



West Coast
– District Health Board –

Te Poari Hauora a Rohe o Tai Poutini

ADVISORY COMMITTEE MEETING

9 September 2021

10.00am

Via Zoom

AGENDA AND MEETING PAPERS

**ALL INFORMATION CONTAINED IN THESE COMMITTEE
PAPERS IS SUBJECT TO CHANGE**

AGENDA

WEST COAST ADVISORY COMMITTEE MEETING
to be held via zoom
Thursday 9 September 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**
 - 10 June 2021
- 3. **Carried Forward/Action Items**

REPORTS**10.20am**

- | | | |
|---|--|-------------------|
| 4. Community and Public Health Verbal Update | Cheryl Brunton
<i>Public Health Specialist,
Community and Public Health</i> | 10.20am – 10.30am |
| 5. Alliance Update | Philip Wheble
<i>General Manager, West Coast</i> | 10.30am – 10.40am |
| 6. Operational Update | Philip Wheble
<i>General Manager, West Coast</i> | 10.40am – 10.50am |
| 7. Maori Health Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 10.50am – 11.00am |
| 8. Annual Plan Report – Q4 2020/21 | Tracey Maisey
<i>Executive Director, Planning, Funding &
Decision Support</i> | 11.00am – 11.10am |
| 9. General Business | | 11.10am – 11.20am |

ESTIMATED FINISH TIME**11.20am****INFORMATION ITEMS**

- CPH - Public Health Report - January-June 2021
- Draft Committee Work Plan – working document
- 2021 Schedule of Meetings

NEXT MEETING

Date of Next Meeting: Thursday 25 November 2021

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*)

Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Peter Neame Chair	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 Southern DHB Son is employed by Southern DHB 	N N N	
Rick Barker Board Chairman	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Patron of the West Coast Stroke Group Incorporated Daughter employed as nurse for West Coast DHB Consumer Representative on WCDHB Stroke Coalition Committee Member, Accessible West Coast Coalition Group 	N N N N	Perceived

Sarah Birchfield Board Member	<ul style="list-style-type: none"> Member - Accessible West Coast Coalition Group Member - Canterbury/West Coast Disability Action Plan Committee Member - West Coast PHO Clinical Governance Committee Member - Project Search Steering Group Member - National Bowel Screening – Equity Advisory Group 	N N Y N N	Perceived
Cheryl Brunton	<ul style="list-style-type: none"> Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) Member - Public Health Association of New Zealand Member - Association of Salaried Medical Specialists Member - West Coast Primary Health Organisation Clinical Governance Committee Member – National Influenza Specialist Group Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation Member – DISC Trust 	N N N N N N N	
Paula Cutbush	<ul style="list-style-type: none"> Owner and stakeholder of Alfresco Eatery and Accommodation Daughter involved in Green Prescriptions Justice of the Peace 	N N N	
Helen Gillespie Board Member	<ul style="list-style-type: none"> Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature. Accessible West Coast Coalition Group - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people Kowhai Project Committee – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors. 	N N N	
Anita Halsall-Quinlan Board Member	<ul style="list-style-type: none"> No interests to declare 		
Tony Kokshoorn	<ul style="list-style-type: none"> Dixon House, Greymouth - Trustee Greymouth Evening Star Newspaper– Shareholder 	N Y	

Deputy Chair	<ul style="list-style-type: none"> Hokitika Guardian Newspaper – Shareholder Greymouth Car Centre - Shareholder Daughter a Doctor at Christchurch Hospital Patron MS Parkinsons Society 	Y N N N	
Chris Lim	<ul style="list-style-type: none"> No interests to declare 		
Joseph Mason	<ul style="list-style-type: none"> Representative of Te Runanga o Kati Wae Wae Arahura Tatau Pounamu – Committee Member 	N Y Y	Perceived Perceived
Edie Moke Board Member	<ul style="list-style-type: none"> New Zealand Blood Service Board (NZBS) – Member 	Y	Actual
Nigel Ogilvie Board Member	<ul style="list-style-type: none"> Westland Medical Centre - Managing Director Thornton Bruce Investments Ltd - Shareholder/Director Hokitika Seaview Ltd - Shareholder Tasman View Ltd - Shareholder, White Ribbon Ambassador for New Zealand Sister is employed by Waikato DHB Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre Wife is Board Member West Coast PHO Chair – South ALT Workstream 	Y N N N N N Y Y N	Actual Actual Perceived
Francois Tumahai Board Member	<ul style="list-style-type: none"> Te Runanga o Ngati Waewae – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast. Poutini Environmental - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. Arahura Holdings Limited – Chief Executive West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. 	N N N N Y	 Actual

	<ul style="list-style-type: none"> • Poutini Waiora Board - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. • Development West Coast – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a “Deed of Trust” which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. • West Coast Development Holdings Limited – Director • Putake West Coast – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. • Ngai Tahu Pounamu – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving • Westland Wilderness Trust – Chair • West Coast Conservation Board – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. • New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director • Westland District Council – Councillor 	<p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p>	
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MINUTES



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MINUTES OF THE WEST COAST ADVISORY COMMITTEE
held in the Corporate Office Board Room
on Thursday 10 June 2021 commencing at 10.00am

PRESENT

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

APOLOGIES

Susan Barnett and Tony Kokshoorn

EXECUTIVE SUPPORT

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

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

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no additions or alterations

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 5/21)**

"That the minutes of the meeting of the West Coast Advisory Committee held on 11 March 2021 be confirmed as a true and correct record."

Moved: Sarah Birchfield /Seconded: Chris Auchinvole

The following points from the minutes were discussed.

The concerns about the TXT reminder system previously mentioned, it had been advised that the system had been experiencing problems but is now working.

A discussion around the information provided in letters sent to patients was discussed, with some referrals not meeting the criteria and information sent back to the patient either incorrect or insufficient information why they were not eligible.

Mr Wheble advised there is work being done South Island wide to improve communication in the written form, it is challenging to communicate with a large number of people over many services as well as those within the same service with slightly different issues, how it can be communicated effectively without writing every letter individually which would be time consuming and delays would be even longer.

A member drew attention to a paediatric referral made to a service in 2018, and this patient has only just received a letter. Mr Wheble indicated he would look in to this occurrence, but the work on early intervention currently being put in place is for referrals going forward, not historical ones.

The Rural Learning Years project currently being run was mentioned, and that some parents most in need are unable to attend due to being solo parents, with either no respite carer or family able to watch the child. Mr Wheble advised that this is something that needs to be discussed with Jane George the project lead as trying to get the project out to as many people as possible is important..

3. CARRIED FORWARD/ACTION ITEMS

Items were noted

4. PRESENTATION - UPDATE ON DRINKING WATER REGULATION

Cheryl Brunton, Public Health Specialist, provided the Committee with a presentation, acknowledging the use of slides from Taumata Arowai the new Water Services Regulator.

The Drinking Water Reform is part of the overall reform called Three Waters – drinking, waste and storm water.

M Brunton reminded everyone of the 2016 Havelock North campylobacter outbreak which resulted in a number of deaths, the reforms are partly an outcome of this. There are 800,000 New Zealanders that currently obtain their drinking water from small unregulated sources.

Taumata Arowa provides leadership on the Three Waters by setting, promoting, advising on, enforcing, and monitoring the national standards for drinking water as their role of regulator. Also advising on national standards of waste and storm water. The diagram below shows where Taumata Arowa sits with each of the three waters – freshwater is not part of the Three Waters

A water system that meets the needs of Aotearoa



Ms Brunton spoke to the slide laying out what Taumata Arowai is not, they do not take the lead on public health incidents or responses, they are not the supplier of safe drinking water.

Originally it was thought the Bill would be in place 1 July, is now looking at being closer to November this year before Taumata Arowai will assume it's full regulatory role. With updated modelling changes

it is not known what the final Act will look like. But it will not be a one size fits all, new authorisation and occupational regulation requirements will be established through secondary legislation. Large suppliers (>500 people) must have a drinking water safety plan **within one year** after legislation comes into effect, small suppliers (<500 people) have **five years** and all suppliers must register **by the end of the first year** of commencement, this does not include single households with an individual water supply

The West Coast Councils as drinking water suppliers will stay as they are, but will potentially have more supplies that are under regulation with the all small suppliers coming under them. Regular assessments will take place to ensure communities have access to safe drinking water. A new requirement is that fresh water bodies that are used as drinking water supplies (rivers & lakes) will need to be identified and water suppliers will need to have a source water risk management plan. Currently Regional Councils can implement drinking water protection zones for water bodies that are used for drinking water supply, currently none on the West Coast have this in place, but will be required under the new regime, and be reported on annually.

5. COMMUNITY AND PUBLIC HEALTH UPDATE

Cheryl Brunton presented the Community & Public Health update which was taken as read. Ms Brunton drew attention to the Tuhono Kia Tu Maia report included in the papers and explained this was not a CPH report but would be of interest to a number of people.

Ms Brunton informed everyone that the Public Health Report - January-June 2021 will be provided for the next meeting.

The Community and Public Health Update was noted

6. ALLIANCE UPDATE

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

Ms Brailsford informed everyone that the Alliance Leadership Team are meeting tonight and Dr Peter Bramley, CDHB/WCDHB Chief Executive would be attending.

It was asked that the point on page 1 of the report, 'looking at opportunities to deliver the System Level Measures at all levels of the organisation' be expanded upon. Ms Brailsford, it is connected to the Annual Plan and what they are expecting is the workstreams to use the system level measures as a guide for their workplans over the coming year. One of the workstreams is Healthy West Coast (Northern, Central and Southern).

The Alliance Update was noted

7. OPERATIONAL UPDATE

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

Mr Wheble advised that the recent nurse's strike went well with the team doing a great job filling in while the nurses were away.

Mr Wheble highlighted the following points:

- when the three localities were created one of the objectives was better engagement with the communities, this is progressing in each location with Southern being behind due to management being heavily involved in the COVID vaccination programme

- Orthopaedics, there have been conversations with the team around bringing the ESP number down. With plans to be in place by the end of the calendar year, after discussions an orthopaedic surgeon has agreed to running more clinics.
- Plastic, currently looking at the resource and what functions only plastics can do. Upskilling of the Rural Generalists so they can provide care on the Coast earlier.
- Rheumatology, with the timing of smaller clinics the numbers can change
- Also looking at ways of collaboration with the teams at CDHB, around how our teams can provide greater support, whether by Clinical Nurse Specialists

A question regarding the COVID vaccination programme and whether it was on track was asked. Mr Wheble explained about the 4 cohorts in the MoH vaccination process that everyone has to follow, but given the Coasts rural nature when vaccinating in the small areas such as Reefton/Ngakawau/Karamea/South Westland it makes sense to vaccinate as many as possible. Currently 1600 vaccinations per week are being given.

The new O&G specialist is resident on the Coast and will be spending 80% of his time on the Coast with the other 20% in Canterbury, this ensures skills can be kept up to date due to the various cases seen in Canterbury and not here.

The ESPs 2 and 5 for both Orthopaedics and Plastics were discussed due to the increasing numbers, though it was observed the results only went as far as March 21. Mr Wheble agreed both areas are challenging, Orthopaedics is a constraint around workforce which is a national problem and work is being done with both CDHB and the MoH on how we are going to get the numbers down below the required timeframes. The team is consistently looking at ways to get more capacity. Mr Wheble went on to explain that to keep up with retirement there would need to be 20 new Orthopaedic trainees every year, and there are not 20 trainees taking those places.

A comparison was drawn between the Maori DNA rate in this report which is showing the rate worsening and those in the next report (Maori Health) showing improvement. Mr Wheble explained that definitions of data and what is a DNA can cause the difference, this report covering those booked for an appointment and for whatever reason did not attend, he indicated he was unsure of definition was used for the Maori Health information. Greater clarity and consistency was requested for future DNA data provided in the reports.

It was advised that when accessing the WCDHB website COVID information the PDF file is populated with another DHBs name, not WCDHB. Another point is people are finding it difficult to find the phone number they need to ring to book their vaccination, General Practices are fielding numerous calls asking where to find it. Mr Wheble advised he would look into both concerns.

It was asked whether the successful applicant of the Clinical Director role for the Northern region would be living in the region or travelling in for his .5 position, Mr Wheble advised he wouldn't be living up in the region but at this point he wasn't aware of how the .5 would be scheduled across the fortnight.

It was asked what the current wait times for OT referrals on the West Coast to be provided.

It was suggested that after the previous discussion around the concerns identified about the difficulty in accessing both information and booking of COVID vaccinations that an advert be placed giving all these details. It was also asked if there was anything in place for those with mobility problems, can they be done at home? Mr Wheble explained that the fragility of vaccine and also the amount of work that goes into delivering a clinic down to certifying the venue, the security around it, then time it takes to move the vaccine. The mobile clinics are held in venues accessible for those who live in remote populations.

It was queried whether there was going to be an advertising campaign for this seasons flu vaccination when seems to have been delayed due to the COVID vaccination programme. Others around the

table mentioned they had been contacted for the flu shots, there is a stand down period of two weeks between COVID and flu vaccinations. All GP clinics have been provided with the same information and have informed their registered patients.

Resolution (6/21)

(Moved: Chris Auchinvole / Lynnette Beirne)

That the Advisory Committee:

- i. notes the Operational Update

8. MAORI HEALTH UPDATE

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

The demands due to the changes in the health system have the team working hard. Mr Coghlan explained that both the Maori Health Authority and Health NZ will co-sign-off on things making Maori a significant player at the table, this will be right across the board. He reiterated what is needed is Maori with strong skills in Hauora and across the board.

The difference in the DNA results was mentioned again and it was hope a way forward to having consistent data could be found.

It was asked Ra whanau project, when is it going to progress to a start date, Mr Coghlan will come back with a start date. He explained that he is happy with where the progress is sitting.

The Maori Health Update was noted

GENERAL BUSINESS

An e-mail update on the Disability Steering Group from Kathy O'Neill, Planning & Funding Team Leader, advising they are currently in the process of finding a community disability provider and will update again once further information is available.

INFORMATION ITEMS

- Draft Committee Work Plan
- 2021 Schedule of Meetings

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

Confirmed as a true and correct record:

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		Deferred to November meeting

CARRIED FORWARD/ACTION ITEMS



ALLIANCE UPDATE



TO: Chair and Members
West Coast Advisory Committee

SOURCE: Alliance Leadership Team

DATE: 09 September 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 Board;
i. Notes the Alliance Update.

3. SUMMARY

Alliance Leadership Team (ALT)

- The ALT was pleased to have achieved so many of the outcomes in the System Level Measure Framework 2020/21:
 - ASH Rates 0-4 Year Olds: Reduction of the 3-year average ratio between ASH rates for Māori children to below 1:1.23 was achieved with rates being 1:1.06
 - Acute Hospital Bed Days: The milestone target of reduction of the Acute Bed Day Rate for Māori to below the current 3-year average rate of 331 per 1,000 of population and continuing to ensure the equity gap between Māori and total population is either negligible nor favourable to Māori was achieved. Acute Bed Day Rate for the year ending March 2021 was 147 for the total population and 144 for Māori.
 - Amenable mortality: The milestone for this measure was achieved. The current downward trend in amenable mortality with an anticipated rate, or close to, 70 amenable deaths per 100,000 people by June 2023 was maintained.
 - Youth access to and utilisation of youth appropriate health services: The milestone for this measure was to maintain a downward trend for self-harm hospitalisations to a rate of 32 per 10,000 population and continue to ensure the equity gap between Māori and total population is negligible. As at March 2021, the total population rate per 10,000 was 47.1 with the rate for Māori being 49.3. The milestone has not been achieved with a sharp increase for self-harm hospitalisations evident as against 2020 figures and the equity gap widened for Māori.
 - Babies living in smokefree homes: The milestone of reducing the equity gap between Māori and Non-Māori babies living in a smokefree home to less than a three-year average of 12% was not achieved. The equity gap has increased and, as at March 2021, is 17.7%. Whilst a growing number of Māori pepi are living in smokefree homes (approximately 2% more 2020) the Alliance is focussed on significant change.

ALLIANCE UPDATE



- The System Level Measures Improvement Plan for 2021/22 is approved by ALT.
- The challenge for ALT will be driving results and systemic change in 2021/22. ALT is considering what changes can be made to work better with the Locality Workstreams and ensure ALT has the right mix of members. Focus will also be on ensuring the SLMIP targets are well socialised at all levels of the organisation, amongst health providers, stakeholders and those responsible for outcome delivery. Any agreed ALT plan(s) on how best to monitor and assist in achieving the SLMIP outcomes will be disseminated and discussed as appropriate.

Report prepared by: Davina Ruru, 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: 9 September 2021

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the West Coast Advisory Committee:

- i. notes the Operational Update.

3. SUMMARY

This report is intended to:

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

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

Over the last two months the West Coast has seen two significant events that have impacted on our communities and staff. The flood in Westport and the COVID lockdown has put additional pressure on the team and it has been amazing to see how they have responded to these challenges.

As we continue to progress through the year we will need to ensure that we are supporting the wellbeing of those in the community, particularly those impacted in Westport by the floods. We also need to ensure our teams are well supported as they continue to deliver services across the Coast.

4. **DISCUSSION**

4.1 Service Update

Northern Region Integrated Health Services

Northern has been hit with two emergency situations:

1. 16 July the flooding of the region requiring the emergency evacuation of Buller Medical Centre into the Masonic Lodge facility and Foote ward, the Stabilising Unit and Maternity services evacuating to Club Buller;
2. The national level 4 COVID-19 lockdown.

The workforce has responded admirably to maintain patient care while at the same time many have suffered with personal displacement, loss of homes and belongings and families who were also affected by the flooding. The CDHB's response to the personal needs of staff will long be remembered.

With the COVID event, phone consults and essential face-to-face continued and the CBAC were immediately operationalised. As a result of the previous experience of lockdown, some processes and systems were automatic, e.g. remote systems for working were already available, so Buller was well on track, the CBAC was readily set up and the priority of the door roster to maintain a safe environment was understood by staff.

The new Indici Electronic Patient Management system is planned to go-live on 6 September and staff training is underway this week. This will support a far more connected and integrated approach to care for our communities and we can see that there is great potential from the programme.

The Ngakawau and Karamea communities have continued to deliver health care services within their localities with the variations to practice required by COVID-19. Additionally, the staff in these areas have responded so well to support the Buller team when affected during the flood.

Central Region Integrated Health Services

In early September we will fondly farewell one of our long-standing GPs, as she leaves to take up the role of Rural-based Senior Lecturer with the University of Otago. The role will involve rural-focused research and education with the underlying aim of promoting rural careers. The West Coast is expected to benefit in many ways as it is one of the regions at the forefront of rural health in New Zealand. We are advertising for another GP, as well as continuing to develop GP Registrars locally; so they are supported to achieve GP fellowship and stay within the West Coast primary care workforce.

Providing sustainable paediatric services has recently been difficult due to staffing challenges. We have worked closely with both our local workforce and transalpine partners to temporarily establish a revised model of care. This is currently working well and will be reviewed in accordance with agreed timelines.

The new manager for central locality Mental Health Services commenced in July. They bring a wealth of experience to the role and will be supporting central teams, as well as some coast-wide services (e.g. AOD & CAMHS).

The Central Consumer Council has continued to develop and, as of August, is now chaired by a consumer representative. The HQSC quality safety marker for consumer engagement will drive future work.

The CNM / Nurse Consultant Community has recently been partnering with senior leaders to gain experience of key roles within the DHB. Supporting developing leaders in this way will help build greater system resilience and improve our succession planning.

Southern Region Integrated Health Services

Recruitment of Rural Nurse Specialists continues with some success. Since the last report, permanent appointments have been made to RNS positions in Haast and to one of the two Coast-wide “rover” RNS roles. Two additional casual RNSs have also been appointed and this will greatly assist in ensuring roster coverage. Recent locum stints by a Nurse Practitioner have been well received by the community and by the SWAP team and we will look to foster this in coming months.

Connection has been established with representatives of the communities of Haast, Franz Josef, Whataroa and Hari Hari (Fox in train) with a view to fostering the relationship with those communities enabling a level of consumer participation. Although frustrated by the current lockdown which has seen some face to face meetings postponed, the response from the communities has been very positive. Engagement with communities of interest within Hokitika is also an ongoing project.

Vacancies across the Hokitika Health Centre team continue to be filled as they have arisen ensuring ongoing service levels. This includes a returning Physiotherapist as well as a District Nurse covering Maternity Leave.

The Community Mental Health team is now back to full strength following retirements and resignations including the appointment of a new Associate Clinical Nurse Manager from within the team.

Work continues with the teams based at Hokitika Health Centre on team values. Input from staff has been excellent and is being used as the basis for developing a simple set of mutual expectations that will guide our team’s interactions.

Other projects have been impacted by the COVID-19 vaccination programme and the current lockdown, however these will continue as soon as possible.

The COVID-19 vaccination roll-out across the Southern Locality has been very effective with excellent collaboration between the Programme team and our various teams, especially the South Westland Area Practice team.

Rural Inpatients & Transalpine Services

Improving Staff Capability

- Team Leaders are heavily involved in the Te Huarahi Hautū, Leadership Development Programme. Workshops delivered over the last 3 months have included Leading Self, How We Hire and Difficult Conversations. The Building Effective Teams workshop is scheduled for September (subject to Covid-19 alert levels).

Equity

- The Priority Populations Attendance commenced in 2020 improved the attendance of Maori to equal that of the general population resulting in fewer unused appointments per clinic due to non-attendance. This project is being expanded to include all people who experience barriers to attending and participating in appointments. This initiative is the work of the Central Booking Unit and Hauora Maori teams.
- The early results from the Pharmacy, Central Booking and National Bowel Screening Project teams 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) are positive with no instances, since June, of patients not receiving their prep when needed. This proposal values patient time and, annually, should result in 4-500 fewer patient journeys to collect bowel prep.

Bowel Screening Programme

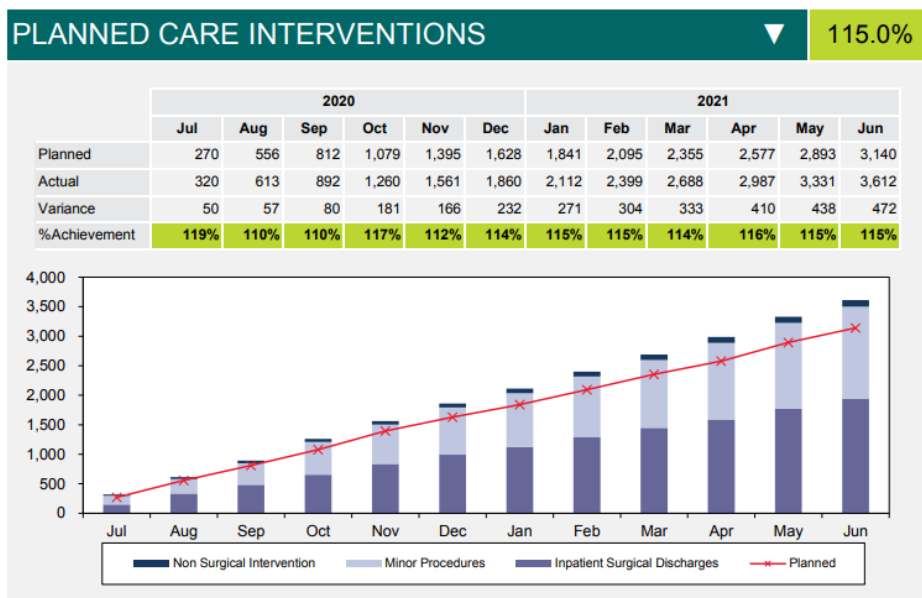
- The West Coast DHB joined the National Bowel Screening Programme at the end of May and is actively promoting NBSP and engaging with the community. We have held training sessions with all Rural Nurses, Primary Practices and have a formal launch scheduled for the first week of October. The initial results for the programme indicate the promotion and engagement is going to plan with over 50% of kits being returned.

Becoming Paperlight

- The Medical Records team continues to champion the reliance upon paper based medical record in Te Nikau Hospital. Previously they have moved ECG and Spirometry test results to being solely electronically stored. Exercise Tolerance and Audiology Tests are now being scanned and placed on the patient record. This reduces 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 electronically file consent forms has been paused for now due to winter pressures.

Streamlining systems

- The Supply Team and Orthotics have streamlined the ordering of orthotics products and the next stage is to standardise the ordering across the West Coast. This will free up time for clinical staff and improve patient care by having the right stock on hand at all times.



Planned Care Delivery Ahead of Schedule: West Coast DHB delivered 3,162 Planned Care interventions in 2020/21. Our target for the year was 3,140. This target remains the same for 2021/22.

Elective Services Patient Indicators [ESPI Compliance]

ESPI 2 FSA (First Specialist Assessment)

There were 39 patients waiting over 120 days for their outpatient First Specialist Assessment (FSA) at the end of June 2021. All were orthopaedic cases. Work continues to be undertaken to seek additional clinical capacity for this service to reduce waiting times.

ESPI 5 (Treatment)

There were 74 patients waiting over 120-days from FSA to surgical treatment as at the end of June 2021. These were spread across orthopaedic (35), plastics (31), urology (6) and dental surgery and ophthalmology (1 each). As with our outpatient waiting lists, there continues to be a concerted effort to reduce the number of people with prolonged waiting times to receive treatment. Urology was affected by temporary bed capacity constraints and caught up in July. Extended waiting times for orthopaedics and plastics have continued in subsequent months, as we continue to seek additional clinical capacity in these specialties. Both services have staffing constraints at this time.

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results DHB: West Coast

	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
	Imp. Req.	Status %	Imp. Req.	Status %	Imp. Req.	Status %	Imp. Req.	Status %	Imp. Req.	Status %	Imp. Req.	Status %	Imp. Req.	Status %	Imp. Req.	Status %	Imp. Req.	Status %	Imp. Req.	Status %	Imp. Req.	Status %	Imp. Req.	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %
2. Patients waiting longer than four months for their first specialist assessment (FSA).	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%	77	8.5%	51	6.3%	39	4.7%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	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%	1	0.1%	1	0.1%	1	0.1%
5. Patients given a commitment to treatment but not treated within four months.	71	21.1%	40	12.2%	25	7.0%	38	10.7%	36	11.1%	47	14.7%	53	16.2%	56	17.6%	61	18.1%	64	19.5%	51	15.4%	74	20.6%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %

Notes:

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

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

ESPI Compliance Levels:

1. DHB Level 'Non-compliant Red' status 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 0.30%, and Red if 0.4% or higher.
3. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 4.99%, and Red if 5% or higher.
4. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
5. ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if less than 90%.

Data Warehouse Refresh Date: 1/08/2021

Report Run Date: 2/08/2021

Data up to: Jun 2021

4.2 Workforce Update

Nursing

- Staffing challenges continue in some areas including our RNS team and Paediatrics. This is a combination of vacancies and sickness. We have had some success in our RNS recruitment. To support our Paediatric service we have combined Paediatric and CCU in the short term.
- Late September: New Graduate RN/EN applications to positions across the Coast open. The Workforce team will encourage managers to consider graduates for their current vacancies. The Clinical Coach role established this year will help support those graduates – this could mean roles not traditionally viewed as suitable for a graduate are better supported.
- A new online course “NZ Critical Care Pandemic Relief Team Resource” is soon to be released and will be promoted by the Nurse Educators. It is designed to augment the face to face training that will be delivered by CDHB Educators once the surge planning is finalised by them.
- Health Workforce NZ funding for postgraduate education has opened for 2022, a great opportunity to grow capability within our workforce – the advertising this year has stories from previous applicants.

Medical

- We have recruited a full time General Surgeon who will be joining us from the United States in mid-October.
- We have recruited a 0.8 FTE Anaesthetist who will be joining us from the United States in mid-January 2022.
- Strengthening the transalpine alliance continues with Dr David Smyth taking on the position of Transalpine Chief of Medicine and working alongside Dr Brendan Marshall the WCDHB Clinical Director of Rural Inpatients and Transalpine Services.

Maternity

- Maternity staffing is now stable. We have welcomed a return midwife to Te Nikau maternity. We have been steady with births over the last couple of months and expect a busy time coming up to Christmas.
- We have had a 2nd year midwifery student on placement here on the ward who is a Rural Nurse Specialist working in Haast.
- A Post Resuscitation/Pre-transport Stabilization Care of Sick Infants (STABLE) course was held in early August. This was well attended at the PHO in Greymouth with over 20 participants and facilitated by two Neonatologists from Christchurch, along with our Midwifery Educator.
- There have been several workshops/courses cancelled/postponed due to COVID.
- The MOH Budget 2020 has given WCDHB funding for a Midwife Clinical Coach and the Midwifery Return to Practice programme (0.5FTE). We advertised for expressions of interest for this role, and one of our employed midwives has been successful.

Allied Health, Scientific and Technical

- A new Team Manager for the Allied Health team in Central has been appointed and commenced on 3 August at 0.5FTE.

- The Community Occupational Therapy waiting list has been significantly reduced for both Southern and Central since the on-boarding of another Community OT and utilising casual staff.
- Current vacancies in AH that we are recruiting to, include a Physiotherapist in Northern and Central.
- We have been trying to recruit to an Occupational Therapist in Mental Health in Central for some months and we are pleased to confirm we have an OT seconded into this role for a 6-month period starting in September 2021.
- While we are still recruiting to a permanent Clinical Lead OT, we have extended the Acting Clinical Lead contract for up to another 6 months, until mid-March 2022, unless permanent appointment occurs sooner.
- The AH team in Northern have been working hard to support the community following the devastating flood in collaboration with CCCN, District Nursing and other teams.

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	Feb	Mar	Apr	May	Jun	Jul	YTD	%
Blood Product	0	0	0	0	0	0	0	0	0.0%
Drain & Tube	0	0	0	0	0	0	0	0	0.0%
Employee	10	11	5	11	12	14	18	82	10.9%
Facilities, Bldg	7	2	5	7	7	4	6	38	5.0%
Hazard Register	0	2	1	2	2	3	0	10	1.3%
Fall	19	15	8	13	16	17	24	112	14.9%
Infection	1	1	1	0	0	0	3	6	0.8%
IV Access Device	0	0	0	0	0	0	0	0	0.0%
Labour & Delivery	3	3	4	4	2	1	2	19	2.5%
Labs Specimen	6	10	6	6	12	7	10	57	7.6%
Medication	18	8	15	24	18	17	9	109	14.5%
Privacy/Confidentiality	1	2	4	5	5	2	2	21	2.8%
Provision of Care	13	11	10	12	12	9	21	88	11.7%
Patient Behaviour	0	0	0	0	0	0	0	0	0.0%
Radiology	1	1	3	0	4	1	3	13	1.7%
Restraint Register	17	9	3	8	15	10	6	68	9.0%
Safe Staffing	2	3	8	7	12	16	11	59	7.8%
Security	2	2	5	6	5	2	1	23	3.1%
Skin Tissue	9	8	5	9	5	5	7	48	6.4%
Totals	109	88	83	114	127	108	124	753	100%

Highlights

- KPIs: higher percentage of incidents recorded within 24 hours, SAC codes remaining the same post event up from 50%, 19 less patient related incidents submitted during June than May.
- Restraints for July down to second lowest number recorded YTD – none were seclusion events.
- Less medication events resulting in patient treatment and more medication incident free days than in June.

Lowlights

- July had the highest number of reported falls YTD.

Report prepared by:

Philip Wheble, General Manager West Coast DHB

HAUORA MAORI UPDATE



TO: Chair and Members
West Coast Advisory Committee

SOURCE: General Manager, Hauora Māori

DATE: September 2021

Report Status – For: Decision ☐ Noting ☒ Information ☐

1 ORIGIN OF THE REPORT

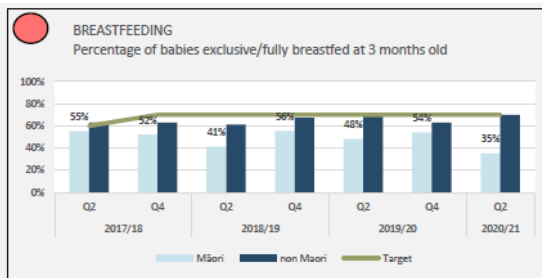
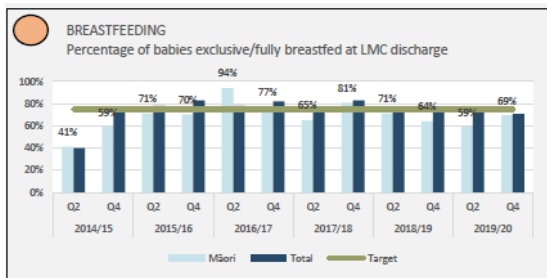
This report is provided to the West Coast Advisory Committee and Board as a regular update

2. RECOMMENDATION

That the West Coast Advisory Committee notes this report.

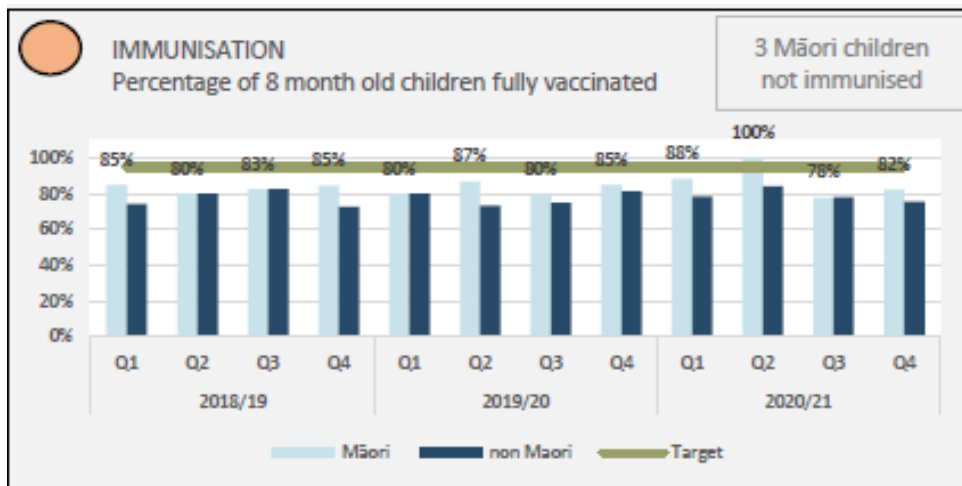
West Coast DHB Maori Health Dashboard

Tamariki Health and Wellbeing



CONTRIBUTING TO: SMOKEFREE INFANTS

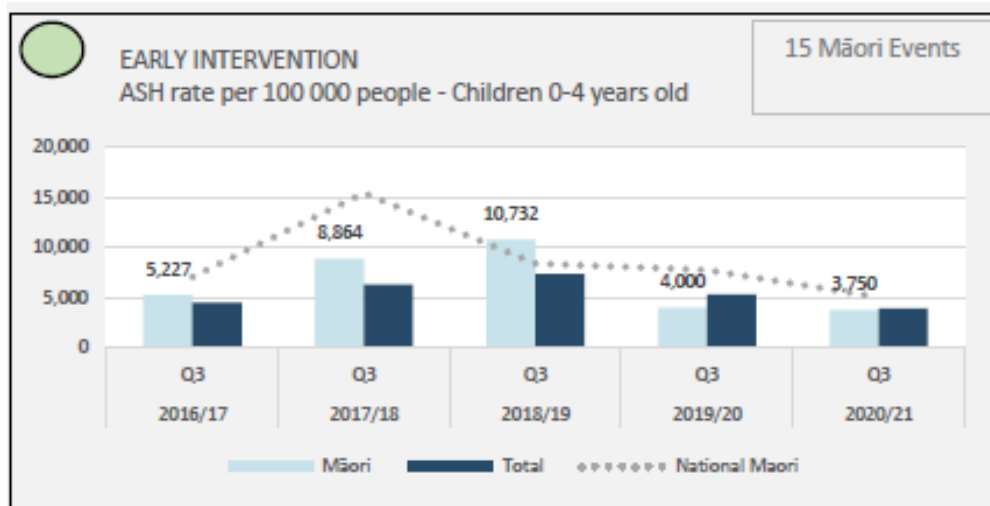
Proposed measures	Proportion of infants exclusively or fully breastfed at 3 months of age
Rationale	<p>Mothers who breastfeed may be more motivated to remain Smokefree and breastfeeding adds another protective factor against Sudden Unexplained Death in Infancy (SUDI).</p> <p>While breastfeeding rates at discharge from hospital and at six weeks of age are often high for the West Coast, the longevity of breastfeeding is what mitigates the risk of obesity, poor dental health and chronic disease later in life, including respiratory disease.</p>
Baseline	61% of all babies (54% for Māori) were breastfed at 3 months of age ⁷
2021/22 target	70% of all babies, including 70% for Māori, are breastfed at 3 months of age
Activity	<ul style="list-style-type: none"> Invest in local Hapū Wānanga (Kaupapa Māori antenatal education programme) that promotes SUDI prevention and supports access to smoking cessation, safe sleep devices and breastfeeding support. Implement a system improvement for connecting children to health services (encompassing the Newborn Multi-Enrolment Form, capturing movement of families into and out of the district and identifying children in the region who are new to New

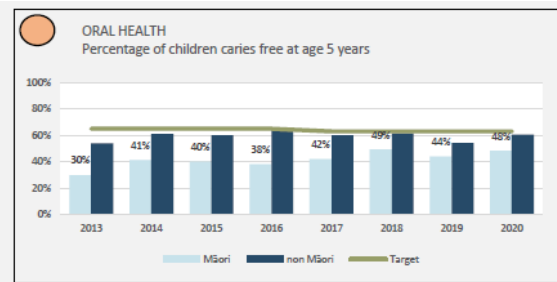
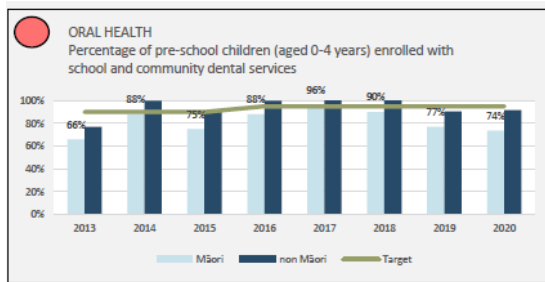


Planning Priority: Immunisation

MoH Guidance: Immunisation is an important priority for the Government as it is the best way to protect tamariki and whānau against a range of infectious and serious diseases. Identify the actions for the upcoming year that your DHB considers to be the most important for immunisation, including the reasons why the action(s) are important and the expected impact.

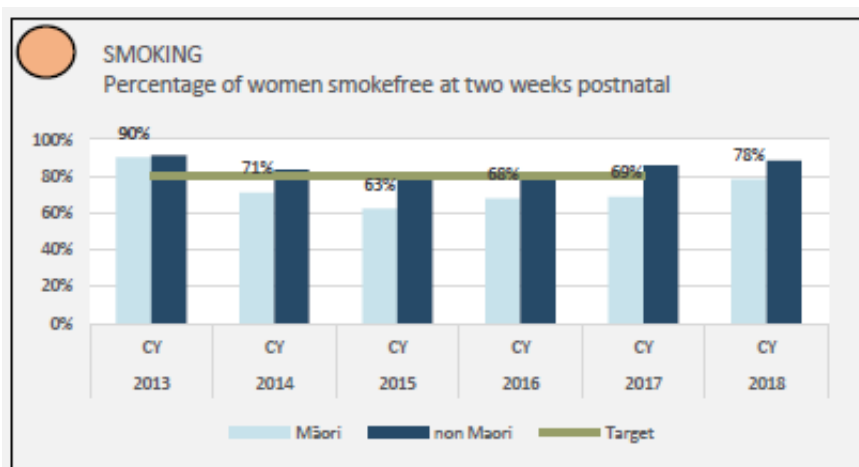
Area of Focus	Action to Improve Performance	Milestone
<p>A key learning from COVID-19 was that Outreach Immunisation Services (OIS) demonstrated their ability to engage with hard to reach whānau: Using the learnings from COVID-19, identify one action that shows how your DHB will increase the number of children in vulnerable families vaccinated through OIS.</p> <p>Please include at least one action that clearly demonstrates what your DHB is</p>	<p>Undertake a quality improvement review of the current process undertaken by the National Immunisation Register team to identify children from infancy to age five who are overdue for immunisations to lift immunisation coverage rates. In doing so ensure:</p> <p>National Immunisation Register and National Enrolment Service ethnicity for children match and if not, the child's ethnicity is confirmed. (EOA)</p> <p>Māori and Pacific children overdue for vaccinations are referred to the Missed Events Service within the agreed timeframes. (EOA)</p>	<p>Q1: Review complete.</p> <p>Q2: Processes confirmed and updated with the team.</p> <p>Q3: Improvement in Māori and Pacific coverage rates across all age milestones.</p> <p>Q4: National targets are met across all age milestones.</p>





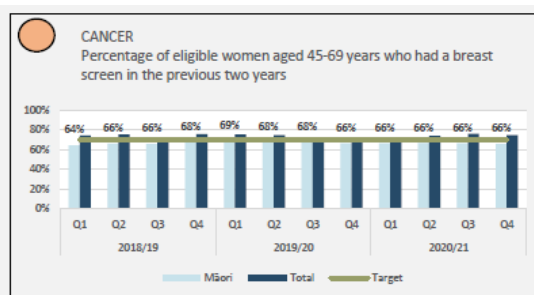
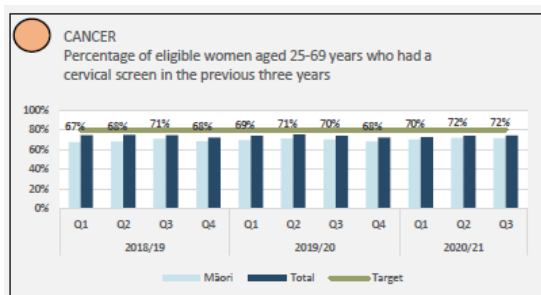
CONTRIBUTING TO: REDUCING AMBULATORY SENSITIVE HOSPITALISATIONS

Proposed measures	Proportion of children admitted for treatment of dental conditions who have engaged in wrap around oral health support.
Rationale	<p>Oral health is poor on the West Coast and one of our key objectives is to improve the quality and consistency of oral health services across the West Coast and to target whānau that are most at risk of hospital admission for treatment.</p> <p>Improved engagement with oral health services and improved health literacy relating to oral health and hygiene has the potential to make a significant impact on the health of our young children. This is particularly true for our young Māori children who have higher ASH rates related to oral health and poorer oral health outcomes.</p> <p>In previous years, the work has been focused on improving data collection and streamlining enrolment processes however focus has moved to targeting the whānau that are known to be at risk of further admission.</p>
Baseline	No families currently receiving this targeted support package for oral health
2021/22 target	75% of Māori whānau with a child admitted for treatment of a dental condition are engaged in a targeted wrap around support package
Activity	<ul style="list-style-type: none"> Develop and implement the West Coast Oral Health Education and Promotion Plan with the oversight of the Oral Health Service Development Group. Offer a package of support that addresses both good oral hygiene practices (supervised brushing twice a day with a fluoride toothpaste) and health literacy related to good oral health (promote breastfeeding, limit sugary drinks and eat a balanced diet that includes fresh fruit and vegetables) Support the appointment of a Clinical Lead for Oral Health to drive improvements across the service and integration with other service providers. Continue to use connections within primary and community health to identify non-attenders and other children being lost to recall and re-engage them and their whānau with school and community oral health services
Who's involved	Healthy West Coast Alliance workstream, Oral Health Service Development Group, paediatric inpatient services, general practice teams.
Who's leading	WCDHB Māori Health, Community and Public Health (Oral Health Education and Promotion Plan)



CONTRIBUTING TO: SMOKEFREE INFANTS

Proposed measures	Proportion of women who are Smokefree 2 weeks following delivery
Rationale	<p>The West Coast has a good range of services available to smokers for cessation support during pregnancy and smoking rates at 2 weeks post birth are around 10% for total population but as high as 23% for Māori.⁶</p> <p>Local workshops and consultation have celebrated the success of the current Smokefree Pregnancies Incentive Programme but acknowledge the high smoking rates among Māori and the high number of mothers returning to smoking following the birth of their baby.</p>
Baseline	77% of women (73.2% for Māori) were Smokefree at 2 weeks following delivery in 2020
2021/22 target	90% of women, including 90% for Māori were Smokefree at 2 weeks following delivery in 2021
Activity	<ul style="list-style-type: none"> Invest in local Hapū Wānanga (Kaupapa Māori antenatal education programme) that promotes SUDI prevention and supports access to smoking cessation, safe sleep devices and breastfeeding support. Offer woven safe sleep devices (wahakura) where possible and appropriate. Report results of this measure to Maternity Services to assist promoting referral to the cessation services Continue to offer incentives to women to quit smoking through pregnancy and up to 16 weeks after their baby is born. Follow up with support to women who choose not to set a quit date immediately, throughout their pregnancy and beyond. Celebrate the success of women who have successfully quit through media stories.
Who's involved	WC Smokefree Services Coordinator, DHB Cessation Service, Oranga Hā – Tai Poutini, Lead Maternity Carers
Who's leading	WC Smokefree Services Coordinator.



System Level Improvement Plan

The dashboard above shows data and the corresponding activity planned within the System Level Improvement Plan. Work is occurring across all areas of this plan to prioritise strategies towards improvement for Māori. The māhi has been delayed due to Covid. We will provide a full update at the November Advisory Committee meeting.

Food Security

The West Coast Food Security Group lead by the WCDHB has members from Community providers: (Salvation Army, CPH, WCEOC, Civil Defence, Poutini Waiora, MSD, Social Workers) who have a key role to play in taking care of people who need help during lockdowns. The group – which includes Hauora Māori was pulled together to ensure there were processes developed in relation to those people (whether medically vulnerable, or self-isolating etc) who have no way of accessing food through natural networks.

WCDHB Welfare is co-ordinating the creation of a “Pathways to Kai” document (for Welfare and SIQ (Self Isolation Quarantine)) purposes to include all options in a way that supports conversations between staff (from whatever agency) and community members to access kai as independently as possible.

We have anecdotal evidence that many whānau are being supported by others outside the group, (Whare Manaaki, Schools – through the West Coast Principals Association) and we are connecting with these people to ensure they are now part of the wider food security network.

A coordinated approach is absolutely necessary to ensure no one within Hapori Māori Iwi goes without basic needs; food or essential items such as medicine through COVID-19 lockdowns.

Covid-19

Hauora Māori continue to fully support the Covid -19 Vaccination roll out. There have been ongoing discussions with Programme Management on a Prioritisation strategy to progress vaccinations for Hapori Māori Iwi. One very successful strategy was to have dedicated timeslots were allocated for Māori at the Drive through Clinic held on Sunday 29th August and following a huge effort from our team 124 Māori were booked, of those 98 were under the age of 50.

Overall our numbers (as at 25 August) are tracking well, although we can always do better.

Māori vaccinations:

First dose: 31%
Second dose: 20%

Kaumātua 65+

First dose: 73%
Second dose: 56%

Delivery of Planned Care

Hauora Māori are involved in the planning to ensure a strong equity focus across the delivery of Planned Care to understand and ensure that inequities for Māori are not compounded by the deferral of planned care during Hospital Level Yellow. Scoping options to support use of technology to support Māori engagement in planned care.

Transitioning to the new health system

The first of many hui has been held with the existing Iwi Partnership Boards to understand the programme of work required for the transition to the new health system. The transition unit has developed and defined a very clear road map for the boards to guide them through the process.

Iwi Māori Partnership Boards will have statutory powers to influence the system locally, regionally and nationally.

Purposes of IMPBs

1. Exercise Tino Rangatiratanga as the tangata whenua partner with HNZ and MHA, in planning around health priorities and services at the locality level, within their rohe or coverage area. IMPBs will approve Locality Plans for the localities in their coverage area.
2. Ensure the voices of whanau Māori are elevated and made visible within the health system.
3. Embed matauranga Māori within locality plans, which then influences regional and national planning.

The transition Unit and MoH have resources available to support IMPBs to undertake the transition work and will allow for unique circumstances such as large coverage geography. There is immediate work to be undertaken to develop and submit a Transition Plan. DHBs are encouraged to support IMPBs to develop and implement their Transition Plans where possible.

Transition planning and resources

The Transition Unit and Ministry of Health have resources available to fund IMPBs to undertake their transition work. Allocation of available funds will be carried out in a manner that is equitable to each IMPB and allowing for unique circumstances such as large coverage geography (requiring extended engagement costs and travel); higher population numbers; and developmental needs.

The Transition Unit also plans to convene two further rounds of engagement with IMPBs to check in on progress with implementation of Transition Plans and to understand any challenges or issues faced by IMPBs.

Report prepared by: Hauora Māori

Report approved for release by: Gary Coghlan
General Manager – Hauora Māori

ANNUAL PLAN REPORT Q4 2020/21

TO: Chair and Members
Advisory Committee

SOURCE: Planning & Funding

DATE: 06 August 2021

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
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1. ORIGIN OF THE REPORT

The attached report has been prepared to provide an update on progress against the initiatives and actions committed to in the DHB's Annual Plan for 2020/21. This report is circulated to Executive Management Team and operational teams and shared with the Ministry of Health.

2. RECOMMENDATION

The Board notes the update on progress to the end of Quarter Four (April – June) 2020/21.

3. SUMMARY

This is the final report against the 2020/21 Annual Plan and demonstrates the considerable effort made by project teams, services and providers to complete activity and programmes that were planned as the country was coming out of our first nation-wide COVID-19 lockdown.

The report reflects the commitment to create positive change in terms of delivery against the equity actions highlighted throughout the Annual Plan, with progress being made on almost all the equity outcome actions – identified with the (EOA) code.

Capacity constraints have been most evident across our Community & Public Health (C&PH) team and public health nursing teams as they have been diverted over the past quarter to supporting the COVID-19 vaccination programme rollout. Most of the delayed or incomplete actions have been rolled over to the 2021/22 Annual Plan or are planned for completion in the coming quarter. This has been indicated in the attached report.

Key Points to Note for Quarter Four:

- In partnership with Poutini Waiora and the West Coast PHO an evaluation of Pae Ora Te Tai O Poutini Pilot has been completed. National funding has allowed Poutini Waiora to build on the findings from Stage 1 to help change our approach in a number of service areas. A newly formed Steering Group will work collectively to use the learnings from this work to improve engagement and health outcomes for our Māori population. (P3)
- Services with high levels of Māori DNAs have been identified and strategies have been developed to eliminate barriers to access with a range of networks being used to ensure contact is made with patients who do not confirm their appointment. DNA tracking has been embedding and positive results are being evidenced with DNA rates for Māori dropping over the last eight months. (P4)
- We are seeing a return in our investment in technology with the video conferencing platform used by the West Coast DHB (Vidyo), now being used by practitioners in the system to perform video consultations, by sending a secure link directly to a capable device in the patient's own environment. During lockdowns this enables the delivery of care to people in their own homes without an in-person presence. Two general practices (Buller Medical and Te Nīkau Health Centre) are also offering telehealth appointments (where appropriate) with an off-site General

Practitioner who consults directly with patients in their own environment. This is broadening options for our community and increasing capacity in primary care. (P6).

- The DHB is placing a strong focus on pregnancy vaccinations and we have met with LMCs to develop a process to ensure general practice are aware that the women are pregnant so that they can be recalled for vaccination during their pregnancy. We have also worked with the Ministry to establish access to the national reports needed to track and support improved coverage rates. We are placing a strong emphasis on improving rates for Maori and Pacific women and will be working closely with our Kaupapa Maori provider as we progress this work in the coming year. (P9)
- The 2020/21 Ministry of Health's annual Violence Intervention Programme audits evidenced improved or stable screening rates for all West Coast DHB services (with notably outstanding performances by our Mental Health and Sexual Health teams). This result was achieved despite challenges due to the migration to the Te Nikau Integrated Health Facility and the DHB's VIP team has consistently maintained a result of 100% of relevant staff trained. (P10)
- A West Coast pathway has been established for West Coasters to access the Aoake te Rā Bereaved by Suicide service. This includes the option for bereaved to access the national virtual service, or to access the service locally with two local providers contracted to provide a face-to-face option. (P12)
- We are continuing to increase Smokefree environments on the Coast. Premises with Smokefree Outdoor Dining in Grey and Westland districts are being encouraged and supported by C&PH to include vape-free in their signage. The West Coast Tobacco Free Coalition is also supporting the Cancer Society to re-approach the Buller District Council to seek support for Smokefree Outdoor Dining Policy implementation in line with Grey and Westland. This positive environment work helps to reinforce messages to our younger populations that help to ensure they do not take up smoking. (P17)
- The Consumer Council, Alliance Leadership Team and Tatau Pounamu have been engaged around the model of service delivery for planned care services in the new Te Nikau facility, to identify opportunities to align service planning with consumer priorities and ensure a clear focus on equity. Waiting/reception area refinements have been implemented in response to patient experience and community feedback received since the opening. Regular scheduled meetings provide an opportunity for further refinement based on consumer feedback. (P23)
- A local Falls Coalition has established a 'Falls Prevention' pathway on the Coast to reduce hospitalisations amongst older people. The DHB's Complex Clinical Care Network receives referrals and patients are triaged to the Falls Prevention Clinical Leads for the provision of services. A Complex Clinical Care Network Gerontology Nurse Specialist is joining the local Falls Prevention Coalition to help lead key actions in identification and referral of those at risk of falls and fractures; and appropriate use of medication to maximize bone health and minimise falls risk. (P25)
- The Whakakotahi Whanau Ora model is well embedded with support for its expansion having endorsed by the West Coast Alliance. The model is now being actively used at general practices West Coast wide. The model in Greymouth includes fortnightly nurse-led clinics which are directly supported by a GP from the Practice, a local community pharmacist, and a Whanau Ora registered nurse from Poutini Waiora. This model supports engagement with high need, Māori patients and helps to provide wrap-around support to them and their whānau. (P34)

4. APPENDICES

Appendix 1: Annual Plan Progress Report Quarter Four – 2020/21

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

Report approved by: Melissa Macfarlane, Team Leader, Planning and Performance
Tracey Maisey, Executive Director Planning, Funding & Decision Support

WEST COAST DHB

ANNUAL PLAN PROGRESS REPORT

Q4 – 2020/21



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

1.1. Engagement and Obligations as a Treaty Partner			
Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain our strategic relationship with Tatau Pounamu to promote Māori participation in the development of strategies to improve Māori health with regular performance reporting to inform strategic thinking and identify opportunities for improvement. (EOA)	Q1-Q4: Quarterly reporting on progress and performance.	✓	As well as quarterly performance reporting, two additional hui have been held with Tatau Pounamu focused on building knowledge of the health sector, training included better understanding of Whakamaui (the Maori Health Action Plan), the Health & Disability Review, the Wai2575 Treaty Claim and the DHB Annual Planning process. The aim was to increase knowledge and to enable the group to understand where and how they can have influence in the system.
In partnership with Tatau Pounamu, review the Memorandum of Understanding with the DHB Board to ensure it captures shared expectations and strategies to progress Māori health improvement and equity. (EOA)	Q3: MoU reviewed.	↻	The Boards have decided they would defer the refresh of the MOU until they were able to attend at least one of the hui being initiated and run by the MoH – Hui Whakaoranga. Tatau Pounamu are attending the virtual Whakaoranga Hui on the 20 th July, an invitation has also been extended to the WCDHB Board. The Boards will use the knowledge gained from those hui to review the MOU in 2021/22.
	Q4: Refreshed MOU adopted.	✗	
Design and make available a Māori Health Profile to support strategic thinking and action to address areas of inequity and track progress towards Pae Ora (Healthy Futures) for Māori on the West Coast. (EOA)	Q2: Māori health profile complete.	✗	The start of this work was delayed while key positions were recruited but development of a Māori Health Profile (Snapshot) is now underway. The Strategy development is being reconsidered in alignment with the national transformation to Health NZ and the Maori Health Authority.
	Q4: Key measures of Pae Ora agreed.	✗	
In partnership with Tatau Pounamu, engage with iwi, hapū whānau and Māori in our community to develop a longer-term strategy for improving Māori health outcomes, in line with national direction but targeting local priority areas. (EOA)	Q3: Consultation undertaken, and priorities identified.	✓	The first draft of the Māori Health Snapshot has been shared with the Hauora Māori team this quarter. After review and refinement, the draft will be shared with Tatau Pounamu to define priority areas and a process of consultation with Māori will be undertaken. A Strategic Workshop with Tatau Pounamu has identified key priority focus areas for the DHB for the coming year and an improvement plan is being developed, including a workplan for coming back to the Board on key areas.
	Q4: Improvement Plan developed.	↻	
Prepare a proposal for the DHB's Board on options for training in Te Tiriti o Waitangi, Māori health equity and outcomes. (EOA)	Q1: Proposal presented to Board.	✗	The GM Maori Health is in discussions with the Board Chair on appropriate training options. There is a national Whakaoranga Hui on the 20 th July, an invitation has been extended to the WCDHB Board.
	Q4: Training delivered.	✗	

1.2. MHAP- Accelerate the spread and delivery of Kaupapa Māori Services			
Key Actions from the Annual Plan	Milestones	Status	Comments
Invest in a local Hapū Wānanga (Kaupapa Māori antenatal education programme) that promotes SUDI prevention and supports access to smoking cessation, safe sleep devices and breastfeeding support. (EOA)	Q1: Contract for delivery of Hapū Wānanga in place.	✓	
Invest in an additional clinical mental health role to support increased capability and capacity within our Kaupapa Māori service provider and enhance mental health and addiction service options for Māori. (EOA)	Q2: New Kaupapa Māori mental health role in place.	✓	A contract is in place with the Kaupapa Māori provider and the role has been recruited to in Q4.
Work with our Kaupapa Māori provider to identify the learnings from the COVID-19 response and invest national COVID-19 funding to embrace new ways of working. (EOA)	Q1: Opportunities captured.	✓	
In partnership with Poutini Waiora and the West Coast PHO, complete the evaluation of the Pae Ora O Te Tai O Poutini Pilot and use the findings to support future development of the primary care model. (EOA) ¹	Q3: Evaluation findings and recommendations circulated.	★	Evaluation findings have been circulated and national funding has allowed Poutini Waiora to build on the report findings from Stage 1 of Pae ora o Te Tai o Poutini to embrace a new model. A steering group has been developed to oversee the Project and has collective participation from the DHB and Poutini Waiora and is expected to support improved engagement and health outcomes for our Maori population.

1.3. MHAP- Shifting Cultural and Social Norms			
Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in the Takarangi Competency Framework, Te Tiriti o Waitangi and Tikanga Best Practice programmes to support our commitment to equity and improve the cultural competency of our workforce. (EOA)	Q2: Takarangi staff Hui held.	✓	Tikanga best practice workshops have been held throughout the year. One targeting newly recruited clinicians, with two workshops held in Greymouth and one held in Buller.
	Q4: ≥3 Treaty training sessions held.	✓	
	Q4: ≥3 Tikanga Māori Beliefs and Practices sessions held	✓	
Utilise the “Bias in Health Care” modules from the Health Quality and Safety Commission (HQSC), to highlight potential bias in clinical decision making as a learning tool for clinical staff. (EOA)	Q1: Bias in Health Care modules live on HealthLearn.	✓	These modules are now live on HealthLearn and accessible to staff across the West Coast DHB. Uptake of the training from Q2 are as follows: Understanding the Treaty of Waitangi in Health - 41 Foundation Course in Cultural Competency (MĀORI) - 256 Health Equity - 92 Implicit bias and best practice (in the mental health sector) – 47 <i>Note these results are reflective of staff from West Coast and Canterbury DHBs.</i>
In partnership with the PHO, develop an education package to advance the skills our primary care staff to confidently and competently respond to Māori clients, improving outcomes for at risk groups in primary care settings. (EOA)	Q4: Cultural Safety education package developed and delivered to at least five practices.	✓	The Hauora Maori Health Team have offered a cultural education safety package in the form of Takarangi training to all GP practices via the PHO.

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

1.4. MHAP- Reducing Health Inequities- The Burden of Disease for Māori			
Key Actions from the Annual Plan	Milestones	Status	Comments
Rangatahi (Child Health and Wellbeing)			
Collaborate with Community & Public Health to advocate for, and support, policies that will improve oral health for our most vulnerable populations, including water fluoridation and reduced sugar/sugar free policies. (EOA)	Q3: Fluoridation and Sugar-Free Policies refreshed.	🔄	The WCDHB Health Food and Drink Policy supports sugar free. Advocacy regarding fluoridation is delayed pending the reading of the Amendment Bill in the House this month. The Transalpine Oral Health Steering Group provided feedback on this Bill and provided an oral submission.
Introduce a process to identify children being lost to recall and re-engage them and their whānau with school and community oral health services. (EOA)	Q3: New recall process in place.	✓	Two pieces of work are needed to establish a new recall process on the West Coast, these are both underway. One is mapping how children flow through this system, and at what point recall is required. The second is the team gaining better understanding of the reports we can run from Titanium and match with NIR to identify children who be accessing services.
Establish a pathway to facilitate improved access to hospital or specialist dental services on the West Coast for people with special dental or health conditions.	Q3: Pathway in place.	🔄	This focus has been reprioritized due to secondment of key project leads to support the COVID Vaccination Programme. Work will resume through the transalpine Oral Health Group.
Develop an Oral Health Promotion Programme (with a focus on Māori children) to increase engagement with services and promote good oral health habits. (EOA)	Q4: Promotion Programme in place.	🔄	A draft plan has been developed by the Healthy West Coast Alliance Workstream and will be presented to the Leadership team for approval in 2021/22.
Mental Health and Wellbeing			
Invest in an additional clinical mental health role to support increased capability and capacity within our Kaupapa Māori service provider and enhance mental health and addiction service options for Māori. (EOA)	Q2: New Kaupapa Māori mental health role in place.	✓	A contract is in place with the Kaupapa Māori provider and the role has been recruited to in Q4.
Partner with the PHO, Poutini Waioara and Te Putahitanga, to enhance our integrated approach to mental health and wellbeing with a bid for the next tranche of primary mental health and addiction initiative funding. (EOA)	Q2-Q3: Kaupapa Māori funding bid submitted.	✓	The West Coast bid has been submitted and positively received.
Promote a 'by rangatahi for rangatahi' approach that is tikanga Māori and whānau centered to increase the responsiveness of suicide prevention activity. (EOA)	Q2: Action identified.	✓	A Tai Poutini Maori Suicide Prevention work group has been established with strong representations from community, iwi, Maori providers and government agencies. Actions have been identified in the Suicide Prevention Strategy Workplan supporting the Ngati Waewae Rangatahi Komiti to take a lead in Māori Suicide Prevention Kaupapa.
Planned Care			
Identify services with high Māori Did Not Attend (DNA) rates and support the service to take a whānau ora approach to identify and eliminate barriers to access. (EOA)	Q1: Priority services identified.	✓	Services with high levels of Māori DNAs have been identified: Paediatric Medicine, Gynecology and Nutrition.
Introduce the tracking of DNA rates as a regular item on the agenda of GM and DHB Board agendas to support shared learnings and capture opportunities. (EOA)	Q1: DNA tracking live.	✓	DNA tracking is embedded.
	Q3: Changes underway.	★	Strategies have been developed to eliminate barriers to access with a range of networks being used to ensure contact is made with patients who do not confirm their appointment. Positive results are being evidenced with DNA rates for Māori dropping over the last eight months

1.5. MHAP- Strengthening System Settings			
Key Actions from the Annual Plan	Milestones	Status	Comments
Achieve a collective understanding of what equity is across the Operational Leadership Team and develop an equity framework to visibly measure service gaps and monitor improvement in equity over time. (EOA)	Q2: Equity position statement endorsed.	✓	The Operational Leadership Team has been reformatted and an Equity focus is threaded throughout all three themes (leadership, strategy and culture).
	Q4: Performance against equity framework on EMT and Board agendas.		
Improve the consideration of Māori health equity and health outcomes in service planning by engaging the Hauora Māori team and applying the HEAT tool to all significant Clinical Quality Improvement projects and process redesign. (EOA)	Q2: Introduction of HEAT Tool to quality processes.	✓	The Hauora Maori Team have held several HEAT Tool sessions enabling attendees to apply the Tool over processes and projects. A process for follow-up is in place, ensuring the Tool was used correctly and people are applying the learnings.
	Q4: Evidence of increased application of HEAT tools in decision-making.	✓	
Redesign processes within the DHB's Planning & Funding Division to enhance the Māori voice in Resource Allocation and Funding decisions. (EOA)	Q1: New process in place.	✓	A new Resource Allocation and Funding Team includes Maori and Pacific Portfolio Leads to support improved decision making.
Engage with Māori stakeholders and communities to better understand the priorities and issues for children and their whānau and develop a Rural Early Years Strategy to improve engagement with services, service options and outcomes for our most vulnerable populations. (EOA)	Q2: Engagement underway.	✓	The evaluation team have been undertaking consultation across the West Coast with diverse groups and individuals. The consultation hui's were delayed by COVID-19 interruptions and staff redeployments. But this is expected to be complete in the coming quarter with an Early Years Strategy being presented to the Board in 2021/22.
	Q4: Draft Strategy complete	🔄	

2. Improving Sustainability

2.1. Planning Priority: Improved Out Year Planning Processes			
Key Actions from the Annual Plan	Milestones	Status	Comments
Financial Planning			
Implement a new finance reporting and forecasting tool to assist with improving financial forecasts and aligning financial forecasts with workforce planning.	Q1: Implementation complete.	✓	The latest forecast shows a closer alignment with workforce planning and as a result better budgeting and variance analysis in relation to FTE.
	Q2: Forecasts aligned to workforce plans.	✓	
Enhance the business partnership model with Finance, to support the delivery of savings targets while ensuring ongoing operational performance.	Q1: New process in place to support delivery of savings targets.	✓	Management accountant FTE resource now dedicated to supporting the Rural Generalist workforce model project.
Workforce Planning			
Work towards full implementation of Care Capacity Demand Management (CCDM) for nursing and midwifery in all units/wards by June 2021, to better align workforce planning with service demand and patient acuity.	Q2: Acute mental health FTE calculations commence.	✓	Training to increase our number of IRR testers occurred in October and we are now starting the FTE calculation process.
	Q3: Core Data Set workplan approved.	✓	The Core Data Set work plan has been approved by CCDM Council.
Progress the next steps in our Rural Generalist (medical) strategy to further embed Rural Generalists in Obstetrics & Gynaecology (O&G) and Internal Medicine as well as greater support for primary care.	Q1-Q2: Change proposal on Rural Generalist roster and ways of working complete.	✓	The Transalpine Clinical Director for O&G and Chief of General Medicine are now in place and the next focus is appointment of the transalpine clinical director / Chief for General Surgery.
	Q3-Q4: Transalpine Clinical Directors in place for O&G and Internal Medicine.	✓	

2.2. Planning Priority: Savings Plans - In-Year Gains			
Key Actions from the Annual Plan	Milestones	Status	Comments
Advance our Rural Generalist workforce model, to support the development of a clinical and financially sustainable system by: enabling staff to work to the full extent of their scope, improving the continuity of care and reducing dependence on locums and contractors. (CRP)	Q1: Change proposal on Rural Generalist roster and ways of working complete.	✓	The Transalpine Clinical Director for O&G and Chief of General Medicine are now in place and the next focus is appointment of the transalpine clinical director / Chief for General Surgery.
	Q2: Decision on change proposal made and implemented.	✓	
Optimise investment in shared electronic systems and telehealth technology, to reduce delays in care, sessions where patient do not attend appointments, and the time specialist, clinical staff and patients waste travelling. (CRP)	Q1-Q2: Opportunities for introducing In-Home telehealth consultations captured.	✓	<p>The video conferencing platform used by the West Coast DHB (Vidyo), can be used by practitioners in the system to perform video consultations, by sending a secure link directly to a capable device in the patient's own environment. During the lockdown, this enabled the delivery of care to people in their own homes without an in-person presence.</p> <p>Two general practices (Buller Medical and Te Nikau Health Centre) are now offering telehealth appointments (where appropriate) with an off-site General Practitioner who consults directly with patients in their own environment. This is broadening options for our community and increasing capacity in primary care.</p>
	Q2-Q3: Remote GP role implemented.	★	
Complete the migration of services into Te Nikau, to support the realisation of key aspects of our integrated service delivery model, extended general practice hours and the streamlining and standardising of processes. (CRP)	Q1: Migration into Te Nikau.	✓	The Migration into Te Nikau is complete with new areas and ways of working operational. This includes some extended hours of operation for primary care with the Te Nikau Health Centre (formerly Greymouth Medical Centre).
	Q2: Integrated unplanned care area operational.	✓	
	Q3: Extended general practice opening hours.	✓	
Consider the provision of services in hospital settings that could be more sustainably delivered in the community, to capture opportunities to integrate and realign resources to provide the greatest return in terms of health gain.	Q1-Q2: Identified service shifts initiated.	✓	<p>This work was initially delayed by the deployment of staff onto the COVID-19 response. The team have since identified plastics as a key area to shift into primary care. Work is underway to look at training with the Plastics specialist team in Canterbury DHB.</p> <p>The Rural Generalist project team have identified scoping a Rural Generalist model for Surgery and Mental Health as two additional areas to further investigate in the new financial year.</p>
	Q3: Capacity for the migration of planned care into primary care settings identified.	✓	
	Q4: Further areas of service change identified.	✓	
Capture opportunities to optimise revenue opportunities for the West Coast health system.	Q1: Regional applications submitted for National Sustainability Programme funding.	✓	<p>The West Coast was successful in capturing national funding for two projects from the planned care initiative funding pool and one project through the Sustainability Funding Programme.</p> <p>The local bid for additional funding to support a Kaupapa Maori mental health service approach has also been positively received with discussions underway with the Ministry.</p> <p>This funding will provide the DHB will opportunities to change the models of care, provide training to upskill staff and increase both capability and capacity across our system.</p>
	Q2-Q3: Bid for the next tranche of primary mental health initiative funding submitted.	✓	

2.3. Planning Priority: Savings Plans -Out-Year Gains			
Key Actions from the Annual Plan	Milestones	Status	Comments
Work towards independent implementation of the New Treatment and Technology's Programme by August 2022, using ECRI's Health Technology Assessment service to support the business to acknowledge fiscal constraints when considering implementing new technologies, initiatives or services.	Q3-Q4: West Coast supported (by Canterbury DHB) to join ECRI.	✓	West Coast DHB has full access to ECRI. The process as not yet been mapped out, but the Operational Leadership has identified key collective purchasing projects as part of their 2021/22 sustainability focus.
	Q3-Q4: Process mapped out for engagement with key projects.	↻	
	Q3-Q4: Audit for evidence of mirrored change and collective purchasing.	✗	
Consider the future use of all DHB-owned houses, facilities and land to optimise investment and reduce surplus assets.	Q2-Q3: Review underway.	✓	West Coast DHB has approved a recommendation to identify and dispose of surplus properties subject to statutory process and Ministerial approval. As part of this work, management has been instructed to investigate options for DHB residential accommodation that meets the DHB's future requirements.
	Q4: Proposal submitted.	✓	
Review administrative resources following the move to Te Nikau with view to upskilling existing staff and developing universal administrative positions to make more efficient use of administrative resources across the organisation.	Q3: Review underway.	✓	A review of activity and roles in Te Nikau has been completed and work is underway to finalise a change proposal for feedback and consultation in the coming year.
	Q4: Proposal put to Operational Leadership Group for approval.	↻	
Develop and promote workforce development / career development resources to support increased capability amongst our non-registered workforce to enhance their role in the care and support of our community. (EOA)	Q4: Career pathway and resources developed.	✓	Allied health, scientific and technical services are supporting Kaiawhina workforce through the Careerforce Level 3 training application process.

2.4. Planning Priority: Working with Sector Partners to Support Sustainable System Improvements			
Key Actions from the Annual Plan	Milestones	Status	Comments
In partnership with Tatau Pounamu, engage with iwi, hapū whānau and Māori in our community to develop a longer-term strategy for improving Māori health outcomes, in line with national direction but targeting local priority areas. (EOA)	Q3: Hui undertaken, and priority areas and actions identified.	↻	The Strategy development is being reconsidered in alignment with the national transformation to Health NZ and the Maori Health Authority. A Strategic Workshop with from Tatau Pounamu has identified key priority focus areas for the DHB for the coming year and an improvement plan is being developed, including a workplan for coming back to the Board on key areas.
Work through the West Coast Alliance to develop and deliver on the System Level Measures (SLM) Improvement Plan for 2020/21.	Q1: SLM Approved and action underway.	✓	The 2020/21 SLM Plan was approved by the Alliance Leadership, Board and Ministry. Actions are on track.
Facilitate collaboration between DHB Palliative, Cardiac, Diabetic and Respiratory Clinical Nurse Specialists (CNS) and nurses from the DHB's Kaupapa Māori service provider to identify and manage early exacerbations of long-term conditions and reduce acute hospital presentations. (EOA)	Q2: Poutini Waiora nurses working alongside CNSs in the unplanned care area.	✗	Work has not begun in this space. The focus has been on the migration into the new facility and ensuring the appropriate flow of patients. Poutini Waiora Nurses are working with general practice in Long-Term Conditions Management programme to increase connection and earlier engagement with Maori patients.
Collaborate regionally, through the South Island Alliance Operational Leadership Group, to develop 3-4 innovative change projects to put forward for National Sustainability Programme funding (one of which will be vascular-focused) to support equitable access to specialist services for our population. (EOA)	Q1: Applications submitted.	✓	The West Coast was successful in capturing national funding for two projects from the planned care initiative funding pool and one project through the Sustainability Funding Programme. A further transalpine respiratory project

			submitted by the Canterbury DHB will also support services on the Coast. Applications for the next round of 2021/22 innovation has been submitted.
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3. Improving Child Wellbeing- Improving maternal, child and youth wellbeing

3.1. Maternity and Midwifery Workforce			
Key Actions from the Annual Plan	Milestones	Status	Comments
Develop and implement LMC sustainability agreements to improve the recruitment and retention of LMC midwives in the region and ensure consistent access to services for women living on the West Coast.	Q1: Agreements in place.	✓	
Develop a hub and spoke model, in collaboration with the Maternal Fetal Medicine team in Canterbury DHB, to improve service access for Coast women and their babies by reducing the burden of travel. (EOA)	Q2: Hub and spoke model developed	✓	
Define how new rural nurse specialists and rural generalist roles can support our midwifery workforce to provide maternity care for women living in the most remote parts of the West Coast. (EOA)	Q3: Roles in maternity care defined.	✓	The West Coast Director of Midwifery and Director of Nursing have travelled down to South Westland and engaged with RNS along the way to discuss how they work now with the LMCs and opportunities they see. The Rural Generalist model is working really well and there is a feeling that the team is now stronger and supported.
Collaborate, through the SI Workforce Development Hub, to develop a strategy to recruit and retain midwives in rural settings, including development of a pathway to support a dual nursing/midwifery scope of practice. (EOA)	Q4: Dual scope pilot underway.	✓	The Midwifery Council have agreed to a pathway of recognition of prior learning for nurses who would like to be midwives. We anticipated ARA will look to develop and run this course in 2022.

3.2. Planning Priority: Maternity and Early Years			
Key Actions from the Annual Plan	Milestones	Status	Comments
Refresh the Alliance's Child & Youth workstream to better enable a system-wide approach to support maternity and early years interventions that focus on achieving equitable health outcomes for Māori women and babies. (EOA)	Q2: New workstream membership and objectives established.	✓	To date 18 hui have been held from Karamea to Haast linked to the project consulting communities about early childhood services, within the first 1,000 days and especially in our most rural areas. At hui conclusion (mid-July) the data will be analysed and themed to inform areas of focus for maternity services.
Establish locality-based Maternity Consumer Hubs as a means of maintaining consumer engagement and understanding local issues and challenges as we progress the implementation of our Maternity Strategy.	Q1: Forums dates agreed for 2020/21.	✓	
	Q2: First forum held.	✓	
Invest in a local Hapū Wānanga that promotes SUDI prevention and supports access to smoking cessation, safe sleep devices and breastfeeding support. (EOA)	Q1: Contract for delivery of Hapū Wānanga in place.	✓	
Audit the uptake and redistribution of whahakura or pepi pods to confirm they are being shared with whānau who have risk factors present for their pepi and that whānau understand the need for a safe sleep space.	Q3: Audit complete.	✓	26 Safe sleep devices were handed out and a further 7 made at the Haputanga Wānanga, bringing the total of Safe Sleep devices provided this year to 33. We will look to increase uptake over the coming year with education being provided during Q4 to those responsible for handing the devices out.
	Q4: >68 safe sleep devices provided to at risk whānau.	🔄	
Establish a process to ensure general practice and other early childhood support services are notified when babies are discharged from NICU and Maternal Fetal Medicine services in Canterbury, to ensure a continuum of care and timely support is in place for Coast families. (EOA)	Q2: Notification process in place.	✓	The Newborn Multi-Enrolment Form process has been reviewed to ensure notification is completed soon after birth even if the baby is not returning to the Coast immediately. The team is also exploring how the Neonatal Outreach service, that supports these families on

			return to the Coast, could provide support for linking families to other services.
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3.3. Planning Priority: Immunisation			
Key Actions from the Annual Plan	Milestones	Status	Comments
Develop a process to identify women who have not been vaccinated during pregnancy, to support LMCs, GP teams and our Kaupapa Māori provider to reach women and better promote vaccinations, particularly to Māori and Pacific women where vaccination rates are lower. (EOA)	Q1-Q2: Process established and implemented.	✓ ★	The DHB is placing a strong focus on pregnancy vaccinations and we have met with LMCs to develop a process to ensure General Practice are aware that the women are pregnant so that they can be recalled for vaccination during their pregnancy. We have also worked with the Ministry to establish access to the national reports needed to track and support improved coverage rates.
Use service data to refresh the childhood Immunisation Service Model to respond to current challenges within the system, with a focus on improving links between NIR and Outreach Services to ensure children moving in and out of the district are reached by service providers. (EOA)	Q1-Q2: Proposal for refresh of service model agreed and implemented.	✗	This refresh has been delayed due to key team member secondment on the vaccination programme. A Community and Provider engagement community hui is scheduled for Q1 2021/22 and the team will look to complete the service refresh after input has been gathered from the hui.
Review the impact of COVID-19 on the delivery of childhood immunisations, with a focus on prioritising children who missed vaccinations during this time.	Q1: Rates reviewed and catch-up implemented.	✓	Rates were reviewed and have returned to pre-COVID levels.
Implement the Immunisation Conversation Programme, trialed in Canterbury, to support LMCs, GP teams, Well Child and Kaupapa Māori providers to have difficult conversations with parents who are undecided about vaccinations.	Q4: Programme implemented.	✗	This piece of work was deferred in 2021 due to the focus of the project team on our COVID-19 Vaccination response. This work will now occur in 2022.
Implement the catch-up MMR programme for young people (15-29), with a focus on reaching young Māori and reducing the equity gap in uptake. (EOA)	Q1: MMR catch-up programme launched.	✓	The MMR catch-up programme has been launched on the Coast. Additional funding was provided by the Ministry to provide focused advertising to engage young people. We have seen increased uptake of the vaccine over the past three months with 104/126 vaccines given this quarter. We estimated there is around 1,200 people who need to be vaccinated on the Coast and are anticipating increasing uptake of the programme.
Engage with the Executive Director of Māori Health and the Hauora Māori Team to develop strategies and innovative solutions to maintain high immunisation rates amongst Māori children on the West Coast. (EOA)	Q1-Q4: Ongoing engagement with Māori leads.	✓	The Child and Youth team are engaged with the Hauora Maori Health Team. Strategies and solutions are being worked through. We are currently working on a Maori COVID-19 and Influenza response.

3.4. School-Based Health Services			
Key Actions from the Annual Plan	Milestones	Status	Comments
Monitor the delivery of SBHS in all decile one to five schools and alternative education settings across the Coast and provide quantitative reports on service performance to the Ministry in quarters 2 and 4.	Q2: Report provided.	✓	
	Q4: Report provided.	✓	
Review service delivery to determine the impact of COVID-19, and work with the public health nursing team to agree a catch-up plan and prioritise assessments for young people identified by schools as higher need. (EOA)	Q1: Gaps identified and catch-up plan in place.	✓	The DHB identified two high schools (one funded and one not) where the targets may not be achieved due to pandemic lockdown and workforce vacancies. The Public Health Nurses have worked with both schools to prioritise the remaining students for assessment.
	Q4: High need children prioritised for assessment.	✓	

Provide schools with an annual overview of SBHS delivery and feedback from the student surveys to support the Framework for Continuous Quality Improvement.	Q2: Dashboard provided to schools.	✓	
Provide free sexual and reproductive consultations in general practice for young people under 25 years and promote access to low-cost Long-Acting Reversible Contraception to reduce cost barriers to access. (EOA)	Q1-Q4: Monitor uptake of sexual health consultations and LARC	✓	Free sexual and reproductive consultations continue to be provided in general practice for young people under 25 years and low-cost Long-Acting Reversible Contraception for target groups.
Explore opportunities to improve access to contraceptives through Registered Nurse Prescribing, with a focus on nurses working with high schoolers.	Q2: RN interest scoped	✓	Contraception clinics operate weekly at Buller High School. We expect to start fortnightly clinics at Reefton Area School in the third term of the school year once the Board of Trustees has considered our proposal.
	Q4: Options identified.	✓	
Provide quarterly reports to the Alliance Leadership Team and Ministry of Health on the progress of the Child & Youth workstream against the 2020/21 workplan.	Q1-Q4: Quarterly progress reports provided.	✓	The Alliance workstream structure has been changed for the 2020/21 year with a move to a locality focus. Priority Child & Youth Health actions are included in the System Level Measures Plan and the Alliance receives monthly updates on the progress of these.

3.5. Planning Priority: Family Violence and Sexual Violence			
Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain our commitment to the Violence Intervention Programme (VIP) and deliver regular training sessions to ensure staff understand their role in helping to identify and support people at risk of family violence.	Q1-Q4: Report on number of staff attending VIP Training sessions.	✓	Despite the disruption over 2020/21, VIP CORE Training, Bridging/ Refresher sessions, eProsafe/ National Child Protection Alert sessions, dedicated RMO Training and Elder Abuse & Neglect Training has been delivered to a combined total of 201 participants. West Coast DHB has consistently maintained a result of 100% of relevant staff trained and 100% programme delivery across the Power to Protect programme targeted areas.
	Q1-Q4: Report on screening and disclosure rates across departments.	★	The 2020/21 Ministry of Health VIP audits evidenced improved or overall stable screening rates for all services (with notably outstanding performances by our MH and Sexual Health teams). This result was achieved despite challenges due to Grey Base Hospital being decommissioned and all services relocating to the new Te Nikau Integrated Health Facility.
Collaborate with the Women's Refuge, MSD and the Te Rito Family Violence Network to support the Te Rito Community Champions Project, providing training and mentoring for local Community Champions, to increase community leadership in reducing violence in the home.	Q1: Community training and mentoring delivered.	🔄	Community Champions are currently being recruited with planning underway for training dates in the coming year.
Collaborate with the Women's Refuge and Safe Men Safe Family to facilitate culturally inclusive education and support for Māori men who are perpetrators (and often victims) of Family Violence, to support behavioural change. (EOA)	Q1-Q4: Report on number of men accessing regular support and participating in programmes.	✓	13 Māori men currently attend the weekly men's support group regularly. A second group started in May, to support men with childhood trauma and PDST. A Community Hangi event was organised in Hokitika in December with collaboration between Safe Man, Safe Family, Women's Refuge and Arahura Marae.
Collaborate with the Te Rito Family Violence Network to establish a program of Equine Therapy for male survivors of trauma or sexual abuse, to help participants develop trust and manage post-traumatic stress and depression.	Q3-Q4: Two programmes offered.	✓	The Equine Therapy programme was successfully held in four times during 2021.

Take part in a SI Child Protection Forum, convened by the SI Child Health SLA, to support staff to gain confidence in identifying and managing child protection issues and working across disciplines and DHBs.	Q4: WCDHB representatives attend the South Island Child Protection Forum.	x	This forum was not run due to COVID-19 restrictions, postponed until 2022.
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4. Improving Mental Wellbeing

4.1. Planning Priority: Mental Health and Addiction System Transformation			
Key Actions from the Annual Plan	Milestones	Status	Comments
Placing People at the centre of all service planning, service implementation and monitoring programmes			
Map the number of lived experience and peer support workers supported or employed by the DHB, to identify strengths and gaps, with a focus on supporting Māori peer support and whānau roles. (EOA)	Q1: Stocktake complete.	✓	Stocktake identified a low number of peer workers across the Coast, especially Maori. Wider discussion is planned to identify initiatives to bolster this workforce in line with the He Ara Oranga Report.
Expand use of the Marama Real-Time survey in the Manaakitanga inpatient unit across other community services to capture a broad range of feedback from services users and identify themes for improvement, in observance of the Code of Health and Disability Consumers Services Rights.	Q2: Report on survey findings.	x	Evaluations have not occurred due to several ISG challenges. A plan for QR codes to be implemented to make easier access for consumers is being considered.
Evaluate the success of the new in-reach model, where NGOs resource the Help Desk in the Inpatient Unit to connect consumers/whānau with wider community services, targeted at young people who find it hardest to access services. (EOA)	Q3: Evaluation recommendations implemented.	✓	In-reach proved successful and the service implemented and now sits within the wellbeing program that is the activity program for the inpatient unit.
Embedding a wellbeing and equity focus			
Using the model already adopted in Westport and Hokitika practices, encourage a further general practice to expand their Long-Term Conditions Management programme to include people with long-term mental health conditions, to support improved wellbeing and physical health outcomes for this high need group. (EOA)	Q4: Model expanded to a third and fourth general practice.	✓	The primary care Long-Term Conditions Management Programme has been expanded to support improved wellbeing and physical outcomes for people with mental health conditions. This is now in place in three of the seven practices on the West Coast - Westland Medical, Coast Medical and Buller Medical.
Engage with Te Ara Mahi to increase service referrals and improve employment, education and training options for people with low prevalence conditions.	Q2: Update on engagement and activity.	✓	A new Individual Placement and Support model is being implemented in the AOD area with Te Ara Mahi staff attending team meetings and receiving referrals from staff and clients directly.
Provide weekly cultural activity in the Manaakitanga Inpatient Unit, to better engage with Māori service users and provide opportunity for recovery through karakia, mihi and traditional activities. (EOA)	Q2-Q4: Weekly activities implemented.	✓	A new Occupational Therapist is in place assisting in Maori service user's recovery.
Implement a Supporting Parents Health Children audit tool to allow data collection and quality auditing to begin in the new year.	Q2: Audit tool in use.	✓	An audit tool has been finalized and is now in use.
Develop and introduce Family Care Plans to mental health teams as part of the Supporting Parents Health Children initiative.	Q2: Family Care Plans in use.	✓	Family care plans have been finalised and are added to the intranet.
Increasing access and choice of sustainable, quality, integrated services across the continuum			
Maintain the delivery of brief intervention counselling in primary care to support earlier intervention for people with mild to moderate mental health needs.	Q1-Q4: Number of people accessing BIC.	✓	There were 176 BIC sessions during Q4.
Complete the realignment of resources across our mental health services to strengthen community-based teams and support them to work alongside general practice teams as part of the locality-based service model,	Q1-Q4: Update on activity.	✓	Realignment has occurred with the change proposal being implemented. Recruitment to localities has been successful and increased respite options are currently

improving the continuity of care and access to respite services to reduce unsustainable acute demand.			being explored. A review of crisis response service provision is ongoing.
Invest in an additional clinical mental health role to support increased capacity and capability within our community-based Kaupapa Māori service provider and enhance service options for Māori. (EOA)	Q2: Role in place.	✓	A contract is in place with the Kaupapa Māori provider and the role has been recruited to in Q4.
Undertake an annual review of contract delivery and apply cost pressure funding to support the sustainable delivery of mental health services across the Coast.	Q1-Q4: Contract review.	✓	A contract review has been completed and cost pressure funding has been applied to support delivery of services on the Coast.
Partner with the PHO, our Kaupapa Māori provider and Te Putahitanga (the Māori Whānau Ora Commissioning Agency), to enhance our integrated approach to mental health and wellbeing, and strengthen the focus on promotion, prevention, identification and early intervention, with bid for the next tranche of primary mental health initiative funding. (EOA)	Q2-Q3: Bid completed.	✓	A bid has been submitted for new Kaupapa Māori Mental Health and Addictions funding. We understand that this has been positively received with discussions underway with the Ministry.
4. Suicide Prevention			
Identify actions to increase the responsiveness of suicide prevention activity for Māori and promote a 'by rangatahi for rangatahi' approach that is tikanga Māori and whānau centered and focused on earlier intervention. (EOA) ²	Q2: Actions identified.	✓	Actions have been identified in the Suicide Prevention Strategy Workplan supporting the Ngati Waewae Rangatahi Komiti to take a lead in Māori Suicide Prevention Kaupapa.
Collaborate with the Office of Suicide Prevention and Clinical Advisory Services Aotearoa (CASA) to implement a new postvention counselling service pathway to improve access to counselling for people bereaved by suicide. (EOA)	Q3: Pathway established.	★	A West Coast pathway has been established for the Aoake te Rā Bereaved by Suicide Service. As well as the option for bereaved to access the national virtual service, two local providers of the service are currently contracted to provide a face-to-face option.
Agree a Project Plan to support improved Mental Wellbeing with health promotion activities planned across West Coast communities.	Q4: Wellbeing promotion delivered.	✓	Community-based mental wellbeing promotion continued to be delivered during quarter four, including a focus on South Westland for the coming months. Planning is also underway, identifying mental wellbeing priorities for the 2021/22 year.
Continue to gather data in support of the implementation of the national suicide prevention strategy 'Every Life Matters' and evaluate local initiatives to better to promote wellbeing, respond to suicidal behavior and offer support after a suicide.	Q1-Q4: Data reported.	✓	Local activity continues to align with the national strategy. The focus this quarter /has been embedding new processes within postvention responses that were identified at the quarterly postvention interagency hui.
5. Workforce			
Develop and promote workforce development / career development resources to support increased capability amongst our non-registered workforce to enhance their role in the care and support of our community. (EOA)	Q4: Career pathway and resources developed.	✓	Allied health, scientific and technical services are supporting Kaiawhina workforce through Careerforce Level 3 training application processes.
Provide Talking Therapies training to enhance the skill set of our mental health workforce in helping people bring about the changes they want in their lives.	Q4: Four additional staff trained.	✓	Completed ahead of schedule
Work with Te Pou to promote workforce development training to strengthen people's capabilities when working with people and whānau experiencing mental health and addiction issues.	Q1-Q4: Workforce development options promoted.	✓	West Coast DHB has liaised with Te Pou and once Clinical Educator and Clinical Nurse Specialist roles are filled, they will lead this work.
6. Forensics			
Provide input into the national Forensic Framework Project to improve the consistency and quality of current and future services as opportunities arise.	Q1-Q4: Input provided.	✓	Input from the West Coast DHB is ongoing with regular attendance at the regional forums.

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

Examine the feasibility of providing youth forensic capacity through the court liaison role, to increase service access for youth with mental health challenges. (EOA)	Q2: Opportunities considered.	✓	Feasibility undertaken, and plans are in place for our Forensic nurse to take on increased representation in the youth forensic service.
7. Commitment to demonstrating quality services and positive outcomes			
Track and monitor service utilisation data, and reporting into national systems (including PRIMHD), to support improved decision making and service planning.	Q1-Q4: Data provided.	✓	Data is provided to the national system. Work is ongoing to strengthen data reporting and utilisation with the creation of meaningful dashboards. This is being supported by the Planning & Funding and Decision Support team in Canterbury.

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

4.3. Planning Priority: Addiction			
Key Actions from the Annual Plan	Milestones	Status	Comments
Review of the function of specialist Child and Adolescent Mental Health Service (CAMHS) in the context of the evolving locality-based approach, to strengthen connections between primary, community and specialist teams and build support for people across the full continuum.	Q3: Review completed.	✓	West Coast wide service is being provided and informal review supports the continuous improvement of this service, ongoing monitoring is occurring.
Include dedicated clinical Co-Existing Problems FTE in locality-based teams, to strengthen connections and support people with the most complex issues. (EOA)	Q4: Dedicated FTE in place.	✓	FTE is in place and the last vacancy in Westport is being advertised.
Implement the review of the function of specialist Alcohol and Other Drug (AOD) service in the context of the evolving locality-based approach, and national model, and strengthen connections between teams to better meet service demand.	Q4: Review actions implemented.	✓	West Coast wide service is being provided and informal review supports this with ongoing monitoring occurring.
Track and monitor service utilisation data to maximise the use of the community-based Salvation Army AOD service, strengthening referral pathways and reducing waiting times. Focus particularly on access for Māori as a high need group. (EOA)	Q2: Service data evaluated.	✓	Service data evaluation shows a steady increase in referrals and groupwork occurring including a high level of engagement with both Māori consumers and Māori agencies.

Implement a quality framework for the service provision of Opioid Substitution Treatment, to improve the management of treatment and support an independent/high quality of life for people with addiction issues.	Q4: Quality framework in place.	🔄	This project is ongoing with a review underway, the completion date was pushed back due to delays related to the COVID-19 lockdown and recovery.
Collaborate with the other South Island DHBs to ensure the allocation of regional resource enhances access to community-based detoxification on the West Coast.	Q1-Q4: Report on activity.	🔄	Funding is secured, recruitment is underway.

4.4. Planning Priority: Maternal Mental Health Services			
Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the PHO, Plunket and CDHB to maintain access to community-based and specialist level maternal mental health services for West Coast women and their partners, before and after the birth of a child.	Q1-Q4: Report on activity.	✓	The DHB is working with the regional Well Child Tamariki Ora Quality Improvement Manager to re-invigorate the local provider forum. This forum will provide the platform for monitoring maternal access to mental health services.
Socialise the revised Maternal Mental Health Pathway with Lead Maternity Cares, Well Child providers and primary care, highlighting links to infant mental health services and early parenting support to improve the whole-of-system response for women and their whānau in need of additional support.	Q1: Maternal Mental Health Pathway Live on HealthPathways.	🔄	The Pathway has been shared with information stakeholders and has been made into stickers placed inside each Parent held Well Child Tamariki Ora Handbook. Revision of the listed supports is underway, and the HealthPathway will be updated within the next quarter.
Establish locality-based Maternity Consumer Hubs, to provide an opportunity for women and their whānau to identify local challenges and strengthen links between providers working with women in the first 1,000 days.	Q2: First Consumer Hub forum held.	✓	To date 18 hui have been held from Karamea to Haast linked to the project consulting communities about early childhood services, within the first 1,000 days and especially in our most rural areas. At hui conclusion (mid July) the data will be analysed and themed to inform areas of focus for maternity services.
Engage with Poutini Waiora, Well Child and Whānau Ora nurses, to understand their training and education needs to support an improved response for Māori women experiencing mild-moderate mental health issues post pregnancy. (EOA)	Q3: Engagement underway.	✗	The DHB is working with the regional Well Child Tamariki Ora Quality Improvement Manager to re-invigorate the local provider forum. This forum will provide the platform for monitoring maternal access to mental health services.

5. Improving Wellbeing through Prevention

5.1. Planning Priority: Environmental Sustainability			
Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the Canterbury DHB, through Transalpine Environmental Sustainability Governance Group, to develop an Environmental Sustainability Operational Policy and Implementation Plan.	Q1-Q4: Policy and Implementation plan under development.	🔄	An Environmental Sustainability Operational Policy has been discussed with the new CEO and the implementation plan will be confirmed in the 2021/22 year.
Develop intranet sustainability pages to support the sharing of resources, initiatives and projects and encourage staff to make sustainable changes.	Q2: Pages live.	🔄	The page has been developed and is just awaiting final approvals before going live.
Include environmental sustainability questions in procurement tenders to mitigate future environmental impacts on health by designing waste out of our system.	Q1-Q4: Questions included.	✓	
Commence reporting on Carbon Offsetting for travel carried out under Senior Medical Officer's Continuing Medical Education agreements.	Q1: Reporting underway.	✓	Carbon offsetting program is established, and reporting set up. However there has been minimal overseas travel by Senior Medical Officers this year due to COVID-19.
	Q1: Graduate employed.	✓	

In collaboration with EECA, employ a graduate engineer to assist with energy reduction activities and begin work towards obtaining CEMARs (Certified Emissions Measurement and Reduction Scheme) certification.	Q3: Work underway.	✓	A Graduate has been employed and is working on assisting with energy reduction activities. Discussions regarding future funding for achieving CEMARs, now (renamed Toitū Reduce) are underway.
Establish pathways to monitor energy use across DHB sites and identify areas for energy savings.	Q2-Q4: Pathways in place.	✓	This continues to be a focus for the Transalpine Environmental Sustainability Governance Group which provides a pathway for ideas to be shared.

5.2. Planning Priority: Antimicrobial Resistance (AMR)			
Key Actions from the Annual Plan	Milestones	Status	Comments
Establish a pharmacy champion to work with Community & Public Health, the PHO and our Kaupapa Māori provider to develop and deliver a Coast-wide campaign for World Antibiotic Awareness week. (EOA)	Q1: Champion in place	✓	The Campaign launch was moved to the 21/22 year due to COVID-19. Work has started on determining the focus of the campaign for the coming year Current thinking is to highlight the risk of multi-drug resistant organisms (MDROs) and how we can use antibiotics in a way to minimize the development of MDROs in NZ.
	Q2: Campaign launched	✗	
Produce Antibiotic Awareness Week resources, for educational sessions, in both Te Reo and English to increase antibiotic health literacy amongst Māori. (EOA)	Q2: Resource Produced.	✗	
Engage prescribers and pharmacy in the development of a policy to ensure a consistent method of documentation of antimicrobial indication and duration for inpatients across all DHB facilities (in line with national policies).	Q2: Policy development underway.	✓	The West Coast DHB Antimicrobial Use Policy has been updated with a clause on documentation of indication and duration of antimicrobial use. This has been signed off and is now an active. The Antimicrobial Use – Longstay Policy is currently in review, with a plan to add a clause re. documentation of indication and duration.
Conduct an annual audit on all cultures completed through the WC laboratory to ensure ongoing appropriateness of empiric antibiotic use. Refresh antimicrobial prescribing guidelines as required.	Q4: Audit complete.	✓	Antibiotic sensitivities/antibiograms have just been made available to the WCDHB Lab to review. A Plan is in place for changes to the review process to allow the antibiograms to be available to DHBs early in the year.
Maintain a continuous improvement cycle of auditing antimicrobial use against local guidelines, to identify areas to improve practice and update guidelines.	Q1: Audit undertaken.	✓	No issues with prescribing practice have arisen from the audits. The plan is to continue monthly audit of antimicrobial use as per IPC schedule to continue to monitor. The audit tool has also been updated this quarter, to ensure it reflects auditing against current best practice.
	Q3: Update guidelines, re-establish practice.	✓	
Analyse antimicrobial reports from ESR to identify sensitivity rates and support reporting from the Infection Prevention and Control Committee (IPC) to the Clinical Quality Improvement Team (CQIT) and DHB EMT to raise the organisational focus on antimicrobial resistance.	Q1-Q4: Reporting to leadership Teams in place.	↻	The IPC committee report is a standing agenda item at the CQIT meetings. AMS has been added as a standing agenda item at Medication Safety. Reporting lines to the DHB EMT are a work in progress and have been discussed with the Quality Team.
Deliver and report on the drinking water activities and measures in the MoH Environmental Health exemplar to ensure high quality drinking water.	Q2: Progress report	✓	The Annual Survey for Drinking Water has begun. Public Health Units have an agreed process for this with Taumata Arowai as part of the handover to the new regulatory body.
	Q4: Progress report	✓	
Provide technical advice on marae drinking water quality to local rūnanga to contribute to Māori health and wellbeing. (EOA)	Q1-Q4:	↻	No contacts this period with public health staff largely redeployed onto the COVID-19 response, however the Drinking Water Assessor has been providing advice to Westland Council about the upgrade to the Arahura water supply which supplies the Marae and Pā and notes Council consultation with the rūnanga. The Marae is now connected to the upgraded supply.

5.3. Planning Priority: Environmental and Border Health			
Key Actions from the Annual Plan	Milestones	Status	Comments
Deliver and report on the activities contained in the MoH Environmental and Border Health exemplar, including undertaking compliance and enforcement activities relating to the Health Act 1956 and other environmental and border health legislation, to improve the quality and safety of our physical environment.	Q2: Progress report	✓	Community & Public Health (C&PH) West Coast works with all three councils to ensure health issues are identified and considered in RMA processes. We receive and review a weekly list of resource consents by the West Coast Regional Council, none were submitted during this period. We also work with council to meet the appropriate application of the Health Act 1956 and the Environmental Health Protection Manual. The West Coast Regional Council maintains a monitoring procedure and programme for high use recreational water locations on the West Coast. They are monitored monthly and C&PH are in the consultation group as well as having agreed recreational water protocols with WCRC to monitor and implement the procedure.
	Q4: Progress report	✓	
Maintain relationships with local rūnanga to support ongoing partnership in addressing environmental health issues. (EOA).	Q1-Q4: Number of contacts with rūnanga representatives.	↻	No specific contacts were made during this period. Maintenance of the relationships between C&PH and the rūnanga is ongoing across all aspects of environmental health but there have been no specific issues to address of late. Weekly monitoring of the bi-weekly shellfish sampling at Cape Foulwind is ongoing with no concerns.

5.4. Planning Priority: Healthy Food and Drink			
Key Actions from the Annual Plan	Milestones	Status	Comments
Audit the implementation of the DHB's Healthy Food and Drink Policy, and ensure alignment to national policy, to ensure the DHB is taking a lead in creating supportive environments to promote healthy eating and healthy choices.	Q4: Audit of DHB sites.	↻	The audit has been delayed this year. An external review "HYPE" is planned for 2021/22. Consent forms have been completed for this to go ahead.
Track and report on the number and proportion of provider contracts that include the clause stipulating providers will develop a Healthy Food and Drink Policy that aligns to national policy.	Q2: Report on progress.	✓	Provider contracts now include the required clauses.
	Q4: Report on progress.	✓	
Collaborate with education providers in early learning settings, primary, intermediate and secondary schools to support the adoption of water-only (including plain milk) and healthy food policies in line with national Healthy Active Learning Initiative, with an emphasis on education providers with higher proportions of Māori, Pacific, and/or lower socioeconomic status students. (EOA)	Q2:Q4: Report on adoption of policies.	✓	Ten of the fifteen Early Learning Centers (ELC) the West Coast have documented Healthy Food Policies and four of those have Water-Only Statements within them All ELCs are water or milk only in practice and continued engagement with all 15 ELCs has occurred throughout 2021 to support their implementation of Healthy Kai Policies, including their communications with whānau. Work continues with schools to engage in this area with the groundwork done. Currently eighteen of the 34 primary schools on the Coast have policies in place. This work has been impacted by COVID-19 for both schools and C&PH.

5.5. Planning Priority: Smokefree 2025			
Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the PHO, Poutini Waiora and Oranga Ha - Tai Poutini to maintain delivery of a range of smoking cessation support options, with a deliberate focus on Māori, hapū wāhine and whānau of children under 5. (EOA)	Q1-Q4:	✓	A range of smoking cessation options continue to be offered across the Coast with providers approaching people who are referred to discuss whether they have whānau who also need support to quit. The DHB continues to support the Smokefree Pregnancy and Newborn Incentive Programme focussing on the whole household being smokefree.
Review referrals to stop smoking services by LMC midwives to identify and address gaps and barriers to women accessing these services, as a priority area. (EOA)	Q1: Review complete.	✓	Review completed.
Promote quit options for patients with mental health concerns who are enrolled in the primary care Long-Term Conditions Management programme. (EOA)	Q2-Q3:	✓	Smoking brief advice and cessation are included in the Long-Term Conditions Mental Health programme annual reviews and nurses are using this process to have a conversation with patients and refer to cessation for those consenting.
Through the West Coast Tobacco-free Coalition, inform submissions on tobacco-related issues including the proposed vaping legislation.	Q1-Q4:	✓	No submissions have been made this quarter however the West Coast Tobacco Coalition have been successful in their application to Te Hīringa Hauora Health Promotion Agency for funding to support promotion of Me Auahi kore tō waka Smokefree Cars legislation.
Undertake compliance activities relating to the Smokefree Environments Act 1990, including delivering and 6-monthly reporting on the activities relating to the public health regulatory performance measures.	Q1-Q4:	✓	The C&PH Smokefree Regulatory Officer continues to work with retailers in preparation for the new vaping legislation and what this means for current local retailers and has responded to two complaints relating to vape sales this quarter. Compliance visits have been conducted at all South Westland tobacco retailers with compliance checklists completed.
Collaborate with the Cancer Society, CPH and the PHO to advance Fresh Air Project Smokefree Outdoor Dining initiatives in Westport and Greymouth.	Q1-Q4:	★	We are continuing to increase Smokefree environments on the Coast. Premises with Smokefree Outdoor Dining in Grey and Westland districts are being encouraged and supported by C&PH to include vape-free in their signage. The West Coast Tobacco Free Coalition is supporting the Cancer Society to re-approach the Buller District Council to seek support for Smokefree Outdoor Dining Policy implementation in line with Grey and Westland.
Track and monitor the delivery of smokefree advice and activity across all settings, to identify service and equity gaps and opportunities for further focus.	Q2: Report on activity	✓	The DHB and PHO continue to monitor ABC performance in both the primary care and hospital settings with results reported back monthly to individual services and practices. During Q3 the West Coast achieved 91% against the 90% target for ABC delivered in primary care with similar results for Māori (90%) and our High Needs populations (93%). For ABC delivered in secondary care the West Coast achieved 97% for Maori and Total result for secondary care was 87%.
	Q4: Report on activity	✓	

5.6. Planning Priority: Breast Screening			
Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with BreastScreen South and the PHO to identify overdue priority women and those not enrolled in the national breast screening programme at a practice level and provide practices with targeted follow-up to lift rates. (EOA)	Q2: Shared BSS/PHO reporting in place.	✓	Formalised process for ScreenSouth to refer people to Poutini Waiora for support with breast screening appointments is in place. The current process is for ScreenSouth to make three contact attempts. If unsuccessful, a referral is made to Poutini Waiora to support follow up with appointments. Prioritisation is embedded into the ScreenSouth model.
BreastScreen South will prioritise Māori and Pacific wāhine when allocating screening appointments to reduce equity gaps. (EOA)	Q1-Q4:	✓	
BreastScreen South will reduce recall time to 20 months to assist with 'on time' screening for Māori and Pacific wāhine. (EOA)	Q1-Q4:	✓	Recall times have been reduced to once every 20 months (instead of every 24).
Collaborate with the PHO to deliver query build training to general practices to assist them to set and track targets for reaching priority group women. (EOA)	Q3: Query Build training delivered.	✓	Query build training is regularly delivered to primary care teams.
Deliver education to practices to support an understanding of barriers that affect participation in screening particularly for Māori and Pacific wāhine. (EOA)	Q3: Education delivered to >5 practices.	✗	The general practice team have been focused on COVID catch-up and vaccination programmes. One session was held this year. These will resume in 2021/22.
Collaborate with CPH, the PHO, Poutini Waiora and BreastScreen South to deliver a 'Top and Tail' programme – a clinic that will combine breast and cervical screening, whānau support, kai and education targeting Māori and Pacific wāhine. (EOA)	Q4: Pilot 'Top and Tail' clinic held in Greymouth.	✓	There have been two 'double-up' clinics run in the community to encourage Māori, Pacific and other minority/vulnerable women to undergo screening for breast and cervical cancer simultaneously. The team is currently exploring the feasibility of holding breast and cervical screening clinics for priority group women at Te Nikau Health Centre afterhours (weekend/evening clinics).

5.7. Planning Priority: Cervical Screening			
Key Actions from the Annual Plan	Milestones	Status	Comments
Meet quarterly with the PHO and Poutini Waiora to review screening data and coordinate efforts to improve rates for priority women. (EOA)	Q1-Q4:	✓	The DHB's high-needs cervical screener provides clinics from the Poutini Waiora premises in Hokitika and the Poutini Waiora clinical team are able to refer Maori to that service.
Deploy the DHB's Māori Pathway Navigator to support practices with overdue women with recalls and holding bi-monthly cervical screening clinics. (EOA)	Q1-Q4:	✓	
Encourage practices to engage with Poutini Waiora's Māori RN smear taker, who will work in practices to focus on delivery of screening for Māori wāhine. (EOA)	Q1-Q4:	✓	
Collaborate with the PHO to deliver query build training to general practices to assist them to set and track targets for reaching priority group women. (EOA)	Q3: Query Build training delivered.	✓	
Deliver education to practices to support an understanding of barriers that affect participation in screening particularly for Māori, Pacific and Asian women. (EOA)	Q3: Education delivered to >5 practices.	✗	The general practice team have been focused on COVID catch-up and vaccination programmes. One session was held this year. These will resume in 2021/22.
Collaborate with CPH, the PHO, Poutini Waiora and BreastScreen South to deliver a 'Top and Tail' programme – a clinic that will combine breast and cervical screening, whānau support, kai and education targeting Māori and Pacific wāhine. (EOA)	Q4: Pilot 'Top and Tail' clinic held in Greymouth.	✓	There have been 2 'double-up' clinics run in the community to encourage Māori, Pacific and other minority/vulnerable women to undergo screening for breast and cervical cancer simultaneously.

Following migration to the new Te Nikau facility, utilise the extended general practice opening hours to introduce evening screening clinics to target women who struggle to access general practice during business hours. (EOA)	Q3:	🔄	Appointments are available for general practice appointments outside of usual working hours at Te Nikau Health Centre. Our outreach and Māori cervical screener also remain available for appointments. The team is currently exploring the feasibility of holding breast and cervical screening clinics for priority group women at Te Nikau Health Centre afterhours (weekend/evening clinics).
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5.8. Planning Priority: Reducing Alcohol Related Harm			
Key Actions from the Annual Plan	Milestones	Status	Comments
Undertake compliance activities relating to the Sale and Supply of Alcohol Act 2012, including delivering and reporting on the activities relating to the public health regulatory performance measures.	Q1-Q4:	✓	C&PH have met with 37 premises looking to renew licenses or apply for new ones and have actioned 39 applications from licensees wanting a special licence for specific events.
Maintain and support intersectoral alcohol accords in our district.	Q1-Q4: Number of active alcohol accords.	✗	No formal alcohol accords are in place; however, we are remaining involved in discussion with stakeholders including licensees, inspectors, Police and Hospitality NZ to work collaboratively to develop alcohol accords in Westland and Grey districts.
Identify and begin to work with Māori partners and organisations on the West Coast to strengthen the Māori voice in alcohol licensing decision-making, including local alcohol policies. (EOA)	Q1: Engagement underway.	🔄	Engagement was delayed by the team's deployment onto the COVID-19 response. C&PH have been working with Community Law to identify suitable dates for information workshops that support communities to make submissions to alcohol license applications with a focus in Westland and Buller. Two half-day sessions have been agreed and will be held before the end of the year.

5.9. Planning Priority: Sexual Health			
Key Actions from the Annual Plan	Milestones	Status	Comments
Provide free condom packs and health promotion information via the West Coast Community Health Information Centre (EOA).	Q1-Q4: Report on activity.	✓	C&PH continues to provide condom packs to locations across the West Coast including cafés, rural clinics, pharmacies, other NGOs and schools. Further packs are available if people drop in to the C&PH office.
Provide free sexual and reproductive health consultations in general practice for young people under 25 years and promote access to low-cost Long-Acting Reversible Contraception to reduce cost barriers for young people. (EOA)	Q1-Q4: Report on uptake.	✓	The DHB continues to support free consultations for young people via the PHO and General Practice. The Long Acting Reversible Contraception funding has been renewed and we have allocated this to the PHO to allocate across general practice.
Explore opportunities to improve access to contraceptives through Registered Nurse Prescribing with a focus on nurses working with Māori and Pacific populations, high schoolers and our more remote communities. (EOA)	Q2: RN interest scoped.	✓	Contraception clinics operate weekly at Buller High School. We expect to start fortnightly clinics at Reefton Area School in the third term of the school year once the Board of Trustees has considered our proposal.
	Q4: Options identified.	✓	
Establish a Syphilis Working Group with CDHB and CPH to ensure actions to prevent new syphilis cases and	Q2: Working Group Established.	✓	

congenital syphilis are aligned across the two regions and support the National Syphilis Action Plan.			
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5.10. Planning Priority: Communicable Diseases			
Key Actions from the Annual Plan	Milestones	Status	Comments
Monitor and report communicable disease trends and outbreaks.	Q1-Q4:	✓	35 cases of communicable disease monitored and investigated with no outbreaks.
Follow up communicable disease notifications to reduce disease spread, with a focus on culturally appropriate responses. (EOA)	Q1-Q4:	✓	Follow up of the 35 cases above has been undertaken to limit further spread and identify possible sources.
Identify and control communicable disease outbreaks, with a focus on culturally appropriate responses. (EOA)	Q1-Q4:	✓	One outbreak of Gastroenteritis – unknown cause was followed up and controlled as per C&PH protocols and Communicable Disease Control Manual.
Develop and deliver public health information and education to improve public awareness and understanding of communicable disease prevention.	Q1-Q4:	✓	C&PH have an ongoing involvement in the response to COVID-19.

5.11. Planning Priority: Cross Sectoral Collaboration including Health in All Policies			
Key Actions from the Annual Plan	Milestones	Status	Comments
Deliver Broadly Speaking training (including the use of HEAT and other equity tools) to staff from the DHB and other health and social service agencies, to support and grow Health in All Policies work in our region. (EOA)	Q1-Q4: Number of non-health agencies attending Broadly Speaking training sessions.	✗	Plans to deliver Broadly Speaking across the region were put on hold due to the instability of alert levels and social distancing and capacity to deliver. C&PH are committed to delivery of this key programme that builds public health capacity as soon as the pandemic response allows.
Collaborate with the member organisations of the West Coast Alliance (CPH, the PHO, Poutini Waiora and Sport West Coast) to develop and deliver a joint workplan, to support collaborative work and improve health outcomes in our region. (EOA)	Q1-Q4:	✓	C&PH remains engaged in the Healthy West Coast workstream of the West Coast Alliance and have identified several priorities to work on together.
Through CPH, develop DHB submissions related to policies impacting on our community's health. (EOA)	Q1-Q4:	✓	During Q4 submissions were prepared on behalf of Community & Public Health and Active West Coast to the three District Council Long Term Plans, A further submission on behalf of Active West Coast was prepared on the West Coast Regional Land Transport Plan 2021-2031.

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

6.1. Planning Priority: Delivery of Whānau Ora			
Key Actions from the Annual Plan	Milestones	Status	Comments
Prioritise two clinical areas where Māori are repeatedly presenting to services, and design and implement a whānau ora approach to enable a more integrated response to care for the person and their whānau. (EOA)	Q2: Areas identified.	✓	Oral Health and Respiratory have been identified as the two clinical priority areas. Respiratory has been the initial focus and this work is underway.
	Q3: Changes underway.	✓	
Implement a new approach to the co-design of an Early Years Strategy to better capture the voice and contribution of people that experience inequities. (EOA)	Q2-Q4: Approach implemented.	✓	The Early Years Strategy is a wide-scale community engagement process asking the communities across the Coast to share their aspirations for children growing up here. Following the feedback from this community engagement,

			development of an Early Years Strategy will commence.
Identify services with high Did Not Attend (DNA) rates and support services to take a whānau ora approach to identify and eliminate barriers to access, with emphasis on Māori and Pacific patients and those living in low decile areas. (EOA)	Q1: DNA tracking live.	✓	<p>Services with high levels of Māori DNAs have been identified as:</p> <ol style="list-style-type: none"> 1. Paediatric Medicine 2. Gynecology 3. Nutrition <p>DNA tracking is embedded, and results are being evidenced with DNA rates for Māori dropping over the last eight months.</p> <p>Strategies are being developed to eliminate barriers to access with a range of networks being used to ensure contact is made with patients who do not confirm their appointment.</p>
	Q2: Opportunities identified.	✓	
	Q3: Changes underway.	✓	
Partner with the PHO, Poutini Waioara and Te Putahitanga (the Māori Whānau Ora Commissioning Agency), to enhance our integrated approach to mental health and wellbeing with a joint bid for the next tranche of primary mental health and addiction support initiative funding. (EOA)	Q2-Q3: Joint Bid submitted.	✓	A bid has been submitted for new Kaupapa Māori Mental Health and Addictions funding. We understand that this has been positively received and discussions are underway with the Ministry of Health.

6.2. Planning Priority: Ola Manuia 2020-2025: Pacific Health and Wellbeing Plan			
Key Actions from the Annual Plan	Milestones	Status	Comments
Review the national Pacific Health and Wellbeing Action Plan to identify key actions for the West Coast and complete an action plan to support delivery.	Q3-Q4:	✗	This work was put on hold while our Pacific Lead was re-deployed to support the COVID-19 response. Work will recommence during 2021/22 with support from the Canterbury DHB.

6.3. Planning Priority: Care Capacity Demand Management (CCDM)			
Key Actions from the Annual Plan	Milestones	Status	Comments
Provide formal partnership training for the Care Capacity Demand Management (CCDM) Council members and adopt a Council charter to assist with effective governance level decision-making.	Q1: CCDM Council charter in place.	✓	Partnership training was provided/attended by CCDM Council members and a charter was drafted.
Engage the Directors of Nursing and Midwifery in the CCDM Council to ensure variance response management is enabled in the Maternity ward.	Q1: DOM and DON engaged in CCDM.	✓	
Provide Takarangi and/or Tipu Ora cultural competency training for the CCDM Coordinator, TrendCare Coordinator, and CCDM administrator to promote cultural safety within our CCDM Programme. (EOA)	Q2: Training underway.	✓	
Deliver monthly progress reports to the CCDM Council, including progress on Core Data Set development, Variance Response Management plan implementation and FTE calculations.	Q1-Q4:	✓	The working group continues to meet regularly; providing regular reports to CCDM Council regarding these programme components.
Pending Variance Response Management stocktake and Inter-Rater Reliability (IRR) testing results, commence FTE calculations for the acute mental health inpatient ward (which is not impacted by migration to new facilities).	Q2: Acute mental health FTE calculations commence.	✓	FTE calculations have been endorsed by CCDM Council for acute mental health, dementia care, and maternity. Further FTE calculations are underway in our integrated ward, paediatrics and critical care.
Following migration to new facilities in Greymouth, commence patient acuity refresher training for staff in the newly integrated acute care departments to ensure accurate patient acuity data in our new model of care.	Q3: Refresher training underway.	✓	Training was underway ahead of schedule in Q2 and is now complete.

Following migration to new facilities in Greymouth, utilise the Core Data Set stocktake to develop a Core Data Set workplan for CCDM Council approval.	Q3: Core Data Set workplan approved.	✓	The Core Data Set stocktake has been completed and a workplan has been approved by CCDM Council.
Communicate agreed Core Data Set workplan and process to staff.	Q4:	↻	Phase one of the Core Data Set has been made available to the WCDHB, which we have been working in partnership with our partners in CDHB to achieve. A roll out plan is currently being developed.
Following migration to new facilities in Greymouth, complete the Variance Response Management stocktake.	Q4: Variance stocktake completed.	✓	The Variance Response Management stocktake has been completed.
Following migration to new facilities in Greymouth, commence an FTE calculation stocktake to prepare FTE calculations in our new acute care wards.	Q4: acute care FTE stocktake complete.	✓	The FTE calculation stocktake has been completed for eligible departments based in Greymouth.
Prioritise employment of Māori and Pacific nurses into any identified vacancies resulting from implementation of the CCDM Programme to increase the cultural diversity and responsiveness of our workforce. (EOA)	Q3-Q4:	✓	With some of our FTE calculations now completed and endorsed by CCDM Council, we will continue to work with our Recruiter to prioritise employment of Maori and Pacific nurses to any resulting vacancies.

6.4. Planning Priority: Disability Action Plan			
Key Actions from the Annual Plan	Milestones	Status	Comments
Through the Disability Steering Group, and working with consumers and key stakeholders, complete the refresh of the Transalpine (Canterbury/West Coast) Disability Action Plan to improve health outcomes for disabled people. (EOA)	Q2: Updated Plan approved.	↻	The refreshed Action Plan was circulated to stakeholders and considered by Advisory Committee and the Board. However, the process to establish the Disability Steering Group has stalled in Q4 due to the redeployment of key staff onto the COVID vaccination programme. An EOI process has been completed for members of a newly established West Coast Disability Steering Group. The Group will form in Q1 2021/22 and the first activity will be to review and approve the Action Plan.
	Q3: Disability Action Plan published.	✗	

6.5. Planning Priority: Disability			
Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the Disability Working Group and other key stakeholders to continue developing the Diversity and Inclusion Framework.	Q1: Diversity and Inclusion Hui held.	✓	Collaboration with the Chair of the disability steering committee has been completed with the identification of an initial learning module. This process has stalled due to the re-deployment of staff onto the COVID-19 vaccination programme.
	Q4: Framework developed.	↻	
Continue to provide disability training (via HeathLearn) for staff on what needs to be considered when interacting with a person with a disability (while the Diversity and Inclusion Framework is developed).	Q1-Q4: Number and percentage of staff completing training.	✓	An increased number of CDHB/WCDHB staff have completed sessions in Q4, 6,524 people up from 5,956 in Q3.
Engage with primary care, Māori and residential providers to advocate the use of electronic Shared Care plans for people with a disability, particularly for those with intellectual disability and/or communication challenges. (EOA)	Q1-Q4:	✓	Primary Care teams continue to be encouraged and supported to create care plans with their most vulnerable patients. There have been forums held on the West Coast with an Older Persons Health focus to support this work.
Make key health information to the public available on the front page of the DHB website (including public health	Q1-Q4:	✓	Fifty front-end webpages across Canterbury and the West Coast (predominantly regarding services and

alerts) and vet all new content to ensure compliance with national Web Accessibility Standards. (EOA)			public health information) have been reviewed and edited to ensure they are in Plain English. There are a number of medical terms that can't easily be simplified without compromising existing patients' access e.g. haematology, oncology. All pages reviewed so far meet accessibility standards for NZ websites, which includes captioning for all videos and all documents that appear on those pages are inaccessible formats.
Train the Communications Team in the use of Easy Read, to improve the accessibility of key health communications provided by the DHB. (EOA)	Q2: Training delivered.	✓	Members of Communications team and staff from other areas responsible for producing communications, attended internal training and the MSD Accessible Information Training.

6.6. Planning Priority: Planned Care			
Key Actions from the Annual Plan	Milestones	Status	Comments
Engage with the Consumer Council, Alliance Leadership Team and Tatau Pounamu around the model of service delivery for planned care services in the new facility in Greymouth, to identify further opportunities to align direction with local need and consumer priorities and ensure a clear focus on equity. (EOA)	Q1-Q3:	✓ ★	Consumer Council, Alliance Leadership Team and Tatau Pounamu have given feedback on the model of care. Waiting/reception area refinements have been implemented, in response to patient experience and community feedback received since the opening. Regular scheduled meetings provide an opportunity for further refinement based on consumer feedback.
Ensure all planned care services (in primary and secondary settings) are using the National Prioritisation Scoring System to align access with other regions. (EOA)	Q1-Q4:	✓	Services are set up to access the National Prioritisation Tool and the Central Booking Team is monitoring consistency of use.
Complete implementation of the orthopaedic and plastic surgery ESPI recovery plan to reduce delays in treatment in these pressure areas.	Q1-Q4:	✓	Orthopaedic and Plastics recovery plans have been implemented with an improvement in ESPI 2 results for plastics. ESPI 5 result are in line with projections.
Track and monitor delivery of planned care interventions in primary care to ensure delivery of agreed intervention targets.	Q1-Q4:	✓	Development of an Automated Planned Care intervention reporting system has been deferred to coincide with the implementation of the Indici patient management system (due end of Q1 2021/22 year). Manual monitoring is in place.
Implement the DNA Action Plan to help people better navigate the system and improve attendance at planned clinics, with emphasis on Māori and populations living in low decile areas. (EOA)	Q2: Implementation underway.	✓	
Following the opening of the new Te Nikau facility, expand planned care delivery hours in general practice in Greymouth (8am to 8pm).	Q3:	✓	Appointments are available after hours.
Engage with the West Coast PHO Clinical Governance Committee to explore options for further migration of planned care services into primary care settings to optimise sector capability and build future capacity.	Q3: Further capacity identified.	✓	Planning for Women's Health Clinics and plastic surgery services in Primary Care has commenced.
Partner with Poutini Waiora to explore opportunities for the delivery of general practice/nurse-led clinics in Māori community settings to increase access to planned care services for Māori. (EOA) ³	Q4:	✓	Regular community visits now being conducted by Dr Greville Wood (GP) in combination with the Poutini Waiora nurse prescriber in Maori homes and

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

			community settings as part of the Pae Ora model of care delivery.
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6.7. Acute Demand			
Key Actions from the Annual Plan	Milestones	Status	Comments
Implement SNOMED coding in the Emergency Department to enable submission into national data collections by 2021, alongside the implementation of our new integrated South Island Patient Information Care System (PICS).	Q1: Value proposition for implementing SNOMED into our old IPM system.	✓	West Coast DHB is in the process of implementing a new practice management system, Indici, across general practice, district nursing and within the emergency department, which will provide a greatly improved flow and synergy for staff who work between areas. West Coast DHB has committed to commence the capturing of SNOMED data before the end of the calendar year.
	Q2: SNOMED training and education held.	✗	
	Q3: SNOMED built into our new system.	✗	
Establish a voluntary team (friends of the Hospital) to meet and greet patients, utilising local Iwi and kaumatua to establish connections with Māori and Pacific whānau who are frequent attenders to ED. (EOA)	Q2: Team established.	✓	Regular meetings are being held to improve the service and utilise friends of the hospital to their full potential.
Establish an unplanned care area within the new Te Nikau facility with primary care, allied, mental health and secondary services working together to ensure patients are seen by the right person, in the right service, at the right time.	Q2: Unplanned area operational.	✓	Unplanned area is operational. This area is still needing some small tweaks, but continuous improvement is underway with consumer feedback helping to drive change. Areas of improvement include: privacy of patients, technology supporting clinical staff and the amount of traffic in area such as the waiting area. Workforce FTE is being adjusted to the needs of our patients.
	Q3: Gaps in skills and training identified.	✓	
	Q4: Workforce and FTE needs refined.	✓	
Facilitate collaboration between DHB Palliative, Cardiac, Diabetic and Respiratory Clinical Nurse Specialists and Poutini Waiora nurses to identify and manage early exacerbations of long-term conditions to reduce acute presentations. (EOA)	Q2: Poutini Waiora nurses working alongside CNS within the integrated unplanned care area.	✗	Work has not begun in this space, the team has been focused on the migration and ensuring the flow of patients in the facility. Poutini Waiora Nurses are working with general practice in Long-Term Conditions Management programme to increase connection and earlier engagement with Maori patients.
Following the opening of the Te Nikau facility, expand planned care delivery hours in the general practice (8am to 8pm).	Q3: Opening hours extended.	✓	Some after-hours appointments are available. Further demand has been identified; this is being worked through with the team.
	Q4: Identify demand for further extended hour services.	✓	

6.8. Planning Priority: Rural health			
Key Actions from the Annual Plan	Milestones	Status	Comments
Engage clinical and Māori health leads, stakeholders and consumers in the development of a Rural Early Years Strategy to better understand the priorities and issues for children and their whānau across our three localities and improve access and engagement with services. (EOA)	Q2: Engagement underway.	✓	The evaluation team have been undertaking consultation across the West Coast with diverse groups and individuals. The consultation hui's were delayed by COVID-19 interruptions and staff redeployments. But this is expected to be complete in the coming quarter with an Early Years Strategy being presented to the Board in 2021/22.
	Q4: Draft complete.	🔄	
Investigate opportunities for introducing 'In-Home' telehealth consultations, including work with consumer groups and a review of outpatient booking forms to promote telehealth as the first option with face to face as a backup option.	Q2-Q3:	✓	The video conferencing platform used by the West Coast DHB (Vidyo), can be used by practitioners in the system to perform video consultations, by sending a secure link directly to a capable device in the patient's own environment. During the lockdown, this enabled the delivery of

			care to people in their own homes without an in-person presence. Two general practices (Buller Medical and Te Nikau Health Centre) are now offering telehealth appointments (where appropriate) with an off-site General Practitioner who consults directly with patients in their own environment. This is broadening options for our community and increasing capacity in primary care.
Following the opening of the new Te Nikau facility, expand planned care delivery hours in general practice in Greymouth (8am to 8pm).	Q3: Opening hours extended.	✓	Some after-hours appointments are available. Further demand has been identified; this is being worked through with the team.

6.9. Planning Priority: Healthy Ageing			
Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the ACC, Aged Residential Care (ARC) providers and general practice, through the local Falls Coalition, to embed a pathway that supports automatic referral to the Falls Prevention Service for all patients post a fractured neck of femur (NOF) or humerus. ⁴	Q4: Pathway embedded.	✓ ★	West Coast Health Pathways has an established 'Falls Prevention' pathway. The Complex Clinical Care Network receives referrals and patients are triaged to the Falls Prevention Clinical Leads for further provision of services. A Complex Clinical Care Network Gerontology Nurse Specialist is joining the local Falls Prevention Coalition to help lead key actions in identification and referral of those at risk of falls and fractures; and appropriate use of medication to maximize bone health and minimise falls risk.
Expand the implementation of ACC non-acute rehabilitation (NAR) bundles of care, to target those living in the Buller region who would benefit from accessing the Earlier Supported Discharge service. (EOA)	Q4:	✓	The community bundles of care flow charts are being used in the inpatient wards in both Northern and Central localities to help identify patients that would benefit from an Early Supported Discharge response across the Coast.
Collaborate with the Technical Advisory Service and the Ministry of Health to align local service specifications and implement the National Framework for HCSS, when it is formally released. ⁵	Q1-Q4:	✓	The West Coast DHB has been using the UoA Casemix methodology for their model of care for some time now and at the last contract rollover the contracted provider (Access) moved to case mix bulk funding also.
Track and monitor service delivery to ensure that all clients in receipt of HCSS for more than six weeks (long-term) have had a needs assessment using the InterRAI geriatric assessment tool, and progressively implement the proposed national review and re-assessment timeframes for those long-term clients.	Q1-Q4: Quarterly review of delivery of InterRAI assessments.	✓	HCSS and InterRAI data continues to be monitored at the regular Operational Management Group meetings. HCSS have had difficulty recruiting nurses on the Coast and has fallen behind on InterRAI assessments. The OPH team are working with them to help catch them up on these assessments.
Appoint a Māori clinical assessor as part of the Complex Clinical Care Network team to support an increase in the number of InterRAI assessments delivered for older Māori. (EOA)	Q1: Māori assessor appointed.	✓	A Māori clinical assessor has been appointed as a member of the Complex Clinical Care Network team. The Māori clinical assessor is working collaboratively and with integration with Poutini Waioara to identify and target older Māori requiring InterRAI assessment; and is
	Q2: Cohort identified and targeted.	✓	

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

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

			currently working on attaining their NZ Certificate in Whānau Ora (Level 4) to enhance clinical practice.
Investigate practical solutions to issues raised by the Dementia Stocktake, to promote timely dementia diagnoses - including implementing a new diagnosis tool (M-ACE) in general practice and scoping Specialist Dementia Nurses roles.	Q3: M-ACE tool introduced.	✓	Training information and the M-ACE tool has been circulated to all Practice teams. The use/roll-out of M-ACE with Rural Nurse Specialists is also being supported. The Specialist Dementia Nurses roles will be scoped as part of a wider review being undertaken regarding the Older Persons Mental Health rehabilitation service.
	Q4: Roles scoped.	✗	
Identify a "frail" cohort of patients (via interRAI) and trial a referral process that supports access to appropriate services to reduce acute demand and restore function, including Strength and Balance programs where appropriate.	Q2: Cohort identified.	✓	West Coast Health Pathways now has a 'Frailty' Pathway with a scoring tool included. This pathway supports access to approved services and the process is in place.
	Q3: Pathway developed.	✓	
	Q4: Process in place.	✓	

6.10. Planning Priority: Improving Quality			
Key Actions from the Annual Plan	Milestones	Status	Comments
Improving Equity			
Retrospectively review cases of children presenting to ED with respiratory conditions, who are not admitted, to identify barriers to earlier intervention and opportunities to improve referrals to the DHB's Clinical Nurse Specialist (CNS) service for support.	Q1-Q2: Review completed.	✓	NHI level data is being reviewed to support a Whānau Ora response led by Poutini Waioara supported by the DHB Clinical Teams.
Working with Paediatrics, general practice and the CNS Service, use data from the case review to map the optimal referral pathway for respiratory presentations.	Q2-Q3: Pathway mapped.	↻	
Establish a Multi-Disciplinary Team to provide ongoing oversight of respiratory presentations and evaluate the impact of the revised pathway for Māori. (EOA)	Q4: Team in place.	✓	A small group has been formed to work collectively to progress this mahi.
Improving Consumer Engagement			
Engage the West Coast Consumer Council in the governance role to guiding implementation of the quality and safety marker, with support from the Quality Team.	Q1-Q4:	✓	Steering Group Terms of Reference complete.
Agree the process for information collection and reporting against the marker.	Q2:	✓	Data collection is underway for the second report
Upload the marker data onto the Health Quality and Safety Commission's consumer engagement HQSM dashboard, using the SURE framework as a guide	Q3-Q4:	✓	
Evaluate the impact on the quality and safety of service provision by reporting against the framework twice yearly.	Q2: Report completed.	✓	The second report will be delivered in September 2021.
	Q4: Report completed.	↻	

6.11. Planning Priority: New Zealand Cancer Action Plan 2019-2029			
Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the PHO, Poutini Waioara, Community & Public Health, Cancer Society and Tatau Pounamu to offer local support to Māori whānau to engage in screening, seek early advice and understand cancer diagnosis to reduce inequity of outcomes. (EOA)	Q1: Cancer kōrero booklet promoted.	✓	Cancer Korero booklet is on our website. West Coast DHB's Bowel Screening team and Equity Actions Group exploring opportunities to improve understanding and knowledge in screening among Maori and other priority populations in our rohe (for bowel and for other cancers).
Use data/intelligence systems to monitor the 62-day and 31-day wait times for access to cancer treatment and undertake a breach analysis for every patient who waits	Q1-Q4:	✓	Monitored quarterly; both internally and using Ministry of Health results analysis. Our Cancer Nurse Coordinator liaises with clinical teams in Canterbury to look

longer than target to identify emergent systems issues and capture opportunities to reduce process delays.			at breaches for individual patients to monitor for any emergent issues that might be able to be resolved.
Engage our cancer workforce in Tikanga and Takarangi training to improve cultural competency and support our goal of ensuring cultural safety and reducing bias in clinical decision making. (EOA)	Q1-Q4	🔄	Regular training is being offered to DHB staff, with training delivered by the DHB's Maori Health team. Our Cancer Nurse Coordinator has undertaken the training and booked to do refresher in September. Our wider cancer workforce are being encourage to engage in the training programme.

6.12. Planning Priority: Bowel Screening and Colonoscopy Wait Times			
Key Actions from the Annual Plan	Milestones	Status	Comments
Refresh data systems to ensure the DHB complies with new reporting requirements under the Ministry's framework for monitoring symptomatic colonoscopy and bowel screening performance.	Q1:	✓	Data systems are compliant with the Provation Database system being updated in August.
Undertake monthly waiting list review of colonoscopy wait lists and wait times to identify any emergent systems delays and prompt corrective actions and management, through our Endoscopy User Group.	Q1-Q4:	✓	The Endoscopy User Group monitors waiting times at each monthly meeting.
Embed dedicated theatre session time to provide timely access to colonoscopy.	Q1-Q4:	✓	Production planning work has quantified the number of sessions required and these are embedded in rosters.
Provide training and education to community nurses and general practice teams in preparation for the roll-out of the National Bowel Screening Programme, to ensure that symptomatic patients are promptly triaged and processed. (EOA)	Q1-Q4:	✓	NBSP implemented 31 May 2021.
Collaborate with the PHO, Poutini Waioara and Community & Public Health to deliver bowel cancer awareness health promotion initiatives through primary and community care networks with a focus on Māori communities, to de-stigmatise the screening process and to encourage uptake of bowel screening checks among Māori as a target population. (EOA)	Q1-Q4: Health Hui delivered in Māori settings.	✓	NBSP Establishment Day was 22 Sept 2020 and involved PHO, Poutini Waioara and Community & Public Health. Presentations on the NBSP have been made to Tatau Pounamu. An Equity Advisory Group for the NBSP has been established and meets monthly.
Undertake the 'Phase Two' work identified in the 'Phase One' plan for the roll-out of the National Bowel Screening Programme, linking in with key partner organisations and the National and Southern Regional Bowel Screening Centres.	Q1-Q4:	✓	NBSP implemented 31 May 2021.
Subject to meeting the prerequisites of the readiness assessment, commence implementation of the National Bowel Screening Programme on the West Coast.	Q4:	✓	NBSP implemented 31 May 2021.

6.13. Planning Priority: Workforce – Workforce Diversity			
Key Actions from the Annual Plan	Milestones	Status	Comments
DHB Workforce Priorities			
Collaborate, with training bodies, high schools and local iwi to promote health careers locally.	Q2: Hui held to consider recommendations made by our 2019 Studentship/Scholarship recipients.	✓	Recommendations have been prepared for presentation to the local leadership team for approval. A working group has been established to oversee implementation of the agreed recommendations.
	Q4: Studentship recommendations implemented.	🔄	

Develop a prioritisation strategy to support uptake of rural training placement opportunities, prioritising opportunities for Māori and Pacific students. (EOA).	Q2: Placement prioritisation strategy developed and approved.	🔄	A workshop has been held to progress the prioritization strategy, which will include a set of principles that should inform how placements are prioritized. This is in the process of being documented and approved.
	Q3: DHB-subsidised housing promoted to education providers and students considering training placements on the Coast.	✗	
Implement our Rural Generalist model to support a more sustainable service model and provide continuity of care for our population.	Q1: Opportunities identified to support the obstetrics pathway on the Coast in line with the Rural Generalist Model.	✓	<p>Transalpine development of O&G pathway underway and an SLA established with Canterbury DHB.</p> <p>A RUFUS role is now in place with O&G from Canterbury DHB providing clinical activity for agreed blocks as visiting clinician to WCDHB.</p> <p>Rural Generalists currently working in obstetrics and part of agreed roster.</p> <p>The Midwifery Council have agreed to a pathway of recognition of prior learning for nurses who would like to be midwives. ARA will look to develop and run this course in 2022.</p>
	Q2: Opportunities identified to support general medicine on the Coast in line with the Rural Generalist Model.	✓	
	Q4: Pathway to support a dual nursing/midwifery scope of practice developed and pilot underway.	🔄	
Build on the work begun in 2019, to support access to continued professional development for Nurse Practitioners.	Q1: Support for two Northern Region Nurse Practitioner interns to complete their training and submit portfolios.	✓	<p>One of the candidates has achieved endorsement from the Nursing Council of New Zealand and is currently orientating to her new position/scope of practice as a Nurse Practitioner. The other candidate is booked to attend her interview.</p> <p>A meeting has been held with our current Nurse Practitioners to look at improving the existing package and these improvements have been included.</p>
	Q2: Review the professional development package (updated in 2019) with Nurse Practitioners and other DHBs.	✓	
	Q3: Identify opportunities to improve the development package.	✓	
Develop and promote workforce development resources to support the increased capability of our non-registered workforce. (EOA)	Q4: Career pathway / workforce development resources developed and promoted.	✓	WCDHB now has two Careerforce Assessors trained to increase local resourcing to support Kaiawhina (non-reg) capacity building.
Use the six targets outlined by Te Tumu Whakarae (the national Māori GMs Group) to inform our actions to improve equity and increase participation in our health workforce.			
Build business intelligence infrastructure to track progress towards equity outcomes for Māori. (EOA)	Q1: Set of metrics and data requirements to measure progress against Te Tumu Whakarae targets developed.	✓	<p>In collaboration with CDHB, the metrics have been developed and a dashboard showing outcomes has been created which will be updated quarterly.</p> <p>The dashboard will be presented to EMT the operational leadership group and Tatau Pounamu.</p> <p>3 Equity roles have been created in People & Capability;</p> <p>Workforce Development Lead – Māori & Equity</p> <p>Workforce Development Partner – Māori</p> <p>Workforce Development Partner – Equity and Diversity</p> <p>These roles will be key in building on current gains and accelerating activity that is key to meeting the targets set by Te Tūmū Whakarae. TAS supports this strategy by capturing and reporting DHB-employed workforce demographic data against the targets and through the provision of secretariat support.</p>
	Q2: Dashboards for first set of metrics implemented.	✓	
	Q4: Metrics and dashboards reviewed and refined.	✓	

Implement affirmative action measures to increase the number of Māori, Pacific people and people living with disabilities in our workforce. (EOA)	Q1: Process for people who meet minimum requirements to go to interview stage developed and tested.	✓	Process in place.
	Q2: Hiring managers educated on best practice for hiring for diversity and guidelines that reduce bias in hiring process implemented.	✓	
In partnership with Māori, improve the cultural competency of our workforce and leaders. (EOA)	Q1: Hui held to co-design cultural competency learning pathway.	✓	Cultural Competency training offered: <ul style="list-style-type: none"> • Tikanga Best Practice • Takarangi Cultural Competency (Modules 1, 2 and 3) • HEAT (Health Equity Assessment Tool) Hauora Māori team are working with People and Capability team from CDHB on a strategy to support our people to better equip themselves for cultural responsiveness. The West Coast DHB Workforce Development Team has begun work on a draft Cultural Competency Framework, which will be discussed at the upcoming Tatau Pounamu meeting.
	Q2: Cultural competency integrated into the self-learning pathway.	✓	
	Q3: Te Reo Māori incorporated into all Talent, Leadership, and Capability-building Learning Material.	🔄	

6.14. Planning Priority: Workforce - Health Literacy			
Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the PHO, Poutini Waioara, Community & Public Health, Cancer Society and Tatau Pounamu to promote the Cancer kōrero (booklet) to support Māori to better understand the risk factors for cancer, engage in screening, seek early advice and understand their cancer diagnosis. (EOA)	Q1: Cancer kōrero promoted.	✓	Cancer Korero booklet is on our website. West Coast DHB's Bowel Screening team and Equity Actions Group exploring opportunities to improve understanding and knowledge in screening among Maori and other priority populations in our rohe (for bowel and for other cancers).
Identify a Health Literacy Champion to build health literacy within the DHB and across the wider health and disability system.	Q2: Health Literacy Champion identified.	✓	Two Champions have been identified from the Operational Leadership Group.
Following on from the health literacy review conducted in Canterbury 2019/20, develop a Health Literacy Action Plan for the West Coast identifying short, medium and long-term service improvements.	Q3: Action Plan development underway.	✗	The healthy literacy plan has not been developed due to competing priorities and the secondment of staff to the COVID response over the past year. However, a stocktake of current activity is underway to inform key areas of focus for the West Coast Operational Leadership Team. This will be aligned to the work being done in Canterbury to capture learnings and share resource and tools across both systems.

6.15. Planning Priority: Workforce – Cultural Safety			
Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in the Takarangi Competency Framework, Te Tiriti o Waitangi and Tikanga Best Practice programmes to support our commitment to	Q2: Takarangi Hui held for next intake of staff.	✓	Tikanga best practice workshops have been held throughout the year. One targeting newly recruited clinicians, two
	Q4: ≥3 Te Tiriti o Waitangi training sessions held.	✓	

equity and improve the cultural competency of our workforce. (EOA)	Q4: ≥3 Tikanga Māori Beliefs & Practices sessions.	✓	workshops were held in Greymouth and one held in Buller
Work with the PHO to develop an education package to advance the skills of primary care staff to respond to the needs of Māori clients, improving outcomes for at risk groups in primary care setting. (EOA)	Q4: Cultural Safety education package developed and delivered to at least five general practices.	✓	Hauora Maori Health Team have offered a cultural education safety package in the form of Takarangi training to all GP practices via the PHO.
Advance the skill development of Nurse Practitioner and Clinical Nurse Specialist (mental health) roles to confidently and competently respond to Māori clients presenting with mental illness. (EOA)	Q2: Cultural safety training options discussed and documented in success and development plans.	✓	Our Nurse Practitioner (Mental Health) has completed Tipu Ora. The Clinical Nurse Specialist role has been reworked and we will be prioritizing training with the successful candidate.
	Q4: Agreed cultural safety training commenced.	✓	

6.16. Planning Priority: Workforce – Leadership			
Key Actions from the Annual Plan	Milestones	Status	Comments
Develop the Hub for the Essentials of Leadership and Management (HELM) and increase uptake from West Coast audiences.	Q2: Relevant learning packages available on HELMLEADERS.ORG.	✓	Recently completed a communications campaign to boost engagement with HELM content. To date there have been: 5,182 total HELM course completions (year to date). 43% of WCDHB managers have completed at least 1 HELM course (year to date). 13,200 users have visited HELMLEADERS.ORG (year to date)
Launch 'leading-self' leadership pathway to support leaders and those with leadership potential including links to relevant content and the Our Leadership Koru.	Q2. Leading Self pathway on HELMLEADERS.ORG.	✓	Released the Leading Self Pathway in September 2020. The pathway contains nine eLearning modules and one face to face workshop totaling over 12 hours of development time. 193 Pathway enrolments. 6 Pathway Completions.
Scope the work required for developing a 'Leading-Others' leadership pathway, including determining work with internal and external partners.	Q2: Content review complete.	✓	Content review and gap analysis has been completed.
	Q3: Gap analysis of current learning content complete.	✓	Leading Others Pathway Development has been postponed until after the Te Huarahi Hautū Pathway launch. Noting that Te Huarahi Hautū contains some Leading Others content and will be delivered to all line managers across the DHB.
In partnership with Māori, develop a leadership development programme to progress Māori into leadership roles. (EOA)	Q2: Hui held to co-design programme.	✓	Consultation has occurred with key Māori representatives from SIAPO, West Coast DHB, Canterbury DHB and Southern DHB to identify current leadership programmes and to review as a sector a more collaborative approach.
	Q3: First phase agreed.	🔄	
Deploy the success and development framework to support succession planning and role progression.	Q2: Success and development learning resources released.	✓	The P&C team are re-engaging with operational and professional leadership on the Coast to identify the right approach to implementing Success and Development plans. Training continues to be made available across the West Coast DHB.
Assess areas with a low number of success and development plans and put in place a plan to increase uptake.	Q3: Plan to increase uptake in place.	🔄	

6.17. Planning Priority: Workforce – COVID-19			
Key Actions from the Annual Plan	Milestones	Status	Comments
Establish a West Coast multiagency Psychosocial Recovery and Wellbeing Committee to support the implementation of <i>Kia, Kaha, Kia Maia, Kia Ora Aotearoa – COVID-19 psychosocial and mental wellbeing recovery plan</i> to support our community to adapt and thrive over the next year.	Q1: Committee established.	✓	The Director of Allied Health is responsible for West Coast DHB's psychosocial response in emergencies including planning for and coordinating recovery, she sits on the Ministry of Health psychosocial leaders group as well as the West Coast Welfare Network (coordinated by CDEM). In March 2020 a multiagency group was stood up in response to the COVID-19 pandemic, this group was very active during levels four and three particularly. As all members are part of the welfare network, the group has rolled committee work into the network forums. Currently we are exploring how the National Resilience Framework can be applied to support this mahi. We continue to promote locally (via Welfare network) and participate in C/SC/WCDHB plus national work.
	Q1: Focus area leads facilitate implementation.	✓	
Engage regionally with Canterbury and South Canterbury DHBs, through the Regional Recovery and Wellbeing Committee to respond to the national direction and recovery.	Q1: Regional plan developed.	✓	
Work with community providers and public health services to update our cross-sector pandemic plan, incorporating the learnings from the COVID-19 response.	Q1: Pandemic plan updated.	✓	
Work with our Kaupapa Māori provider to identify the learnings from the COVID-19 response and invest the national COVID-19 funding (through Te Herenga Hauora) to embrace new ways of working. (EOA)	Q1: Opportunities captured.	✓	

6.18. Planning Priority: Data and Digital			
Key Actions from the Annual Plan	Milestones	Status	Comments
Continue the roll-out of the regionally shared Electronic Referral Management System implementing e-triage within the DHB.	Q2-Q4	↻	The remaining in scope services will be completed by the end of 2021.
Complete implementation of the Regional Service Provider Index.	Q2:	↻	The South Island continues to support the Ministry of Health with the upgrade to the HPI platform.
Deliver ISG support to ensure Te Nikau hospital and IFHC are fully operational with all ISG functions in place to support clinical teams.	Q2:	✓	
Expand telehealth capability within Te Nikau to support the new locality-based model of care and equity of access to services for our most remote populations. (EOA)	Q2:	✓	All consult rooms provided with Telehealth technology.
Implement the (single) South Island Patient Information Care System (PICS), aligning the West Coast with Canterbury and Nelson Marlborough DHBs.	Q3: PICS live.	✗	We are currently implementing a new practice management system, Indici, across general practice, district nursing and within the emergency department, which will provide a greatly improved workflow and synergy for staff who work between these areas. SIPICA has been delayed until local implementation is complete.
Commence implementation of our faxing replacement solution including completing the RFI process and addressing change management.	Q3:	✓	There are approx. 12 faxes remaining to be migrated, by the end of 2021.
Collaborate with the PHO and general practice to implement the new Community System which in Phase 1 replaces the legacy primary care patient management system and in Phase 2 supports implementation of patient portals to provide consumers with greater access to their health information.	Q4: Legacy system replaced.	↻	A delay of two months has occurred for the first practice go live, due to increased security requirements. Phase 1 of the project which includes go live for four practices is targeted for completion by the end of 2021.
Build on the digital maturity assessment completed in December 2019, with implementation of Phase 2 of the community system and ongoing work with Canterbury DHB to provide greater integration of systems and processes.	Q1-Q4.	↻	Recruitment and project delays have prevented phase 2 scoping. This will recommence towards the end of 2021, to allow for the completion of the phase 2 business case.

Improve Application Portfolio asset management by implementing cloud first systems and completing the migration of remaining Citrix environments to the data centre (cloud provider).	Q4: New Community system is cloud based.	✓	Citrix system is fully migrated to a data laaS provider (other than some legacy applications which Indici will replace).
Support implementation of the National Bowel Screening Programme to support equity of access to services for our population. (EOA)	Q4: System is live.	✓	System is live
In alignment with Canterbury DHB, implement the following activities to improve our IT Security Maturity to Level 3: Procurement of a phishing education tool, Development and delivery of security awareness training for staff and Moving our email environment onto Office 365 – Exchange online.	Q4:		A Phishing education tool has been implemented with baselining currently in progress and an education campaign is now underway. Security awareness training is also in place. The Exchange online project is underway, targeting completion by the end of 2021
Work with the Ministry of Health on implementation of the National Health Information Platform (nHIP).	Q4:	✓	WCDHB continues to support and work with MOH on this project.
Submit quarterly reports to the Ministry of Health on the DHB ICT Investment Portfolio on data and digital.	Q1-Q4:	✓	Completed.

6.19. Planning Priority: Implementing the New Zealand Health Research Strategy

Key Actions from the Annual Plan	Milestones	Status	Comments
Identify a champion within the West Coast DHB to work with the Ministry of Health to design a programme of work to support the implementation of the New Zealand Health Research Strategy by supporting local research and innovation capability.	Q1: Champion Identified.	✓	The Director of Allied Health is the Champion.
Formalise a Transalpine Research Partnership with the Canterbury DHB to create pathways for staff to engage in research and innovation and identify regional priorities for research activity.	Q2: Transalpine partnership in place.	✓	Transalpine working group set up to establish governance of research for West Coast & Canterbury DHB. The next step is reviewing workforce survey of research interests, priorities and funding utilisation proposals.
Develop research policies and procedures to provide a supportive framework for clinical staff to engage in research and innovation activities, which gives priority to reducing inequity for Māori in our communities. (EOA)	Q2: Research and Innovation framework developed.	↻	
Work with the South Island Alliance Programme Office to develop a plan for how we will work regionally to create research and analytics networks.	Q4: Regional plan developed.	✗	SIAPPO has refocused priorities for 2021/22. We have a transalpine working group in place.
Provide a summary update on progress to the Board and Ministry of Health.	Q4: Summary provided.	✓	Quarterly updates provided.

6.20. Planning Priority: Delivery of Regional Service Plan Priorities

Key Actions from the Annual Plan	Milestones	Status	Comments
Review and update the local Hepatitis C HealthPathway to ensure access to diagnostics and treatment is aligned with national recommendations.	Q2:	✓	Completed.
Collaborate with the Canterbury DHB and regional Hepatitis C Coordinator to develop a multidisciplinary transalpine clinical network to ensure effective collaboration and messaging between primary and secondary care.	Q2: Network in place	✓	Completed. Face to face meetings occurred in March at Te Nikau and Buller Health. Email distribution network establishment
Engage with Poutini Waiora and work in partnership to identify and treat at risk or 'treatment naive' Māori living with hepatitis C. (EOA)	Q3: Partnership established	✓	Partnership established with laboratory lookback data updated and fed back to West Coast providers to support treatment of naive patients and those requiring follow up.
Collaborate with local providers and the regional Hepatitis C Coordinator to identify economic barriers to	Q4:	✓	Key Stakeholder has occurred with service providers in Mental Health, AOD and

accessing testing and treatment and if appropriate, consider options for implementation of a financial assistance programme.			needle exchange to support development of mobile service. Free Point of Care testing being implemented in Greymouth, Westport and Reefton.
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7. Better Population Health Outcomes Supported by Primary Health Care

7.1. Planning Priority: Primary Health Care Integration			
Key Actions from the Annual Plan	Milestones	Status	Comments
Complete a reorientation of the West Coast Alliance workstreams to align with the DHB locality model and to improve focus on primary care integration priorities in each locality. Ensure Te Ao Māori views are represented in each locality and DHB membership is complemented by membership from NGO to ensure a strong equity focus. (EOA)	Q1: Alliance workstreams re-oriented.	✓	All three locality workstreams are independently chaired. Te Ao Māori and consumer representation is achieved with contributions from the Hauora Māori team, Tatau Pounamu and the Consumer Council.
	Q1: Membership re-oriented.	✓	
Review Māori enrolment rates and the quality of ethnicity data following the COVID-19 pandemic and lockdown and work with the West Coast PHO to develop a recovery plan where required. (EOA)	Q1: Rates reviewed and responded to.	✓	
Implement alternative options for Māori men aged 35-44 years who are due for their Cardiovascular Disease risk assessment to increase access and uptake of screening – offering appointments outside of normal business hours, physically in the new Te Nikau facility or virtually via telehealth. (EOA)	Q2: Recall process updated to reflect alternative options.	✓	The Whānau Ora nurses at Poutini Waiora are providing quarterly Pulsewave clinics on weekends to make CVD risk assessments more available to Māori men of working age – our priority group in this space.
Using Emergency Department data relating to respiratory presentations in young children (age 0-4 years), work with primary care, paediatrics, Clinical Nurse Specialists and our Kaupapa Māori provider to review and map the optimal referral pathway for acute respiratory episodes.	Q2: Draft pathway for acute respiratory episodes developed.	↻	A small working group has been convened and all admissions for acute respiratory issues are currently being clinically reviewed to identify gaps in the current care pathway and opportunities for improvement.
	Q4: Pathway in place.	✗	

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

7.3. Planning Priority: Pharmacy			
Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with pharmacists to achieve a locally consistent, clinically-informed process for pharmacists completing medicines reconciliation in general practice.	Q4: Process agreed.	↻	Pharmacist working regularly in Buller Health providing medicines reconciliations and other clinical advice.
Enable pharmacists to provide Medicines Therapy Assessments (MTAs) to general practitioners for people likely to have potentially harmful polypharmacy.	Q4: MTA enabled.	↻	Three pharmacists are accredited to provide MTAs. Proposal for DHB to fund this service is in development.
Identify opportunities to engage pharmacists in interdisciplinary team meetings (IDTs) where complex individual cases are discussed to ensure older people	Q1-Q2: IDT meetings, in an increased number of settings, have access to pharmacist expertise.	✓	Pharmacists are invited to IDT meetings and attend for patient cases known to have medication issues.

living in the community and ARC to have access to the medicine's optimisation. (EOA)			Pharmacists attended IDT meetings in Greymouth and Hokitika at the rate of approximately one IDT per quarter per region. IDTs are held every two weeks.
Commission pharmacies to provide funded influenza and MMR immunisations, in collaboration with general practice, to improve the uptake of vaccinations amongst more vulnerable groups in the community. (EOA)	Q1-Q4: Vaccinations reported quarterly by ethnicity.	U	Two pharmacies are offering immunisations. However, ethnicity analysis of vaccinations delivered is yet to be completed.
Engage a community pharmacist as a member of the West Coast Immunisation Advisory Group to support system-wide influenza vaccination planning.	Q1:	✓	The West Coast Immunisation Advisory Group has invited a community pharmacist to join the group.
Extend access to the DHB's cultural training programmes to non-clinical pharmacy staff to improve the interactions with Māori visiting pharmacies. (EOA)	Q2: Options identified and promoted.	✓	Pharmacy staff have been invited to participate in DHB cultural training programmes.
Survey pharmacies on the resilience of their services to pandemics, natural disasters and other civil emergencies, including identified vulnerabilities and mitigating measures, to build on strengths and improve system planning.	Q1: Survey complete.	✗	Survey design yet to be completed as work to improve delivery of medicines management services has taken priority.
	Q2: Follow-up actions identified.	✗	
Engage with general practices to shift further prescription and pharmacy referral flows to digital transmission, using the New Zealand electronic prescription service (NZePS), to enable timely low-contact healthcare.	Q2-Q4: report NZePS uptake.	✓	All West Coast practices except one are using the NZePS. All practices regularly transmitting scripts through secure email and other digital technologies.

7.4. Planning Priority: Long-term Conditions including Diabetes			
Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain the primary-care-led Long-Term Conditions Management (LTCM) Programme, to prevent, identify and enhance the management of cardiovascular disease, diabetes and chronic obstructive pulmonary disease, with a focus on Māori, Pacific people and those in high deprivation areas. (EOA).	Q1-Q4:	✓	The primary care led Long-Term Conditions Management (LTCM) Programme continues to be provided. PHO and practice level data is reviewed quarterly to identify emerging issues and barriers to access. Referral and follow-up pathway process mapping for gestational diabetes that was delayed from Q4 in 2019/20, has now been undertaken.
Through the PHO, provide Safe Effective Clinical Outcomes training to practice nurses, including improved understanding and consideration of health literacy needs from the perspective of the patient and their whānau.	Q1-Q4:	✓	Safe Effective Clinical Outcomes training to practice nurses is being actively provided by West Coast PHO.
Progressively expand the Whakakotahi whānau ora model across general practices, to better engage with high need, low access, Māori patients and provide wrap-around support to them and their whānau. (EOA)	Q4: Model expanded to a third practice.	★	The Whakakotahi Whānau Ora model is well embedded with support for its expansion having endorsed by the West Coast Alliance. The model is now being actively used at General Practices West Coast wide. The model in Greymouth includes fortnightly Nurse Led clinics which are directly supported by a GP from the Practice, a local community pharmacist, and a Whānau Ora Registered Nurse from Poutini Waiora.
Share PHO/practice level data with Poutini Waiora to enable their Māori nurses to contact and engage with Māori men who are eligible for cardiovascular disease and diabetes risk assessments to lift the rates for this high-risk population. (EOA)	Q1-Q4:	✓	Poutini Waiora Nurses are working with General Practice in Long-Term Conditions Management programme to increase connection and engagement with Maori patients. They are also providing Pulsewave clinics on weekends each quarter to make CVD risk assessments more available to these men of working age who have been identified as a priority group.

Deploy diabetes nurse specialists to work with Poutini Waiora and GP teams to support highly complex patients (with existing complications) who are not regularly accessing services to improve the continuity of care. (EOA)	Q1-Q4:	✓	Poutini Waiora are actively reviewing and supporting Māori patients with complex diabetes care needs using Whakakotahi Whanau Ora model as part of an inter-agency approach within the PHO's Long-Term Conditions programme, with support from the Diabetes Nurse Specialists for clinical advice and support.
Collaborate with the PHO and Poutini Waiora to deliver culturally-appropriate, community-based initiatives and Diabetes Self-Management Education (DSME) to help people make lifestyle changes and reduce risk factors associated with their condition. (EOA)	Q1-Q4: Three diabetes courses delivered.	✓	Community-based initiatives and Diabetes Self-Management Education programmes are in place with regular attendance. Retinal screening expos were conducted in the major town centres across the West Coast during 2020/21, with week-long clinics held in August, November, March and June. The West Coast PHO dieticians are seeing Poutini Waiora patients with Poutini Waiora nurses.
	Q1-Q4: Four retinal screening expos held.	✓	
Use outcomes data to evaluate the uptake and effectiveness of the DSME for Māori, to identify gaps and inform opportunities for quality improvement. (EOA)	Q2-Q4:	✗	Work not commenced due to capacity constraints and the re-deployment of a key lead Public Health Lead to support the COVID response.

West Coast District Health Board Public Health Report January to June 2021

Community and Public Health

West Coast Office



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1. INTRODUCTION

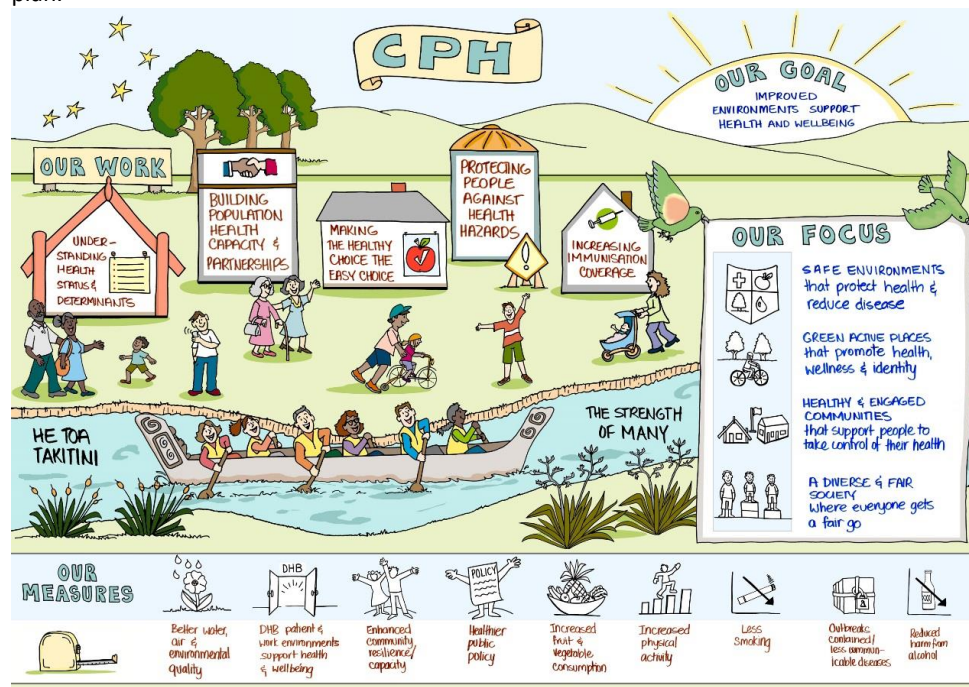
Public health is the part of our health system that works to keep our people well. Our goal is to improve, promote and protect the health and wellbeing of populations and to reduce inequities. Our key strategies are based on the five core public health functions¹:

1. Information: sharing evidence about our people's health & wellbeing (and how to improve it)
2. Capacity-building: helping agencies to work together for health
3. Health promotion: working with communities to make healthy choices easier
4. Health protection: organising to protect people's health, including via use of legislation
5. Supporting preventive care: supporting our health system to provide preventive care to everyone who needs it (e.g. immunisation, stop smoking).

The principles of public health work are: focusing on the health of **communities** rather than individuals; influencing **health determinants**; prioritising improvements in **Māori health**; reducing **health disparities**; basing practice on the best available **evidence**; building effective **partnerships** across the health sector and other sectors; and remaining **responsive** to new and emerging health threats.

Public health takes a life course perspective, noting that action to meet our goal must begin before birth and continue over the life span.

This report describes progress against the outcomes and priorities in our 2020-21 annual plan.



¹ Williams D, Garbut B, Peters J. Core Public Health Functions for New Zealand. NZMJ 128 (1418) 2015.
<https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vo-128-no-1418-24-july-2015/6592>

2. COVID-19

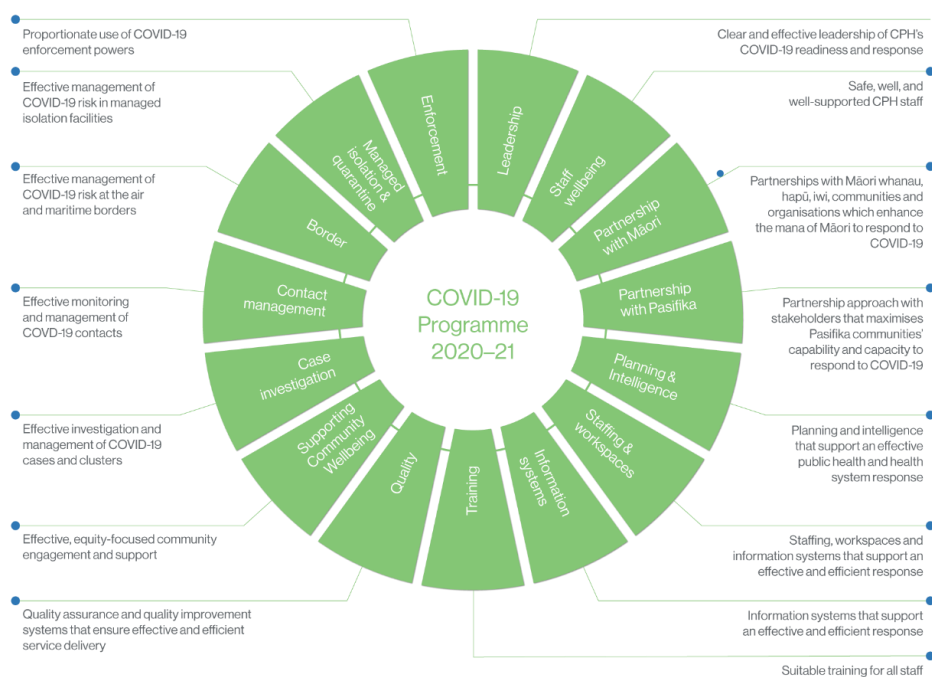
“Minimising COVID-19’s impact on health, wellbeing and equity in our communities, and supporting a positive community response”

The COVID-19 Programme Plan led by our Christchurch office, takes a Health in All Policies approach by not only incorporating outbreak management functions, but also through placing an emphasis on our interagency relationships at the borders and at the Managed Isolation and Quarantine Facilities (based in Christchurch).

Engaging with identified communities makes up core components of the plan. We engage with our Māori and Pasifika leaders and build collaborative and respectful relationships which enables these communities to mobilise and provide a culturally appropriate response should community transmission occur. Ensuring the wellbeing of our workforce also features prominently.

All Community and Public Health staff based in the West Coast office have been allocated to various ‘response roles’ (see Communicable Disease Control).

The Programme Plan is organised under 15 ‘workstreams’ incorporating the following priority outcomes:



3. SURVEILLANCE / MONITORING

“Tracking and sharing data to inform public health action”

Our key surveillance/monitoring priorities for 2020-21 are:

- To monitor and report on communicable disease trends and outbreaks.
- To implement the recommendations of our monitoring/surveillance processes review with a focus on effective information sharing.

Community and Public Health’s Surveillance team in Christchurch provides a weekly update on notifiable diseases for all South Island DHBs including any trends, with a breakdown across Local Authorities.

Monthly and annual summaries are also provided. These are available on the CPH Public Health Surveillance and Incident Intelligence website <https://intel.cph.co.nz/> and are also linked on Community and Public Health’s Information for Health Professionals webpage <https://www.cph.co.nz/health-professionals/>.

Public Health Updates are also available on this page.

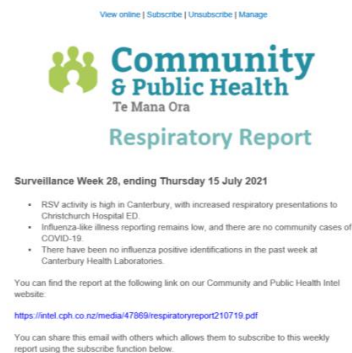
Influenza and respiratory pathogens reporting - Over the winter months Community and Public Health publishes a weekly summary of respiratory virus activity in the region (Canterbury, South Canterbury and West Coast DHBs). Reporting was paused for 2020, due to COVID-related changes in health care and data collection systems.

An updated report format has been developed for 2021 and reports will be provided each Monday until week 40.

Over the reporting period 1 January to 30 June 2021, our Health Protection staff received and actioned the following communicable disease notifications (please note, not all notifications were subsequently confirmed as cases):

Disease	Number of cases
Campylobacteriosis	26
Gastroenteritis – unknown cause	1
Giardiasis	5
Haemophilus influenza B (HiB)	4
Hepatitis NOS	1
Invasive pneumococcal disease	2
Legionellosis	3
Meningococcal disease	1
Measles	1
Mumps	1
Salmonellosis	4
VEC/STEC infection	4
Yersiniosis	3

There were two disease outbreaks that were actioned during the period, one of gastroenteritis – unknown cause and one of campylobacteriosis.



4. EVIDENCE / RESEARCH / EVALUATION

“Providing evidence and evaluation for public health action”

Our key evidence/research/evaluation priorities for 2020-21 are:

- To conduct and support evaluation of public health-focused initiatives.
- To provide evidence reviews and synthesis to support the work of other programmes and other public health focused work in our region.
- To collect, analyse and present data to inform public health action.

The West Coast team works with the Information Team in Christchurch to support evaluation and reviews relevant to our work.

As previously reported, CPH is a member of the West Coast Cross Sector Forum facilitated through the Ministry of Social Development. Membership includes councils, government agencies, iwi, and Development West Coast and the Forum has chosen to focus on housing for older people with a watching brief on emergency accommodation.

During this period CPH has supported the dissemination of an Aging Population Survey. This has been designed to gather information regarding the current and future housing needs of West Coast residents fifty-five years and older. To date there have been over eighty surveys returned. The surveys will continue to be circulated widely in the community to ensure there is good coverage across the West Coast.

Information received will be used by Councils as part of their strategy and planning for housing for older people.

5. HEALTHY PUBLIC POLICY

“Supporting development of health-promoting policies and approaches in other agencies”

Our key healthy public policy priorities for 2020-21 are:

- To write submissions to influence public policy including, where appropriate, on behalf of Healthy West Coast and/or WCDHB.
- To work with local authorities on policies that affect health, for example, smokefree environments and drinking water.
- To ensure a public health perspective (e.g. equity for Māori health) is part of inter-agency work, including supporting council planning processes.

Active West Coast Submissions

As a member of Active West Coast CPH compiled, sought feedback from members, and provided submissions on the following:

- He Pou a Rangi: Climate Change Commission’s draft advice for Consultation
- West Coast Regional Council Regional Land Transport Plan
- Grey District Council Long-Term Plan
- Buller District Council Long Term Plan
- Westland District Council Long Term Plan
- Proposals for a Smokefree Aotearoa 2025 Action Plan

Te Tai o Poutini Plan

CPH has continued to link in to activities relating to Te Tai o Poutini Plan, acting as a connector ensuring input is sought from the appropriate agencies.

6. HEALTH PROMOTING HEALTH SYSTEM

“Supporting development of health-promoting policies and approaches across our health system”

Our key health-promoting health system priorities for 2020-21 are:

- To work towards alignment of health promotion messages and approaches across the West Coast health system.
- To ensure that health system policies support health and wellbeing, improve Māori health, and reduce disparities.

West Coast Interprofessional Education Programme (Te Hōtaka Mātauranga Whatu Ngaio o Te Tai Poutini)

In this reporting period CPH has supported students on the West Coast Interprofessional Education Programme (Te Hōtaka Mātauranga Whatu Ngaio o Te Tai Poutini) which began in March 2021. The programme which runs in five rotational blocks of five weeks throughout the year with up to ten students in each block brings final year students from a range of health disciplines together to learn with and from, each other while gaining clinical experience in rural New Zealand.

The students spend their time on placements within their own discipline; with other disciplines, in group activities and project work. In addition, the students live in shared accommodation which provides opportunistic cross-professional learning opportunities.

7. SUPPORTING COMMUNITY ACTION

“Supporting communities to improve their health”

Our key supporting community action priorities for 2020-21 are:

- To provide access to quality health information resources.
- To partner with marae and Māori settings and organisations to deliver culturally appropriate health promotion.
- To support communities to identify and address key health priorities.
- To support the development of local initiatives to improve food security.
- To support promotion of smoking cessation services.
- To work collaboratively to increase smokefree environments across a range of settings.
- The delivery of Smokefree enforcement activities.

Raranga Wānanga

In response to an identified wish within the Reefton community, a series of 10 flax weaving / raranga wānanga began in this reporting period and will continue over the winter.

Reefton has not had such an opportunity for many years and we are fortunate to now have an experienced weaver living within the rohe. These wānanga will give community members from Māori, Pasifika, Filipino and Pākehā descent an opportunity to come together to learn and explore raranga/weaving and connect. Flax and fibre weaving is a traditional art form common to many of the cultural backgrounds of those involved.



We see these wānanga as an opportunity to establish a weaving group that can then share and grow their knowledge. There is an opportunity for our learners to progress to wānanga offered by the SIDS Trust of Aotearoa, to learn to weave wahakura for our community.

Locally grown flaxes will be sourced for each wānanga. There are currently plans in place to plant a pā harakeke with the school community which will ensure an ongoing community source of harakeke for future raranga in Reefton.

Ko Wai Ahau

CPH's Nutrition Health Promoter has been supporting Poutini Waiora with their Ko Wai Ahau programme for rangatahi. CPH have supported the tāne to develop their cooking skills in response to their request to provide manaaki to their peers through providing kai.

The boys have gained some new cooking skills, a real sense of achievement and a sense of pride in what they've cooked. Many tried new flavours including things that they hadn't previously liked. One boy who "hated" pumpkin was on the pumpkin cutting job and he ended up trying the soup and saying that he liked it! We know from evidence that getting kids in the kitchen really helps them to try new foods and it was fabulous to see this in action.

8. EDUCATION SETTINGS

“Supporting our children and young people to learn well and be well”

Our key supporting education setting priorities for 2020-21 are:

- Effective engagement with education settings to identify and address key health priorities, including nutrition in early childhood
- To support education settings to engage effectively with whānau and the wider community.
- To facilitate the provision of appropriate professional development, resources and support to education settings.

Healthy Active Learning

A West Coast-based Early Learning Service (ELS) that CPH has been communicating with for about three years has, for the first time, engaged in a combined all-staff and parent workshop run by CPH in partnership with the Heart Foundation. The ELS staff were very appreciative of our whānaungatanga - both in the way that we brought a useful session to their rohe and in terms of the kai that we shared which created an ideal space for conversation, inspiration and sharing of ideas.

This Early Learning Service is now interested in taking up the long-standing offer of ongoing support towards maintaining and improving their healthy food and drink environment.

Oral Health

The Buller-based West Coast DHB Public Health Nurse is using the “Menemene Mai” oral health toolkit, developed by CPH, to deliver sessions with tamariki in all Early Learning Centres and some new entrant primary school classes in Westport and Reefton.

This supports tamariki education and spreads the message about the importance of oral health as well as the message that water and plain milk are the best drinks of choice.

Vaping

Following a request from one of the West Coast High schools, CPH has provided professional development for staff at the school regarding the facts about vaping. Sessions for students are being planned as part of the school’s wider response to a marked increase in vaping on site.

A support pathway for students using vaping as a tool to quit smoking tobacco has been developed in collaboration with CPH Oranga Hā – Tai Poutini Stop Smoking Practitioners.

9. COMMUNICABLE DISEASE CONTROL

“Preventing and reducing spread of communicable diseases”

Our key communicable disease control priorities for 2020-21 were:

- To follow up notifiable diseases promptly.
- To detect and control outbreaks.
- To promote infection prevention and control and immunisation in community and healthcare settings.

Much of this reporting period has again been dominated by the response to COVID-19. This has included staff from across the West Coast team supporting the Christchurch team with both case investigation and contact management of cases identified in Managed Isolation and Quarantine Facilities as well as supporting the wider Canterbury/West Coast response and responses to both the Auckland outbreak and the case in a traveller to Wellington.

The West Coast Health Protection team continue to regularly link with the local DHB Infection Prevention and Control committee that reviews identified issues across the health system.

10. HEALTHY PHYSICAL ENVIRONMENT

“Supporting communities to improve their health”

Our key physical environment priorities for 2020-21 are:

- To work with local authorities to improve drinking water quality and security of supply.
- To meet our Ministry of Health statutory obligations in relation to the physical environment.
- To work with West Coast Regional Council to improve air quality.
- To work with West Coast Regional Council to improve recreational water quality.
- To manage public health risks of hazardous substances.
- To work with local authorities to ensure that their plans and policies support healthy physical environments.

Drinking Water

The West Coast Drinking Water Assessor (DWA) has been actively engaging with the Ministry of Health and Taumata Arowai in preparation for the handover of regulatory authority to the new entity later this year.

The focus has been ensuring suppliers are prepared for the handover with as much information as possible and clear guidance about the handover.

Resource Management Act

CPH continues to keep a watching brief on all consent applications to the Regional Council under the Resource Management Act on a weekly basis. Twelve individual applications were further reviewed more closely with a view to providing Public Health expertise to Council on these.

11. EMERGENCY PREPAREDNESS

“Minimising the public health impact of any emergency”

Our key emergency preparedness priorities for 2020-21 are:

- To review our Emergency Response plan to ensure alignment with WCDHB Health Emergency Plans.
- To ensure all staff have appropriate emergency response training.
- To participate in local emergency response exercises.
- To build and strengthen relationships in the community and with other key stakeholders, with a focus on DHBs and local CDEM partners
- To work with local rūnaka to support emergency response capacity of iwi Māori.

CPH continued to link with local Civil Defence Emergency Management Welfare Coordination group to support emergency preparedness.

CPH were pleased to note the announcement of funding for psychosocial support in the South Westland region and are looking forward to leading this work alongside the community, the West Coast DHB, West Coast PHO and other key stakeholders.

12. SUSTAINABILITY

“Increasing environmental sustainability practices”

Our key sustainability priorities for 2020-21 are:

- To promote sustainability considerations including active transport in relevant submissions to local authorities.
- To reduce CPH’s own environmental impact.

Maara Hauora, Who Cares Community House, Reefton

CPH has been supporting the facilitation and creation of a Maara Hauora (wellbeing garden) at Who Cares Community House, inclusive of kai. Initially working with a core group of community members, the garden’s plan/vision is evolving. Accessibility, connection, learning and food production are core priorities; as is a garden to table project.

Professional Development

Several CPH staff attended the Health Promotion Forum “Crooked Earth: There is no Māori Health without a healthy planet” webinar that discussed how planetary health impacts on Māori. The session also explored indigenous and local knowledge and practices that Māori health promoters and other health workers can apply to resolve these challenges at local and global levels.

13. SMOKING CESSATION SUPPORT

“Supporting smokers to quit”

Our key smoking cessation support priorities for 2020-21 are:

- Effective and efficient delivery of quality stop smoking services to all West Coasters who smoke.
- Enhanced health professional and community understanding of how to motivate quit attempts and make quality referrals (including self-referral) to Oranga Hā stop smoking service.

The Oranga Hā – Tai Poutini service has recruited staff to all three team positions during this period. Supported by CPH, the new team members have made significant progress through the Stop Smoking Practitioner Programme.

Extensive work has been undertaken to introduce partner agencies and the wider community to the new practitioners. It has also been an opportunity to refresh engagement with clients who have previously been unsuccessful in their quit attempt.

As a member of the West Coast Tobacco Free Coalition, CPH supported a successful grant application to Te Hīringa Hauora Health Promotion Agency for funding to promote the new Smokefree Cars legislation.

Promotion activities are being designed in collaboration with the Coalition and supported by the CPH’s Health Promoter for Smokefree.

14. WELLBEING AND MENTAL HEALTH PROMOTION

“Improving mental health and wellbeing”

Our key wellbeing and mental health priorities for 2020-21 are:

- To maintain connections with relevant agencies to promote mental wellbeing.
- To work in and support education settings to promote wellbeing and mental health
- To continue to support the West Coast Suicide Prevention Action and Governance Groups.

South Westland

CPH were pleased to note the announcement of funding for psychosocial support in the South Westland region and are looking forward to leading this work alongside the community, the West Coast DHB, West Coast PHO and other key stakeholders.

15. ALCOHOL HARM REDUCTION

“Reducing alcohol-related harm”

Our key alcohol priorities for 2020-21 are:

- To review and report on all alcohol license applications.
- To maintain an effective tri-agency partnership with Police and district licensing staff.
- To monitor high-risk premises and events.
- To support schools and their communities to address alcohol-related harm among young people with a focus on social supply.

Tri-Agency Working

CPH’s Alcohol Licencing Officer has continued to liaise with the three tri-agency partnerships on the West Coast as well as with the West Coast Alcohol Forum. These partnerships are key to ensuring that alcohol licence applications are reviewed in a consistent manner.

Events

CPH’s Alcohol Licencing Officer has worked pro-actively with organisers of several events during this period, including the Hokitika Wildfoods Festival, the Kumara Races and the Greymouth Downtown Showdown charity boxing event, to ensure that potential alcohol harms were mitigated or minimised.

Community Objections

Initial work has taken place to secure resourcing from Community Law to provide workshops for community agencies and individuals interested in learning more about the alcohol licence application process and how to raise objections as appropriate.

These workshops are due to take place early in the next reporting period. CPH has worked with the Hauora Māori Health Promoter to identify ways to ensure Māori whanau are invited and engaged in these conversations.