening up and confirming clinics earlier which would have letters going out sooner.

It was asked whether the numbers were captured for people sent by their GP for a specialist appointment, then referred back to the GP without having an assessment, also those who do get to see a specialist on their second referral. Mr Wheble will look into providing a summary on both if available.

ESPIs were discussed specifically those ESPI 3 showing as amber and ESPIs 2 and 5 showing as red, and what steps are being taken to improve and bring them into the green rating. Mr Wheble said a lot of work is being done to bring those areas out of the amber/red ratings. The topic of financial penalties for non-compliance was brought up, Mr Wheble will confirm whether this is has been removed or not. Plastics being carried out by rural generalists in primary practice, removal of cancers etc. Training expanding the practitioners scope for provision of these minor ops being carried out in primary care.

The increase in falls was queried, Mr Wheble said it is a focus with a falls committee looking at reducing the instances of falls and the assessment of the risks

#### Resolution (4/21)

(Moved: Tony Kokshoorn/ seconded: Chris Auchinvole)

That the Board:

i. notes the Operational Update

#### 7. MAORI HEALTH UPDATE

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

It was identified that the DNA rates provided in the Dashboard do not reflect the improvement reported in the previous paper. It was asked that the future Mr Coghlan and Mr Wheble will work on this. It was requested that numbers also be provided along with the percentage as with small number a percentage can be deceptive.

Mr Coghlan informed everyone that there is now a policy for both CDHB and WCDHB when interviewing for a position the priority will be given to interviewing candidates with the correct skill base and identify themselves as being Maori, Pacifica or disabled.

The Maori Health Update was noted

#### 8. DISABILITY ACTION PLAN AND DISABILITY STEERING GROUP UPDATE

Kathy O'Neill, Team Leader, Planning & Funding, presented the report which was taken as read.

Ms O'Neill informed everyone that subsequent to writing the report Gary Coghlan, General Manager Maori Health offered to speak to the chair of Tatau Pounamu about Maori representation on the Disability Steering Group.

There will soon be a second round to look at members for the group, and generate momentum for a West Coast Focus Workplan, noting that the current plan doesn't have much in the way of a transalpine focus Ms O'Neill referenced the Diversity and Inclusion policy the Mr Coghlan mentioned in his report and how it is a transalpine policy which benefits both DHBs.

Attention was drawn to the priority actions under the heading of Health and Wellbeing. It was asked if this could be clarified as there is no ASD family facilitator on the West Coast. Ms O'Neill will take the question away and will provide an answer at a later date.

An update was requested on Enabling Good Lives (EGL) initiative and the recommendations identified as result, Ms O'Neill advised Grant Clelland had a second visit to the Coast to raise awareness of EGL, it is an opportune time to align the work done with EGL and the development of workplan which will be initiated once the West Coast Steering Group is established. At the recent meeting five points were brought up

- i. What does a Good Life look like
- ii. Are you or the people you support having a Good Life
- iii. What is working well, what is not working well, where are the gaps
- iv. What needs happen so the people in this community can have a Good Life
- v. What can I do

#### Resolution (5/21)

(Moved: Rick Barker/ seconded: Lynnette Berine)

That the Board:

- i. notes the Disability Action Plan and Disability Steering Group Updates
- ii. acknowledged the work Sarah Birchfield has done pushing this along and keeping it on track.

The were noted

#### **GENERAL BUSINESS**

The following items were discussed

- Mr Wheble updated that there is now one Mother/Baby car park
- It was suggested that the excess art work could be placed in the radiology area of Te Nikau as there is a large blank wall
- Community Law presentation is scheduled or 29 March
- MoH announcement made for the continuation of individualised funding
- Car parking there are a number of issueswith people parking in dangerous places. Lines will be painted once resealing is completed. Extra parking will available in the near future.

#### **INFORMATION ITEMS**

- Draft Committee Work Plan
- 2021 Schedule of Meetings

There being no further business the meeting concluded at 11.40am.

Peter Neame, Chairman	Date



### CARRIED FORWARD/ACTION ITEMS



## WEST COAST ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 10 JUNE 2021

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1	10 September 20	Presentation on vaccination programmes		Future meeting
2	10 September 20	Presentation on Rurally Focussed Urban Specialists (RUFUS)		Future meeting
3	10 September 20	Presentation by the Consumer Council		Future meeting
4	From Board	Suicide Prevention Update		September Meeting

### CARRIED FORWARD/ACTION ITEMS



## COMMUNITY AND PUBLIC HEALTH UPDATE



TO: Chair and Members

**West Coast Advisory Committee** 

**SOURCE:** Community and Public Health

**DATE:** 10 June 2021

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

#### 1. ORIGIN OF THE REPORT

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

#### 2. **RECOMMENDATION**

That the Advisory Committee:

i notes the Community and Public Health Update

#### 3. APPENDICES

Appendix 1: Community and Public Health Update

Appendix 2: Tuhono kia tu maia

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

Community and Public Health

#### **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 teams 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).

#### **Clued Up Kids**

CPH Health Promoters supported the Safer Westland Clued Up Kids event aimed at raising children's awareness injury prevention in the household setting through staged scenarios, like the one in this photo.

Primary students from schools in Hokitika and South Westland took part in the risk identification and mitigation activities.



of

#### Tuhono kia tu maia

The report from the Tuhono kia tu maia project has been finalised and shared with the project steering group, as well as whānau who participated in the research and wider stakeholders. The whānau who shared their experiences suggested a range of solutions to the challenges they face while striving for their moemoea (dream or vision).

#### **Drinking Water Quality and Taumata Arowai**

CPH's West Coast Public Health Drinking Water Assessor (DWA) is currently preparing to undertake the 2020/21 Ministry of Health Annual Survey of Drinking Water Quality. This survey begins at start of July 2021 with completion of the compliance assessment for all supplies set for the first week of August 2021. The Institute of Environmental Science and Research (ESR) are also involved in checking and finalising the data which will go in the survey report.

The Annual Survey Report for 2019/20 has not yet been released but will report on the compliance status of each West Coast drinking water supply that serves more than 100 people. The report will summarise compliance for each supply in terms of bacterial, protozoa and chemical compliance as well as general compliance of the suppliers with the duties in the Health Act 1956.

There are five supplies serving between 501-10,000 people, greater Greymouth (including Runanga, Taylorville, Dobson, Stillwater, Rapahoe and soon Kaiata), Westport, Hokitika, Reefton and Franz Josef. There are some 14 council small supplies (serving 101-500 people) and a handful of privately owned and managed community drinking water supplies with a population less than 100. Of the total West Coast population, approximately 25% are rural based and on their own private water supplies, mostly relying on rainwater.

This is the last compliance year that will be assessed under the current system. A new drinking water regulator, Taumata Arowai, under the Department of Internal Affairs and empowered by new water services legislation, will be in place with a revised start date of November 2021.

#### **Raranga Workshops**

CPH have collaborated with Buller REAP and local weavers to secure funding for a series of raranga wānanga (weaving workshops) to run over winter 2021 in Reefton. The wānanga will build knowledge of raranga, and a base of potential weavers who can then progress to weaving wahakura (bassinets). The wānanga will also establish a kete of tools for weaving that will then be available to future weavers.

#### **Food Security**

CPH continues to support the West Coast Food Security Network as a collective of organisations working towards increasing stability of food supply to the Coast as well as improving local supply and supporting actions that address the immediate need of struggling families.

The network recently connected with Foodbank Aotearoa as an organisation that has national level links to food suppliers and can secure a regular supply of food for redistribution to local providers. The organisation working with councils and other groups to develop a West Coast hub for warehousing and local distribution. Other actions include supporting local research into Food Insecurity as well as contributing to the University of Otago annual Food Costs survey.

#### **Smokefree and Vapefree**

CPH continues to host the Oranga  $H\bar{a}$  – Tai Poutini Stop Smoking Programme and are pleased to have recently appointed replacement Stop Smoking Practitioners for the Greymouth and Hokitika districts with their training well underway.

CPH have been approached by two high schools that have noticed an increase in students vaping during school hours. Our Health Promoter and the Oranga  $H\bar{a}$  – Tai Poutini team are developing ideas to support schools, noting our core business continues to focus on reducing the number of people who smoke tobacco and vaping is an effective tool to achieve this.

The West Coast Tobacco Free Coalition are currently developing ideas to support the Me Auahi Kore tō Waka/Smokefree Cars campaign ahead of the law change in November that sees smoking in a vehicle that is transporting children become a fineable offence. Promotion will target parents to ensure they are aware of the law change as well as providing practical tips for staying smokefree in their car.



#### **Health in All Policies**

CPH staff are currently working on submissions on:

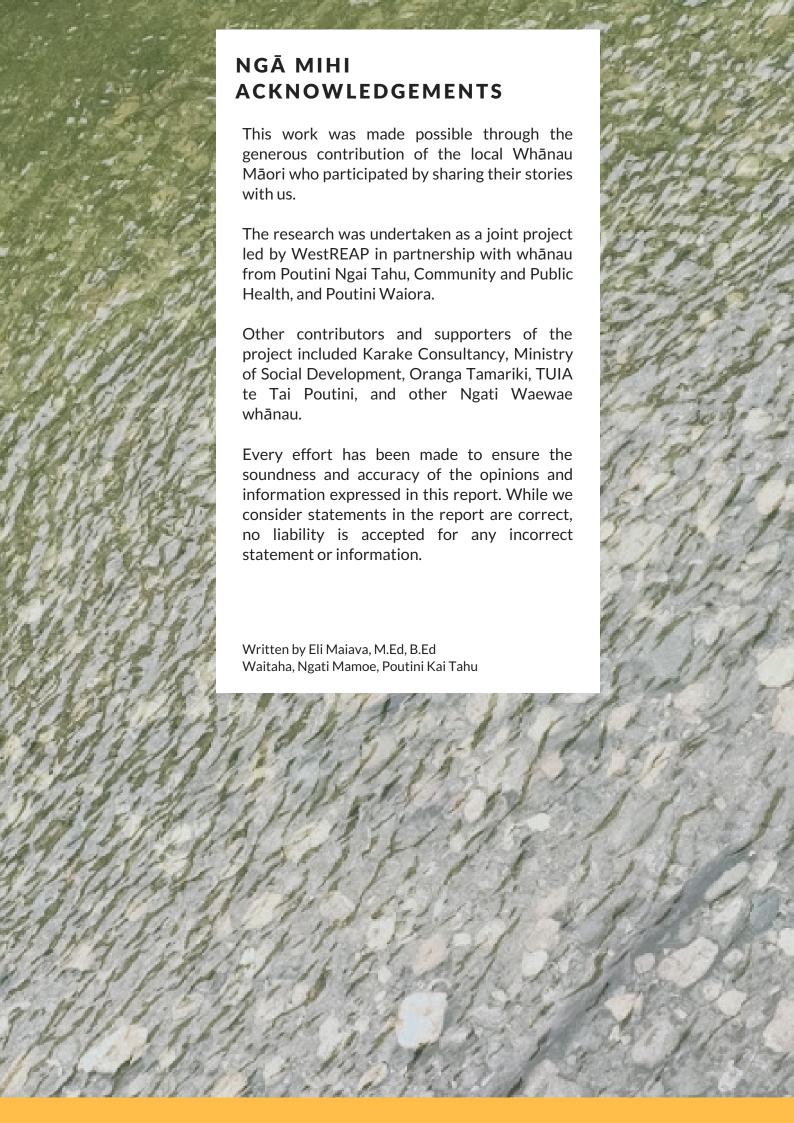
- Proposed Smokefree Aotearoa 2025 Action Plan
- Ministry of Business, Innovation and Employment Building Code update 2021



## **TUHONO KIA TU MAIA**

BECOMING STRONGER TOGETHER

LOCAL WHĀNAU MĀORI SHARE THEIR EXPERIENCES OF RAISING TAMARIKI MĀORI ON TE TAI POUTINI, THE WEST COAST



### **EXECUTIVE SUMMARY**

This project was a collaborative effort by local iwi and community organisations to ask local whānau about their experiences raising tamariki Māori in te Tai Poutini.

We connected with 18 different whānau groups from across the West Coast, with different iwi connections. We asked each whānau about their moemoea (aspirations) for their tamariki. The three main hopes for their tamariki were

- to have confidence in, and positive connection with their Māoritanga;
- to have quality education and employment opportunities; and,
- for their tamariki to be good people who live good lives.

Whānau identified that their own extended whanau were the greatest form of support on their journey in raising their tamariki.

Whanau identified challenges they face while striving for their moemoea, these included

- poor quality, limited and hard to access health and social services,
- additional health challenges due to complex and long term health needs and the supports these require
- racism and prejudice within the community and the systems they are reliant on

Whānau suggested a range of solutions to these challenges, including more cultural learning opportunities, bi-lingual education options, culturally responsive health services and support, youth focused programmes and adult education.

The whānau who shared their experiences with us were articulate in the way they expressed their views and in their resilient attitudes to life. They recognised the need to focus on the bigger picture of what they want for their tamariki in the future and on opportunities that supported these visions, rather than on symptom-focused solutions to the perceived needs of their whānau.

## ME MAHI TAHI TĀTOU MO TE ORANGA O TE KATOA



### WHAKAPAPA OF THE PROJECT

This research project came about as a way to elevate and centralise the voices of local whānau Māori in the conversations being had by different organisations and groups in te Tai Poutini.

There is growing momentum for the provision of Māori programmes, supports and interventions across the West Coast. Often these are determined at a national level via state agencies and funding priorities, however some of the priorities identified within this system, differ from those identified at a regional level.

In order to determine what the needs of local whānau Māori are, and what programmes, supports and interventions should be prioritised, we created this project to gain whānau input.

Poutini Ngai Tahu which includes both Ngati Waewae and Ngati Makaawhio, along with our local Māori health service Poutini Waiora, were keen to come together and develop ideas for supporting whānau Māori. Local agencies and services such as Oranga Tamariki, WestREAP, Community and Public Health, etc were keen to find opportunities to collaborate to support local whānau Māori in a Māori led way.

### **METHODOLOGY**

The principles used to plan, undertake and analyse this research align with Graham Hinengaro Smith's (1990) Kaupapa Māori principles for research cited and added to in Linda Tuhiwai Smith's (1999) Kaupapa Maori research writing, with particular emphasis on

- Māori kaupapa By Māori, for Māori, to benefit Māori, prioritising Māori knowledge, resources and ways of being
- Face to face and in person wherever possible, 'Kanohi ki te kanohi'
- Strength based Whānau Māori are resourceful and resilient and creative. We want to empower whānau to take responsibility for their whānau hauora

As a Māori researcher, there is often an argument that the 'lack of distance and lack of objectivity' compromises the information gathered. But Kiro (2000) suggests, that having an insiders perspective, sharing a Māori lens and having insight into Māori values and ways of being, adds strength to the project and findings. Through personal relationships and connection, we are able to gain the trust and insights of other whānau Māori to share with the wider community.

A steering group made up of mostly local Māori whānau and professionals came together to create the framework for this project and an independant research consultancy was engaged to oversee and support experienced local Māori researchers to carry out the project. The steering group set the conversation prompts and tikanga for the whānau korerorero (discussions).

This project provided local Iwi and Māori organisations with an opportunity to come together and empower whānau to share their experiences of raising their tamariki and mokopuna in te Tai Poutini.

The overarching question was, "What are the Moemoea of whānau raising tamariki Māori in te Tai Poutini?" We aimed to identify what challenges whānau face in the local communities, and sought examples of successful supports and services that contribute positively to their lives and well-being. We invited whānau to share their whakaaro (thoughts) of how their whānau could be better supported within these communities.

Participants were identified by word of mouth and community connections. The aim was to select a varied group of whānau Māori structures, iwi affiliations and Tai Poutini locations.



### WHO ARE THE PARTICIPANTS

A total of 21 adults were interviewed - 3 kuia and 1 koro raising their mokopuna, 11 wāhine and 6 tane, raising their own tamariki and step-children.

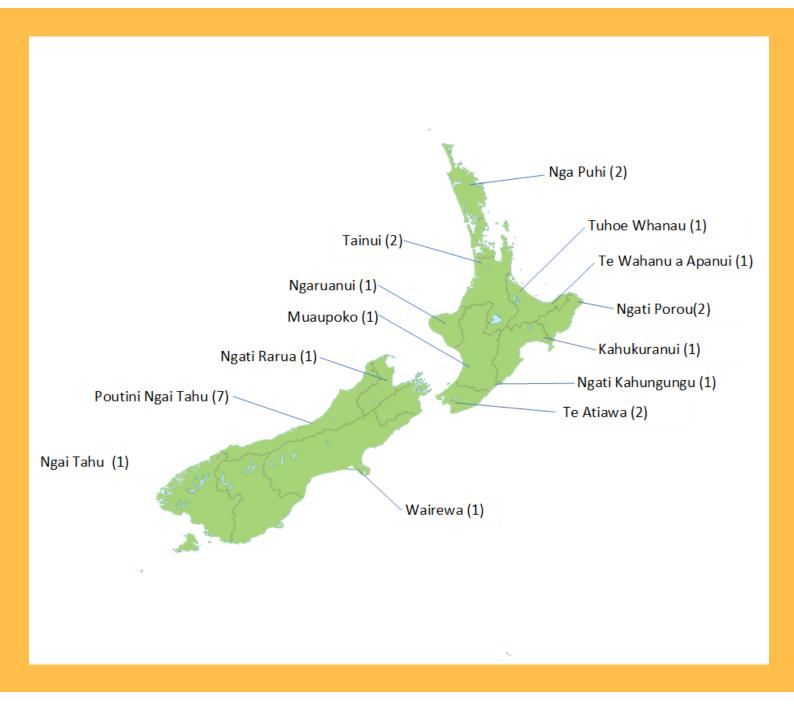
These whānau members collectively represented a total of 103 people.

- 10 grandparents
- 39 parents, 22 wāhine and 17 tane
- 21 rangatahi (12-23 year olds)
- 33 tamariki (0-11 year olds)

Of the 18 households talked with, 6 households spanned three or more generations and 5 households had only 1 adult in them. Varied make up of households included:

- Between 2 and 12 members
- Single parent and tamaiti/tamariki
- Two adults and tamariki
- 3 and 4 generations of whānau
- Great Uncle caring for mokopuna
- Teen parents
- Co-parenting whānau who share children between parents/grandparents
- Grandparents raising mokopuna
- Step parents co-parenting

Whānau were selected from varying locations around to Tai Poutini to try to give an accurate reflection of different services and circumstances. Locations were participating whānau live include Granity, Westport, Reefton, Greymouth, Hokitika and South Westland.



Though all of the whanau currently live in Tai Poutini, they whakapapa to different iwi all over the country. 15 whānau were able to identify which iwi they connected too, these are indicated on the map.

Three Whānau said they knew they had Māori whakapapa but knew nothing more specific. Reasons given were...

- Previous generation had been adopted out to pakeha whānau (2)
- Had lost their own parents at a young age and were disconnected from extended whānau

### WHĀNAU MOEMOA

There were three common threads through the Moemoea that whānau identified for their tamariki and mokopuna



#### IDENTITY AND CULTURAL CONNECTION

Half of whānau identified this as a main priority of their moemoea for tamariki/mokopuna. Every whānau touched on the importance of this in their kōrero

The main themes of this moemoea are that they:

- are proud to be Māori
- know themselves
- can be themselves
- can speak te reo Māori
- are well connected with their whānau
- are well connected with te āo Māori

"I want my kids to be proud of who they are and where they come from and to make it a normal thing to be a Māori on the West Coast. Especially cause there's a lot of Māori, that they're not recognised as much and I'd like that more...

For that to happen you have to start to value yourself and what you like and how you portray yourself in the community...the more people that you see that are proud of being Māori, the more it'll encourage others too."

"I want my grandchildren... I don't want them to be scared to be Māori... I want them to know it's okay to be Māori, it's powerful to be Māori, there's mana in it."

#### **EDUCATION AND FUTURE EMPLOYABILITY**

- 8 whānau prioritised educational success for their tamariki
- Whānau often connected success in education with better life outcomes
- Poor education outcomes were connected to low employability
- Joblessness was connected with poverty and instability by whānau

Whānau wanted the following for their tamariki/mokopuna

- Stability
- Job security
- Financial independence
- Greater employment options
- Being able to access resources for their own future whānau

#### HAVING A GOOD LIFE AND BEING A GOOD PERSON

Every whānau expressed hope for their tamariki/mokopuna to carry good things into the future.

6 whānau identified this as part of their Moemoea for their tamariki/mokopuna. For 3 whānau, this was their main hope for their tamariki to

- be whoever they want to be
- have good values and morals
- contribute to the well-being of others
- happy
- respectful
- resilient

The three whānau who identified these as being their moemoea, were all well connected to their iwi and whakapapa, having introduced themselves with names of their ancestors or pepeha.

#### REALITY CHECK

3 of our whānau are living in challenging circumstances. When asked this question, there responses were:

- To regain custody and be back together
- To keep my son out of jail
- To remain drug free, one day at a time
- To have a place to live.

"It's hard to see the beautiful view, through a broken window."

These whānau are working hard to navigate complex circumstances in their lives and face a range of different issues from food insecurity, temporary or inadequate housing, poverty, custody arrangements, joblessness, drug and alcohol abuse and recovery, etc.

They are presently connected with several social and health support services, but have some major and immediate needs that are still unresolved and are taking a long time to address.



## WHAT IS WORKING FOR WHĀNAU MĀORI

#### WHĀNAU SUPPORT

Good whānau support and connection are the only consistent support many of these whānau have:

- Even though some whānau don't get along, they felt they could rely on it when needed
- Many of these whānau have support from extended whānau and value this really highly
- 9 participants stated family was the most impactful support they receive

The Marae and Māori focused opportunities:

 Marae holiday programme provides an opportunity to connect with their culture and wider whānau

"Now we have a marae and the kids do kapa haka and a bi-lingual unit at the primary school and people say te reo on the news, etc. Times are changing and people seem more accepting and tolerant of the Māori culture. I think having the marae has helped break down those barriers as well, in the community."



#### PROFESSIONAL SERVICES

Whānau named a variety of services they engage with. Services mentioned positively by multiple whanau included Poutini Waiora, WestREAP, Family start, Hokitika primary school bilingual unit, Ngai Tahu, Oranga Tamariki, Buller medical centre and Te Ha o Kawatiri community connector.

It was positive to hear that whānau Māori are accessing a variety of health and social services that are available in their local community.

Often a service was only mentioned in relation to a particular kaimahi (employee) that the whanau felt well supported by. This individualised focus highlights the relationship focused way that Māori tend to operate and can be the reason a service or support is successful or not. Several whānau mentioned that when this kaimahi who worked well with them left a service, their whānau disengaged.

## OBSTACLES TO WHĀNAU MOEMOEA

These were many and varied, but there were four recurring themes for whānau. The three most commonly mentioned challenges for whānau are not actually challenges that can be addressed on an individual whānau level. They are instead, more about the systems and structures our society has in place and the way these are affecting whānau Māori.

# 15 WHĀNAU IDENTIFIED IN-ACCESSABLE, LIMITED AND POOR QUALITY HEALTH AND SOCIAL SERVICES AS THE BIGGEST OBSTACLE TO THEIR MOEMOEA

- Limited specialist health services in te Tai Poutini
- Hard to access mental health supports
- Long waiting lists to access any kind of health treatment or support services
- Inconsistent care (locum GP doctors) which makes it hard to build trusting relationships with medical personnel.
- Funding limits (ie, 6 counselling sessions) also affected relationship building
- A lack of trust in services due to previous poor treatment, unprofessionalism or prejudice experienced
- Lack of health literacy

"It's like an abandonment thing with me. As soon as someone I love or care about or...that kind of connection I have with those people, as soon as that's severed, it's like I'm grieving, So, that's my grieving stage and you can't find people like that anymore. I went to (another service) to try to keep that connection, but nah..."

"There's so much information I don't know where to start"

### SEVEN WHĀNAU HAD ADDITIONAL LONG-TERM OR COMPLEX HEALTH NEEDS THAT WERE DIFFICULT TO NAVIGATE AND GET SUFFICIENT SUPPORT FOR

Whānau identified a range of other conditions they suffer from which add additional stress and complications to their lives. These long term conditions and the need to seek regular, specialist and on-going treatment, compounded by the above issues, mean many of these whānau face constant battles to access the services, support and treatment that could improve their health and general well-being.

Some of the long-term conditions these whānau face include,

- endemetriosis
- pulmonary disease
- fetal alcohol disorder
- poor eye sight
- epilepsy
- mental illness
- cancers
- ADHD
- hearing impairment
- dyslexia
- dyspraxia
- asthma
- polycystic ovaries
- anxiety
- cleft pallet
- diabetes



# RACISM, PREJUDICE AND UN-CONSCIOUS BIAS FROM OTHERS PRESENTS MAJOR OBSTACLES TO WHĀNAU WELLBEING AND MOEMOEA

Racism affects the way our society views and treats whānau Māori. This then leads to ongoing racist attitudes and shapes a young person's perception of their worth.

Whānau feel like they are unwelcome in some spaces and unfairly judged just because of the perception that is held by others about their culture and identity.

"I don't like going shopping here...in 'Hoki' because I can't stand the people staring at me. And it's usually Pakeha's and...they make...I feel out of place, when I'm walking around. I feel more comfortable going to Greymouth and doing my grocery shopping there..."

"When Māori advocate for their rights they are considered aggressive or entitled by services."

Racism and bias is witnessed by Māori who aren't as easily identified as having whakapapa or being connected to their Māori culture. This presents different challenges for these whānau who sometimes feel they have to fight to gain the right to identify with and belong in te ao Māori.

"I've heard some stuff over the years that have been terrible and I'm like, 'woah, mate, you're out of line! Where the hell are you getting this shit from?' And then pulling them up and they're like, 'what do you mean? Why do you care?' And I'm like, 'because I'm Māori!"

Whānau feel they are regularly judged by others and looked down on by individuals and services which then impacts on their ability to access the resources and support that is available to them. Regularly whānau find it easier to go without, than to deal with the bias they know they will face in the community.

"I told him, you know, you're Māori...you look Māori, people are gonna judge you, I don't care what...we live in Aotearoa, but we're still judged and he knows that. There was one Tuesday he had some money to go down to McDonald's and get a drink before basketball training and him and his friend were stopped by the police and he was in his school uniform and they said, 'what have you got in your...have you got anything in your bag that you shouldn't have?' and he said, 'no!' And he says, 'well show me' and he handed his bag over and the police tipped it on the road, on the footpath..."

"Cause the minute I walk in there, because I've got a certain persona and a certain way about how I carry myself... because I have that kinda look, as soon as you walk in the door, people are like, 'check this Māori boy out...' I've got no front teeth, 'so he must get into a lot of fights' and then the voice comes out...cause I sound like a 'hori' Māori fulla, it...comes out wrong, to what's in my head. So, the people get...defensive or maybe a little intimidated..."



## HISTORICAL AND CURRENT SUBSTANCE ABUSE WAS A CHALLENGE FACED BY 7 OF THESE WHĀNAU

In most cases it was the reason for Grandparents raising their mokopuna. The reality for these whanau is that alcohol and drug abuse has affected someone in their whānau at some point, even if it was in previous generations, the impact was still playing out today.

"6 months sober... it's a pretty big achievement for me...the longest I've gone, two years with both of (my kids) so as soon as they hit two, I was back on it, so four years sobriety my whole life. I was thirteen when I started drinking."

Services for Alcohol and Addiction Counselling have historically been very limited on the West Coast and they can be hard to access, inconsistent and costly.

If we take an intergenerational perspective of substance abuse and whānau well-being, many of these whānau have made a huge amount of change and improvement and come great strides. It gives hope for the next generation.

"My addiction. My addiction is probably one of the biggest and hardest ones to get over really. I was smoking methamphetamine. One of the worst drugs. Now I'm seven months clean."

### OTHER ISSUES AFFECTING WHĀNAU MĀORI INCLUDE...

- Unemployment is affecting 5 of these whānau. COVID has added to this predicament
- Trouble accessing basic needs and resources is a challenge that regularly impacted 5 of these whānau
- Lack of housing, 4 whānau are living in temporary accommodation, holiday parks or motels
- A lack of confidence for wāhine which prevents them from engaging in the community affects themselves and their whānau
- 3 whānau had criminal histories they were trying to overcome and move on from. A lack of employment and opportunity can lead to boredom and poor choices and recidivist behaviours
- Intimate partner violence
- A lack of social and life skills
- Lack of accessible and affordable childcare and support options

## OPPORTUNITIES AND POSSIBILITIES

#### IMPROVEMENTS TO THE HEALTH SYSTEM

Every whānau suggested their wellbeing would be enhanced by improvements to our health system

There were a variety of suggestions made that would address the challenges whānau face in the current local health services. Most of the suggestions were about improving access, variety and consistency across local health services. Whānau suggested the following improvements:

- More counselling services
- Advocates for health and social services
- Consistent health professionals
- Reduced wait times and more treatment options
- Better follow through from hospital services and GP's
- Better cultural training, so we face less prejudice
- Respectful communication
- Relationship counselling
- Anger and trauma treatment and support services
- A variety of good quality, accessible and sufficiently funded mental health services for all ages, especially our tamariki
- Continuity of services on release from Prison



"Yeah, it's...I don't know...I guess more, counselling, mental health counselling, ACC... for it to be easier to go in and get it done kind of thing, instead of having to go through a massive process of, like a six session counselling and then they pass you onto someone else and they have to pass you onto an ACC counsellor and...I was originally getting all that stuff as well, but as soon as I came out of jail, they just chucked me to the side and there was nothing there for me really and that's why I went straight back into addiction."

#### FOR RANGATAHI AND YOUNG ADULTS

Though we did not talk directly with any rangatahi, whānau saw this as a gap in the community. There was a lot of agreement between whānau that we need to invest and find other ways to support our young people as they transition into adulthood. Suggestions included focus on access to appropriate health services, education, addressing systemic racism and a lack of connection with culture or community.



"A youth group... but somewhere where they can go, that has like a...social worker or someone that they can talk to, just relaxation time, with... pool tables... just something that they can chill out, just somewhere they can hang out and not get into trouble..."

"Build confidence in our young people, so they know what they are capable of."

"Well, there's nothing. Nothing here for young people. For teenagers. Apart from getting out at night and getting in trouble. Nothing to do."

"Ones who haven't done good at school, just being left... left behind... that are doing nothing and there's no one out there reaching out for them and nothing up at the marae... ya know... the Poutini, the Polytech does certain courses and stuff like that... be nice for... even a couple of things, here in Hokitika or up at the marae, that these kids could all come to and get some education. Like finish all their schooling and all that sort of stuff..."

"Ways to engage rangatahi who have left school and to ensure we do this consistently and follow through with them and offer appropriate, wrap around supports."

#### FOR ADULTS AND THE WIDER COMMUNITY

More adult education opportunities that allow for relevant learning and development. Including life skills, health literacy, hygiene and well-being, whakapapa, foundation learning, confidence building, parenting, relationship and anger management

"Having mentors or support people to make life easier, keep you focused on what your long term and short term goals are. Because it's quite easy to get distracted with life. Having someone like yourself, at an office or coming to people wherever they are."

• A men's group, a place for tane to come together and support one another and develop themselves. Especially better supports for men 'doing' intimate partner violence so they can change

"...Just somewhere for...like a sanctuary for people, for men, because it's all about women at the moment and men don't actual get a...they get someone to talk to, but they don't get any support like what Women's Refuge do for women, like a Men's Refuge. Somewhere to go to while you recover and learn to improve."

- A women's group supporting wāhine to develop independence and confidence
- Holiday programmes and after-school-care in Hokitika, to support parents with employment and limited whānau supports
- Employment training and guidance on how to work towards the jobs you want to do, including skills and career planning

"Why aren't we training local Māori for the kind of jobs we have locally. Why haven't they got access to the right kind of training? Strategic employment opportunities and training is really lacking."



# FINAL THOUGHTS

We are grateful to the whānau who shared their experiences and thoughts with us for this project. It was a privilege to meet so many strong, articulate and resilient people. What they have overcome and the transformations some of them have made for their whānau are astounding.

Most of the whānau we talked with have experienced some level of trauma, poverty or hardship in their lifetime. All of them have come up against obstacles in accessing appropriate support and care for themselves and their tamariki. This project demonstrates that local whānau Māori are already incredibly resilient, they don't need support to be more so. What they need is for us to remove the social and systemic barriers we have created for them, ie. access to quality services, sufficient funding of health services, warm dry homes to live in, access to education and employment, food security, etc.

Whānau who are better connected with their identity as Māori tended to be more open to alternative futures for their children outside of just education and employment. They more strongly emphasised cultural identity as being an important part of their whānau life and for their tamariki to connect with in order to achieve success. They also tended to be the whānau who saw opportunities for cultural connection as important solutions to varying different issues their whānau faced.

Whānau who are not easily identified as Māori tended to have a more positive outlook on the current cultural climate, and faced much less prejudice within local services. They shared mostly positive experiences of living in the community which were in direct contrast to the majority of the other whānau Māori, who were identifiable by name or appearance. This would suggest that appearances and demonstrative connection to the Māori culture, rather than actually being Māori is a key factor in the barriers and prejudice that a whānau might face in their experience of raising Māori tamariki.

It is interesting that the majority of challenges whānau identified are more to do with system and societal issues. Many Māori focused interventions and supports are targeted toward the whānau directly, helping them navigate their lives, empowering and upskilling them, etc. Although whānau indicated that there was value in this form of support, the issue appears much larger and out of their hands.

Perhaps we need to start thinking bigger in the way that resources to support Māori are invested or place more emphasis on the importance of bi-culturalism and cultural competancy training in our workforces and mainstream sector. Interventions such as positive media and marketing of the Māori culture at a local level, better representation and identification of the Māori culture through bi-lingual signs, art works, place names, etc. Local and regional councils, district health boards and other government departments could all be encouraged to invest more in these sorts of solutions to ensure Māori identify with and feel accepted in te Tai Poutini communities and that whole communities grow in their understanding of tikanga and te āo Māori and in their inclusivity of whānau Māori.



# EHARA TAKU TOA I TE TOA TAKITAHI, ENGARI HE TOA TAKIMANO

MY STRENGTH IS NOT THAT OF AN INDIVIDUAL, BUT THAT OF THE COLLECTIVE

#### **REFERENCES**

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# ALLIANCE UPDATE



TO: Chair and Members

**West Coast Advisory Committee** 

SOURCE: Alliance Leadership Team

DATE: 10 June 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 Advisory Committee:

i. Notes the Alliance Update.

#### 3. **SUMMARY**

Progress of Note:

# Alliance Leadership Team (ALT)

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

- is keen to be centrally involved in the responses to the upcoming Health System change to ensure the West Coast community's needs are met;
- highlights that the GP Practices are well behind in the delivery of Cardiovascular Disease Risk Assessments (CVDRA) to eligible Māori men; and that the Diabetes Annual Reviews are not being provided as expected. A strong focus is required to improve these areas;
- is looking at opportunities to deliver the System Level Measures at all levels of the organisation; and
- approves the Oral Health Service Development Group Work Plan 2020-22.

**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: 10 June 2021

Report Status – For: Decision □ Noting ☑ Information □

## 1. ORIGIN OF THE REPORT

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

## 2. **RECOMMENDATION**

That the West Coast Advisory Committee:

i. notes the Operational Update.

#### 3. **SUMMARY**

This report is intended to:

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

The report is broken into four sections: 4.1 – Service Updates, 4.2 - Workforce Updates, 4.3 - Quality, 4.4 - Specific Requests [when applicable]. Further changes to graphics and content will occur as well, including the graphic representation of primary care in the acute patient's journey.

Since our last update we now have the Clinical Director for the Northern Region in place. There are also some positive signs for an additional GP coming on board soon, adding to the team in Westport.

The team have also been supporting the COVID Vaccination programme with the site in Westport.

#### 4. **SUMMARY**

#### Northern Region Integrated Health Services

We are pleased that the Clinical Director for the Northern Region is now in position. He will be supporting the wider leadership team for the Northern Region as well as being part of the Coast wide medical leadership team.

The Westport team continues to support the COVID vaccination programme as well as continuing to work around improving our services. This includes work around improved transition of care for clients that are transitioning from mental health services to primary care.

Work continues to progress around processes and procedures that will support the new patient management system. The new Indici system will support the ongoing work we are undertaking to a more connected and integrated approach to care for our communities.

A meeting with the Karamea community occurred in mid-May and this was very positive and valuable for us to hear the priorities from the community. Work will be underway over the next few months to progress the initiatives we discussed at the meeting and to welcome new members of the team.

#### Central Region Integrated Health Services

The CNM Primary commenced in March 2021 and has been proactively supporting their team, as well as working with other leaders. They, and 5 other clinical and admin staff from our primary practice, have been attending monthly quality improvement (QI) training at the PHO. They are working through an agreed project and will present the storyboard and outcomes later this year.

We are continuing to identify and develop GP Registrars locally, with the ultimate goal of supporting them to achieve GP fellowship and stay within the West Coast primary care workforce.

The CNM Community (who manages the District Nurses and Clinical Nurse Specialists) recently retired after 56 years of nursing. Their replacement is new to the region and brings a wealth of knowledge from a range of nursing roles elsewhere. They have quickly settled into the role and are already driving positive change.

The Unplanned integrated care area of Te Nikau is working well, with teams working closely together to support our community and respond to variable demand. A recent example was meeting a temporarily increased need for COVID-19 swabs (for people who had been in Melbourne).

#### Southern Region Integrated Health Services

There has been some ongoing work around recruitment to our Rural Nurse Specialist workforce in South Westland. In the coming month we will be appointing another RNS into our Haast area as well as a replacement for our Roving RNS position. It is also pleasing to see that we have a Nurse Practitioner and GP that, while not permanent employees, will collectively provide continuity of care for our South Westland communities through to mid next year.

In conjunction with our COVID vaccination team, we will be working with communities around the timing of vaccination clinics in Hokitika and South Westland. As part of our partnership approach Westland Medical and Poutini Waiora will be key partners in achieving a successful programme.

# Rural Inpatients & Transalpine Services

Improving Staff Capability

- The nurses on General Ward have been completing a lot of training and their professional development portfolios during this last month as well as orientating newly recruited staff.
- **Equity**
- The results from Central Booking Units Priority Populations Attendance project has been reviewed in conjunction with the Hauora Maori team and the teams are developing a plan to expand reach of the project. This project improved the attendance of Maori and Pasifika to equal that of the general population resulting in fewer unused appointments per clinic due to non-attendance.
- The Pharmacy, Central Booking and National Screening Project teams have drafted initiative to improve the way bowel prep is provided to people receiving a colonoscopy by enhanced use of standing orders, courier delivery and locality based pick up. This proposal values patient time and, annually, would result in 4-500 fewer patient journeys to collect bowel prep.

# 20/21 Budgets

• In preparation for the 2021/22 budget setting all Team Leaders have had meetings with finance and the rosters and core assumptions for budgeting have been agreed. These changes better align the 2021/22 budgets to the structure of the workplace post the occupation of Te Nikau Hospital and should result in more accurate forecasting and tracking of expenditure.

# Becoming Paperlight

The Medical Records team continues to champion the reliance upon paper based medical record in Te Nikau Hospital. To date they have moved ECG and Spirometry test results to being solely electronically stored. Exercise Tolerance Tests are the next item being looked at. Reducing our reliance on paper based records improves access to the patients' information and ensures that the most up to date records are available system wide – this improves clinical decision making and the care that is provided. The project to improve document security by electronic filing of procedure consent forms has stalled at implementation due to not being adequately consulted upon. In May the teams involved will revisit this project and work out how to bring all staff on-board with it.

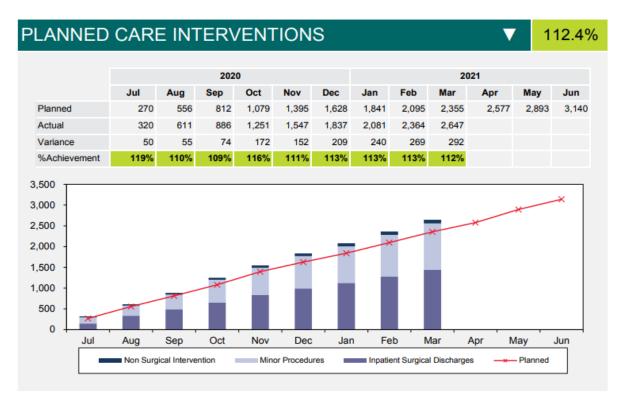
# Streamlining systems

• The Supply Team and Orthotics are investigating ways to optimise the stock levels and minimise fluctuations in ordering. In March they instituted supply scanning for supplies held in Te Nikau and in May will apply similar to the main supplies held in the Orthotic Department. This should free up time for clinical staff and improve patient care by having the right stock on hand at all times.

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

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	NZ Maori DNA%	Total DNA %
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	9.52%	4.94%
August 2020	1396	1317	79	6.90%	5.66%
September 2020	1551	1474	77	2.94%	4.96%
October 2020	1764	1669	95	1.23%	5.39%

rolling totals	10190	17009	1044	Average	Average
13 month	18190	17069	1044	6.50%	5.74%
April 2021	1379	1295	84	17.19%	6.09%
March 2021	1668	1561	107	4.76%	6.41%
February 2021	1471	1386	85	9.09%	5.78%
January 2021	1332	1223	109	17.81%	8.18%
December 2020	1330	1225	105	11.27%	7.89%
November 2020	1526	1426	100	8.70%	6.55%



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 remain ahead of year-to-date target, sitting at 112.4% for the nine months to 31 March 2021.

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

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

There were 53 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of March 2021. Those specialities showing with the largest cases in backlog were orthopaedics (42) and rheumatology (7). Among the non-complaint cases are several patients who have had to be delayed due to clinical complications and timing between visiting specialist clinics. Some patients who are offered appointments but unable attend due to a range of individual patient circumstances are left on our waiting lists for re-booking to see a Specialist at a later time, rather than being removed.

#### ESPI 5 (Treatment)

There were 61 patients were waiting over 120-days from FSA to surgical treatment as at the end of March 2021. These were spread across orthopaedic (27), plastics (22), dental surgery (7), ophthalmology (2) and urology and general surgery (1 each). As with our outpatient waiting lists, there continues to be a concerted effort to reduce the number of people on our respective surgical waiting lists with prolonged waiting times to receive treatment.

# **MoH Planned Care Measurement**

# Summary of Patient Flow Indicator (ESPI) results for each DHB

**DHB Name: West Coast** 

		2020		2020		2020		2020		2020		2020		2020		2020		2021		2021		2021
		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar
	Imp. Req.	Status %																				
DHB services that appropriately acknowledge and process patient referrals within required timeframe.	18 of 18	100.0%																				
Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	120	14.3%	100	12.2%	87	10.4%	43	5.0%	22	2.5%	7	0.8%	11	1.3%	32	3.6%	27	3.1%	26	3.1%	53	6.2%
Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0.0%	1	0.1%	1	0.1%	1	0.1%	2	0.1%	1	0.1%	1	0.1%	1	0.1%	1	0.1%	1	0.1%
5.Patients given a commitment to treatment but not treated within the required timeframe.	66	22.8%	42	16.2%	71	21.1%	40	12.2%	25	7.0%	38	10.7%	36	11.1%	47	14.6%	53	16.1%	56	17.4%	61	17.9%
The proportion of patients who were prioritised using approved nationally recognised processes or tools.	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%

Data Warehouse Refresh Date: 24/May/2021 Report Run Date: 24/May/2021

# 4.1 Workforce Update

#### Nursing

- We farewell one of our senior nurses this month who has been with the organisation for 56 years. Cheryl Hutchison started her career as a young 17 year old at Westland hospital and has retired from her position as Nurse Consultant/Clinical Nurse Manager Community. She handed over the baton to Holly Mason who has joined the team from the East Coast. We wish Cheryl all the best in her retirement and have thanked her for her service to the West Coast community. She will be missed by all.
- The Nurse Director Operations has been doing some work with the mental health leadership team. The team have started a morning operational meeting which feeds into the whole of systems operational meeting. This is proving to be a great way of bringing the teams together and understanding each other's workloads within their service.
- Care Capacity Demand Management have completed the first full time equivalent (FTE)
  calculations in the mental health inpatient unit. This has shown staffing to be within a 1 FTE
  assumption so very pleasing to see. This 1 FTE mainly sits with cover for the Clinical Nurse
  Manager annual leave requirement.
- Our Northern Nurse Practitioner (NP) is progressing well in her new role and continues to grow in confidence.
- As part of the Emergency Care Coordination team for the upper South Island, the group are looking at equity of service and the effects on patients and their families/whanau when moving from one facility to another. As part of this project the ECCT team will be visiting the WCDHB and local Iwi to understand the impact of the community when patients are moved further afield than CDHB.

#### Medical

- An additional full time O&G specialist was appointed mid-March; this completes our employment of consultants to that team, reducing the reliance on locums and improving continuity of care for West Coast women.
- We have shortlisted applicants for the General Surgeon vacancy we have had since January
  and shall be interviewing in April. Both applicants are from overseas and so it will take
  some time before the successful candidate can commence work.
- We continue to have a 0.7 vacancy in Anaesthetics and has been advertised and we are advertising for a Physician as well.

#### **Maternity**

- Staffing across the service is stable. The LMC for South Westland is going on maternity leave in June and the whole team is looking for solutions.
- The recent Buller PROMPT course was a success from all accounts.
- CCDM FTE calculations to be done based on data which team on West Coast believe is accurate against IRR.
- Review of Buller contract ongoing for LMCs there.
- Sustainability contracts provided to all LMCs coastwide.
- Recent visit to South Westland by DON and DOM week highlighted fragility of RNS group but also opened some discussions for maternity and assisting each other for the benefit of women and pepi.
- MQSP Report complete and shared with MOH and now online.

- Growing Up Well on West Coast continues with MQSP Coordinator working with HRC
  researcher. Still a number of local hui to go but wide coverage so far and good insights for
  maternity services and support systems required.
- Request from some midwives to go to CDHB and update as Rural Generalists do being considered and costed by CMM for discussion wider.

#### Allied Health, Scientific and Technical

- Successful collaboration with CDHB to provide Complex Wheelchair and Seating clinics to the West Coast has cleared the waiting list for this service. Clinics are quarterly and meet the needs of the community.
- We have recruited to an additional Community Occupational Therapist (OT) starting in May. They will be supporting both the Central and Southern localities. The use of a casual OT has reduced the waiting list significantly in Southern.
- Planning for bi-monthly visits from CDHB Child Development Services (CDS) specialists (OT and Physio) who support our clinicians, is well underway. We expect to see a reduction in waiting times and improved access to AH services for tamariki and their whānau.
- Following the resignation of two Physiotherapists in the Central and Southern locality, outpatient clinic activity has reduced. The recruitment process is progressing well and we are anticipate to appoint to these roles in a month.

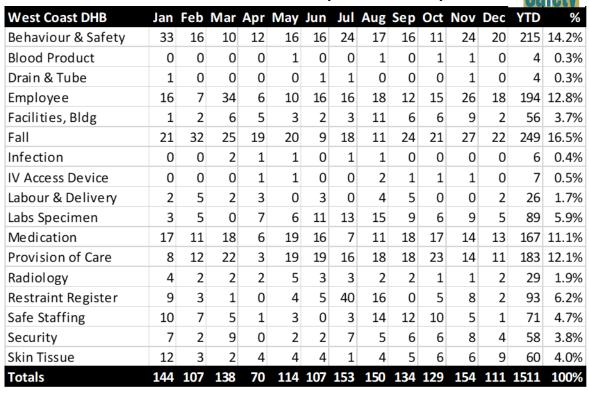
#### Recruitment

Total Current Open Vacancies	50
Number of placements since last report	69
Average Time to Offer (days)	39

- Nursing We have had a high turnover of staff in our Acute Zone and General Ward, but this has been quite normal following our return to normality from COVID-19. This is usually due to staff transferring to other areas within the DHB or temporary fixtures due to staff leave (i.e. Parental Leave/Secondments/Long Term Sick Leave etc.). With that being said, staffing numbers are presently up, putting focus on casual recruitment to these areas, again to cover leave etc.
- <u>Allied</u> We have been actively recruiting into Allied leadership roles in two localities (our Central and Northern spaces), with placement made to our Northern locality. Our Physiotherapy department had a slow kick-off this year but we are now filling a few of our Rural Physio spaces.
- <u>Corporate</u> Our Corporate space has less of a turnover with more long term placements of late keeping this area quite stable.
- Medical There is a lot going on in this space at the moment. We have interviews booked for the Anaesthetist role (1FTE and 2x applicants) and we are in the process of booking interviews in late June for 4 RHMs. There is an offer out to a General Surgeon and we have a strong applicant for the Psychiatrist role.

# Quality

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



#### West Coast DHB Incidents recorded in Safety1st for 2021

West Coast DHB	Jan	Feb	Mar	Apr	YTD	%
Blood Product	0	0	0	0	0	0.0%
Drain & Tube	0	0	0	0	0	0.0%
Employee	10	11	5	10	36	8.4%
Facilities, <u>Bldg</u>	6	2	5	7	20	4.7%
Hazard Register	0	2	1	2	5	1.2%
Fall	19	15	8	13	55	12.8%
Infection	1	1	1	0	3	0.7%
IV Access Device	0	0	0	0	0	0.0%
Labour & Delivery	3	3	4	4	14	3.3%
Labs Specimen	5	10	6	6	27	6.3%
Medication	18	8	15	20	61	14.2%
Privacy/Confidentiality	1	2	5	5	13	3.0%
Provision of Care	13	9	7	11	40	9.3%
Patient Behaviour	25	5	6	14	50	11.6%
Radiology	1	1	3	0	5	1.2%
Restraint Register	17	9	3	8	37	8.6%
Safe Staffing	2	3	8	6	19	4.4%
Security	2	2	4	6	14	3.3%
Skin Tissue	9	8	5	9	31	7.2%
Totals	132	91	86	121	430	100%

# Highlights

- Improved categorisation of SAC code at time of submission; less SAC1/SAC2 events coded in error in fact 100% of our incidents had the same actual SAC score as those reported.
- Open disclosure to families and whanau was at 100% for the month of March.

# Lowlights

- Need to do some extra Incident Review Group meetings to catch up on the backlog of files that are ready for review and closure. Planning some "targeted" IRGs to resolve some of the back log.
- More reporting of patient details not being checked need to put emphasis on staff checking patient details at every patient interaction.

Report prepared by:	Philip V	Wheble,	General	Manager	West Coas	st DHB
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# Hauora Māori Update



TO: Chair and Members

**West Coast Advisory Committee** 

SOURCE: General Manager, Hauora Māori

DATE: 10 June 2021

Report Status – For:	Decision	Noting	Information
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#### 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.

# Annual Plan 2021/2022

Hauora Māori received the green light from the Ministry of Health for next year's Annual Plan Actions and Milestones.

# Rā whānau Project

A scoping exercise is being undertaken to develop a concept of Māori receiving a free health check in their 50th year. Initial conversations with clinicians will define more clearly the clinical parameters and opportunities for targeted testing and begin the development of an assessment tool. It is imperative strong Māori consumer input is incorporated from the outset and multiple options for engagement by whānau are considered.

Population data shows that there are 210 people between the ages of 45-49 and we can assume based on these numbers that the numbers eligible for the check will be 40-50. If we follow the bowel screening approach, where participants are staggered over two years the number is very manageable at 20-30 per year.

Putea has been approved and the WCDHB Board and Chair and WCDHB Management support the project. This project will require considerable thinking to ensure it is designed and underpinned by Tikanga and Mātauranga Māori.

#### Pae ora o Tē Tai Poutini

Fiona Pimm has been contracted to implement the next phase of the Pae ora o Tē Tai Poutini initiative. This will include working alongside Poutini Waiora, DHB, PHO and Ngā whānau katoa to develop a service model that meets the needs of whānau for who the current model does not work for. The next phase of this initiative has been supported through the Ministry of Health, Te Ruinga category of Te Ao Auahatanga Hauora Māori: Māori Health Innovation Fund. Fiona has extensive experience working in governance roles in the health sector, government agencies, community NGOs, local iwi and runanga. She has extensive health sector networks across Aotearoa, especially in the Primary Care sector and Māori Health sector.

# Covid19 and Flu Vaccination Funding

WCDHB and Poutini Waiora have been successful with an MOH funding application for Māori Influenza and Covid-19 Vax rollouts. A project establishment group has been formed with the purpose to plan the outreach influenza immunisation rollout to Kaumatua from May 2021 in line with the general West Coast PHO/DHB immunisation programme. The group will also be involved with the COVID-19 vaccination rollout to Māori aligned with the general West Coast Programme.

#### **Consumer Council**

A combined Wananga between Tatau Pounamu and the Consumer Council Chair and co-Chair at their May meeting. The aim of the korero is to enable greater Māori involvement in the Consumer Council. This kaupapa was very positive with further wananga planned to progress the partnership approach.

# Regional Workshops Iwi and DHB Partnership Boards

Hauora Māori General Manager, Gary Coghlan, Tatau Pounamu Board Member Richelle Schaper and WCDHB Hauora Māori Portfolio Manager Marion Smith attended a 2-day regional workshop – Te Whanganui-a-tara in Wellington on 15/16 April. The workshops are the first step in a long-term commitment to support DHB and Iwi Partnership Boards build understanding of how best as governors and leaders to give effect to Titiri responsibilities and work together to achieve improved health and wellbeing for future generations.

This workshop related directly to an action in Priority Area 2 Ngā Kaiārahi Māori/Māori leadership in Whakamaua.

One highlight of the workshop was a presentation from John Whaanga – Deputy Director-General Māori Health Directorate on Te Tiriti and Māori Health Equity. The opportunity to network with our peer group from other DHB's and Māori Health Providers cannot be understated.

Tatau Pounamu members Joe Mason, Marie Mahuika-Forsyth and Chris Auchinvole attended the Hui held in Dunedin on 29<sup>th</sup>/30<sup>th</sup> April.

# Training Programmes

An annual training program which includes workshops on Tikanga Best Practice and Tiriti o Waitangi has been developed and timetabled with input from Operational Managers.

Hauroa Māori have run three Tikanga Best Practice workshops in 2021. A workshop in Greymouth held in March was attended by 10 new graduate nurses, another in Greymouth was run for Allied Health Kaiawhina with 13 kaimahi attending and a workshop held in Westport was attended by 13 staff.

The following training workshops have been timetabled:

- Four Tikanga Best Practice Kawatiri and Mawhera
- Three Te Tiriti o Waitangi Kawatiri and Mawhera
- Takarangi Cultural Competency Arahura Marae
- Kia ora Hauora Rangatahi Placement Mawhera
- HEAT Training Westland, Kawatiri and Mawhera

#### Maori Staff Hui

The first Maori staff Hui for 2021 was held on the 23rd of March and facilitated by Holly Weir the Project Manager: Māori Workforce Development for the South Island Alliance and supported by Gary Coghlan – Hauora Māori General Manager.

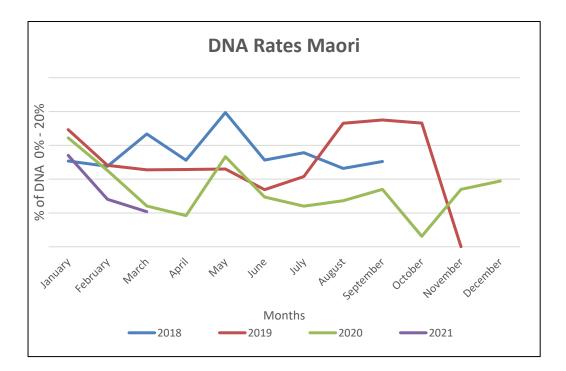
Based on feedback from the November 2020 Hui the programme was designed to inform, educate and stimulate conversation. The Hui was attended by 15 DHB Kaimahi.

# **DNA Project**

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

A HEAT (Health Equity Assessment Tool) session held in May 2020 with the Central Booking Unit team identified a number of unintended consequences of current CBU booking practices. Hauora Māori began working with the team to monitor the number of Māori Patients who did not attend their outpatient appointments and to implement positive operational changes targeting communication and patient follow up.

The group met regularly to check data and develop strategies to contact Māori patients. Reports received from ISG allowed continual live monitoring of bookings and the CBU team used this information to target potential DNA patient.



The percentages of Māori DNA's (reported to the Ministry of Health) has historically been over 10%, with some months as high as 19%. For the first time since data has been collected and monitored (2014) the percentage of Māori DNA's for 8 of the 9 months of the project June 2020 – February 2021 was below 10%. The exception being January 2021. **Note**: Based on previous data January was identified as being potentially problematic.

Going forward the CBU team will be implementing a change in booking practices and make BAU the contact tracing process identified as being successful. Appointment communication has also been updated and CBU are taking full ownership of their service.

The next stage of the project will investigate if there is any correlation between the numbers who DNA by WC Deprivation Index and compare those numbers with the Specialty Clinics.

# 4. APPENDICES

Appendix 1: West Coast DHB Māori Health – Dashboard

Report prepared by: Kylie Parkin, Portfolio Manager

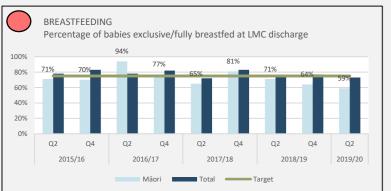
Report approved for release by: Gary Coghlan, General Manager Maori Health

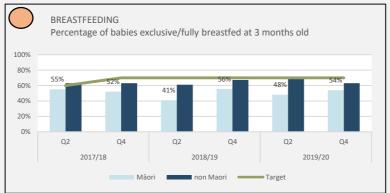
# West Coast DHB Māori Health Dashboard **March 2021**

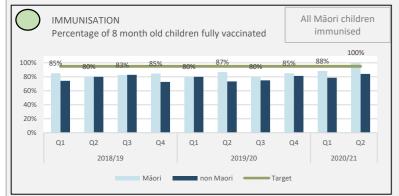
# Kia whakakotahi te hoe o te waka

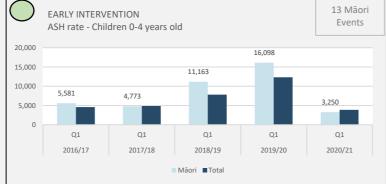
WE PADDLE OUR WAKA AS ONE

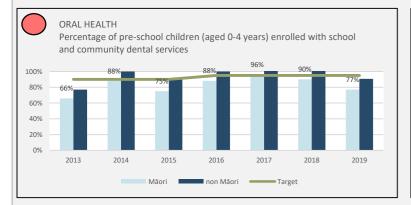
# **Tamariki Health and Wellbeing**

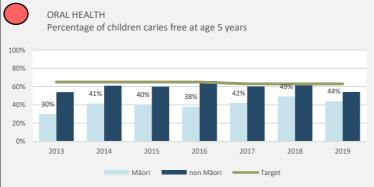


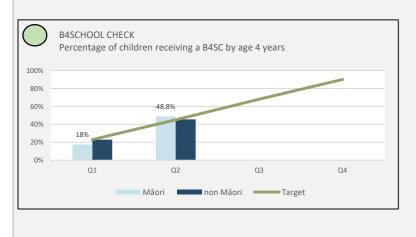


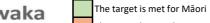








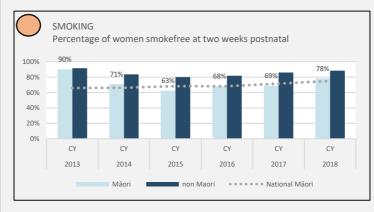


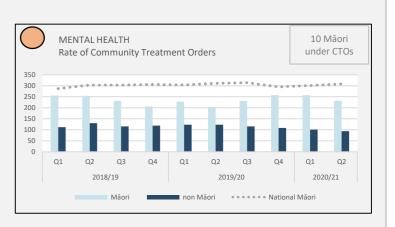


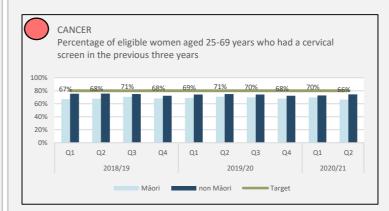
The target has not been met for Māori however the trend is improving

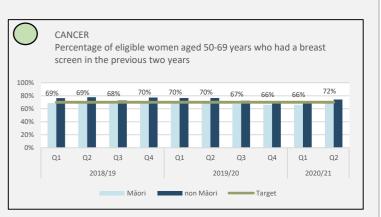
The target has not been met for Māori and performance is decreasing or there is significant inequity

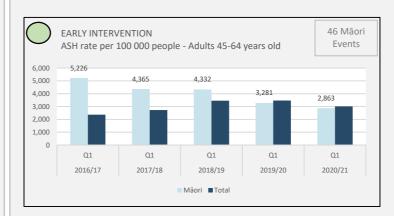
#### **Adult Health and Wellbeing**

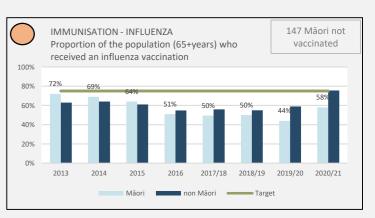




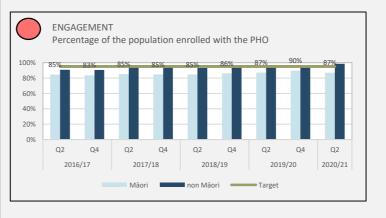








#### **Enablers to support Improved Health and Wellbeing**



Indicator Full Name	Data Source	Data Notes	Additional notes
Infants are exclusively or fully breastfed at discharge from LMC	National Maternity Collection (MAT)	Data may be incomplete, excluding data where records have no status	This data was updated in December 2020. The data is reported in arrers through the Nationa Maternity Collection. The result shown is the lastest available.
Infants are exclusively or fully breastfed at three months	Well Child Tamariki Ora (WCTO) National Dataset		This data was updated in December 2020, Results are reported three months in arrers. The result shows 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 COVID restrictions. The results are not likely to be sustainable over a longer term especially when borders reopen.
B4SCs are started before children are 4½ years	B4 School Check	We have made a change to the B4SC 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 (MAT)	This data source has now changed. This measure was using the Well Child reports as its data source, for consistency and continuity of reporting we now use the National Maternity Clinical Indicators report which reports by calendar year.	
Population under Mental Health Act: section 29 Community Treatment Orders, rate per 100 000 population	Project for the Integration of Mental Health Data (PRIMHD)	Data is provided 3 months in arrears for each reporting quarter	
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit		
Women aged 50-69, who have had a breast screen once in the last two years	National Screening Unit		
ASH rates per 100,000 Children 45-64 years old	National Minimum Dataset (NMDS)	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		_

# WORKPLAN FOR ADVISORY COMMITTEE 2021 (WORKING DOCUMENT)

	11 March 2021	10 June 2021	9 September 2021	25 November 2021
STANDING ITEMS	Interests Register Confirmation of Minutes Carried Forward Items	Interests Register Confirmation of Minutes Carried Forward Items	Interests Register Confirmation of Minutes Carried Forward Items	Interests Register Confirmation of Minutes Carried Forward Items
REPORTS FOR RECOMMENDATION TO THE BOARD				
STANDARD REPORTS	Community & Public Health Update     Alliance Update     Operational Update     Maori Health Update	Community & Public Health Update     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		Water Quality	Suicide Prevention	
DISABILITY REPORTING	Disability Action Plan Update Disability Steering Group			
GOVERNANCE AND SECRETARIAT				
INFORMATION ITEMS	Committee Work Plan 2021 Schedule of Meetings	Committee Work Plan 2021 Schedule of Meetings	Committee Work Plan 2021 Schedule of Meetings	Committee Work Plan 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.