



West Coast
– District Health Board –

Te Poari Hauora a Rohe o Tai Poutini

ADVISORY COMMITTEE MEETING

9 June 2022

10.00am

**Corporate Office Board Room
Greymouth**

AGENDA AND MEETING PAPERS

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

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.

AGENDA

WEST COAST ADVISORY COMMITTEE MEETING
To be held in the Corporate Board Room, Greymouth
Thursday 9 June 2022 commencing at 10.00am

ADMINISTRATION		10.00am
Karakia		
Apologies		
1.	Interest Register	
	<i>Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.</i>	
2.	Minutes of the Previous Meeting	
	<ul style="list-style-type: none"> 10 March 2022 	
3.	Carried Forward/Action Items	
REPORTS		10.05am
4.	Community and Public Health Update	Cheryl Brunton 10.05am – 10.15am <i>Public Health Specialist, Community and Public Health</i>
5.	Planning & Funding Update (in lieu of Alliance Update)	Philip Wheble 10.15am – 10.25am <i>General Manager, West Coast</i>
6.	Operational Update	Philip Wheble 10.25am – 10.35am <i>General Manager, West Coast</i>
7.	Hauora Māori Update	Kylie Parkin 10.35am – 10.45am <i>Portfolio Manager, Hauora Maori Health</i>
8.	Disability Action Plan Update	Kathy O'Neill 10.45am – 10.55am <i>Planning & Funding</i> Michael Nolan 10.55am – 11.10am <i>Chair WC Disability Steering Group</i>
ESTIMATED FINISH TIME		11.10am

WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS INTERESTS REGISTER



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

Sarah Birchfield Board Member	<ul style="list-style-type: none"> • Accessible West Coast Coalition Group - Member • West Coast PHO Clinical Governance Committee – Member • Project Search Steering Group – Member • National Bowel Screening – Equity Advisory Group – Member • Disability Steering Group – Member • West Coast Mental Health and Addictions System Collaborative Design – WCPHO CGC Rep – from consumer perspective representing the interests of parents, children and those living with a disability. 	N N Y N 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 Daughter a Doctor at Christchurch Hospital Patron MS Parkinsons Society 	N Y 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 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 	N N N	

<ul style="list-style-type: none"> West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. Poutini Waiora Board - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. Development West Coast – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a “Deed of Trust” which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. West Coast Development Holdings Limited – Director Putake West Coast – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. Ngai Tahu Pounamu – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving Westland Wilderness Trust – Chair West Coast Conservation Board – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director Westland District Council – Councillor 	N	Actual
	Y	
	N	
	N	
	N	
	N	
	N	
	N	
	N	
	N	

MINUTES



DRAFT **MINUTES OF THE WEST COAST ADVISORY COMMITTEE** **on Thursday 10 March 2022 commencing at 10.00am**

PRESENT

Peter Neame (Chairman); Hon Rick Barker, Chris Auchinvole (via zoom); Sarah Birchfield (via zoom); Dr Cheryl Brunton (via zoom); Helen Gillespie, Anita Halsall-Quinlan (via zoom); Tony Kokshoorn, Chris Lim (via zoom), Joseph Mason (via zoom), Edie Moke (via zoom), Nigel Ogilvie (via zoom)

APOLOGIES

Susan Barnett, Lynnette Beirne and Paula Cutbush

EXECUTIVE SUPPORT

Philip Wheble (General Manager West Coast) (via zoom), Kylie Parkin (General Manager Hauora Maori Health) (via zoom), and Bianca Kramer (Governance Support).

The Chair requested Edie Moke opened the meeting with a Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no additions or alteration

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 (1/22)

Moved: Rick Barker /Seconded: Sarah Birchfield– carried

“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”

3. CARRIED FORWARD/ACTION ITEMS

There were no items for this meeting

4. COMMUNITY AND PUBLIC HEALTH UPDATE

Cheryl Brunton, Public Health Specialist presented the report which was taken as read. Ms Brunton updated the committee on the following:

- COVID 19 response – the role of CPH has now changed to one of working with vulnerable settings, areas where are lot of people are gathering eg prisons, and schools etc. Providing advice and support around outbreaks to these areas. There has also been some redeployment of staff to support the COVID Hub here in Greymouth.

Ms Brunton explained that with the prevalence of COVID in the community now if you test positive it is taken as a true positive test, it is much less likely to be a false positive. If you test negative but

still have symptoms the advice is to retest as it may be too early to provide a positive result especially if vaccinated.

Resolution (2/22)

Moved: Peter Neame /Seconded: Rick Barker - carried

That the Advisory Committee

- i. Note the Community and Public Health Update and

5. ALLIANCE UPDATE

Philip Wheble, General Manager West Coast, advised the committee of the new Planning & Funding Team Leaders recently appointed, Ben Hingston will be based on the Coast. Mr Wheble presented the Alliance Update which was taken as read.

Mr Wheble was asked if there was an update on the WestREAP collaboration with others to address the Maori suicide rates. Mr Wheble will provide some information back to the committee on this.

Resolution (3/22)

Moved: Tony Kokshoorn /Seconded: Rick Barker - carried

That the Advisory Committee

- i. Note the Alliance Update

6. OPERATIONAL UPDATE

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

- With Omicron on the Coast the ECO is now running 7 days a week, the Hub is supporting Primary Care and those in the community that have COVID
- The growth of compliance issues with ESPIs 2 and 5. There is a lot of working going on around orthopaedics and plastics, steps are being taken to obtain additional services to clear the backlog. Equipment and supply issues have also added to the delays.

The committee noted that the Bowl Screening figures reflected what is currently being seen nationally, it was expected that a higher number of positive results would be seen in the initial stages, though higher than what was expected here on the Coast. It shows the programme is working and capturing people early.

Concern was expressed around the reduced surgical volumes showing in the report, Mr Wheble advised it is a staffing issue and it is being experience nationally. A long with the staffing issue there are also other contributing factors that impact on the delivery of services.

Community feedback from Buller regarding the midwifery service is that women are finding it difficult with no continuity of care, Mr Wheble advised there should be some good news regarding this shortly. There was a brief discussion around a Buller lactation consultant, Mr Wheble is to seek and provide information off line.

Resolution (4/22)

Moved: Tony Kokshoorn/ Anita Halsall-Quinlan - carried

That the Advisory Committee:

- i. notes the Operational Update

7. HAUORA MAORI UPDATE

Kyle Parkin, General Manager Hauora Māori, presented the update which was taken as read. Ms Parkin advised that the small Hauora Maori team have been redeployed to work at the COVID Hub ensuring the Maori provider network are well connected into the space and the community are provided with whatever care they require.

It was mentioned that all the good work that has been carried out by the Hauora Maori team and the provider network, not just for the COVID response, needs to be highlighted so it can be carried forward into the new West Coast health system post 30 June. Ms Parkin advised the IWI partnership is strong in the localities prototype work being done, along the Hub and the wrap around care to community who require support due to COVID. Poutini Waiora, Whare Manaaki, Te Hono o nga Waka and Te Haa o Kawatiri are well placed to ensure a strong network is in place moving into the future. Ms Parkin advised they are looking at how the Hub model can be used to make the transition into the new health service future.

Ms Parkin explained that there is an equity lead in place at the Hub, a commitment has been made to IWI to ensure all Maori who test positive will follow a specific pathway through the Hub, support being provided by a dedicated team. The Maori provider network is well funded and resourced to respond to the Maori community when they need to.

Resolution (11/21)

(Moved: Tony Neame / Tony Kokshoorn)

That the Advisory Committee:

- i. notes both the Hauora Maori Update

INFORMATION ITEMS

- 2022 Schedule of Meetings

There being no further business the meeting concluded at 10.55am.

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: 9 June 2022

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

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

APPENDIX 1**COVID-19 response**

Community and Public Health (C&PH) continues to support the national response by focusing on the investigation of high-risk exposure events. These have been reduced to vulnerable housing settings, Aged Residential Care, marae, tangihanga, prisons, and DHB healthcare settings which are managed in conjunction with the relevant DHB.

Community Supported Isolation and Quarantine

The Community Supported Isolation and Quarantine Coordinator has been working closely with the West Coast Integrated Covid Community Care Centre (the Hub). She has provided support particularly around the transport of medically stable patients and ad hoc needs of complex cases isolating on the Coast, where these are not supported by either Ministry of Social Development or Ministry of Business, Innovation and Employment.

South Westland Psychosocial Support

The new South Westland Wellbeing and Events Coordinator has established a Steering Group to guide the development of this work and this group met for the first time in May. A number of projects that require funding have been proposed and there is a sense of positivity about the benefit of this work. Examples include a roving family movie event, support for small community dances and help to acquire various sports equipment. The Coordinator is also working with St John to secure dates for further Psychological First Aid training in Hari Hari, Franz Josef and Fox Glacier. Further courses will be offered in Haast and Whataroa towards the end of 2022.

Buller Wellbeing Survey

C&PH are supporting the Buller Flood Recovery Office with the development and implementation of a Wellbeing survey with the Buller community. Some of the aims of the survey are; to provide a measure of people's level of wellbeing at this point in time, identify and understand key themes around people's wellbeing, in relation to their experience of the flooding events and recovery so far and to evaluate awareness of and the effectiveness of different types of help and agency support, including financial and housing support and health, psychosocial and wellbeing related support.

Health Clinic at Arahura Marae

C&PH supported the Poutini Waiora Health Clinic at Arahura Marae at the end of May. Giveaway packs for whānau included information on oral health, oral hygiene and healthy eating for healthy teeth, as well as fluoride toothpaste and toothbrushes.





A further prize giveaway with promotional items for World Smokefree May was provided for people entering their name for self-referral to the Oranga Hā – Tai Poutini Stop Smoking Service.

Health in All Policies

C&PH have made written submissions on a number of central and local government policies including:

- Te Tai o Poutini Plan - Exposure Draft
- Reducing Pokies Harm Public Discussion Document
- Te Panoni i te Hangarua, Transforming Recycling
- Buller District Council Annual Plan

At time of writing, submissions are also being prepared on:

- Te Mahere Urutaunga ā-Motu (Tuhinga Hukihuki) Draft national adaptation plan (including managed retreat)
- Westland District Council Annual Plan

PLANNING AND FUNDING UPDATE



TO: Chair and Members West Coast Advisory Committee

SOURCE: Planning and Funding Team

DATE: 9 June 2022

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 has been prepared in lieu of the West Coast Alliance report due to a pause on the regular Alliance Leadership team meetings during the COVID response. The purpose of the report is to update the Advisory Committee on progress with several key initiatives currently being supporting across our community.

2. RECOMMENDATION

That the Advisory Committee;

- i. Notes the Planning and Funding Update.

3. SUMMARY

The Planning and Funding team has been working on several key projects and programmes over the past two months as we support the COVID response across our community providers and commence the transition to the new health system. This report provides a brief overview of these projects and activities and their contribution to improving health outcomes and equity across the West Coast.

Improving Access and Choice for Māori Tamariki and Whānau: Increasing Funding for Kaupapa Māori Well Child Tamariki Ora Services

We have recently secured additional funding to almost double the capacity of our kaupapa Māori Well Child Tamariki Ora Services from 0.525FTE to 0.9FTE effective from the beginning of July. This increase in funding will contribute to improved equity of access to kaupapa Māori services for whānau living across the West Coast.

Previously funding levels meant that the West Coast DHB was only able to fund 0.525FTE to support the delivery of WCTO services. This meant that many whānau have not been able to access the Poutini Waiora led WCTO service or Poutini Waiora has been limited in being able to provide a comprehensive service to those whānau that are engaged due to the need to spread this limited resource across a wide geographical area.

It is expected that the additional FTE will provide Poutini Waiora with much needed capacity to deliver the programme to more whānau across the West Coast and enable more intensive support to whānau already engaged in the service.

We will work closely with Poutini Waiora to support the programme and continue to advocate to further increase this funding over the coming year to ensure a sustainable and effective kaupapa Māori WCTO service is available on the West Coast.

Integrated General Practice Primary Mental Health and Addictions Services Update

West Coast PHO's first round of recruitment for Health Improvement Practitioners (HIPs) and Health Coaches (HCs) has been successful with enough FTE filled to cover Greymouth and Hokitika practices.

Under the IPMHA programme, Health Improvement Practitioners and Health Coaches work as part of the general practice team providing people with immediate support and tools for wellbeing. Notes are written directly into the practice-based Patient Management System and 'warm handovers' ensure that the general practice team members can make an introduction when the need arises and are kept updated with patient information. Additionally, IPMHA services are able to adapt to meet the health needs of their local community.

The first HIP and HC commenced at Westland Medical Centre on 23 May. Additional practitioners will be joining Te Nikau Health Centre and Coastal Health on completion of their training in July and August. Recruitment has commenced for Buller HIP and HC roles. Rollout dates for Buller practices will be confirmed once successful candidates have completed training.

New Transport Provider

Following successful negotiations, St John has agreed to take over service provision as the provider of transport services from the existing Red Cross Buller Branch in the provision of the community health transport services between Westport and Greymouth with effect from 1 June 2022. Red Cross set up the community health shuttle service in late 2012 as a community-driven initiative of willing volunteers from the Buller branch of the Red Cross. The current Red Cross service operates with support from the Buller-based Rural Education Activity Programme (REAP) for coordination of patient-requested bookings. The Red Cross are transitioning away from providing this and similar community transport that they have run throughout the country; the Buller service being the last in this process. The service has been invaluable to those people who have faced transport issue over the years, and with St John now picking up service provision this is very much welcomed.

Planning and Funding has issued a new contract to fund St John to operate the service on such days as volunteer drivers engaged by St John are available and able to staff it. The service - to be known as the Kawatiri Health Shuttle - will continue to be operated at no cost to passengers; although noted that passenger may make donations to the service if they chose to do so.

Additional Orthopaedic and Plastic Surgery Services

Contracts have been agreed for the provision of additional surgical services for West Coast patients as part of the Improvement Action Plan funding initiative. Under these contracts, additional hip and knee joint surgeries are being delivered for West Coast residents in private surgical facilities in Christchurch in May and June to increase throughput and help reduce some of the longer wait cases on the orthopaedics waiting lists, with additional session work having also been contracted for plastic surgery.

Pregnancy Dental Services Project

Planning and Funding is currently working on a project to pilot a pregnancy dental services to improve the health and wellbeing of pregnant women as well as reduce the impact of poor maternal oral health on pepi/infants and tamariki/children during the first 2,000 days of a child's life. There is evidence of a relationship between poor maternal oral health and poor birth outcomes including low birth weight, neonatal illness and pre-term births (Kilpatrick et.al, 2008).

The project will have a strong focus on ensuring pregnant women are supported to be healthy during their pregnancy to ensure their children and tamariki achieve the best start in life. This will include a targeted approach to providing pregnant women identified within priority groups with access to pregnancy dental packages of care and oral health literacy education. Criteria will initially be set with a focus on under 25s, pregnant women who live in high deprivation communities and pregnant Māori and/or Pacific women.

We are currently finalising details including criteria, delivery locations and referral pathways. The project is planned to be managed within the new locality prototype and commence from 1 July.

Mental Health Services for Young People

Scoping work has been undertaken over the past few months to progress options for supporting families with children who are experiencing distress due to mental health and intellectual disability challenges. This includes exploring a range of training options to enhance the capability of the workforce and whānau/parents/caregivers to enable them to respond more effectively to people in distress and manage challenging behaviours.

Further to this, we have also engaged in several meetings to investigate the potential for developing a 24-hour youth crisis respite service. Following a review of available data and several engagements with service providers, it is clear that the volume of young people requiring a dedicated overnight crisis support service is too low to sustain a stand-alone service. As an alternative, we are scoping the development of additional planned respite options on the West Coast using available services and resources. This will include further consultation with the community in June as part of the mental health service and system framework development.

West Coast Mental Health and Addictions Collaborative Design Project

The West Coast Mental Health and Addictions Collaborative Design project is funded directly by the Ministry of Health and is intended to facilitate a collaborative design process with local stakeholders and communities, to develop the capability to implement the changes needed to the existing service delivery system so that it works for local populations. This work is intended to contribute to, and inform, the locality planning for primary and community services.

The first round of formal engagement with service providers is almost complete with consumer engagement about to commence. Summary insights from these conversations will be drawn together to lay a foundation for co-design workshops planned in July 2022.

Preparing for Transition to Health New Zealand

Planning and Funding has had a priority focus on ensuring we are well prepared for the transition to Health New Zealand and the Māori Health Authority over the past few months. This has included bringing forward our contract renewals process to April – May to ensure there will be no disruption to provider payments and services from 1 July. We are continuing to provide information to inform the design and development of the new operating model and to inform how services commissioning may operate in the new health system.

Report prepared by: Ben Hingston, Strategic Programme Lead, Planning & Funding
Report approved by: Melissa Macfarlane, Acting Executive Director, Planning, Funding & Decision Support

OPERATIONAL UPDATE



TO: Chair and Members
West Coast Advisory Committee

SOURCE: General Manager, West Coast DHB

DATE: 9 June 2022

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:

- 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.

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**

- The trending of Omicron continues to vary with a recent spike occurring in Buller commencing the week of 16 May. We continue to support our communities as we deal with COVID among the clinical team members and to date, we have not been required to reduce services which have continued as per schedule. In saying that there may be impact in July as we facilitate much needed leave for some of our staff members but there is now, a considerable coast-wide response to workforce needs and support which certainly shares the load.
- Again, it is so encouraging to report the progress of the new facility and the positive korero coming from the project team with department leads and planning for future staff engagement. Connecting with the team leads of Kaikoura IFHS is a further positive step as our newer team leads can see first-hand how that facility operates and we are beginning to count down the months.
- Implementing efficiencies into our systems is ongoing and the introduction of the Patient Portal for our patients facilitates their choices e.g. booking their own appointments, access to results etc.
- Cornerstone and H&D Accreditation processes that have been on hold will now re-commence.
- Reefton is facing a GP shortage and there has been an enormous effort made for recruitment to that position for the next 4 months. Working with the Reefton team we have accessed remote GP sessions and Buller is also providing sessions. Although there will be a reduction in GP consultations we will continue to work equitably across the Northern region and DHB wide.

Central Region Integrated Health Services

- Since late February teams have been working hard to provide all their services whilst also managing the impact of COVID. It's been a challenging time and continues to be (with COVID impacts lingering and winter pressures appearing), but overall the teams have done a remarkable job.
- The new INDICI electronic Patient Management System (PMS) rolled out across Te Nīkau Health Centre and the Emergency Department in late 2021 and is now well embedded. It's providing a wealth of data which, once analysed, will help us to understand demand and build better services in the future. INDICI will be extended to the District Nursing and Allied Health Scientific & Technical teams in due course.
- There has been a change in nursing leadership within the Te Nīkau Integrated Family Health Centre team, with a new Clinical Nurse Manager (CNM) starting on 11 May. They have been seconded into this role for 6 months and are already proactively leading on some key work.
- The Te Nīkau Integrated Administration Team, formed into a new structure late last year, has gone from strength to strength. They have been operating as a flexible singular unit in coping with a series of roster gaps and challenges whilst also still providing reception,

administration, telephony and other expert services to consumers and staff. Their efforts are greatly appreciated.

Southern Region Integrated Health Services

- The South Westland Area Practice team has continued to actively support COVID-positive patients across the communities of South Westland. This has been ongoing activity in conjunction with the Hub.
- All members of the Southern Locality team have worked through the OMICRON surge period with a marvellously positive, can-do approach ensuring continuity of support to patients and clients. In recent times, this has been characterised by a willingness to fill gaps arising due to COVID in Aged Residential Care facilities, in the Te Nīkau General Ward and in the Central District Nursing team.
- With the transition from the fully established COVID EOC, focus is increasingly shifting to incorporating into usual processes positive innovations identified during the COVID response. A central theme in this work is to focus on projects and initiatives designed to optimise how members of West Coast communities encounter components of the health system so as to foster equity; ensure 'right person in right place at right time' and reduce delays, with a particular emphasis on the interconnectedness of system components.
- The Clinical Nurse Manager (Southern) continues to actively seek additional Rural Nurse Specialists either on a casual or permanent basis. This remains a significant pressure-point. One position has just been filled by a candidate moving from Australia to take up the post.
- The WCDHB Decision Document regarding the structure of Home & Community Support Services is now in the implementation phase with services in the Southern Locality being transferred under the Allied Health Team Manager position. This is an exciting innovation and will be closely monitored as it progresses.
- The South Westland Area Practice has commenced its journey towards re-accreditation under the Cornerstone framework with audit due at the end of this year. This is an exhaustive process used to demonstrate quality systems across the activities of the practice.
- A permanent General Practitioner has been recruited to work in the South Westland Area Practice and is due to commence in early August. The appointee has previously worked in the area and it is very pleasing that he has sought to return on a permanent basis. This appointment is expected to further consolidate the services provided to the communities of South Westland and to address a major concern expressed by patients regarding a lack of continuity arising from being reliant on locum GPs. There will now be continuity in both nursing and GP input.

Rural Inpatients & Transalpine Services

Improving Staff Capability

- Our plans for COVID have been put to the test in the last 2 months and for the most part they have proven robust and as a result no elective activities had to be deferred due to COVID in the first 12 weeks of the outbreak. However in the last week of May some planned theatre activity was affected.

Equity

- We are maintaining our focus on enhancing the attendance of Maori, with a targeted booking approach and offering telehealth where appropriate.

- Protecting those more vulnerable to COVID with a targeted approach to face to face bookings has seen an increase in the use of Telehealth during the last 3 months however most services are now returning to face to face appointments.
- Relocating Te Nikau's Blood Test Service to the Community Services building to give patients access to blood tests without having to enter the main hospital has proved successful in limiting numbers in Te Nikau and therefore reducing risk of COVID spread. However we are aware that for some patients the access to this building has not been as easy as it was when the service was in Te Nikau and we are looking at how to address this.

Bowel Screening Programme

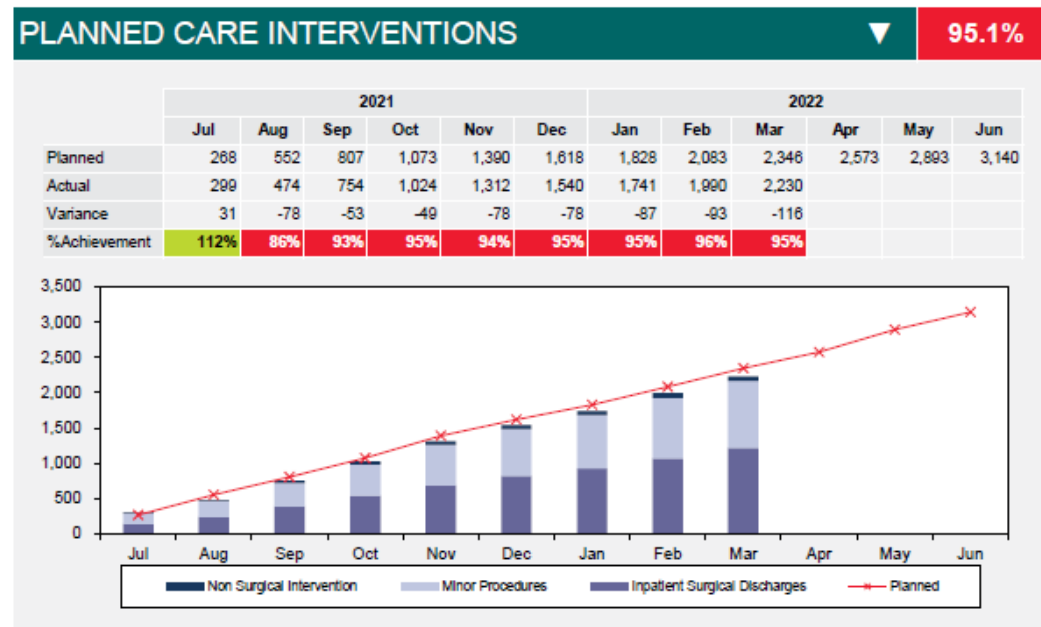
- The WCDHB National Bowel Screening Programme continues to meet all of its KPIs. As at 31 May 2022, 4172 invitations to participate have been sent, the current return rate is 55.3% overall with a rate 57.7% for Maori. 103 patients have required clinical follow-up to their test results and we have detected 8 early stage cancers.
- We are continuing to plan for a promotion week. This will now be in June when we shall celebrate the first anniversary of the National Bowel Screening Programme here on the Coast.

Plastic Surgery

- Recently received additional funding from the Ministry of Health has allowed us to reduce our waiting list for Plastic Surgery first specialist assessment from 68 patients on 28 February to 14 patients on 31 May.
- The surgical waiting list has also benefited and currently has 39 patients waiting of which 26 have bookings in June.

Orthopaedics

- We are continuing to address waiting times for orthopaedic surgery and have contracted for an additional 35 patients to receive surgery during May and June.



Planned Care Delivery: West Coast DHB was at 95% of planned year-to-date PCI volumes as at the nine months ended 31 March 2022, with reduced surgical volumes in terms of both raw inpatient and caseweight discharge throughputs. The impact of the COVID-19 lockdown and

distancing restrictions in August and September 2021, and again with the new series of outbreaks from February 2022 onward have influenced our results in respect of services provided to our population both on the West Coast and in Canterbury. General surgery, paediatric surgery and urology are on YTD delivery targets, but there have been fewer elective cases able to be delivered in the disciplines of cardiothoracic, ENT, gynaecology, neurosurgery, ophthalmology, orthopaedics, plastics and vascular surgery. Additional hip and knee joint surgery is being undertaken for West Coast patients in May and June to increase throughput and help reduce some of the longer wait cases on the waiting lists of orthopaedics, with additional session work having also been contracted for plastic surgery.

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 165 patients waiting over 120 days for their outpatient First Specialist Assessment (FSA) at the end of March 2022. The bulk were orthopaedic cases (107), along with plastics (22), urology (17), rheumatology (8), cardiology (6), respiratory (4) and general medicine (1). While use of telehealth has been used wherever possible, waiting times for planned care interventions and for specialist outpatients has been extended by COVID impact in some specialties in addition to those already affected by pre-existing clinical capacity constraints. Where possible, we have sought additional clinical capacity for services to reduce waiting times, but note that the availability of clinical resources in most disciplines remain constrained as part of a wider national issue.

ESPI 5 (Treatment)

There were 101 patients waiting over 120-days from FSA to surgical treatment as at the end of March 2022. These were spread across orthopaedics (75), urology (10), plastics (8), dental surgery (5), ophthalmology (2) and paediatric surgery (1). As with our outpatient waiting lists, there has been a concerted effort to reduce the number of people with prolonged waiting times to receive treatment, but we note that services have experienced continuing staffing constraints. Additional hip and knee joint surgery is being undertaken for West Coast patients in May and June to increase throughput and help reduce some of the longer wait cases on the waiting lists of orthopaedics, with additional session work having also been contracted for plastic surgery.

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results

DHB: West Coast

	Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec	
	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 %	17 of 18	94.4 %	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).	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 %	118	12.2 %	134	14.1 %	167	18.8 %
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 %	1	0.1 %	1	0.1 %	1	0.1 %	1	0.1 %	1	0.1 %	0	0.0 %	0	0.0 %	2	0.1 %	1	0.1 %
5. Patients given a commitment to treatment but not treated within four months.	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	32.6 %	116	31.4 %	99	27.1 %	87	24.0 %
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:

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

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

ESPI Compliance Levels:

- DHB Level 'Non-compliant Red' status for ESPI 1 is temporarily removed so from July 2016 ESPI 1 will be Green if 100%, and Yellow if less than 100%.
- 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.
- 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.
- 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.
- ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if less than 90%.

Data Warehouse Refresh Date: 6/02/2022

Report Run Date: 7/02/2022

Data up to: Dec 2021

4.2 Workforce Update

Nursing

- Additional support with nurse leaders across the coast meeting twice weekly to support nursing recruitment and to speed up processes around recruitment. There has been a good uptake with the CCU recruitment drive, 6 new nurses starting in the next few months in General ward/CCU. Our transport team is now fully recruited to. In the short term our focus is now on recruitment with Acute Zone, General Ward/CCU, aged residential care and rural vacancies.
- While recruitment for nurses is underway we have increased our casual HCA workforce to support the nurses to work at top of scope.
- Preparation for winter response is also ongoing and we are supporting the teams with patient flow.
- Our Duty Nurse Manager team fully recruited to and we have expressions of interest for casuals to join the team.

Maternity

- Te Nikau Maternity is still at times busy and at capacity.
- Our new core midwife (0.8FTE) has commenced in Maternity and settled in well as part of the team. This has taken some pressure off the team with staff off on COVID leave. The other new midwife declined her offer of appointment, so we are still advertising to fill our FTE.
- The new Educator/Clinical Coach has also settled in well and recently held a PROMPT course in Buller and the was well attended.
- We have secured an LMC in Buller for 6 months. This has taken the pressure off to employ locums to cover. A permanent LMC would be ideal, and we continue to advertise for the commitment to Buller maternity.

Allied Health, Scientific and Technical

- Allied Health have been working together to support each other during COVID-related absences. Teams with vacancies such as Occupational Therapy particularly have pulled together across the West Coast to achieve some fantastic work.
- Our new Child Health Coordinator has started and we look forward to the work and connections she will achieve in the role.
- We have successfully recruited a Kaiawhina in Mental Health to support the Occupational Therapy activities programme.
- We have also successfully recruited a new Dietitian and two Allied Health Kaiawhina to fill vacancies. We still have vacancies in Occupational Therapy and Physiotherapy which are currently advertised.
- Our exciting new role for a Primary Health Physiotherapist is advertised and we hope to recruit an experienced physiotherapist with an interest in developing this role and leading the way.

Recruitment

Total Current Open Vacancies (as of 25 May)	40
Number of placements since last report (10 March to 25 May)	57
Average Time to Offer (days)	42

- Nursing – The nursing campaign has now been live for six months and is due for a refresh of content. Recruitment (alongside the DoN and their office) will be meeting to discuss next steps forward and content to be included. There will be an updated focus to include ARC nurses for across the Coast as well as nurses to fill roles in all our centres.
- Allied – We have our new Occupational Therapy Team Lead that has started in the last month.
- Corporate & Support – Continuing to recruit into ISG and we are looking to partner with Canterbury for a combined campaign
- Medical – Two GPs have been placed with staggered start dates throughout 2022 with the last one to start in August. We are still trying to recruit a Psychiatrist

4.3 Quality**All West Coast DHB Incidents recorded in Safety1st as of 20 May 2022**

West Coast DHB													
All Incidents by General Event Type													
Event date is Event Date is within Calendar 2022													
Event Date - Trend Month Name													
General Event Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand
						0	0	0	0	0	0	0	0
Drain and Tube	1												1
Facilities and Building and Pr	4	6	4	2	2								18
Fall	22	19	13	19	20								93
Hazard Register				1									1
Infection			1		1								2
Intravascular Access Device		1											1
Labour and Delivery	2	4	1	10	2								19
Labs/Specimen	8	5	8	5	1								27
Medication and IV Fluids	20	23	22	13	5								83
Patient Behaviour	18	13	9	8	4								52
Privacy/Confidentiality	2	3	1										6
Provision of Care	8	6	4	10	4								32
Radiology	2	2	1										5
Restraint Register	3	6	8	13	8								38
Safe Staffing	1	3	7	5	2								18
Security	3	1	5		2								11
Skin/Tissue	8	7	8	3	4								30
Grand Total	102	99	92	89	55	0	0	0	0	0	0	0	437

Report prepared by:

Philip Wheble, General Manager West Coast DHB

HAUORA MAORI UPDATE**TO: Chair and Members West Coast Advisory Committee****SOURCE: General Manager, Maori Health****DATE: 31 May 2022**

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 purpose of this report is to provide a regular update on and overview of key organisational activities and progress.

The framework used for this report is “Whakamaui – Māori Health Action plan 2020 – 2025” the implementation plan for He Korowai Oranga, New Zealand’s Māori Health Strategy.

Whakamaui is underpinned by the Ministry’s Te Tiriti o Waitangi Framework, which provides a tool for the health and disability system to fulfil its stewardship obligations and special relationship between Māori and the Crown.

The content has been refocused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

- i. Notes the Hauora Māori 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	<p>Tatau Pounamu is actively involved in the completion of a West Coast Health Profile</p> <p>Tē Tiriti Partnership – Consumer Engagement</p> <p>Iwi/DHB Governance partnership established to oversee Mental Health work programmes.</p> <p>Build up a pool of Māori who can provide Māori Health leadership at all levels of the health and disability system.</p>	<p>Profile presented to Tatau Pounamu and actions agreed to have the plan completed. A Health Needs Profile will be completed to inform the Localities planning.</p> <p>Localities structure is currently being decided and Iwi along with other partners will determine the governance and operational structure which will inform consumer engagement approaches.</p> <p>Governance established to oversee MH programmes with strong leadership by local mana whenua.</p> <p>Working with Tatau Pounamu and P & C Equity Leads on building Māori Leadership capacity and capability.</p>	
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 māhi 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. Māhi progressing supported by Mana Taurite team.</p> <p>Tū Tangata Tū Rangatira – Growing Māori leaders programme has been developed and will begin in July. Twenty places are available and recruitment has begun.</p> <p>Beginning in February, Tipu Ora – the Training Provider wing of Manaaki Ora began delivering the Certificate in Whānau Ora Level 4 on the West Coast. Due to COVID restrictions the March and April Wananga were delivered online. The May Wananga was delivered kanohi ki te kanohi.</p> <p>The Diploma of Whānau Ora is programmed to be offered early 2023.</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 again 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 	<p>Hauora Māori staff with the CDHB Equity team contributed to the development of the Mana Taurite Draft Work plan and work together on the implementation. Strong tranz alpine leadership is in place to review and contribute to the mahi of the Mana Taurite team and programme of work.</p>	<p>Ability to hold face to face hui due to covid restrictions</p>

Whakamaua – Māori Health Action Plan 2020-2025 WCWCDHB Report Hauora Māori			
Priority Area	Key Activities	Progress Update	Risks/Issues
	<ul style="list-style-type: none"> Te Tiriti o Waitangi Takarangi <p>Recruitment Policy implemented and embedded across the DHB</p> <p>Kia ora Hauora Programmes delivered.</p>	<p>Supported by the Mana Taurite team Te Tiriti o Waitangi and Tikanga Best Practice training was delivered in Greymouth and Westport. Both programmes have been timetabled for 2022.</p> <p>The Health Equity Assessment Tool continues to be a key mechanism to facilitate pro-equity change and action within services. Sessions are planned with the Population Health and Te Nikau teams.</p> <p>The Takarangi programme planned for March at Arahura did not take place due to COVID 19. An August 2022 occurrence is planned.</p> <p>The Kia ora Hauora Rangatahi Placement and Exposure programmes timetabled for 2022 were cancelled. In partnership with Kia Ora Hauora and the West Coast Secondary Schools, a proposal to deliver later in the year is being developed.</p>	<p>Facilitator from the Far North – risk of COVID restricted travel.</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>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>The Kaupapa Maori Mental Health service spec has been co-designed with Poutini Waiora and will allow them to expand their Mental Health service.</p> <p>Clinical MH FTE appointed in Poutini Waiora</p> <p>Poutini Waiora progressing their vaccination status and working through accreditation. In the meantime they continue to work in partnership with the DHB, MIHI and the MoH team to enable them to deliver a suite of vaccination services.</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. National Bowel Screening Programme will be lowered to include Maori from 50 years in 2023, this will allow the team to include a fuller health assessment within the invitation. Planning is underway to scope the opportunities.</p>	<p>Recruitment challenges.</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>

Whakamaua – Māori Health Action Plan 2020-2025 WCWCDHB Report Hauora Māori			
Priority Area	Key Activities	Progress Update	Risks/Issues
	<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>In partnership with Breastscreen South, Maori Providers and our WCDHB Cervical Screening team a Mana Wahine breast and cervical screening clinic was piloted. It was successful with wahine Maori supported to attend and further clinics will be delivered.</p> <p>A collective of Maori Providers are working together to plan and make available a full range of haputanga initiatives across the rohe. SUDI funding will support the enhancement of existing programmes and the investigation of Maturanga Maori programmes.</p> <p>Plan revised and updated. Working with Healthy 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>As focus moves to the management of Covid and Omicron as the 'new normal' and BAU, there is now urgency to understand how Covid has impacted uptake of LTC clinical intervention, and accelerated planning is underway to engage Maori back into clinical programmes.</p> <p>Maori inclusion in steering group and in the community consultation.</p>	
Priority Area 5: Cross Sector Action	<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>	<p>The Covid Hub model demonstrates strong cross sector collaboration incorporating, primary, community and secondary responses supported by a collaborative contracting model through Health and MSD. Hub clinical teams, Kaiawhina and community providers work in a fused model meeting regularly to collectively support whanau and ensure that manaaki is provided quickly and appropriately. Evidence and metrics show that the response to Maori and Pacifica has been excellent. Our Maori Provider network have mobilised manaaki for whanau who are isolating and feedback is overwhelmingly positive.</p>	
Priority Area 6: Quality and Safety	<p>Build the capacity of Māori providers to participate in the WCDHB Telehealth project.</p> <p>Work with P&C Equity Leads to design and implement a programme of work to address racism and discrimination in the health system.</p>	<p>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.</p> <p>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.</p>	

Whakamaua – Māori Health Action Plan 2020-2025 WCWCDHB Report Hauora Māori			
Priority Area	Key Activities	Progress Update	Risks/Issues
	<p>Deliver Health Equity Assessment Tool (HEAT) across the system as required.</p> <p>Implementation of the Health and Disability service standards.</p>	<p>Programme for HEAT training will be agreed with Service areas for delivery early 2022.</p> <p>Nga Paerewa Health and Disability Standards has been completed and a gap analysis is being undertaken.</p>	
Priority Area 7: Insights and evidence	<p>Bowel Screening Equity for Maori</p> <p>Oral Health</p>	<p>Contract kaupapa Maori services to engage whanau in the screening programme and incorporate research process to evidence difference in approach.</p> <p>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.</p>	
Priority Area 8: Performance and Accountability	<p>Dashboard development across services</p>	<p>Still in development, needs input and refining</p>	
COVID Response & Recovery	<p>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.</p>	<p>Developed contract with Poutini Waioira to enable them to reach whanau in the way that works for them.</p> <p>Ensure lessons learned from vaccination rollout are informing the Managed & Self Isolation and managing covid in the community planning.</p>	
Health & Disability Sector Review	<p>Assessment tool completed</p> <p>Transition Plan completed</p> <p>IMPB establishment process understood</p>	<p>Establishment of IWI Māori Partnership Boards (IMPs)</p> <p>IMPB's are taking shape with the structure and how this filter down to the localities becoming clearer.</p> <p>The Tē Waipounamu IMPB will have 7 members at the regional level with representatives from the Papatipu Runaka feeding in. There will also be local IMPBs and work is underway, to decide and understand the role and function of those boards.</p>	
Emerging Initiatives	<p>Social Equity Adjustment Policy/Protocol for Equity in Planned Care (non-acute services)</p>	<p>Initial hui planned with clinical leads to better understand the opportunities.</p>	

WORKFORCE

Education Perfect (EP)

The WCDHB has partnered with Education Perfect (EP) -- the largest online learning platform in Aotearoa, to help develop and reach our cultural competency and Māori language goals by giving staff the opportunity to enrol in their online Te Ao Māori for Professionals' course.

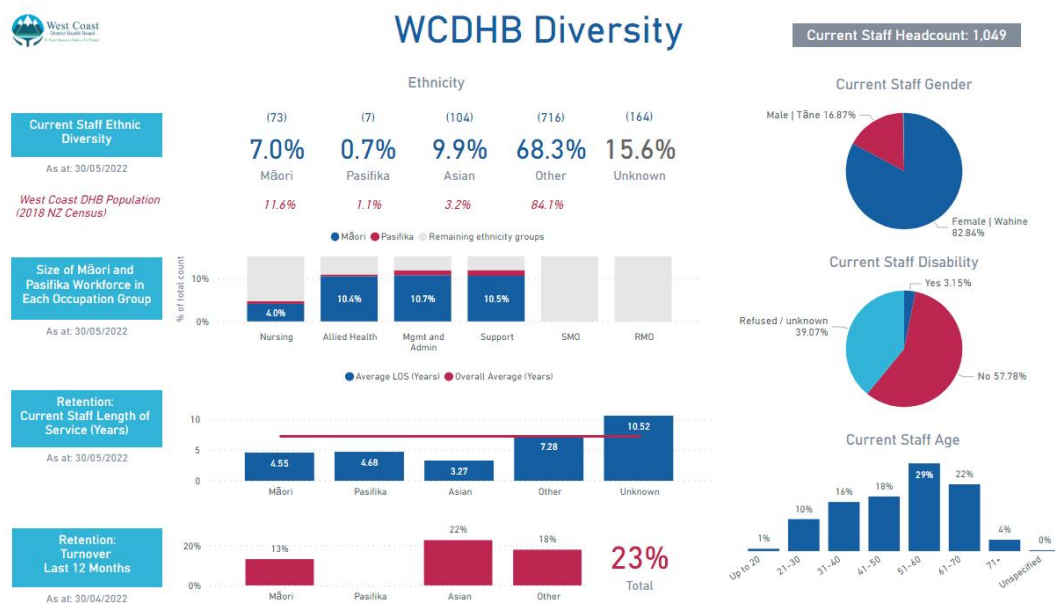
There are 108 kaimahi registered in the year long programme from the WCDHB and our partner organisations, ie Poutini Waiora, Te Ha o Kawatiri, Whare Manaaki and Te Hono o ngā waka.

The programme is currently being delivered to Kaimahi at DHB's in Southland, South Canterbury, Nelson Marlborough and the CDHB have just begun enrolling their staff.

Tū Tangata Tū Rangatira – Growing Māori Leaders

CDHB and the WCDHB have launched the Tū Tangata Tū Rangatira – Growing Māori Leaders programme which starts in July. The nine month programme is open to 20 kaimahi Māori and provides an opportunity to develop leadership skills, engage with Mana Whenua, and grow their knowledge of Te Ao Māori /The Māori world in an engaging and positive way. The programme is designed to equip the challenges Rangatiratanga/leadership face in our diverse and changing future.

The Programme is endorsed by Tumu Whakarae the GM's Māori across the DHB's and the CEO and Senior Executive of both CDHB and WCDH and Tū Tangata Tū Rangatira is part of the DHB's strategic initiative to make the Tiriti o Waitangi partnership real and engaging.



Ministry of Health – Covid 19 Response

Two Senior Service Designers from the Ministry of Health recently visited the West Coast to meet with Providers, the Covid Hub team, PHO, Practices, consumers and designers of the Hub model to better understand the West Coast approach for the development of our Covid-19 response model and how it was working in practice.

The Ministry are interested in what did and didn't support/enable 'care in the community' from a digital perspective and also wanted to learn about the relationships that have been pivotal to the success of the model. They met with kaimahi from Whare Manaaki, Poutini Waiora, Te Hono o ngā Waka and Te Haa o Kawatiri and whānau who had been supported by these community connectors. Their itinerary ensured that they visited our rural communities, flying into Kawatiri and driving to Grey, Westland and back through the Grey Valley and Reefton to meet with some of our community connectors. Their evaluation of the West Coast model will be shared at the National level, they were very impressed with the metrics and dashboards that are being built to evaluate and analyse covid response data. The data team have been asked to go to Wellington to present to the Covid data and digital team.

Report prepared by:

Hauora Maori

Report approved for release by:

Kylie Parkin
General Manager – Hauora Maori

DISABILITY ACTION PLAN UPDATE

TO: Chair and Members
Advisory Committee

SOURCE: Planning and Funding

DATE: 9 June 2022

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 last report received by the Advisory Committee was at their meeting in October 2021. This is an update on the progress on delivering on the strategic objectives of the Transalpine Disability Action Plan.

2. RECOMMENDATION

The Advisory Committee notes the development of a draft Work Plan for the next 12 months.

3. SUMMARY

While the WCDSG have formed at a very turbulent time in our sector, with the required response to Omicron, flooding and preparation for the move to a new Health structure from 1 July 2022, the development was an essential one. The formation of this group will further develop and work to make a positive difference to the experience of the health system by disabled people and their whanau on the West Coast and will continue into the new structure. The mainstream health services will continue to be delivered to disabled people and there is a responsibility to continue to improve our response to their needs.

4. DISCUSSION

After a formal selection process to identify disability community members and a Chair who have lived experience of disability, either as a person with a disability, family/whanau or provider the first West Coast Disability Steering Group (WCDSG) the first meeting occurred on 16 November 2021. Subsequently the group have met monthly except for the May meeting which was unavoidably postponed. It has been identified that a mana whenua member is required however Kylie Parkin has covered this gap. There is also a need for a member who can bring a youth/rangatahi perspective.

There is no doubt that progress on identifying and progressing actions to deliver on the objectives of the Action Plan has been impacted by the need to prepare and respond to the community needs during the Omicron outbreak. Despite this a draft work plan has been developed, mainly from the input of the disability community members on WCDSG and some actions are being progressed by these members. The draft plan is attached as Appendix 1.

In addition the WCDSG is seeking to connect with key stakeholders in the disability community on the West Coast. Very valuable engagement has occurred with visitors from Blind Low Vision and CCS Disability Action/Lifelinks Needs Assessment.

There has also been a key focus on the experience of the Omicron response by disabled people on the West Coast and very valuable input provided to the delivery of services from the COVID Co-ordination Centre.

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

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

WCDHB/NZ Health WC Disability Action Plan - Priority Actions 2022 -2023: Report for Monitoring Progress towards Outcomes “

1. Employment, economic security and independence (NZ Disability Strategy))					
Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date	Progress Updates against measure (any other activity reported here)
WCDHB will be an equal opportunity employer	i) People and Capability to undertake a survey of staff who identify as having a disability. ii) People and Capability to provide quarterly updates on their actions to increase diversity within the WCDHB and DSG to have input into the setting of actions iii) West Coast Project SEARCH.	Increase the number of disabled people employed within the West Coast DHB Project Search has interns within the West Coast DHB WCDSG receive the quarterly updates and have input into planned actions	Sarah Birchfield Caro Findlay	Ongoing	

February 2022

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3. Accessibility to services and facilities (Accessible Te Tai Poutini West Coast Strategic Plan)					
Objectives	Priority Actions	Measure / how? What tools	Lead Responsibility	Completion Date	Progress Updates
Services and facilities are designed and built to be fully accessible Provide accessible information and communication	i) (Eg. New Mental Health build, WCDSG to be included at key stages of the building process) ii) Can access all services, places and information with ease and dignity iii) Services and facilities will be developed and reviewed in consultation with disabled people and full accessibility will be enhanced when these two components work together iv) Information will be sought about accessibility of our services and facilities from patients, family/whanau, and staff. The information gathered will be used to plan services and facilities improvements v) Promote and provide communication methods that improve access and engagement with disabled people e.g. use of plain language and Easy Read, ensuring all computer systems and websites are fully accessible to those who use adaptive technology. Expand the use of sign language	i) ... ii) iii) iv) v) how this is happening in our current health system	i) Sarah Birchfield ii) Margaret Woollett iii) Margaret Woollett iv) Margaret Woollett v) Margaret Woollett	Ongoing	

4. EGL and principles, choice and control (NZ disability strategy)					
Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date	Progress Updates
To promote and support EGL – (Through Enabling Good Lives, disabled people and their Whanau can choose to increase the choice and control they have in their lives and supports)	A module be developed for the training of DHB and general practice staff on the principles of Enabling Good Lives	Module developed and number of staff trained reported to WCDSG	Sarah Birchfield	Ongoing	

5. Educate Tamariki to respect others regardless of ability / attitudes (disability does not mean inability) (NZ Disability Strategy)					
Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date	Progress Updates against measure (any other activity reported here)
<i>To educate tamariki the acceptance of those with impairments / disabilities as equals. To educate to Tamariki the importance of respecting others regardless of their abilities through participation</i>	Train a team of presenters from the disabled community to meet with students and discuss the importance of respect for all. Engage with Tamariki through class presentations so they can learn what is means to have a disability and that it does not mean inability. Barriers can be broken down to accommodate everyone	<i>(how should this be measured?)</i>	Jo Newton	Early 2023, have a trained team of presenters	

6a. Consumer secure access to their own information. Suitable access for disabled / impaired					
Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date	Progress Updates against measure (any other activity reported here)
<i>Provide patient portal/s for consumers / disabled / impaired to securely access / their own information. Accessibility options (equipment)</i>	<ul style="list-style-type: none"> i) Seek DHB/Health NZ Management approval to form a working group to consider what accessibility options would benefit the disabled/challenged community members ii) Explore what capabilities could portals provide to make it easier for the disability community to engage with the health sector iii) Provide easy accessibility to service information for the disability community at central/rural DHB clinics (ie.. electronic touch screens/ipads available in patient waiting areas). Including for the sight impaired and ensuring Te reo Maori is included in written literature 	<i>(how should this be measured?)</i> <i>Measured by working group met and options identified (suggest partnering with Canterbury on this)</i>	Miles Roper Michael Nolan	February 2023 (Feasible timeframe?)	

8. Public information					
Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date	Progress Updates
<i>Produce a flyer/brochure to let people know about the DSG as a point of contact</i>	i) Produce a flyer/brochure to let people know about the DSG as a point of contact (source funding / arrange distribution)		Margaret Woollett		
<i>Engage with local and national decision makers to promote accessible social and physical environments.</i>	ii) Utilise the Council annual plan, long-term plan, and TTPP consultation process to encourage continued development of accessible social and physical environments. iii) Identify and submit to relevant national documents.		Community & Public Health		