



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

ADVISORY COMMITTEE MEETING

25 November 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

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| ADMINISTRATION | 10.00am |
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- 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**
 - 9 September 2021
- 3. **Carried Forward/Action Items**

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| PRESENTATION | 10:10am |
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| 4. Suicide Prevention Update | <i>Claire Osborne</i> | <i>10.10am – 10.30am</i> |
| | <i>West Coast Suicide Prevention Coordinator</i> | |

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| REPORTS | 10.30am |
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| 5. Community and Public Health | <i>Cheryl Brunton</i> | <i>10.30am – 10.40am</i> |
| | <i>Public Health Specialist, Community and Public Health</i> | |
| 6. Alliance Update | <i>Philip Wheble</i> | <i>10.40am – 10.50am</i> |
| | <i>General Manager, West Coast</i> | |
| 7. Operational Update | <i>Philip Wheble</i> | <i>10.50am – 11.00am</i> |
| | <i>General Manager, West Coast</i> | |
| 8. Hauora Māori Update | <i>Kylie Parkin</i> | <i>11.00am – 11.10am</i> |
| | <i>Portfolio Manager, Hauora Maori Health</i> | |
| 9. General Business | | <i>11.10am – 11.20am</i> |

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| ESTIMATED FINISH TIME | 11.20am |
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| INFORMATION ITEMS |
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- 2022 Schedule of Meetings

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| NEXT MEETING |
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Date of Next Meeting: Thursday 10 March 2022

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*)
Norma Campbell (*Executive Director Midwifery*)
Gary Coghlan (*General Manager, Maori Health*)
David Green (*Acting Executive Director, Finance & Corporate Services*)
Tracey Maisey (*Executive Director Planning, Funding & Decision Support*)
Mary Johnston (*Chief People Officer*)
Jacqui Lunday-Johnstone (*Executive Director, Allied Health*)
Melissa MacFarlane (*Team Lead, Planning and Performance*)
Graham Roper (*Medical Director*)
Karalyn van Deursen (*Executive Director, Communications*)
Philip Wheble (*General Manager, West Coast*)

KARAKIA



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

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

| 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"> Chair - Hawke's Bay Regional Council 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 Son employed by Deloitte – used for risk management auditing Partner employed by West Coast DHB | 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 |

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| 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"> • Secondment to West Coast DHB as Programme Manager COVID Vaccination – for a period of 12 months • 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. • 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. | Y Y N | |
| Anita Halsall-Quinlan Board Member | <ul style="list-style-type: none"> • No interests to declare | | |
| Tony Kokshoorn Deputy Chair | <ul style="list-style-type: none"> • Dixon House, Greymouth - Trustee • Greymouth Evening Star Newspaper– Shareholder • Hokitika Guardian Newspaper – Shareholder • Greymouth Car Centre - Shareholder | N Y Y N | |

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| | <ul style="list-style-type: none"> • Daughter a Doctor at Christchurch Hospital • Patron MS Parkinsons Society | 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 • The Human Rights Commission Audit Committee - Member | Y 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. • 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. | N N N Y | Actual |

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

MINUTES



DRAFT
MINUTES OF THE WEST COAST ADVISORY COMMITTEE
held via zoom
on Thursday 9 September 2021 commencing at 10.00am

PRESENT

Peter Neame (Chairman); Chris Auchinvole; Hon Rick Barker, Lynnette Beirne; Sarah Birchfield; Dr Cheryl Brunton; Paula Cutbush; Anita Halsall-Quinlan; Tony Kokshoorn, Joseph Mason, Edie Moke, Nigel Ogilvie

APOLOGIES

Helen Gillespie, Susan Barnett and Francois Tumahai

EXECUTIVE SUPPORT

Philip Wheble (General Manager West Coast), Melissa MacFarlane (Planning & Funding Team Leader), Kylie Parkin (Portfolio Manager Maori Health), 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 (7/21)

"That the minutes of the meeting of the West Coast Advisory Committee held on 9 September 2021 be confirmed as a true and correct record" with the following amendment that Anita Halsall-Quinlan was present at the meeting not via zoom.

Moved: Paul Cutbush/Seconded: Joe Mason

3. CARRIED FORWARD/ACTION ITEMS

The Suicide Prevention Update that was scheduled for this meeting has been deferred to the next due to presenter not being available.

The Chair to provide the Suicide Guidelines to be circulated.

There was a brief discussion about items that have been on the list for 12 months, it was requested these could be scheduled. The Board Chair raised the topic about Consumer Council representation on the committee which had been discussed previously, he asked what process needs to be taken to invite someone to join the committee, the information will be provided by Governance Support.

Resolution (8/21)

The committee

- i. invite the Consumer Council to provide a presentation and
- ii. the Consumer Council have representation on this committee.

Moved: Rick Barker /Seconded: Peter Neame

4. COMMUNITY AND PUBLIC HEALTH UPDATE

Cheryl Brunton provided a verbal update. Ms Brunton advised that her team has been busy working on the national COVID response. All offices, Greymouth, Christchurch and Timaru have been assisting in the contact monitoring nationally and since 20 August assisting Auckland by investigating the cases in their MIQ as well as those in Christchurch MIQ. The response is starting to scale down now, with a more BAU model starting next week. Ms Brunton advised that it appears the outbreak is now under control.

Ms Brunton commented that the increased uptake of vaccinations is very pleasing though a much higher uptake is required in order to deal with outbreaks. There has been a good uptake of vaccinations on the Coast.

Resolution (9/21)

The committee

- i. Note the update and
- ii. Community & Public Health staff are thanked for their work

Moved: Rick Barker /Seconded: Peter Neame

5. ALLIANCE UPDATE

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

Focus is on System Level Measure Improvement Plan and supporting the workstreams addressing the actions out of that plan. This has been based on local priorities and actions for long-term outcomes to improve health care across the Coast.

A query about the acute hospital bed days, it was asked if the rate specified for Maori was a 3 or 1 year average. The information will be provided back to the committee.

If was asked if there was any indication why there has been a sharp increase in self-harm hospitalisation for youth. Mr Wheble advised there has been improved reporting in this area, but he check with the team.

6. OPERATIONAL UPDATE

Philip Wheble, General Manager West Coast, presented the update which was taken as read. Mr Wheble highlighted points from the report

- Pressures over the last two months have been the flood in Westport and the COVID lockdown. The teams worked hard to ensure care was provided as well as it could be under lockdown, with learnings from the previous lock-down lockdown put in place
- The new patient management system Indici has gone live in Reefton, this system will ultimately bring 5 systems into 1, covering all services except in-patient.
- Challenge with paediatric service staffing, looking at how to create a more sustainable service going forward.
- ESPIs 2 & 5 with both orthopaedics and plastics going over timeframes, something that has been discussed before. Orthopaedics has a recovery plan which has been approved by the MoH, this will still see figures worsen until October and then an improvement. Plastics, can

be seen as a risk as 1 of the 2 surgeons coming across from CDHB will no longer be providing the service, a plan is being worked on for this.

A question regarding those with possible skin cancers and whether they are being seen quickly enough due to the delay in plastics. Mr Wheble advised that most are seen by the GP and in most cases a biopsy can be performed in that setting. The concern for the DHB is when a plastics specialist is required to do the work, Rural Generalists are being trained to carry out some of the plastics work.

Attention was drawn to the increase of falls in July, it was asked whether this could be defined whether is due to one person or a number of people. Mr Wheble will check in with the team to clarify.

Planned care results are showing positive results, Mr Wheble said volume wise we have done very well but clarifying that our case weight is usually just under on just on target as we have a lower case weight with less complex procedures being carried out.

The figure of 40 showing for July 2020 in the restraint register was queried, Mr Wheble will double check. This figure is not service specific, it is across the DHB and covers a number of different ways of restraining people.

Clarification was requested on the comment “The HQSC quality safety marker for consumer engagement will drive future work” in relation to the Consumer Council in the central region. Mr Wheble advised that the HQSC have provided a framework, a national tool which is used to guide the DHB and council to measure engagement with the community to ensure barriers are removed for clear communication to the entire community. The committee was advised that the Stroke Support Group to help support the National Bowel Screening Programme ensuring their members understand what is happening.

Resolution (10/21)

(Moved: Tony Kokshoorn / Anita Halsall-Quinlan)

That the Advisory Committee:

- i. notes both the Alliance Update and Operational Update

7. MAORI HEALTH UPDATE

Kyle Parkin, Hauora Māori Portfolio Manager, presented the update which was taken as read.

Ms Parkin highlighted the following points

- The team is working alongside Planning & Funding to align reporting with the system levels framework.
- The team is working with both the COVID vaccination team and Poutini Waioara and the latest data is looking positive.
- Finalising the Maori Health snapshot, developing a Maori Health profile
- Transition work, how the new Maori Health Authority, Iwi Partnership Boards and Health New Zealand are going to work going forward. The first hui with the Iwi Partnership Boards and the MoH took place last week with a clear roadmap of what is going to happen over the next few months being provided.
- Consumer engagement conversations with the Consumer Council and Tatau Pounamu are taking place to ensure consumers/community are clear
- The free health check for Maori turning 50 is taking shape and a presentation will be provided to the Board

Clarity was requested on the DNA rates for Maori contained in the Annual Plan Report – Q4 2020/21. Ms Parkin explained that they are working through the DNA data as there is some discrepancy

between data sources. The team has been working closely with CBU, specifically on how to reduce DNA rates for Maori, and changes from the equity workshop have been embedded in their BAU work, by communication and reducing barriers the DNA rates are reducing.

Resolution (11/21)

(Moved: Peter Neame / Edie Moke)

That the Advisory Committee:

- i. notes both the Maori Health Update

8. ANNUAL PLAN REPORT – Q4 2020/21

Melissa McFarlane, Planning & Funding Team Leader presented the report which was taken are read. Ms McFarlane advised this was the last report for the year and the West Coast has had a good year for delivery against the plan.

Ms McFarlane confirmed the good results for Maori Health targets, particularly in comparison with the rest of the country. Time has been spent with the teams looking at the equity actions and where they were going to focus, where the issues were and where Maori were not accessing services at the same rate as non-Maori.

It was asked if there were any outcomes from the workshop that was held to progress the prioritization strategy, which will include a set of principles that should inform how student placements are prioritized, Ms MacFarlane will follow up and provide the information.

It was asked how the Aoake te Rā bereaved by suicide service was accessed. Ms MacFarlane advised there are two options, one on-line and the second face-to-face. The understanding is they can be accessed directly, this will be confirmed.

An update was requested on the progress of the MoU's with both Poutini Waiora and Tatau Pounamu which are showing as delayed. Ms Parkin will take the action away and will follow up.

Resolution (12/21)

(Moved: Tony Kokshoorn/ Edie Moke)

That the Advisory Committee:

- i. notes the Maori Health Update

INFORMATION ITEMS

- Draft Committee Work Plan
- 2021 Schedule of Meetings

There being no further business the meeting concluded at 10.58am.

Confirmed as a true and correct record:

Peter Neame, Chairman

Date

COMMUNITY AND PUBLIC HEALTH UPDATE



TO: Chair and Members
West Coast Advisory Committee

SOURCE: Community and Public Health

DATE: 25 November 2021

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

2. RECOMMENDATION

That the Advisory Committee:
i notes the Community and Public Health Update

3. APPENDICES

| | |
|-------------|--|
| Appendix 1: | Community and Public Health Update |
| Appendix 2: | Ministry of Health Fact Sheet – Community Water Fluoridation |

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

APPENDIX 1

**REPORT to JOINT COMMITTEE
COMMUNITY AND PUBLIC HEALTH (CPH)
November 2021**

COVID-19 response

At the direction of the Ministry of Health all non-urgent public health work has been paused and all staff resource diverted to the Covid-19 response effort.

Community and Public Health are now operating as a virtual team of Auckland Regional Public Health Service and supporting case investigation, **contact tracing and contact monitoring**.

The four cases identified in Christchurch last month have all recovered and all of their contacts have now finished their time in quarantine.

CPH staff continue to investigate all cases identified at the borders via Auckland and Christchurch international airports and the ports of Lyttleton and Timaru and provide Medical Officer of Health support to the clinical teams at the Managed Isolation and Quarantine Facilities in Christchurch.

Community Supported Isolation and Quarantine

At time of writing, no community cases have been identified on the West Coast, however, CPH are working with the WCDHB to develop processes for providing supported isolation and quarantine options for both cases and identified contacts of cases. This service will operate under the supervision of the Medical Officer of Health and will provide public health, clinical and welfare support to cases and their whānau as deemed necessary and appropriate.

Three hui have been held so far in Greymouth, Fox Glacier and Westport to talk to communities about this service and establishing local supports for successful isolation at home. Further sessions are being planned for other communities including Reefton and Karamea.

Feedback from communities and community agencies has been positive with hui participants appreciating the chance to understand more about the isolation process and provide local solutions to the challenges presented in each community, e.g. consideration needed for those in emergency accommodation as a result of the Westport flooding event, ongoing economic impacts for small business owners needing to isolate in their place of business, especially those in South Westland already facing dramatic reduction in revenue, and challenges of isolating in locations with poor or no telecommunications.

South Westland Psychosocial Support

CPH are currently recruiting for a role to support the funding received by the DHB from the Ministry of Business, Innovation and Enterprise to support the wellbeing of South Westland communities badly affected by the tourism downturn as a result of Covid-19. The funding (and the role being recruited to) will support developing projects and initiatives that support South Westland to explore alternative streams of income while supporting the wellbeing of individuals and whānau who are directly impacted. Initiatives will include workshops such as Psychological First Aid training as well as community events and activities.

Taumata Arowai

The new drinking water regulatory body, Taumata Arowai, has officially taken over responsibility for drinking water regulation from Public Health Units from 15th November 2021. CPH will continue to support them with handing over responsibilities and will continue to be involved in situations where there is a risk to public health.

Health (Fluoridation of Drinking Water) Amendment Bill — Third Reading

CPH was pleased to note the Health (Fluoridation of Drinking Water) Amendment Bill was successful at its Third Reading and achieved Royal Assent on 15th November. The new legislation amends the Health Act 1956 to give the Director-General of Health the power to issue a direction to local authority water suppliers (including bulk water suppliers) to fluoridate a public drinking water supply. The changes do not apply to private drinking water supplies. Before issuing any direction to fluoridate, the Director-General of Health

must seek written comment from the local authorities on the estimated cost of introducing community water fluoridation, and the date by which the local authority could comply.

The Ministry of Health intends to facilitate swift transition to the new fluoridation decision-making process, and anticipates that the Director-General of Health could commence issuing directions from mid-2022 onwards. Implementation will be phased over time and there will be some funding available to support local authorities with the costs of fluoridation-related capital works.



Community water fluoridation

Only around half of all New Zealanders receive fluoridated drinking water. Until now, it's been up to local authorities (councils) to make decisions around fluoridating their water supplies. The Director-General of Health now has the authority to decide if community drinking water supplies should be fluoridated.

What is water fluoridation?

Fluoride already exists in water. Water fluoridation is when the natural level of fluoride in the water supply is topped up to between 0.7 ppm and 1.0 ppm. This is the ideal amount for giving protection against tooth decay. This is recommended by many national and international health bodies, including the World Health Organization.

The Ministry of Health recommends water fluoridation as a safe and effective way to prevent and reduce tooth decay for everyone. The levels of fluoride in water are carefully monitored.

Is it safe?

The role of fluoride in water has been examined around the world – including in New Zealand – over the last 60 years. There is strong evidence that there are no adverse effects of any significance from fluoridation at the levels used in New Zealand, and that it is beneficial to New Zealanders of all ages. This is especially true for our most vulnerable communities

Is it effective?

Fluoride in water like a constant repair kit. It neutralises the effect of acids that cause decay and helps to repair damage before it becomes permanent.

The most recent New Zealand Oral Health Survey (2009) shows that children and adolescents have 40 percent less tooth decay over their lifetime if they live in areas with fluoridated water.

The government estimates that introducing community water fluoridation to all public drinking water supplies would result in net savings of more than \$600 million over 20 years - mostly to consumers, and some to government?

How will decisions about community water fluoridation be made?

The new legislation allows the Director-General to make decisions about fluoridating public water supplies only. They cannot direct the fluoridation of privately-owned water supplies.

Before issuing a direction to fluoridate a water supply, the Director-General must invite the affected local authority to give information in writing on the estimated cost and timing for introducing fluoridation.

The new legislation requires the Director-General of Health to consider the scientific evidence of the effectiveness of fluoridation in reducing dental decay, and whether the benefits outweigh the financial costs. They must consider the oral health status (or likely oral health status) of the local community, the size of the water supply and how much it's likely to cost to introduce fluoridation.

The Director-General of Health is required under the new legislation to seek advice from the Director of Public Health before issuing a direction. They may also consider other factors or



views. The new legislation does not require local authorities to consult with their communities on decisions around fluoridating their water supplies.

Local authorities that are currently fluoridating drinking water supplies must continue to do so.

When will the Director-General of Health start issuing directions?

We expect the Director-General of Health could start issuing directions regarding some community water supplies from mid-2022. It is expected that implementation will be phased over time. The Ministry will be engaging further with local authorities about implementation in late 2021 and early 2022.

The Director-General of Health will ensure when providing a date by which the local authority must comply with a direction, that it is reasonably practical. In instances of non-compliance, the Director-General of Health may take action to hold local authorities to account. See sections 116I and 116J of the new legislation for more information.

Do local authorities need to wait for a direction to start fluoridating?

No. Local authorities may wish to consider whether to fluoridate water supplies in the absence of the Director-General of Health issuing directions.

Who will pay for fluoridation?

Some funding will be available to support local authorities with the capital costs of fluoridation. The operational costs of fluoridation will remain with local authorities.

Who will ensure my water is safe to drink?

Local authorities and water suppliers will still be responsible for providing safe drinking water to their communities and need to meet water safety regulations. Water suppliers are required to meet the Drinking water standards for New Zealand, which set maximum acceptable values for a range of substances and organisms, including for fluoride.

How does the new legislation support equity?

Some communities and population groups in Aotearoa have worse oral health outcomes than others. New Zealand still has high rates of preventable tooth decay, particularly among Māori and Pacific children and adults, and those in vulnerable communities.

The benefits of community water fluoridation are broadly spread, but are greater for Māori, Pacific and those living in deprived communities.

Extending community water fluoridation aligns with the Treaty of Waitangi principles of equity and active protection. Te Ao Mārama (the Māori Dental Association) and the Pasifika Dental Association support community water fluoridation.

Find out more

www.fluoridefacts.govt.nz | www.health.govt.nz/water-fluoridation

ALLIANCE UPDATE



TO: Chair and Members
West Coast Advisory Committee

SOURCE: Alliance Leadership Team

DATE: 25 November 2021

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

2. RECOMMENDATION

That the Advisory Committee;
i. Notes the Alliance Update.

3. SUMMARY

Alliance Leadership Team (ALT)

The Alliance Support Group (ASG) is implementing a revised approach to increase focus on achieving the System Level Measure (SLM) outcomes at the Workstream and whole-of-system level through:

1. **Increased Inclusiveness:** Improved inclusion of working level and system support kaimahi in driving initiatives. It was identified by the Alliance Leadership Team (ALT) and the ASG that socialisation of the SLM outcomes and priorities at both the working and strategic level was key to ensuring all parts of the system are engaged in driving outcomes. Presentation of the 2020/21 results and 2021/22 SLM targets to teams, workstreams, PHO, CPH, localities and departments are being done.
2. **Greater Feedback:** Increased monitoring and feedback of results to all contributing to the SLM outcome to increase engagement and better monitor the effectiveness of the contributory measures. A dashboard of the SLM outcomes has been crafted for ALT and ASG to provide input on.
3. **Cross locality collaboration:** Formalising a cross-locality focus on driving each SLM outcome rather than locality-centric initiatives. The driver is how a locality is working to achieve a SLM outcome and leveraging off the work and experience of other localities. A revised tracking table has been circulated for Workstreams to consider and populate with ASG support.
4. **Simplified plans:** Workstreams plans are to be simplified to focus on the SLM outcomes and limited locality deliverables or focus areas. The tracking table will be updated to include any items identified by individual workstreams as key for ASG and ALT focus.
5. **Simplified reporting:** Simplification of the Workstream reporting into a single snapshot document to better track and drive outcomes.

The ALT is supportive of reinvigorating the Workstreams and changes which enable ASG, Workstreams and the system to work in integrated ways. The focus is to achieve the priorities identified in the System Level Measures Plan and improved health outcomes.

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: 25 November 2021

| | | | |
|----------------------|-----------------------------------|--|--------------------------------------|
| Report Status – For: | Decision <input type="checkbox"/> | Noting <input checked="" type="checkbox"/> | Information <input type="checkbox"/> |
|----------------------|-----------------------------------|--|--------------------------------------|

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.

For the last month a significant amount of work has been undertaken across the health system and wider community to ensure the West Coast is ready for any COVID cases. This will continue to be a focus through the rest of November.

Over the last few months it has also been one of celebrating the successes while addressing some challenges within the staffing space. For our medical teams there has been significant success in building a permanent team to support the community. Buller Health and the Rural Generalist group have both seen success in recruitment. Buller Health is looking at a permanent FTE of 6.74 while our Rural Generalist group has grown with the addition of 5 new people. These will be able to support our ED, primary care, General Medicine and Obstetrics teams, creating more robust services in these areas.

For some areas there have been staffing challenges, particularly with our nursing team where recruitment has been a challenge. The efforts of the team are now seeing results with recruitment into paediatrics to fill all the vacant positions and 4 new staff to support our Acute Assessment Area.

Finally, it is great to see the new patient management system, INDICI, being rolled out across our system. Initially this will be covering primary care, community nursing and acute / ED services but the plan is to roll it out to all services that provide care outside an inpatient setting. This will be providing support for better coordination of services and putting our community members at the centre of everything we do.

4. **DISCUSSION**

Our Vision

Our vision is of an integrated West Coast health system that is both clinically sustainable and financially viable; a health system that wraps care around the person and helps people stay well in their own community.

Our Values

Manaakitanga – hospitality generosity, showing respect caring for others, valuing others

Kōrero Pono – integrity, speak the truth, be honest

Tika – fairness, to be straight, direct, accountability

Our Strategic Focus Areas

Rural Generalism

Pae Ora

Community Partnership

Transalpine

4.1 Service Update

Northern Region Integrated Health Services

A strong point for this month has been the turnaround in the permanent GP/NP FTE for Northern. Yesterday, with a newly registered Nurse Practitioner for Northern, our permanent FTE will be 6.74 FTE. With the support of the RHMs from Te Nikau, this is a reassuring position for the clinical teams to be in and creates a real opportunity to be more Population Health focused leading into 2022.

INDICI Implementation has presented some challenges that are being worked through but the programme itself will have advantages across the continuum of patient care.

COVID Resilience planning is well under way with socialising of the plans across the region and awaiting staff feedback on these.

The rural clinics have moved to align with the weekend and afterhours systems that are already operating in South Westland and Central and this has been a ‘change challenge’ for those localities.

Telehealth capacity has been increased in Buller Health which will be of great assistance as we face increased COVID spread into the community

Following recent emergencies, several of our staff have been to CIMS training in Greymouth and this increased skill set is noticeable across the team.

Northern is currently working towards Cornerstone accreditation.

Central Region Integrated Health Services

Staff have been training and preparing for the new Indici electronic Patient Management System (PMS), which goes live across Te Nīkau Health Centre and the Emergency Department on 15 November. It will later extend to District Nursing as well. Indici will support a more connected and integrated approach to care for our communities.

The Operational Leadership Group (OLG) has been working closely with WCDHB services and a wide range of local partners to prepare for providing COVID related care in the community, whilst also continuing to provide all other usual health services.

We have commenced a consultation for change process relating to the Te Nīkau Integrated Administration Team. This aims to formalise a new team structure and ensure sustainable expert administrative services into the future.

Providing paediatric services continues to be challenging due to staffing vacancies. We have been able to attract some new staff from overseas but some start dates have been delayed by visa and MIQ processes.

The Central Consumer Council has continued to develop and grow, with a fifth member hopefully being appointed soon. The Council is chaired now by a consumer representative and the HQSC quality safety marker for consumer engagement will drive future work.

Southern Region Integrated Health Services

Recruitment of Rural Nurse Specialists continues with some success. One of the two Coast-wide “rover” RNS roles has started working within the team, with another RNS starting soon in a fixed term contract over the next couple of months. GP locums continue to help fill gaps within the South Westland Area Practice (SWAP).

The new computer system Indici is now integrated and in use within the SWAP and Hokitika District Nursing teams.

Vacancies across the Hokitika Health Centre team continue to be filled as they have arisen ensuring ongoing service levels. This includes a new Occupational Therapist starting.

The Community Mental Health team are working on quality initiatives around ‘right time and right place’ interventions and redeveloping the whanau room under the guidance of the new Associate Clinical Nurse Manager.

Work continues with the teams based at Hokitika Health Centre on team values. This is also now being integrated into the SWAP. 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.

Rural Inpatients & Transalpine Services

Improving Staff Capability

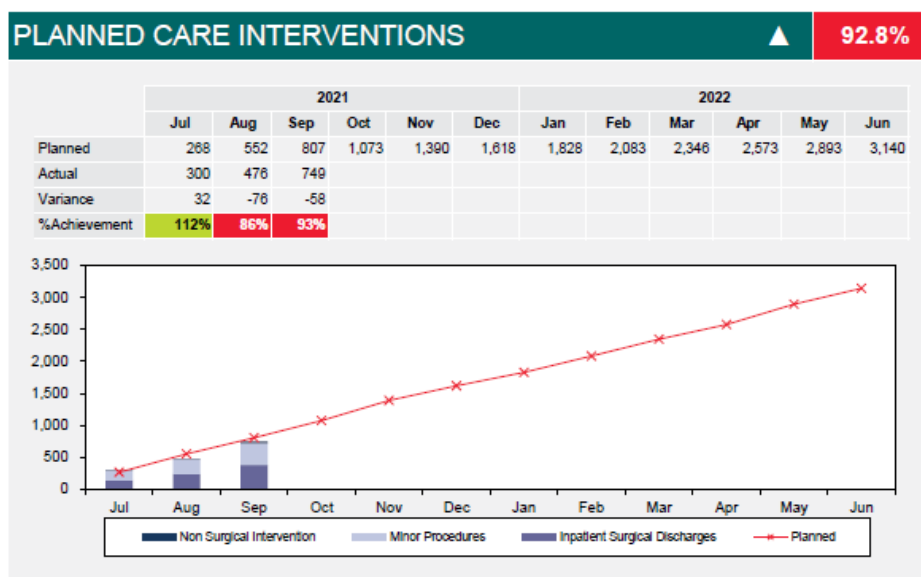
- The Te Huarahi Hautū Leadership Development Programme is continuing, however the Leading Effective Teams workshop (which was intended to have 20+ leaders at it) was impacted by the need to focus on COVID-19 preparedness and will now be rerun in early 2022.

Equity

- In June, the Priority Populations Attendance project had been expanded to include all people who experience barriers to attending and participating in appointments. However, attendance rates have not improved in recent months and the team is looking at further ways to support attendance. This initiative is the work of the Central Booking Unit and Hauora Maori teams.
- The Pharmacy, Central Booking and National Bowel Screening Project teams' initiative to improve the way bowel prep is provided to people receiving a colonoscopy has been very positive and is now part of business as usual having had no instances, since June, of patients not receiving their prep when needed. This project values patient time and, annually, should result in 4-500 fewer patient journeys to collect bowel prep.

Bowel Screening Programme

- The WCDHB National Bowel Screening Programme has so far met all of the KPIs. As at 15 November, 1800 invitations to participate have been sent and 797 test kits have been returned with 51 of the returned kits having been positive (requiring clinical follow-up).
- The formal launch scheduled for the first week of October was postponed due to COVID-19 restrictions and will now be part of a promotional week in early 2022.



Planned Care Delivery: West Coast DHB is currently only at 93% of planned year-to-date PCI volumes as at the three months ended 30 September, with reduced surgical volumes in terms of both raw inpatient and caseweight discharge throughputs. This has been particularly influenced by the impact of the Covid-19 lockdown restrictions on services both on the West Coast and in Canterbury in August and September. It is noted that even after travel and distancing restrictions were eased, Air New Zealand was not operating twice-daily flights in to the West Coast until 22

September, which impacted on visiting Specialists ability to travel to undertake surgery and a range of surgical and medical clinics. While use of telehealth was used wherever possible during this time, waiting time for PCIs and for specialist outpatients has been extended in some specialties in addition to those already impacted by pre-existing clinical capacity constraints. West Coast DHB's target for the 2021/22 financial year is to deliver 3,140 Planned Care Interventions overall.

Elective Services Patient Indicators [ESPI Compliance]

ESPI 2 FSA (First Specialist Assessment)

There were 135 patients waiting over 120 days for their outpatient First Specialist Assessment (FSA) at the end of September 2021. The bulk were orthopaedic cases (90), along with plastics (25) and respiratory (13). Work continues to be undertaken to seek additional clinical capacity for services to reduce waiting times.

ESPI 5 (Treatment)

There were 116 patients waiting over 120-days from FSA to surgical treatment as at the end of September 2021. These were spread across orthopaedic (63), plastics (25), dental surgery (23), gynaecology (2), and 1 each in ophthalmology, urology and general surgery. 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. Extended waiting times for orthopaedics and plastics preceded the additional impact of Covid-19 lockdown restrictions and have continued in subsequent months. Both services have continuing staffing constraints at this time.

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results

DHB: West Coast

| | Oct | | Nov | | Dec | | Jan | | Feb | | Mar | | Apr | | May | | Jun | | Jul | | Aug | | Sep | |
|--|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|
| | Imp. Req. | Status % | Imp. Req. | Status % | Imp. Req. | Status % | Imp. Req. | Status % | Imp. Req. | Status % | Imp. Req. | Status % | Imp. Req. | Status % | Imp. Req. | Status % | Imp. Req. | Status % | Imp. Req. | Status % | Imp. Req. | Status % | Imp. Req. | Status % |
| 1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe. | 18 of 18 | 100.0 % | 18 of 18 | 100.0 % | 18 of 18 | 100.0 % | 18 of 18 | 100.0 % | 18 of 18 | 100.0 % | 18 of 18 | 100.0 % | 18 of 18 | 100.0 % | 18 of 18 | 100.0 % | 18 of 18 | 100.0 % | 17 of 18 | 94.4% | 18 of 18 | 100.0 % | 18 of 18 | 100.0 % |
| 2. Patients waiting longer than four months for their first specialist assessment (FSA). | 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% | 89 | 9.4% | 132 | 13.1% | 135 | 13.8% |
| 3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT). | 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% | 1 | 0.1% | 1 | 0.1% | 0 | 0.0% |
| 5. Patients given a commitment to treatment but not treated within four months. | 38 | 10.7% | 36 | 11.1% | 47 | 14.7% | 53 | 16.2% | 56 | 17.6% | 61 | 18.2% | 64 | 19.6% | 51 | 15.4% | 75 | 20.8% | 83 | 24.6% | 96 | 26.9% | 116 | 32.4% |
| 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 0.39%, and Red if 0.4% or higher.
3. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 4.99%, and Red if 5% or higher.
4. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
5. ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if less than 90%.

Data Warehouse Refresh Date: 31/10/2021

Report Run Date: 1/11/2021

Data up to: Sep 2021

4.2 Workforce Update

Nursing

- Nursing continues to refine plans for our COVID-19 patient flows. Communication flows through to front-line staff regarding these plans and staff are encouraged to feedback and scenario test.
- Our nursing leadership team have been working closely with our P&C partners to improve our recruitment processes for nursing staff. Whilst we have been reasonably successful, it is a challenge in today's environment.
- The Acute Zone has been successful in filling the vacancies within the Paediatric service. A robust orientation package has been approved and we have our first RN on this package. Four RNs have been recruited for the Short Stay Unit. Once these staff arrive they will do a full orientation to paediatrics, prior to other parts of the system.
- Education continues for the CCU nurses aimed at care of patients on a ventilator and caring for paediatrics in their area.
- Our Nurse Practitioner workforce have been working on a framework for nurse prescribers developing a better process for the future ensuring they go through the right path with the right support in place when they finish their training.
- The nursing leadership team are working on a centralised roster which will give visibility over the whole DHB enabling the sharing of resources and better prediction of workloads.

Medical

- Our General Surgery team is almost fully staffed. Dr Black (full-time General Surgeon) and his family arrived in New Zealand in late October from Colorado. Dr Black is an experienced endoscopist and a surgeon with a passion for rural communities. We are currently recruiting a CDHB based surgeon to work a regular pattern part-time here on the Coast.
- The 0.8FTE Anaesthetist who will be joining us from the United States is in the process of emigrating and has brought forward her arrival to mid-December.
- Strengthening the transalpine alliance continues with Mr Grant Coulter from the CDHB becoming Transalpine Clinical Director of General Surgery working alongside Dr Brendan Marshall, the WCDHB Clinical Director of Rural Inpatients and Transalpine Services.

Maternity

- Maternity has been busy and at times at capacity. We are advertising to recruit to fulfil our FTE as we have had one midwife resign and one take up a new role.
- Maternity staff have been working tirelessly to fill gaps in the roster.
- Our midwife educator has resigned and we will be advertising her role shortly to commence in the New Year.
- The Midwife Clinical Coach has settled into her role and working with staff as required enhancing their skills. She has also been involved in the COVID surge plan with the Midwife manager and working through developing pathways.
- Staff have now all been fitted with their N95 masks.
- Education courses have been running including Newborn Life Support and Emergency Skills. The recent STABLE course was well attended, with 20 participants who learnt about stabilising babies for transfer.

- Maternity finally received their new CTG machine and all staff are competent in using the wireless foetal monitor.
- ACC approved funding for our Growth Assessment Programme (GAP), and all staff have attended a workshop via zoom and are now using the new GAP protocol to reduce the rate of intrauterine growth restriction/stillbirth in our newborns.

Allied Health, Scientific and Technical

- We have successfully recruited to the vacancy of Community Occupational Therapist in Southern; they will start mid-November.
- We have conducted interviews for the two Rotational Physiotherapist vacancies and are hoping to appoint soon.
- Recruitment to the two new roles for Child Development Service has commenced and we are shortlisting applicants.
- Service Accreditation Training is continuing and most Kaiawhina/Allied health Assistants are now accredited to assess for basic equipment needs for people in the community.

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 | Aug | Sep | Oct | YTD |
|-------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| Blood Product | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Blood Transfusion | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 5 |
| Drain & Tube | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| Employee | 10 | 11 | 5 | 10 | 12 | 14 | 21 | 8 | 12 | 19 | 122 |
| Facilities, Bldg | 7 | 2 | 5 | 7 | 7 | 4 | 6 | 4 | 2 | 6 | 50 |
| Hazard Register | 0 | 2 | 1 | 2 | 2 | 3 | 0 | 1 | 0 | 1 | 12 |
| Fall | 19 | 15 | 8 | 13 | 16 | 17 | 24 | 18 | 25 | 28 | 183 |
| Infection | 1 | 1 | 1 | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 7 |
| IV Access Device | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Labour & Delivery | 3 | 3 | 4 | 4 | 2 | 1 | 2 | 0 | 3 | 5 | 27 |
| Labs Specimen | 6 | 10 | 6 | 6 | 12 | 7 | 10 | 5 | 6 | 8 | 76 |
| Medication | 18 | 8 | 15 | 25 | 18 | 17 | 10 | 26 | 10 | 9 | 156 |
| Privacy/Confidentiality | 1 | 2 | 4 | 5 | 5 | 2 | 2 | 3 | 2 | 1 | 27 |
| Provision of Care | 13 | 11 | 10 | 12 | 12 | 9 | 21 | 10 | 17 | 16 | 131 |
| Patient Behaviour | 25 | 5 | 7 | 14 | 9 | 9 | 16 | 12 | 14 | 6 | 117 |
| Radiology | 1 | 1 | 3 | 0 | 4 | 1 | 3 | 3 | 1 | 0 | 17 |
| Restraint Register | 17 | 9 | 3 | 8 | 15 | 10 | 6 | 21 | 1 | 0 | 90 |
| Safe Staffing | 2 | 3 | 8 | 7 | 12 | 16 | 11 | 12 | 12 | 11 | 94 |
| Security | 2 | 2 | 5 | 6 | 5 | 2 | 1 | 1 | 2 | 3 | 29 |
| Skin Tissue | 9 | 8 | 5 | 9 | 5 | 5 | 7 | 6 | 2 | 2 | 58 |
| Totals | 135 | 94 | 90 | 128 | 136 | 118 | 143 | 131 | 110 | 118 | 1203 |

Report prepared by:

Philip Wheble, General Manager West Coast DHB



HAUORA MĀORI UPDATE

TO: Chair and Members
West Coast Advisory Committee

SOURCE: General Manager, Hauora Māori

DATE: November 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.

| Whakamaua – Māori Health Action Plan 2020-2025 WCWCDHB Report Hauora Māori | | | |
|---|---|--|--|
| Priority Area | Key Activities | Progress Update | Risks/Issues |
| Priority Area 1: Māori Crown partnerships | Tatau Pounamu is actively involved in the completion of a West Coast Health Profile Tē Tiriti Partnership – Consumer Engagement Iwi/DHB Governance partnership established to oversee Mental Health work programmes. Build up a pool of Māori who can provide Māori Health leadership at all levels of the health and disability system. | Profile presented to Tatau Pounamu and actions agreed to have the plan completed. Initiate joint hui to work up the partnership approach. Governance established to oversee MH programmes inclusion of Iwi. Working with Tatau Pounamu and P & C Equity Leads on building Māori Leadership capacity and capability. | Concern resourcing has not been allocated. |

| Whakamaua – Māori Health Action Plan 2020-2025 WCWCDHB Report Hauora Māori | | | |
|---|---|--|---|
| Priority Area | Key Activities | Progress Update | Risks/Issues |
| | | | |
| Priority Area 2: Māori Leadership | <p>Mana Taurite Workplan – work with the Workforce Equity team to implement Māori Leadership Programme.</p> <p>Hold at least 3 hui for kaimahi Māori to participate in whakawhanaunga, share māhī and listen to inspirational key speakers.</p> <p>Facilitate opportunities for kaimahi Māori to access funding through HWNZ to further their education and training.</p> | <p>Vision: Grow Māori Leadership at all Levels. Māhī progressing supported by Mana Taurite team.</p> <p>A set of metrics and a timeline has been agreed to run November – April.</p> <p>2 Maori staff hui held and 1 planned for November</p> <p>Hauora Māori are working with Tipu Ora to provide Whānau Ora training on the West Coast. A Certificate Programme will be delivered early in 2022 with the option for kaimahi to staircase onto the Diploma late in the year.</p> <p>Hauora Māori Staff are funded through HWNZ</p> | <ul style="list-style-type: none"> • Possible cost/budget allocation. • Covid19 outbreak redeployment of kaimahi involved. • No signoff from WCDHB to continue. <p>A change in Covid19 Levels could affect this provision.</p> |
| Priority Area 3: Māori Health and Disability Workforce | <p>People & Capability Leads recruited</p> <p>Maori Workforce Plan in place and key initiatives for increasing Māori workforce agreed and implemented.</p> <p>WCDHB Training schedule delivered</p> <ul style="list-style-type: none"> • HEAT • Te Tiriti o Waitangi • Takarangi <p>Recruitment Policy implemented and embedded across the DHB</p> <p>Kia ora Hauora Programmes delivered.</p> | <p>Hauora Māori staff with the CDHB Equity team contributed to the development of the Mana Taurite Draft Work plan. This is now waiting final approval.</p> <p>Te Tiriti o Waitangi training timetabled for Greymouth and Westport has been postponed due to the unavailability of our trainer.</p> <p>Takarangi planned for November at Arahura – 20 registered</p> <p>HEAT applied to Oral Health research mahi</p> <p>Mana Taurite to lead education with Hiring Managers.</p> <p>Dates for the Kia ora Hauora Rangatahi Placement and Exposure programmes have been timetabled for 2022.</p> | <p>Availability of suitable facilitators may delay delivery.</p> <p>Facilitator from the Far North – risk of covid restricted travel.</p> <p>Hauora Māori to investigate alternative options to access training, i.e. online through Health Learn.</p> <p>A change in Covid19 Levels could affect this provision.</p> |
| Priority Area 4: Māori Health Sector Development | <p>Support Poutini Waiora to develop a Primary Kaupapa Māori Mental Health Service.</p> | <p>Poutini Waiora awaiting service specs from MoH.</p> <p>Clinical MH FTE appointed in Poutini Waiora</p> | <p>Recruitment challenges.</p> |

| Whakamaua – Māori Health Action Plan 2020-2025 WCWCDHB Report Hauora Māori | | | |
|---|--|---|---|
| Priority Area | Key Activities | Progress Update | Risks/Issues |
| | <p>Support Poutini Waiora to fully stand up an accredited vaccination programme allowing them to manage vaccination from end to end.</p> <p>Partner with Poutini Waiora to develop the Pae ora o Tē Tai Poutini Model of Care.</p> <p>Pilot Rā Whānau – free health check for 50+</p> <p>Pilot Mana Wāhine Clinics – Breast and Cervical screening for Māori and Pacifica</p> <p>Hāpū Wānanga enhanced</p> <p>Māori Smoking Cessation plan revised and updated</p> <p>Long term conditions prevention and management initiatives agreed on and in place.</p> <p>First 2000 days has strong equity focus.</p> | <p>Poutini Waiora progressing their vaccination status and working through accreditation.</p> <p>Focus sessions held with Clinical Leads. Consultant working up the model to present back to steering group. Aligning with Rural Generalist Model. Hui planned</p> <p>Slow progression, clinical lead has been identified. Will require dedicated Kaiawhina as a core component of the workforce.</p> <p>In partnership with BreastScreen South, Poutini Waiora and our WCDHB Cervical Screening team clinics have been scheduled for November – innovative approach.</p> <p>Funding received through Commissioning Agency to enhance current hapu wananga programme facilitated by Poutini Waiora.</p> <p>Plan revised and updated. Working with Heath West Coast, CPH and Tobacco Free Coalition Group re the implementation plan. National Vaping in Schools survey pending and Grey High Survey completed prior to lockdown. Results/analysis pending.</p> <p>Smoking cessation Practitioners continue to be accessible to Māori clients in a range of locations and settings.</p> <p>Maori inclusion in steering group and in the community consultation.</p> | <p>DHB workforce understanding the model and their role in bringing in to life.</p> <p>No Kaiawhina workforce to implement the initiative.</p> <p>A change in Covid19 Levels could affect this provision.</p> |
| <p>Priority Area 5:</p> <p>Cross Sector Action</p> | <p>South Westland Psychosocial Response</p> <p>Disability Steering Group</p> <p>Cross-govt COVID-19 response to mitigate the impacts of COVID 19 on whanau, hapu, iwi and Maori communities</p> | | |

| Whakamaua – Māori Health Action Plan 2020-2025 WCWCDHB Report Hauora Māori | | | |
|---|---|---|--|
| Priority Area | Key Activities | Progress Update | Risks/Issues |
| Priority Area 6: Quality and Safety | Build the capacity of Māori providers to participate in the WCDHB Telehealth project. Work with P&C Equity Leads to design and implement a programme of work to address racism and discrimination in the health system. Deliver Health Equity Assessment Tool (HEAT) across the system as required. Implementation of the Health and Disability service standards. | Co-ordinating a hui with Poutini Waiora and DHB Maori kaimahi to understand the opportunities for Maori. ISG working with Maori Provider to ensure they have the required hardware and licensing for Microsoft teams. Applying a diverse and inclusive lens over the mahi undertaken by the Equity, Recruitment and People Partnering team has been identified as a BAU activity for the Equity Leads. Programme for HEAT training will be agreed with Service areas for delivery early 2022. Nga Paerewa Health and Disability Standards has been completed and a gap analysis is being undertaken. | Capacity of the Provider to participate. |
| Priority Area 7: Insights and evidence | Bowel Screening Equity for Maori Oral Health | Contract kaupapa Maori services to engage whanau in the screening programme and incorporate research process to evidence difference in approach. Partnering with South Island Workforce Development Hub to trial a Kaiawhina led model of intervention, applying fluoride to children's teeth bi-annually in the home. | |
| Priority Area 8: Performance and Accountability | Dashboard development across services | Still in development, needs input and refining | |
| COVID Response & Recovery | Working with iwi providers, resourcing for communications, manaaki, vaccination services, blended team approach (DHB primary care and iwi providers), locality specific, and whole of whanau approach. | Primarily working in partnership with the DHB. Developing contract with Poutini Waiora to enable them to reach whanau in the way that works for them. Ensuring lessons learnt from vaccination rollout are informing the Managed & Self Isolation and managing covid in the community planning. | |
| Health & Disability Sector Review | Assessment tool completed Transition Plan completed IMPB establishment process understood | Establishment of IWI Māori Partnership Boards (IMPs) Tatau Pounamu members undertook a MoH self-assessment to identify member skill/capacity levels and Hauora Māori team are supporting the Chair to create an Establishment Plan which will identifying tasks IWI need to perform to form the new IMPB. | |

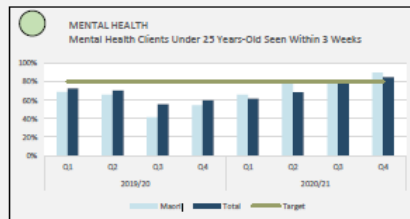
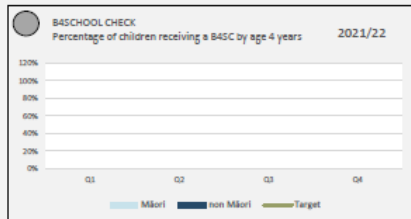
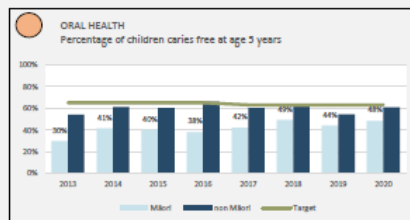
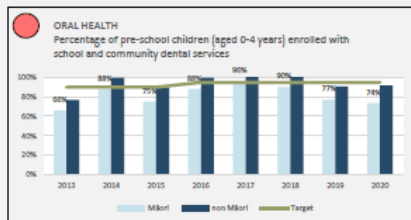
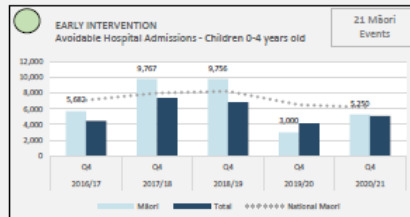
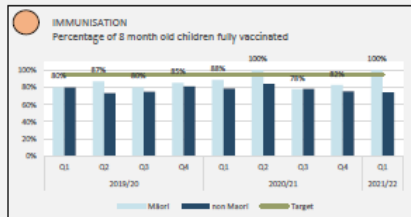
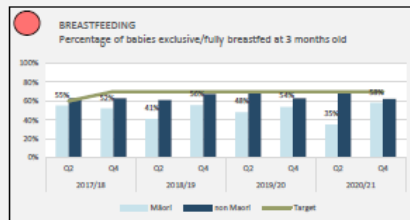
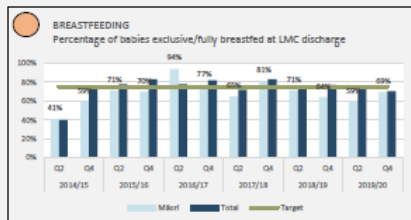
| Whakamaua – Māori Health Action Plan 2020-2025 WCWCDHB Report Hauora Māori | | | |
|---|--|--|--------------|
| Priority Area | Key Activities | Progress Update | Risks/Issues |
| | | Ideally the Board will be formed by April 2022 latest so that work can be done to recognise the Board within legislation from 1 July 2022. | |
| Emerging Initiatives | Social Equity Adjustment Policy/Protocol for Equity in Planned Care (non-acute services) | Initial hui planned with clinical leads to better understand the opportunities. | |

West Coast DHB Māori Health Dashboard
October 2021

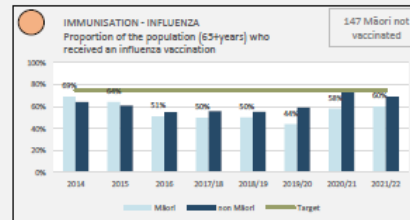
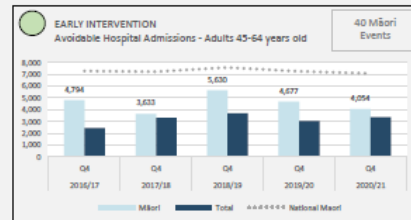
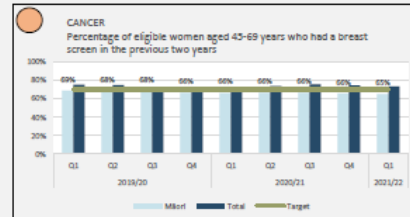
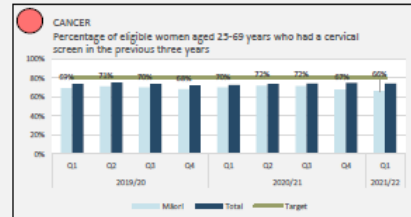
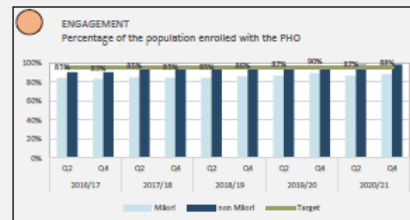
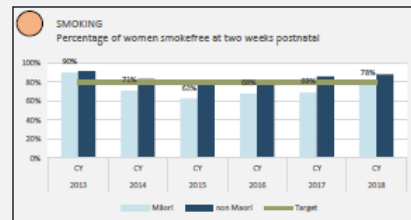
Kia whakakatohi te hoe o te waka
WE PADDLE OUR WAKA AS ONE

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

Tamariki Health and Wellbeing



Adult Health and Wellbeing



Quarter 2 mahi

- Mana Wahine, Breast and Cervical Screening Clinic run at Te Nikau
- Tikanga Best Practice session run in the Buller
- Maori Staff hui held
- Mental Health Leadership workshop with Moe Milne delivered
- Mana Taurite – West Coast Information Day held with Pacifica and Maori School Leavers and second chance learners
- Māori Action Group established to advise and input into Covid Resurgence and Planning
- Support Māori vaccination initiative in Kawatiri
- Hauora Māori direct initiative planning
- Rural Generalist and Pae ora workshop to discuss:
 - How our current Rural Generalist model is meeting Te Tiriti o Waitangi obligations – or equally is not
 - How our current Rural Generalist model is addressing equity – or equally is not
 - Identify tangible examples of Pae ora and Rural Generalism in action and how we can do more
- Covid Planning – Ensuring equity is at the forefront of the Covid Planning

Report prepared by: Hauora Māori

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

WEST COAST DHB – MEETING SCHEDULE

FEBRUARY – JUNE 2022

| DATE | MEETING | TIME | VENUE |
|--|--|---------|------------------------------|
| Friday 11 February 2022 | BOARD MEETING | 10.00am | Board Room, Corporate Office |
| Thursday 10 March 2022 | Advisory Committee Meeting | 10.00am | Board Room, Corporate Office |
| Thursday 10 March 2022 | Quality, Finance, Audit & Risk Committee Meeting | 1.30pm | Boardroom, Corporate Office |
| Friday 25 March 2022 | BOARD MEETING | 10.00am | Boardroom, Corporate Office |
| Friday 6 May 2022 | BOARD MEETING | 10.00am | Board Room, Corporate Office |
| Thursday 9 June 2022 | Advisory Committee Meeting | 10.00am | Board Room, Corporate Office |
| Thursday 9 June 2022 | Quality, Finance, Audit & Risk Committee Meeting | 1.30pm | Board Room, Corporate Office |
| Thursday 23 June 2022 (Friday 24 th is Matariki) | BOARD MEETING | 10.00am | Board Room, Corporate Office |

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