West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 1 April 2016
10.15am

St John
Waterwalk Road
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

WEST COAST DISTRICT HEALTH BOARD MEMBERS

Peter Ballantyne (Chair)
Kevin Brown
Helen Gillespie
Michelle Lomax
Peter Neame
Sharon Pugh
Elinor Stratford
Joseph Thomas
John Vaile
Susan Wallace

Executive Support

David Meates (*Chief Executive)*
Michael Frampton (*Programme Director)*
Karyn Bousfield *(Director of Nursing & Midwifery)*
Kylie Parkin (*Acting General Manager, Maori Health)*
Kathleen Gavigan *(General Manager, Buller)*
Carolyn Gullery *(General Manager, Planning & Funding)*
Mark Newsome *(General Manager, Grey & Westland)*
Vicky Robertson (*Acting Medical Director Patient Safety and Outcomes)*
Stella Ward *(Executive Director, Allied Health)*
Justine White *(General Manager, Finance)*
Lee Harris (*Senior Communications Advisor)*
Kay Jenkins (*Minutes)*

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 1 April 2016 commencing at 10.15am

KARAKIA			
ADMINISTRATION			***10.15am***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *12 February 2016*		
3.	**Carried Forward/Action List Items**		
REPORTS			***10.20am***
4.	**Chair's Update (Verbal Update)**	Peter Ballantyne *Chairman*	*10.20am – 10.30am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.30am – 10.45am*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing & Midwifery* Stella Ward *Executive Director, Allied Health* Dr Vicky Robertson *Acting Medical Director Patient Safety & Outcomes*	*10.45am – 10.55am*
7.	**Wellbeing, Health & Safety Update**	Mark Lewis *Wellness, Health & Safety Manager*	*10.55am – 11.05am*
8.	**Finance Report**	Justine White *General Manager, Finance*	*11.05am – 11.15am*
9.	**Health Target Report**	Carolyn Gullery *General Manager, Planning & Funding*	*11.15am – 11.25am*
10.	**Maori Health Plan Update**	Kylie Parkin *Acting General Manager, Maori Health*	*11.25am – 11.35am*
11.	**West Coast DHB Disability Action Plan**	Carolyn Gullery *General Manager, Planning & Funding*	*11.35am – 11.45am*
12.	**Reports from Committee Meetings**		
	- CPH&DSAC *10 March 2016*	Elinor Stratford *Chair, CPH&DSA Committee*	*11.45am – 11.55am*
	- Hospital Advisory Committee *10 March 2016*	Sharon Pugh *Chair, Hospital Advisory Committee*	*11.55am – 12.05pm*
13.	**Resolution to Exclude the Public**	*Board Secretariat*	*12.05pm*

INFORMATION ITEMS

- 2016 Meeting Schedule

ESTIMATED FINISH TIME *12.05pm*

NEXT MEETING

Friday l3 May 2016

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.

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

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

	Disclosure of Interest
Peter Ballantyne **Chair**	• Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board • Director, Brackenridge Estate Limited
Kevin Brown	• Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife works part time at CAMHS • Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association • President Greymouth Riverside Lions Club • Justice of the Peace • Hon Vice President West Coast Rugby League
Warren Gilbertson	• Chief Operating Officer, Development West Coast • Director, Development West Coast Subsidiary Companies • Trustee, West Coast Community Trust • Board Member, Mainland Football
Helen Gillespie	• Peer Support Counsellor, Mum 4 Mum • Employee, DOC – Healthy Nature, Healthy People Project Coordinator
Michelle Lomax	• West Coast Community Trust – Trustee • St John Youth Leader • Employee - Damien O'Connor's Electorate Office • Te Ha Kawatiri – Co-ordinator • Chair, West Coast/Tasman Labour Electorate Committee
Peter Neame	• Wite Wreath Action Against Suicide – Member
Sharon Pugh	• Shareholder, New River Bluegums Bed & Breakfast

Elinor Stratford	• Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Member, Arthritis New Zealand, Southern Regional Liaison Group • President, New Zealand Federation of Disability Information Centres
Joseph Thomas	• Ngati Mutunga o Wharekauri Asset Holding Company Limited – Chair • Motuhara Fisheries Limited – Director • Ngati Mutunga o Wharekauri Iwi Trust – Trustee & Member • New Zealand Institute of Management Inc – Member (Associate Fellow) • New Zealand Institute of Chartered Accountants – C A, Member • Chief Executive, Ngai Tahu Seafood
John Vaile	• Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand
Susan Wallace	• Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Member of Tatau Pounamu • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, Poutini Waiora • Area Representative-Te Waipounamu Maori Womens' Welfare League

MINUTES

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Waterwalk Road, Greymouth
on Friday 12 February 2016 commencing at 10.15am

BOARD MEMBERS

Peter Ballantyne (Chair); Kevin Brown; Michelle Lomax; Peter Neame; Sharon Pugh; Elinor Stratford; Joseph Thomas; John Vaile; Susan Wallace (via teleconference); and Warren Gilbertson.

APOLOGIES

There was an apology for absence from Susan Wallace between 11am and 12.45pm.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Programme Director), Karen Bousfield (Director of Nursing & Midwifery); Carolyn Gullery (General Manager, Planning & Funding); Mr Pradu Dayaram (Medical Director Facilities Development); Kathleen Gavigan (General Manager, Buller); Mark Newsome (General Manager, Grey/Westland); Kylie Parkin (Acting General Manager, Maori Health); Phil Wheble (Team Leader, Planning & Funding); Stella Ward (Executive Director, Allied Health); Justine White (General Manager, Finance); Lee Harris (Communications Manager); and Kay Jenkins (Minutes).

Joseph Thomas led the Karakia

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Michelle Lomax asked that "Chair, Buller High School Board of Trustees" be removed from her interests and that "Chair, West Coast/Tasman Labour Electorate Committee" be added.

Declarations of Interest for Items on Today's Agenda
There were no declarations of interest for items on today's agenda

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (1/16)
(Moved Joseph Thomas/seconded Elinor Stratford - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 11 December 2015 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

A query was made regarding waitlist times in Buller for physiotherapy. The Board noted that there are currently 1.5 FTE in this role and currently there are 9 people on the waiting list.

A request was made for information regarding the Eating Disorder Service on the West Coast. This will be added to the carried forward list.

The carried forward items were noted.

4. CHAIR'S UPDATE

The Chair provided an update on:

- There have been two Partnership Group Meetings since the last meeting.
- New Zealand Health Partnerships – a new CEO has been appointed and will commence in March.
- The West Coast and Canterbury DHBs presented to the Health Select Committee on 10 February. Management did an extremely efficient job in getting together all the information required and the team answered the questions from politicians extremely well. The Canterbury Chair acknowledged the great job done by management and also the collaboration taking place across the two DHBs. The West Coast Chair had endorsed this view .

Resolution (2/16)
Moved Peter Neame/seconded Warren Gilbertson – carried)
That the Board:

i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

Michael Frampton, Programme Director, presented this report which was taken as read.

He highlighted the following points:

- The Alliance Leadership Team has completed the first drafts of the 2016/17 work plans;
- Pleasing work is taking place in the recruitment area;
- There are a range of challenges in the facilities space which the team are working hard to reach a solution on;
- In the finance area the DHB is sitting pretty much as expected;
- Planning & Funding have undertaken some significant work in the planning space and we will hear more about the annual planning process later in the meeting;

Discussion took place regarding waiting times at the Greymouth Medical Centre and the Board noted that wait times have reduced from 6 days to 1 – 2 days. This varies due to circumstances especially if a patient wishes to see a particular Doctor.

Discussion also took place regarding the delay in the commencement of the site works for the new facility. The comment was made that after attending the blessing for the site it was expected that site works would being almost immediately and it is disappointing that his has not happened. A further comment was made that there are significant operational costs to the DHB due to this delay.

The comment was made that there is huge public interest in the facilities build and also the risk to our staff being in earthquake prone buildings for longer than anticipated.

The Chair stated that the Minister is fully aware of the concerns expressed and the Partnership Group is taking all the steps it can to move the tender process forward and there will be concerted effort to ensure a positive outcome is reached.

It was noted that a full tender process was now being entered into with Fletchers with results expected in May.

A query was made in regard to the Buller IFHC project and the Board noted that some additional information has been provided to the Capital Investment Committee.

Resolution 3/16)
(Moved Kevin Brown/seconded Elinor Stratford – carried)
That the Board:

i. notes the Chief Executive's update.

6. CLINICAL LEADERS UPDATE

Stella Ward, Executive Director, Allied Health, presented the Clinical Leaders Update. The report was taken as read.

Ms Ward highlighted:

- This year the 3 new Medical Director's will join the Clinical Board with the first team session being held next week.
- Currently in the final stages of appointing as Associate Director of Allied Health.
- Clinicians are heavily involved in the significant work being undertaken in the facilities space.

Karyn Bousfield, Director of Nursing and Midwifery provided the Board with an update on maternity services at Kawatiri.

Resolution (4/16)
(Moved JohnVaile/seconded Helen Gillespie – carried)
That the Board:

i. notes the Clinical Advisor's update.

7. WELLBEING, HEALTH AND SAFETY UPDATE

Michael Frampton, Programme Director, presented this update which was taken as read. The Board noted that the Health & Safety Systems Review report is now expected to be finalised in March 2016.

Resolution (5/16)
(Moved Elinor Stratford/seconded Helen Gillespie – carried)
That the Board:

i. notes the Wellbeing, Health & Safety Update.

8. FINANCE REPORT

Justine White, General Manager, Finance presented this report which was taken as read.

The consolidated West Coast District Health Board financial result for the month of December 2015 was a deficit of $0.120m, which was $0.027m unfavourable against the budgeted deficit of $0.093m. The year to date position is now $0.167m unfavourable.

The Board noted that the DHB is on track to meet the anticipated year end result.
The Board also noted that nationally the whole sector has a deficit of $35m as at the end of December.

The Chair commented that the West Coast Board is extremely lucky to have the management and finance team that are managing our finances so well.

Resolution (6/16)
(Moved Joseph Thomas/seconded Sharon Pugh – carried)
That the Board:

i. notes the financial results for the period ended 31 December 2015.

9. CLINICAL BOARD PRESENTATION

Stella Ward, Chair, Clinical Board, provided the Board with a presentation on the progress of the Clinical Board.

The presentation covered:

- The functions of the Clinical Board
- The objectives
- Membership and
- Key areas of focus

In addition the Board noted an additional focus on the facilities project which has taken a lot of time from the Clinicians.

The Chair thanked Stella for her presentation.

10. REPORTS FROM COMMITTEE MEETINGS

a) Elinor Stratford, Chair, Community & Public Health and Disability Support Advisory Committee provided an update from the Committee meeting held on 28 January 2016.

The update was noted

b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 28 January 2016.

The update was noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (7/16)
(Moved Peter Neame/seconded Kevin Brown – carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, & 9 and the information items contained in the report.

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under

Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 11 December 2015.	For the reasons set out in the previous Board agenda.	
2.	Chief Executive and Chair – Verbal Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
3.	Clinical Leaders – Verbal Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
4.	Risk & Risk Mitigation Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	National Oracle System Implementation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	Audit New Zealand Management Report 2015	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	2016/17 Annual Planning Process	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982";

There being no further business the public open section of the meeting closed at 11.55am.

The Public Excluded section of the meeting commenced at 12noon and concluded at 3.00pm with a break for lunch between 12.55pm and 1.45pm.

_____ _____

Peter Ballantyne, Chair Date

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

WEST COAST DISTRICT HEALTH BOARD
CARRIED FORWARD/ACTION ITEMS AS AT 1 APRIL 2016

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	11 December 2015	Presentation – Home Based Support Services	Presentation	Scheduled for 24 June 2016.
2.	11 December 2015	Presentation – Telehealth Strategic Framework	Presentation	Scheduled for 13 May or 24 June 2016.
3.	11 December 2015	Mental Health Services	Updates to be provided as available	Verbal Update at today's meeting
4.	12 February 2016	Eating Disorder Service	Update on services available on the West Coast	Verbal Update at today's meeting

CHIEF EXECUTIVE'S UPDATE

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Chief Executive**

DATE: **1 April 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the Chief Executive to the Board of the West Coast DHB.

Its format has been reorganised around the key organisational priorities that drive the Board and Executive Management Team's work programmes. Its content has been refocused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

	DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY

A: Reinvigorate the West Coast Health Alliance

Alliance Leadership Team [ALT] Activity

- The Alliance Leadership Team reviewed the workplan for expanding the use of telehealth across the coast and the accompanying reports demonstrating the percentage of patients having appointments via telehealth. The ALT noted the amount of work that has gone into getting to this point.
- The ALT reviewed the final drafts of the workstream workplans for 2016/17 Annual Planning. It was noted that the plans are very full and there was a note of caution that the workstreams be realistic in their expectations of themselves.
- The ALT noted the Public Health Services, provided under the Healthy Lifestyles Agreement, are at risk due to reduced revenue from MoH. The ALT are concerned about this risk in the context of both National strategies and the South Island Alliance plans. The ALT and Planning & Funding will continue to look at options available for affected services.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
  - *Hospital* – Collaboration between the Hospital and the ARC facility is continuing, with positive verbal feedback received from recent certification visit.
  - *Aged Residential Care* – Currently 8 hospital level and 3 residential level residents with 2 respite residents and an ACC resident. A short term nursing vacancy has been filled.
- **South Westland Area Practice**
  - The new Nurse Team Leader/RNS has completed her orientation and is currently working in South Westland, based at Franz Josef.
  - HML is due to commence shortly.
- **Greymouth Medical Centre/Rural Academic General Practice/Moana RNSs**
  - Meetings have been held with Poutini Waiora with a view to repeating spirometry clinics.
  - Work continues on the Cornerstone indicators for RAGP and GMC. This has been slow due to staffing constraints.

Community

- **Oral Health**
  - The dental receptionist position has been successfully recruited to, and the successful applicant is also keen to cross train to become a dental assistant.
  - The therapists and assistants continue to be busy including catching up on some arrears.
- **Public Health**
  - The Public Health Nursing team is working steadily to achieve all the service specifications relevant to their role.
  - All Public Health Nurses will be doing the vaccinator update in time for our DHB staff and partners Flu Vaccination Programme.
  - The B4School Check Coordinator has run a study day for all staff involved in B4School checks.
- **Preceptorship:** Updates will soon be occurring for all preceptors and some new preceptors will also be trained.
- **District Nursing**
  - One of our long servicing Greymouth DNs is about to retire after a career that started in 1984 with her training at Grey Base Hospital. She has worked on many of our wards, as a Practice Nurse at Grey Medical and latterly as a District Nurse. This nurse has taken responsibility for the Stoma and Continence services and has been a leader within the team.
  - Five District Nurses are involved in a Victoria University Research Project on electronic records. A report will be available from this work when completed.
- **Home Based Support Services**
  - The new manager for HBSS has commenced work. This is a 12 month fixed term position, as work continues on the integration of District Nursing.
  - New computer software is soon to be rolled out that will streamline the inputting of data into the payroll and finance system.
- **Clinical Nurse Specialists:** A registered nurse has joined the Oncology team as a Chemotherapy nurse. This will enable the Oncology CNS to carry on with their substantive role. A part-time Respiratory/Cardio CNS in Buller has been seconded to Foote Ward recently for up to 6 months.

C: Implement the Maori Health Plan

- **Poutini Waiora – Te Kaihautu Appointment:** The Poutini Waiora Board has confirmed the appointment of Carl Hutchby to the position of Te Kaihautu (General Manager) for Poutini Waiora. Carl has extensive experience as a CEO, Practice Manager, Mental Health Nurse and Clinical Director with a wealth of experience working for Kaupapa Maori NGO and Iwi Providers, he has a number of international appointments and this experience brings an additional added value to Poutini Waiora. Carl has worked on Te Tai o Poutini in Management positions within primary health and had a period on the Alliance Leadership Team. He has extremely valuable networks within the Health sector on Te Tai o Poutini and we are really pleased to welcome him back. Carl started in his new role on 21 March 2016.
- **Health Workforce New Zealand – Hauora Maori Training:** The 2016 contract for Hauora Maori training through Health Workforce New Zealand (HWNZ) has been approved. This funding targets non-regulated Maori Staff who work in the Health & Disability Sector and is open to applicants who show a commitment to developing formal competencies in their current roles, and developing their potential to move into other health sector roles. Applicants are encouraged to apply to complete a clinically and culturally focused NZQA accredited Certificate or Diploma (Level 2 to level 7 of the National Qualifications Framework). Currently we have three staff confirmed to study towards a Level 4 Certificate in Hauora Maori through Tipu Ora in Semester one. There are still places available for Semester 2.
- **Tumu Whakarae – Summary:** The National Reference Group for Maori Health Managers met in Wellington on the 26/27 February 2016. A summary of discussion points are:
    - *Workforce development*: HR policies around recruitment and understanding of equity and the workforce expertise required to improve and implement Maori health gains. Ethnicity data collection needs improvement to gain a real idea of the Maori Health Workforce. Kia ora Hauora – starting to see the results coming through into the Maori health workforces. Cultural competency and mainstream responsiveness – framework going forward.
    - *Te Ara Whakawaiora:* an approach to accelerating Māori health plan indicator performance. Trendly tool – overview on the implementation and use of the online tool for monitoring Maori Health Indicators
    - *MPDS:* Using the Maori Provider Capacity Assessment Tool to identify priority areas for funding
    - *New Zealand Health Strategy:* The Minister will see the final draft prior Easter. Consultation will occur with the Ministers with the final release due April/May
- **Maori Smoking Cessation – ROI Update:** Following the submission of a Registration of Interest, Community & Public Health supported by the Healthy West Coast Workstream has been successful in moving to the next stage of the MoH Tobacco Realignment – Regional/Local Stop Smoking Services process. This process follows the announcement that the Aukati Kaipaipa service will no longer be funded past 30 June 2016. The proposal was developed through the West Coast Alliance, under the guidance of the Healthy West Coast Governance Group. CPH is expecting to hear the outcome of the RFP in April, with the current Aukati Kaipaipa contract finishing 30 June 2016.
- **COPD Rehab Progress:** Poutini Waiora kaimahi and Respiratory Nurse Specialist, Rae Smith have been working hard to get a Pulmonary Rehabilitation programme for Maori

underway. COPD presents a particular burden for Maori, who experience impairments resulting from COPD up to 2 decades earlier than non-Maori, have a prevalence of COPD twice as high compared to non-Maori and have higher rates of hospitalisation and mortality associated with COPD. The first session will be on the 22 March with the programme running twice weekly for 8 weeks. Poutini Waiora have supported engagement and access to the programme with the specialist support being provided by various health professionals such as Physio's, Pharmacists, Nurse Specialists and linking to cessation support where appropriate. The focus of these programmes is on living positively with lung disease and keeping well for as long as possible by increasing knowledge around healthy lifestyles, ensuring medication is being used appropriately and supporting one another as a group. The challenge for us now is to work on pathways for participants once they have completed the programme and are motivated to stay well. Pulmonary rehabilitation is one of the few interventions that have been consistently shown to enhance physical function and quality of life for people with COPD.

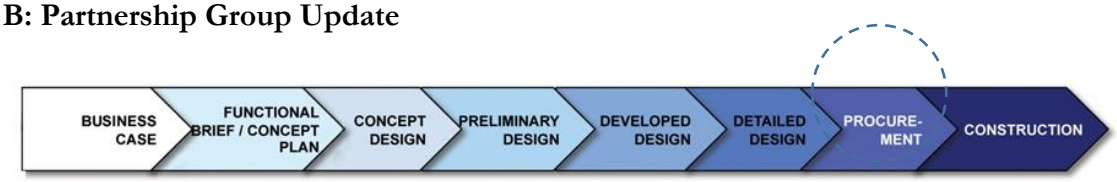
- **MTM Update:** Whakaue Researchers alongside Poutini Waiora met with a group Mum's involved in the MTM research/innovation project in Westport on the 3rd March. The purpose was to provide a preview of the feedback from the interview transcripts to the group and to begin to design a programme/model for implementation and evaluation over the next year. A consensus was reached by the Mum's that a 'hub' space of their own that services and programmes could be run from would be good starting point and some ideas are beginning to formulated supporting that model for piloting. A Project Manager will be appointed to manage the next important phase of the project which is implementing the above model and collating and presenting back to key audiences on the findings of the research.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

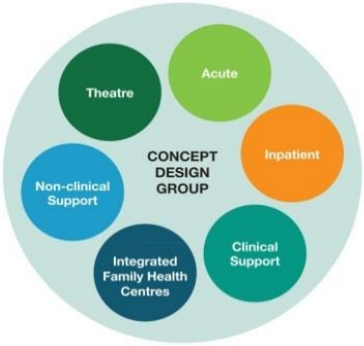
A: Facilities Maintenance Report

- Activity has been concentrated on preparing the sites for the oncoming winter months as much as possible. This has entailed additional structural bracing to some flat roof areas at Grey Base Hospital and also application of waterproofing materials.
- Design meetings have taken place regarding the electrical and mechanical infrastructure in preparation for the tender documentation for the new hospital building services installations. Meetings have taken place regarding the Health and Disability audit.
- Information on building maintenance and seismic performance and compliance has been the subject of a risk and compliance audit via MARSH, the DHB insurance broker.
- Maintenance upgrades of the DHB housing stock is well underway.
- Patient Area electrical testing continues.
- Results from recent Domestic Hot Water (DHW) sampling has showed a positive result for Legionella bacteria at Buller Hospital. Remediation action has been taken in conjunction with CDHB microbiology department.
- **Building Compliance/BWOF:** BWOF compliance has been achieved and all buildings have current BWOF certification in place.
- **Fire Protection & Trial Evacuations:** Continues as per plan.

B: Partnership Group Update



- As outlined in the media, the West Coast Hospital Redevelopment Partnership Group [HRPG] made a decision to change the procurement approach for Grey Base Hospital and Integrated Family Health Centre [IFHC] redevelopment to gain cost certainty due to a budget overrun of $1.3 million. To gain price certainty the HRPG opted to complete the Detailed Design drawings and tender the project for a fixed lump sum price. This change to the procurement approach has meant that early site works were delayed and the expected date for completion of the project is now March/April 2018.
- A meeting to address the project delay and issues relating to the project delay was held in Greymouth on 11 March with West Coast Representatives, the Chair of the West Coast HRPG, and National Health Board representatives. The Minister of Health joined part of the meeting via telephone. At this meeting the Minister of Health gave reassurance to the West Coast representatives that the Grey Base Hospital and IFHC will commence in May 2016.
- **Buller:** The DHB submitted a revised Implementation Business Case [IBC] for the Buller Integrated Family Health Centre [IFHC] to the National Health Board for consideration by the Capital Investment Committee [CIC] at its meeting on 9 March 2016. The CIC is expected to make a recommendation on the next steps in the coming weeks.



	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Nursing

- Nursing continues to match resource to demand in keeping with safe staffing standards.
- Staff continue to move across areas as need demands.
- Grey Base Nurse Managers are working closely with Aged Residential Care (ARC) facilities to ensure discharge planning is appropriate.
- The new Trendcare coordinator role has been filled.
- Interviews for the CNS Stroke position will take place in the next couple of weeks. The 0.2 FTE Gynaecology nurse position is filled and recruitment for the Nurse Educator position is

well under way. Recruitment for senior nursing staff in ED continues to be a challenge and advertising is ongoing.

- Bed occupancy for the medical ward has remained reasonably constant at 85% for February. The surgical ward remains with an average occupancy of 57%. Critical care had a 10% increase with their occupancy at 54% for the month.
- Sick leave for the hospital is high for this time of the year at 4.1% in February.
- Lippincott Procedures are now available on phones and iPads which allow accessibility to all nurses working on the Coast.

Allied Health

- Recruitment for the Associate Director of Allied Health has been successful and Jane George will join the Allied Health teams on 21 March. Jane brings a wealth of experience from previous leadership roles in both NZ and the UK.
- Occupational Therapy has been successful with recruitment for Buller Health and a new OT started work on 29 February. The department is currently advertising for a new graduate OT to join the team in Grey Hospital and so far one applicant has applied.
- Allied Health are working to progress the use of telehealth for clinical work. The Nutrition service is piloting this and the first Buller Health VC clinic is scheduled for 21 March.
- The Pharmacy team are working with Morice Ward staff to update pathways to help improve the stay of the medical day patients.
- The Pharmacy team are also working to look for solutions for Rural Nurse Specialists as how some medications are prescribed. Pharmacy team are trialling self-medication checklists with the AT&R patients.
- Radiology team are reviewing their documentation bringing them in to alignment with those of CDHB.
- Physiotherapy have still been unable to recruit a Paediatric Physiotherapist and are continuing to look at alternative ways of providing the service.

Medical

- A medical workforce plan has been developed; bringing various pieces of work into one document that describes activities within each specialty area and plans for the advancement of some transalpine services. There are some conversations now occurring as to the best way to progress some of these plans in several of the services.
- We have had a resignation from one of the general surgeons but have managed to secure some locum cover so do not expect a disruption to service. Recruitment is ongoing and discussions with CDHB have commenced.
- Junior Medical Staffing has remained static; there are some vacancies and we are working with recruitment and locum agencies to fill these positions. The ACE Roadshow has just been and WCDHB has had a presence there. A timeline and recruitment plan around the junior workforce has been agreed with CDHB Recruitment and the Resident Doctor Support Team which will provide more structure and transparency around junior doctor recruitment.
- We continue to recruit for Rural Hospital Medicine specialists and have had interest from a suitable candidate that is undertaking some locum work in the interim.
- Work with CDHB to better support junior doctors is progressing around accreditation of clinical attachments and training with MCNZ.

Mental Health Services

- **Integration with Community Providers for Provision of Child and Adolescent Services:** The Infant, Child and Adolescent Service is currently reviewing how it receives all referrals. In considering how it receives, processes and actions referrals. The key focus is to

ensure that access to child and youth mental health services within the region is easier and quicker.

- **Update on Suicide Prevention and Postvention Activity:** New Zealand has had a long-term commitment to suicide prevention, with current activity guided by the New Zealand Suicide Prevention Strategy 2006–2016 and the New Zealand Suicide Prevention Action Plan 2013–2016. All District Health Boards (DHBs) are required to develop and implement suicide prevention and postvention plans, and to facilitate integrated cross-agency and community responses to suicide in their area. Staff from the West Coast District Health Board and other community agencies (including the Police, Victim Support, Primary Care, Ministry of Social Development and Ministry of Education) are working with the Clinical Advisory Service Aotearoa (CASA) to implement postvention responses.
- **Nationally Consistent De-escalation and Personal Restraint Training:** DHB mental health managers across the country are supporting the roll out of consistent training for DHB staff. DHBs in the Southern region are piloting the training programme. 'Train the trainers' sessions have been completed and WCDHB mental health staff are in the process of learning the new techniques.

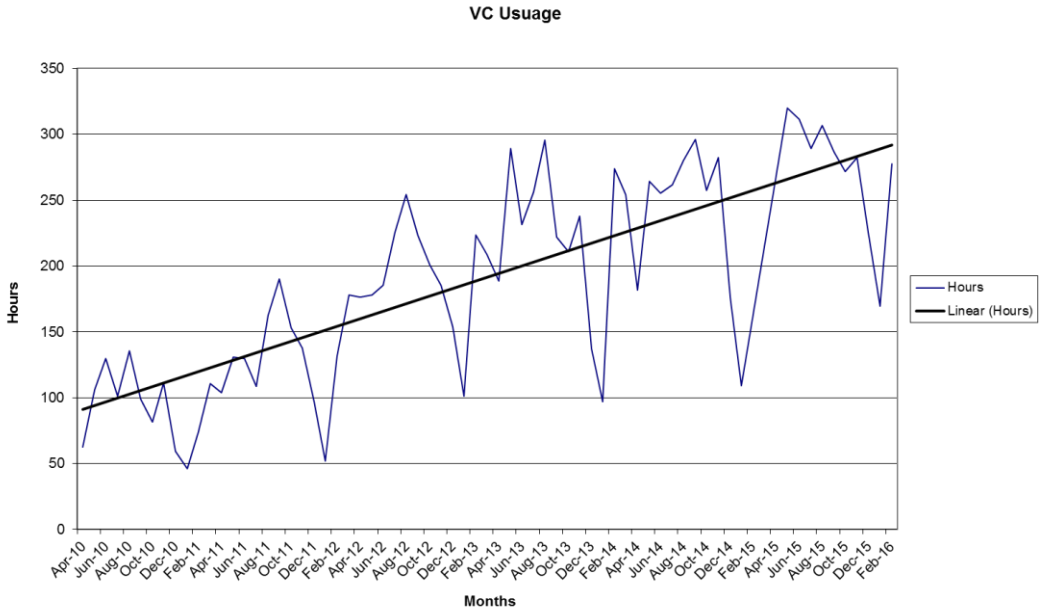
DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

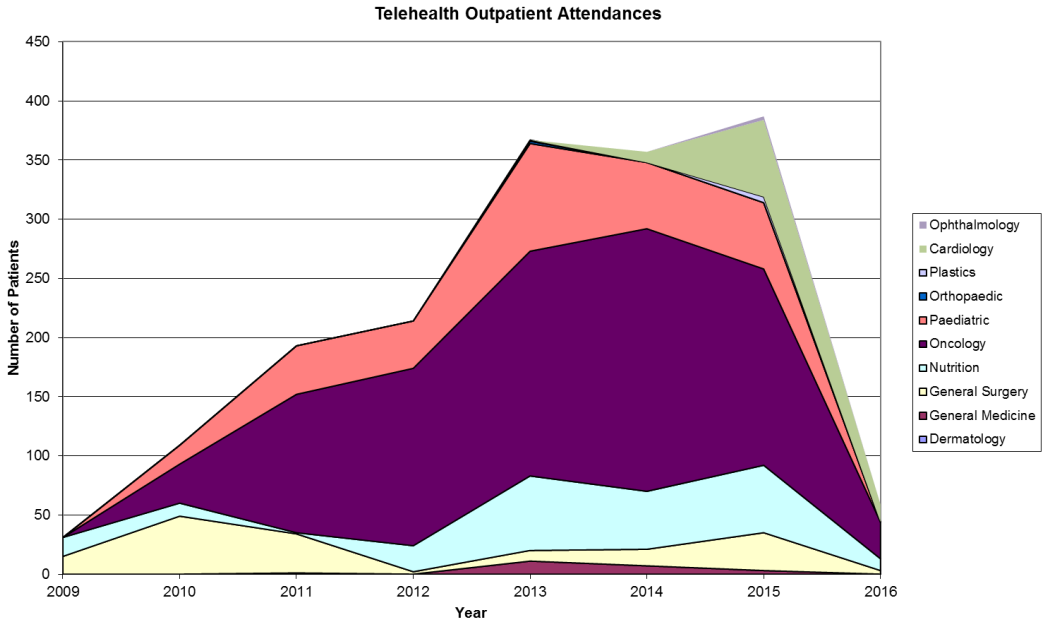
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- The following transport initiatives are now embedded and continue, including:
  - non-acute patient transport to Christchurch through ambulance transfer;
  - the St John community health shuttle to assist people who are struggling to get to health appointments in Greymouth, and;
  - the Buller Red Cross community health shuttle transport service between Westport and Grey Base Hospital.
- We will report on changes to these services or new transport initiatives as they arise.

B: Champion the Expanded use of Telemedicine Technology

- WCDHB has expanded its video conferencing capacity considerably within the last several years; see below graph for monthly usage details.





A: Implement the Complex Clinical Care Network [CCCN]

- As part of our continued effort to enhance services in community, particularly around falls and fractures, the CCCN has:
  - Advertised for a Nurse Practitioner who will provide specialist geriatric oversight and implement the Fracture Liaison Service, and
  - Employed a physiotherapist (who starts in May 2016) to implement the falls champion role across the West Coast and provide oversight for the supported discharge service in Buller.
- The CCCN has a new Māori health clinical assessor who, along with the geriatrician, will be attending two local hui in April.

B: Establish an Integrated Family Health Service [IFHS] in the Buller Community

- **Palliative Care:** Alterations in Foote Ward have been completed to better enable palliative care, with soft furnishings being obtained. The room is in use as an alternative patient lounge.
- **The Buller Housing Group:** A meeting was held at the end of February between members of the Housing Group, Te Ha O Kawatiri and the Healthy Homes Relationship Manager; ECCA. There have been 426 homes insulated through the two funding schemes in Buller and 1437 for the West Coast overall. This represents 12% of the housing stock and potential avenues for increasing home insulation were discussed. The Nelson-Marlborough Housing Trust are visiting Buller in April to explore expanding their service provision to Westport. The trust provides fit-for-purpose, low-cost social housing.
- **Diversional Therapist:** At the end of its second quarter, the community-based diversional therapy programme has had 53 referrals and to date:
  - All referrals have received intervention within 6 weeks.
  - 7 have been discharged with no further involvement required.
  - 11 have been linked into existing community groups and 3 into a newly established group.
  - 17 required support to engage in social activities.
  - 22 showed improvement in independence.
  - New activities have been established, e.g. the Thursday outing group and the Wednesday local shopping bus.
- **Medical staffing:** Buller Medical is now fully staffed with GPs until the end of May with active recruitment for permanent staff continuing. A permanent GP commenced work in early March and a revised recruitment campaign will be launched this month in time for the RNZCGP conference at the end of March. As at 10 March, the waiting time for a routine appointment was one day.
- **Kawatiri:** Planned birthing at Kawatiri recommenced one year ago. Over this time there have been 27 births and an additional 16 women have received post-natal care. Feedback has been very positive. This indicates increasing consumer trust and confidence in the service provided. The service is able to provide continuity of care and the multidisciplinary team approach is working well.
- **LTCM (Long Term Conditions Management):** An initiative to improve integration in LTCM is underway. Objectives include improving patient outcomes by building and strengthening self-management, as well as expert support and advice for health professionals involved in their care. The first step is a review of systems and processes to improve efficiency and effectiveness, followed by an agreement about the right person to provide services at the right time depending on the level of support required.

C: Establish an Integrated Family Health Service [IFHS] in the Grey/Westland Commu

- Work continues around improving access to care for our communities through a number of different avenues. Both High Street Medical and RAGP (Rural Academic General Practice) have extended hours once a week each to provide after hour access to primary care in Greymouth. There is a focused effort to increase the use of telehealth, particularly around increasing the access of specialist services in our rural areas. Work is also underway to look at opportunities to move some minor plastics work currently conducted by our specialist team into primary care who will train with specialists before providing this service.

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of January 2016 was a deficit of $0.083m, which was $0.016m favourable against the budgeted deficit of $0.099m. The year to date position is now $0.151m unfavourable.

	Monthly Reporting			Year to Date		
	Actual $'000	Budget $'000	Variance $'000	Actual $'000	Budget $'000	Variance $'000
Governance Arm	0	0	0	0	0	0
Funder Arm	181	(33)	214	1,854	(238)	2,092
Provider Arm	(264)	(66)	(198)	(2,630)	(387)	(2,243)
Consolidated Result	(83)	(99)	16	(776)	(625)	(151)

B: Implement Employee Engagement and Performance Management Processes

- **Wellbeing:** The staff wellbeing programme for 2016 has commenced with a variety of initiatives. Ten workshops have been approved in principle for delivery on the West Coast. This programme will be enhanced by the development of a wellbeing strategy that systemically supports the wellbeing of staff. The Staff Wellbeing Advisory Group [SWAG] is planning to meet shortly to progress the development of this strategy.
- **Occupational Health:** Preparation for the staff influenza programme is underway. Promotional material is being developed by the Communications team.
- **Safety:** The full draft Health and Safety Review Report has been received. The Health and Safety Governance Group is reviewing the report, correcting any matters of fact, supplying any further evidence required and preparing a comprehensive briefing for the April QFARC. This will include a high-level work plan.
- Tier 2 training on the pending changes to the health and safety legislation has been delivered to all West Coast Line Managers. Information regarding the changes to health and safety legislation will be made available to all staff [tier 3] through the Communications team. The development of a process to ensure adequate health and safety oversight and monitoring for the major construction projects is underway.
- A review of employee modules in Safety 1st is continuing. These include the employee events, hazard/risk registers and workplace audits.
- **Injury Management:** West Coast DHB has maintained secondary status with respect to ACC Workplace Safety Management Practices [WSMP] certification.
- **Recruitment**
  - **SMO recruitment:** The eligibility for vocational registration for two General Surgeon candidates is being confirmed. Advertising for Psychiatrist and General Physician positions in Greymouth continues.
  - **GP recruitment:** The Rural Academic General Practice has recruited a GP who is due to commence in late March. Advertising for GPs across the Coast has been widened internationally. In addition, the recruitment team is attending the Primary Care and Public Health Conference in Birmingham, UK in May to attract and pipeline primary care and Rural Hospital Medicine Specialist talent.
  - **Nursing:** Recruitment for Registered Nurses in the Emergency Department is continuing. The Home Based Support Manager and Practice Nurse at the Grey Medical

Centre has been appointed. Suitable candidates have been identified for the senior roles of Nurse Educator and Clinical Nurse Specialists – both in Greymouth.

- **Organisational Development:** The Organisational Development Unit is reviewing and developing its People, Process and Design activities. The People focus has been on team and leadership based training, and how it is offered to the workforce, including:
  - Alliances and relationships with providers supporting this activity, such as the University of Canterbury, CPIT and Otago University
  - Refocusing the South Island online training system – HealthLearn – to better meet the emergent needs of a 30,000 workforce
  - Developing a consistent West Coast and Canterbury Orientation package tailored to each organisation.
- The Process focus has been on outpatients design and scheduling support for the new Grey Base Hospital and Integrated Family Health Centre. Developing a support focus for the West Coast team is a priority for OD.

C: Effective Clinical Information Systems

- **Mental Health Solution:** The Mental Health Solution remains off line and WCDHB, CDHB and Orion are working to resolve the stabilisation issues. It is planned that this will be operational again soon, and planning to bring areas within Mental Health back on line in a gradual manner as necessary preparation tasks such as retraining and data uploading are completed is continuing.
- **ISG Policy Alignment:** WCDHB and CDHB have jointly begun an ISG policy alignment process. The policy alignment is a critical part of the ISG strategic plan, and an enabler to a number of other joint projects such as staff and patient wifi.
- **Staff Wifi and Patient Wifi:** A procurement process is soon to begin. This will extend the existing staff wifi and patient wifi currently in use within CDHB to the WCDHB. It is planned that implementation will be completed by end of 2nd Quarter 2016.
- **New Facility Work:** ISG is participating heavily in a number of ICT related facility meetings. A prioritisation meeting occurred in February 2016 to scope out the next focus area of work.
- **eReferrals:** The stage 2 eReferrals solution is now well over half way rolled out to the DHB, with stage 2 of the project now having completed 76 of the total 82 departments. Stage 3 which has yet to be deployed regionally creates a fully end to end electronic process.
- **IT Infrastructure replacement:** An investment in upgrading some systems at the end of their life has been approved with the remote access system, firewall, mail system, terminal replacement, Uninterruptable Power Supply system and improvements to medtech32 all being completed.

D: Effective two-way Communication and Stakeholder Engagement Activity Supporting Health System Transformation

External Communications

- Media interest:
    - Grey base rebuild/facilities
    - Emergency presentations
    - Suicide prevention activities
    - Nurse Entry to Practice programme
    - Dunsford Ward closure
    - Outpatient attendances
    - Kawatiri Birthing Unit
    - Buller GPs/wait times
    - Reefton GP leaving
    - Buller IFHC

- Media releases were issued on:
    - New home for cervical screening clinic
    - New virtual medical receptionist in South Westland

Internal Communications

- Weekly global update email

External engagement

- Homecare Medical Ltd trip to South Westland
- Pregnancy & Parenting Education communications (with Canterbury CDHB)
- Quality Accounts workshop in Wellington (West Coast presentation)
- Facebook posts on WCDHB Careers page
- Twitter posts on WCDHB Careers page

External publications

- Finalising Report to the Community

Healthy Environment & Lifestyles	**PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES**

Key Achievements/Issues of Note

- **Community Nutrition:** An Appetite for Life course has now started in Westport at Number 37 (community house) and CPH staff recently met with a Practice Nurse in Reefton about providing a course there in the near future. A steady flow of referrals to Appetite for Life are coming in from Hokitika and Greymouth as well. We are developing strategies to streamline our referral process and to enhance the overall experience of Appetite for Life. CPH has been continuing work with six Early Childhood Centres to support the development of healthy kai policies and to provide support to teachers and parents around children's nutrition. The early childhood setting will be a strong focus for our work in nutrition over the next year. Funding for a Ministry contract with the WCDHB which funds some nutrition and physical activity

services provided by CPH and the WCPHO has recently been reduced, putting the delivery of these programmes at risk. Healthy West Coast's partners are in the process of identifying possible mitigation.

- **Ministry of Health Tobacco Realignment:** A Request for Proposal (RFP), as part of the Ministry of Health Tobacco Realignment – Regional/Local Stop Smoking Services process was submitted to the Ministry in mid-February by CPH. The proposal was developed through the West Coast Alliance, under the auspices of the Healthy West Coast Governance Group. CPH is expecting to hear the outcome of the RFP later in March, with the current Aukati Kaipaipa contract finishing 30 June 2016.
- **Smoke-free Enforcement:** CPH conducted a tobacco Controlled Purchase Operation in the Buller and Grey Districts over a two day period in February with the help of a 15 year old volunteer. Shops were visited in Westport, Carters Beach, Reefton, Ikamatua, Ahaura, Moana, Blackball and Greymouth. We are pleased to report that no sales were made to the volunteer.
- **Alcohol Licensing:** CPH's alcohol licensing staff continue to report on alcohol licence applications. One recent application was opposed by the Medical Officer of Health during February. This was an application for a new off-licence store in Hokitika, a town which already has one off-licence for every 423 people. The Westland District already has the highest rates of several types of alcohol-related harm of all West Coast districts. This application will go to a hearing of the Westland District Licensing Committee on 28 April.
- **Healthy Food and Beverage Environments Policy:** Work is progressing on the detailed WCDHB policy, with the expectation that this will be completed by 30 June 2016. The process of policy development is being aligned with the national DHB/Ministry group and work in the CDHB.
- **Kaumātua Wellbeing Hui:** CPH have been working with our partners to organise kaumātua wellbeing hui for 2016 at Arahura marae. These hui encourage and support kaumātua as whānau health promoters. Kaumātua have identified their areas of interest for the upcoming hui. The first hui will be an influenza vaccination clinic on 23 March supported by the Westland Medical Centre, Poutini Waiora and the West Coast PHO. Westland Pharmacy staff will also be in attendance to talk about medications, blister packs, and how to access funding for certain medications.

Report prepared by: David Meates, Chief Executive

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Target	Current Status	Progress
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours[1]	99.4%	99.7%	99.7%	99.6%	95%	✓	The West Coast DHB continues to achieve impressive results against the **shorter stays in ED health target**, with **99.6%** of patients admitted, discharged or transferred from ED within six hours during Quarter 2.
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,288 YTD	1,721	480[2] YTD	1,130 YTD	1,084 YTD	✓	**1,130** elective surgical cases were delivered to Coasters in the year-to-date January 2016, meeting target at 104% of our year-to-date target delivery.
Faster Cancer Treatment[3] Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	62.5%	50%	50%	71.4%	85%	✗	Work around the **faster cancer treatment health target** continues, with 71.4% of patients (5/7) having received their first cancer treatment or other management within 62 days of being referred. Both non-compliant patients were complex cases with comorbidities. While improvement against this target is a significant priority, small numbers remain challenging.
Increased Immunisation Eight-month-olds fully immunised	89%	85%	88.4%	80.9%	95%	✗	While West Coast DHB has not met the **increased immunisation health target,** we are pleased to have vaccinated 99% of the eligible consenting population with only one child missed. Opt-off & declines increased this quarter at a combined total of 18%, which is reflected in our reduced results and made meeting the target impossible. The single missed child has since been immunised.
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit[4]	97.8%	97.8%	91.1%	96.4%	95%	✓	During Quarter 2, West Coast DHB staff provided 96.4% of hospitalised smokers with smoking cessation advice and support, meeting target. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every missed smoker
Better Help for Smokers to Quit Smokers offered help to quit smoking by a **primary care** health care practitioner in the last 15 months	94%	90.2%	84.5%	84.8%	90%	✗	Performance against the **primary care better help for smokers to quit health target** shows a slight increase in Quarter 2, not meeting the target at 84.8%. This drop was expected in the second quarter following a national definition change, with the target's focus now not only on smokers expected to present to general practice, but the West Coast population as a whole.

[1] This report is calculated from both Greymouth and Buller Emergency Departments.
[2] Coding delays have meant this result is preliminary. More recent results show 487 discharges were complete as at the end of September 2014, reflecting 94.2% of target.
[3] This target replaces the Shorter Waits for Cancer Treatment target from Quarter 2 onwards. The new target is that 85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.
[4] Results may vary slightly due to coding timeframes

Target	Q3 14/15	Q4 14/15	Q1 15/16	**Q2 15/16**	Target	**Current Status**	**Progress**
More Heart and Diabetes Checks **More Heart and Diabetes Checks** Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	90.3%	91.1%	91%	90.8%	90%	✓	Performance against the **more heart and diabetes checks health target** shows the target was maintained in Quarter 2.

CLINICAL LEADERS UPDATE

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Clinical Leaders**

DATE: **1 April 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as a regular update.

2. RECOMMENDATION

That the Board:
i. notes the Clinical Leaders Update

3. DISCUSSION

Workforce
Associate Director Allied Health Jane George started on 21 March and her orientation is well underway. The Allied Health Workforce Strategy is under development as part of a combined Canterbury and West Coast effort. Calderdale projects are well underway to support delegation to the assistants.

The Nursing Workforce Strategy 2105–2018 has been approved and released. The ongoing development of the West Coast nursing workforce is essential to ensure a fit for purpose Coast-wide nursing team, which includes nursing structure, ways of working and the growth and development of individual nurses. This team will be enabled and supported to provide the care that is required, is best for patient, best for system and best for nursing. Nurses have contributed to the development of the model of care and have been actively involved in the facilities design to support this model of care.The following are the high level priorities that have been identified:

Workforce Data Intelligence: A focus will remain on workforce data intelligence to ensure we have a sustainable and appropriate workforce across the system. This includes recruitment and retention, workforce metrics and the efficient utilisation of TrendCare data and other tools to support staffing decisions and variance management on a shift by shift basis. This priority will include activities such as daily staffing meetings, TrendCare Steering Committee to review and analyse TrendCare data and a collaborative nurse leadership process to discuss and agree strategies around workforce, recruitment and retention and workforce development.

Workforce Capability and Capacity: The ability to ensure we have the right people with the right skills in the right place is essential for the provision of effective and safe care. Well developed education and career plans for individual nurses will support this, alongside succession planning, development of expanded practice roles, ongoing development of the generalist skill-set and connection and engagement with regional and national workforce development activities. This priority also includes the continued development of the flexible nursing workforce where both generalist and specialist nursing skills are enabled to flex to where those skills are required, and where appropriate. This workforce design will support the integrated approach to care across the system, with one key project being the integration of Primary and Community services.

Information Technology Capability and Capacity: Nurses will be encouraged to inform and influence the development and implementation of IT tools. Alongside TrendCare, Patient-Track will be introduced in 2016. Health Pathways will continue to have an increased utilisation with Standing Orders being introduced on this platform for Primary Care.

Change Leadership: To achieve the transformational change required on the West Coast sufficient change leadership is required from nursing. Nursing leadership should focus on developing a culture where issues are raised and conversations had which challenge the status quo and allow professional development and growth. This involves having an inclusive approach to early change conversations, engagement with unions and other stakeholders in meaningful ways. Proposals for change will be managed well and according to the MECA requirements. There are two Proposals for Change currently on hold, these will progress in 2016: Nursing letters of employment and the Clinical Nurse Manager structure. It is likely that there will be further Proposals for Change as we progress service redesign.

Workforce Engagement: Nurses will provide clinical leadership, and nursing workforce engagement will support the development and implementation of new ways of working. A partnership model will be used where nurses will design nursing. There will be focus groups and development days through the next 18 months. There will be an Enrolled Nurse focus day early 2016 to prepare an Enrolled Nursing Plan that will include succession planning, workforce planning, education and the review of the EN orientation programme.

Healthy Workplace Environments: Over the next 18 months the utilisation and accuracy of TrendCare data will continue to be a focus. The West Coast DHB is committed to the principles of Safe Staffing Healthy Workplaces, and is also committed to the full roll out of Care Capacity Demand Management as we move into the new facilities. 2016 will also see the roll out of Releasing Time to Care.

Quality and Safety

April sees the highlight on falls prevention, with the April Falls campaign from the Health Quality Safety Commission. There will be activities in the clinical areas to increase awareness and improve assessment, documentation and care planning around falls.

Clinical teams are preparing to address the corrective actions from the recent Certification Audit. An action plan will be developed to support this.

Integrated West Coast Health System

Clinical Leaders from all parts of the West Coast system continue to be involved in leading the work of the Alliance and the Clinical Board. The Clinical Board clinical vacancies are filled and we have been successful in filling one consumer roles. The Alliance has been involved in the review of the draft Annual Plan and the workstream plans.

4. CONCLUSION

The Clinical Leaders will continue to work across a range of activities to promote a sustainable West Coast health care service.

Report prepared by: Karyn Bousfield, Director of Nursing & Midwifery
Stella Ward, Executive Director, Allied Health

WELLBEING HEALTH AND SAFETY UPDATE

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **People and Capability**

DATE: **1 April 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

Employee wellbeing, health and safety is a critical area of focus for the West Coast DHB. This report is provided in order that Board members are aware of the organisation's direction of travel, priorities, progress and performance in this area. It also responds to the priority that the West Coast DHB Board is placing on wellbeing, health and safety.

2. RECOMMENDATION

That the Board:

i. notes and supports the direction outlined in this paper.

3. UPDATE

General

We have had a continued series of discussions with the contractor regarding the Health and Safety Review Report. We have received recent assurances from the contractor that this report will be available on 4 March 2016.

Information regarding the changes to health and safety legislation will be made available to all staff [tier 3] through the Communications team.

A review of employee modules in Safety 1st is continuing. These include the employee events, hazard/risk registers and workplace audits. We continue to liaise with the Safety 1st team regarding improvements to notification, investigation, escalation, closure and reporting of incidents.

Wellbeing

The staff wellbeing programme for 2016 has commenced with a variety of initiatives. Ten workshops have been approved for delivery on the West Coast. This programme will be enhanced by the development of a wellbeing strategy that systemically supports the wellbeing of staff. The Staff Wellbeing Advisory Group [*SWAG*] is planning to meet shortly to progress the development of this strategy.

Occupational Health

Preparation for the staff influenza programme is underway and we are working with the Communications team to develop promotion material.

Safety

Tier 2 training on the pending changes to the health and safety legislation will be delivered to all West Coast Line Managers on 8 and 9 March 2016.

Mark Lewis, Manager, Wellbeing, Health and Safety, is scheduled to meet with Margo Kyle, West Coast DHB Facilities, to determine the process to ensure adequate health and safety oversight and monitoring for the major construction projects.

Injury Management

West Coast DHB has maintained secondary status with respect to ACC Workplace Safety Management Practices (WSMP) certification. Staff who participated in the ACC WSMP certification audit received good feedback on health and safety systems and processes from the Auditor.

Report prepared by:	Mark Lewis, Manager, Wellbeing, Health and Safety
Report approved for release by:	Michael Frampton, General Manager, People and Capability

FINANCE REPORT

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **General Manager, Finance & Corporate Services**

DATE: **1 April 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Board of the West Coast District Health Board, a more detailed report is presented and received by the Quality, Finance, Audit and Risk Committee (QFARC) prior to this report being prepared.

2. RECOMMENDATION

That the Board:

i. notes the financial results for the period ended 31 January 2016.

3. DISCUSSION

Overview of January 2016 Financial Result

The consolidated West Coast District Health Board financial result for the month of January 2016 was a deficit of $0.083m, which was $0.016m favourable against the budgeted deficit of $0.099m. The year to date position is now $0.151m unfavourable.

The table below provides the breakdown of January's result.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,881	7,009	(128)	×	48,550	49,138	(588)	×
Governance & Administration	69	69	0	√	556	483	73	√
Funds & Internal Eliminations	4,824	4,723	101	√	33,366	33,049	317	√
	11,774	11,801	(27)	×	82,472	82,670	(198)	×
EXPENSES								
Provider								
Personnel	5,106	5,045	(61)	×	35,632	35,315	(317)	×
Outsourced Services	(4)	8	12	√	18	56	38	√
Clinical Supplies	527	617	90	√	4,477	4,319	(158)	×
Infrastructure	964	821	(143)	×	7,162	5,747	(1,415)	×
	6,593	6,491	(102)	×	47,289	45,437	(1,852)	×
Governance & Administration	69	69	0	√	556	483	(73)	×
Funds & Internal Eliminations	4,643	4,756	113	√	31,512	33,287	1,775	√
Total Operating Expenditure	11,305	11,316	11	√	79,357	79,207	(150)	×
Surplus / (Deficit) before Interest, Depn & Cap Charge	469	485	(16)	×	3,115	3,463	(348)	×
Interest, Depreciation & Capital Charge	552	584	32	√	3,891	4,088	197	√
Net surplus/(deficit)	(83)	(99)	16	√	(776)	(625)	(151)	×

4. APPENDICES

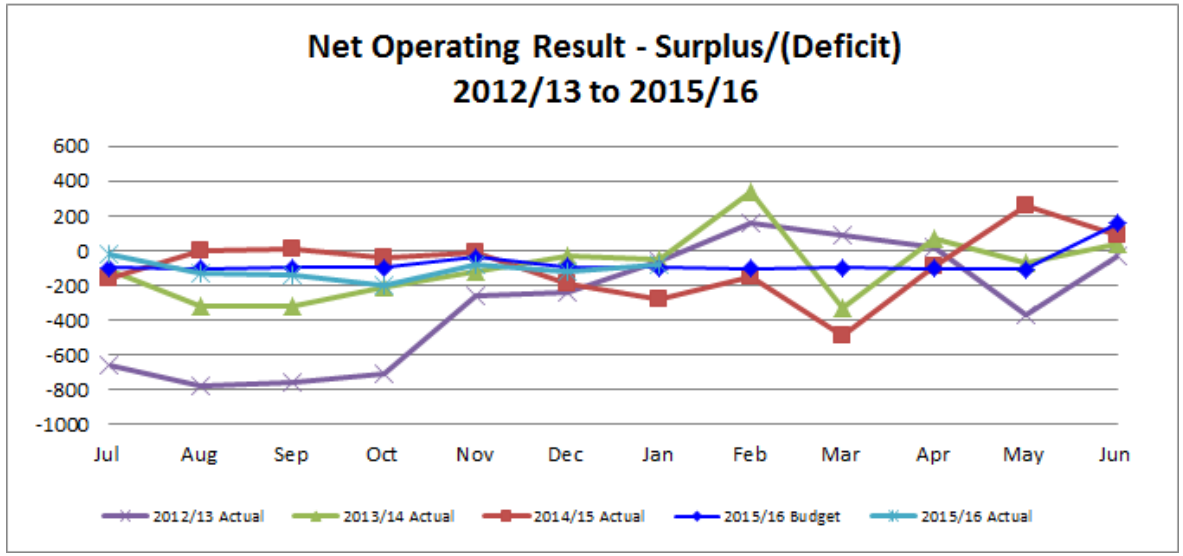
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

Report prepared by: Justine White, General Manager Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – JANUARY 2016

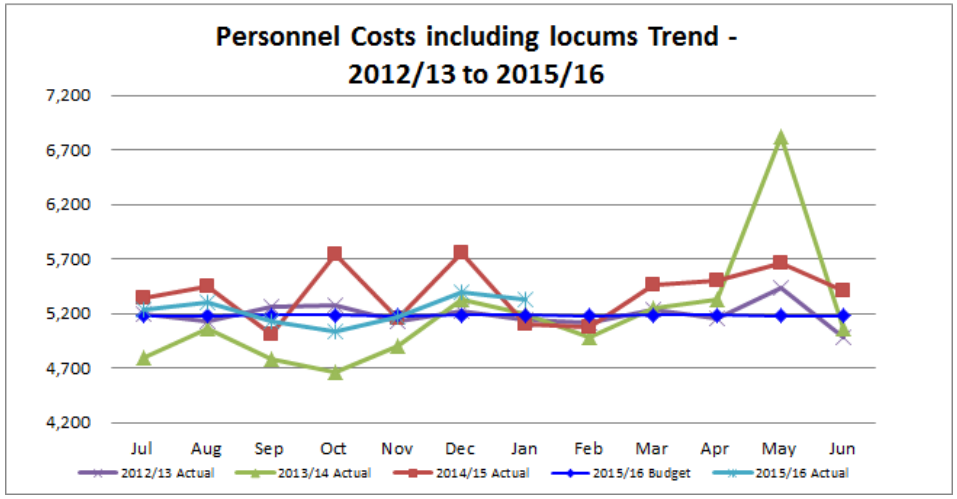
	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(83)	(99)	16	-16% ✓	(776)	(625)	(151)	24% ✗

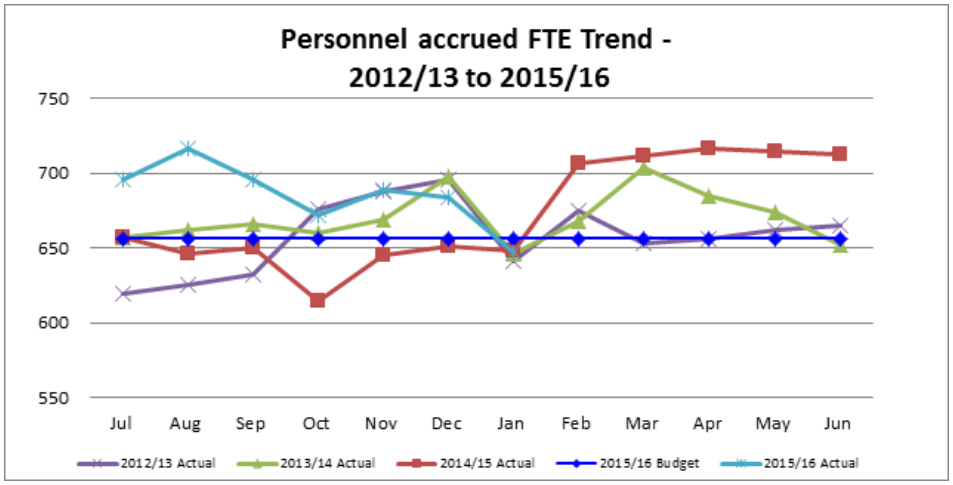


We have submitted an Annual Plan with a planned deficit of $878k, which reflects the financial results anticipated in the facilities business case, after adjustment for the increased revenue as notified in July 2015. The YTD result reflects a significant cost incurred in October in relation to redundancies associated with the closure of the Kynnersley rest home in Buller, although these costs were incurred in October these are expected to be recovered over the balance of the financial year.

KEY RISKS AND ISSUES

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

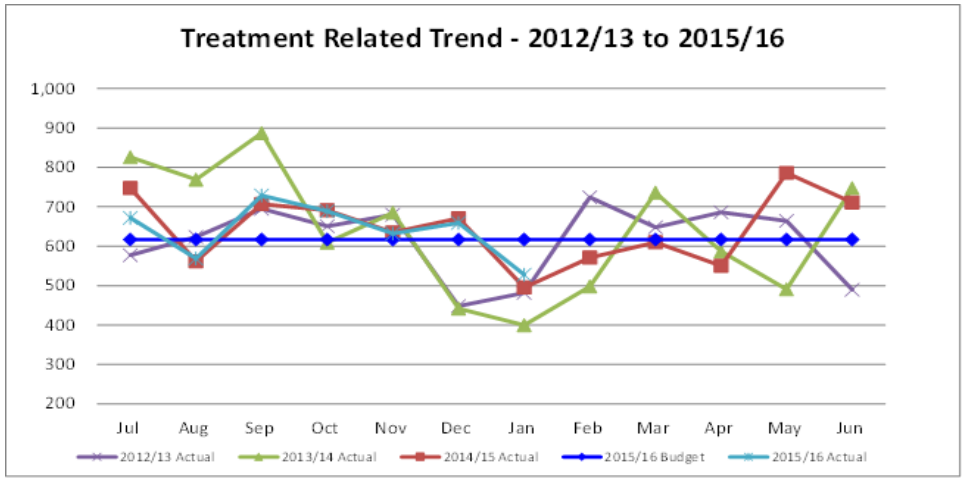


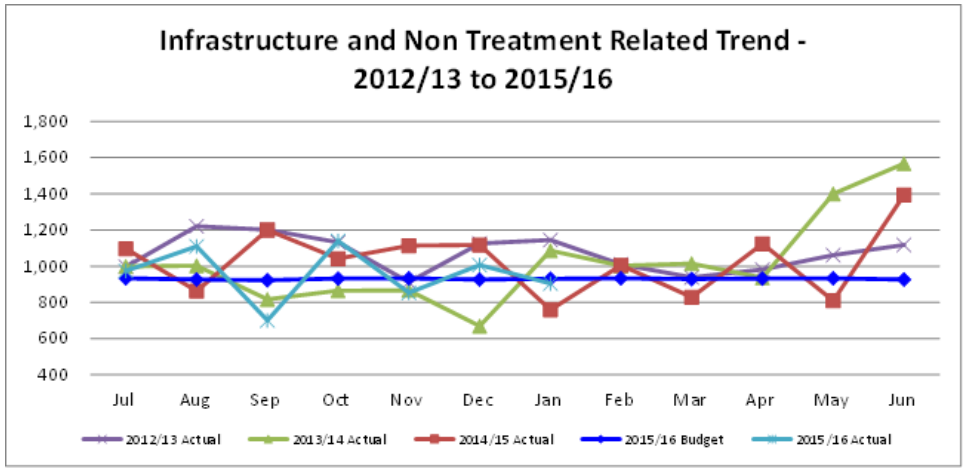


KEY RISKS AND ISSUES

The Ministry of Health has a keen focus on ensuring DHBs do not exceed their management and administration staff FTE numbers. There are many ways FTE can be calculated, depending on the purpose. Using Ministry of Health calculations we remain under our overall management and administration staff cap. Expectations from the Ministry of Health are that we should be reducing management and administration FTE each year.
This is an area we are monitoring intensively to ensure that we remain under the cap, especially with the anticipated facilities development programme.

TREATMENT & NON TREATMENT RELATED COSTS



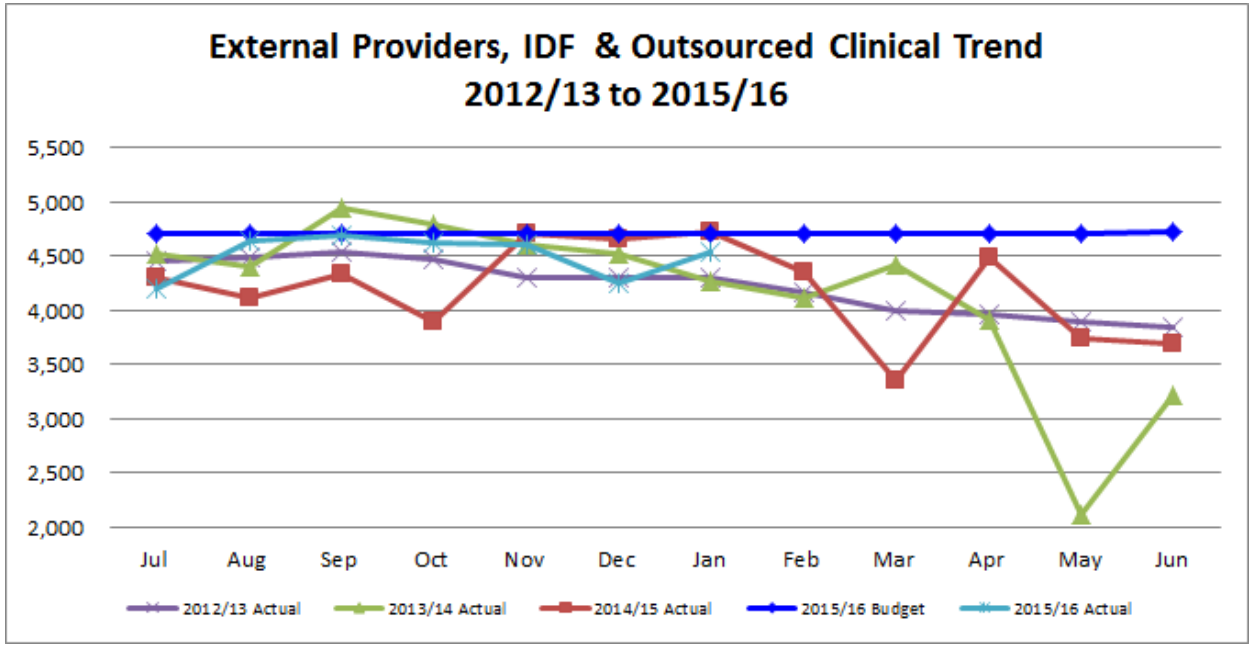


KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels, despite fluctuations on a month to month basis. We continue to refine contract management practices to generate savings in these areas.

Timing influences this category significantly, however overall we are continuing to monitor to ensure overspend is limited where possible.

EXTERNAL PROVIDER COSTS



KEY RISKS AND ISSUES

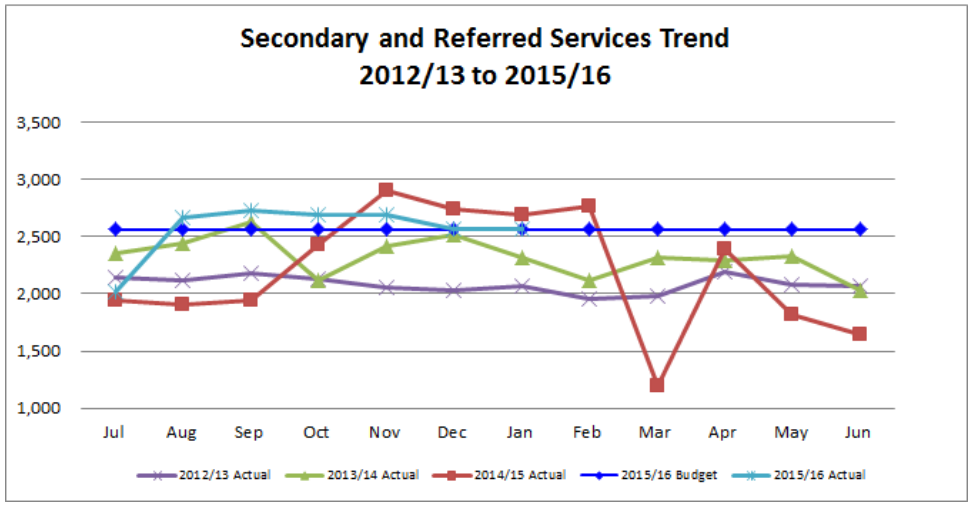
Capacity constraints within the system require continued monitoring of trends and demand for services.

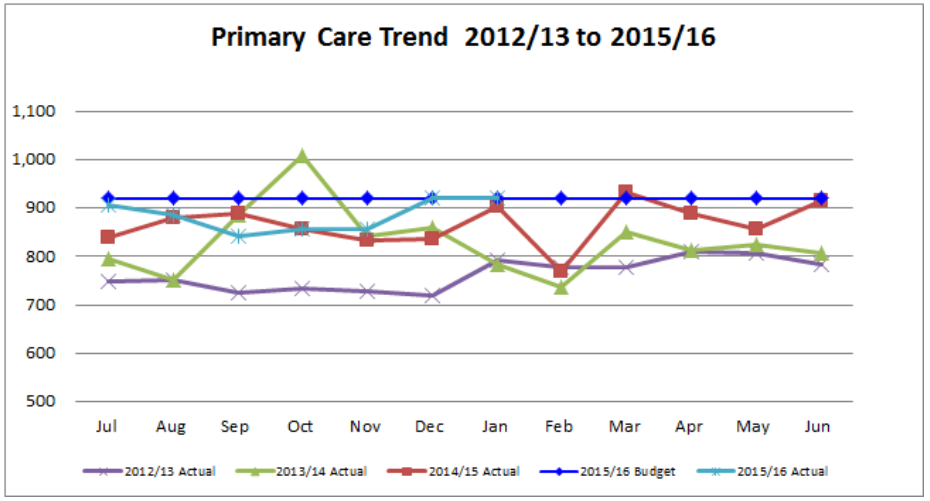
Planning and Funding Division

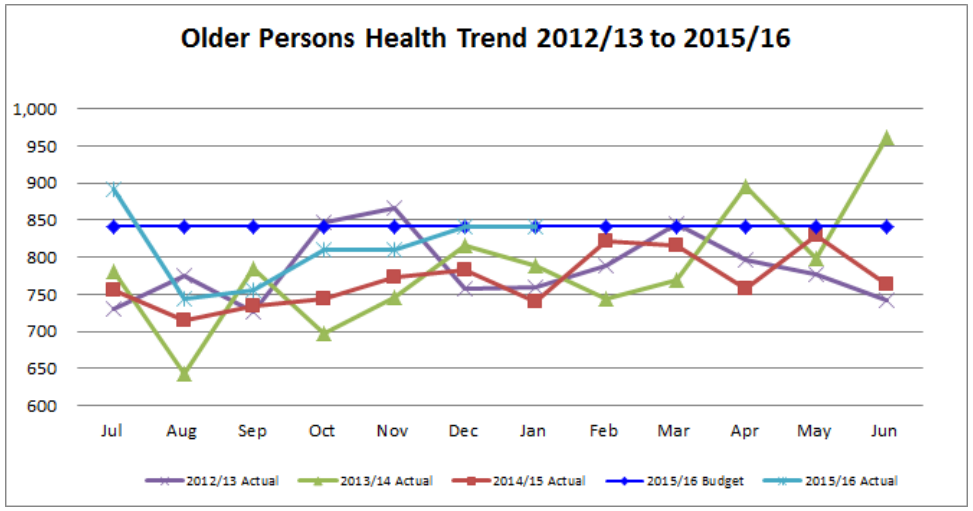
Month Ended January 2016

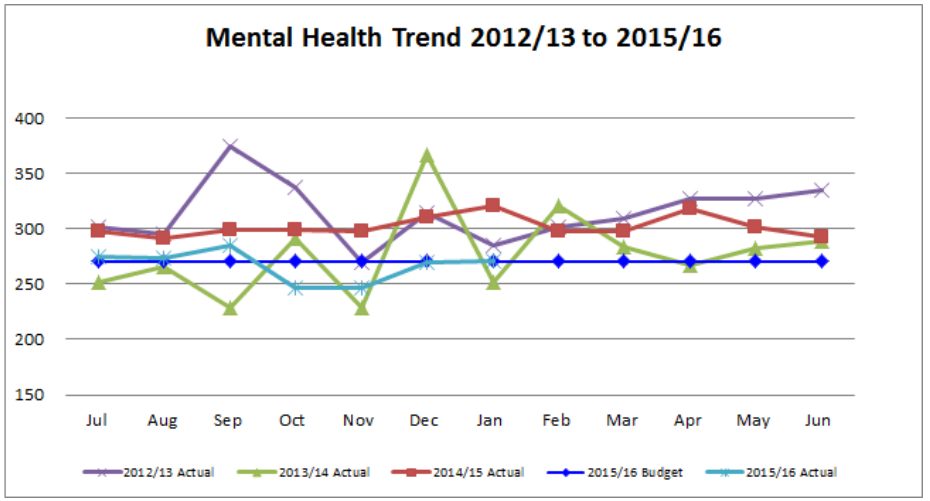
Current Month					SERVICES	Year to Date				
Actual	Budget	Variance				Actual	Budget	Variance		
$000	$000	$000	%			$000	$000	$000	%	
					Primary Care					
16	31	15	49%	✓	Dental-school and adolescent	182	215	33	15%	✓
26	26	0	1%	✓	Maternity	198	184	-13	-7%	✗
3	1	-2	-370%	✗	Pregnancy & Parent	3	4	1	33%	✓
0	3	3	100%	✓	Sexual Health	0	19	19	100%	✓
1	4	3	65%	✓	General Medical Subsidy	17	29	12	43%	✓
508	513	5	1%	✓	Primary Practice Capitation	3,620	3,589	-31	-1%	✗
91	91	0	0%	✓	Primary Health Care Strategy	637	638	1	0%	✓
87	87	0	0%	✓	Rural Bonus	612	612	0	0%	✓
7	5	-2	-43%	✗	Child and Youth	31	34	3	9%	✓
-9	13	21	170%	✓	Immunisation	33	88	55	62%	✓
6	5	-1	-27%	✗	Maori Service Development	29	33	4	14%	✓
54	52	-2	-4%	✗	Whanau Ora Services	254	365	111	30%	✓
14	18	4	23%	✓	Palliative Care	67	125	59	47%	✓
10	6	-4	-58%	✗	Community Based Allied Health	53	44	-9	-19%	✗
9	12	3	27%	✓	Chronic Disease	61	84	22	27%	✓
72	53	-19	-35%	✗	Minor Expenses	329	373	44	12%	✓
895	**920**	**25**	**3%**	✓		**6,126**	**6,438**	**312**	**5%**	✓
					Referred Services					
26	23	-3	-12%	✗	Laboratory	202	163	-40	-24%	✗
671	663	-8	-1%	✗	Pharmaceuticals	4,334	4,643	309	7%	✓
697	**687**	**-10**	**-2%**	✗		**4,537**	**4,806**	**270**	**6%**	✓
					Secondary Care					
237	263	26	10%	✓	Inpatients	1,594	1,839	245	13%	✓
124	126	1	1%	✓	Radiolgy services	866	881	14	2%	✓
106	114	8	7%	✓	Travel & Accommodation	757	795	37	5%	✓
1,445	1,375	-70	-5%	✗	IDF Payments Personal Health	9,726	9,626	-100	-1%	✗
1,912	**1,877**	**-35**	**-2%**	✗		**12,943**	**13,140**	**197**	**2%**	✓
3,504	**3,483**	**-20**	**-1%**	✗	**Primary & Secondary Care Total**	**23,605**	**24,384**	**779**	**3%**	✓
					Public Health					
21	25	4	14%	✓	Nutrition & Physical Activity	152	172	19	11%	✓
0	0	0		✓	Public Health Infrastructure	0	0	0		✓
11	11	0	-3%	✗	Tobacco control	78	75	-3	-4%	✗
0	0	0		✓	Screening programmes	0	0	0		✓
32	**35**	**3**	**9%**	✓	**Public Health Total**	**230**	**247**	**17**	**7%**	✓
					Mental Health					
7	6	-2	-28%	✗	Dual Diagnosis A&D	19	39	19	50%	✓
0	2	2	100%	✓	Eating Disorders	0	13	13	100%	✓
20	20	0	0%	✓	Child & Youth Mental Health Services	140	140	0	0%	✓
26	5	-21	-410%	✗	Mental Health Work force	102	35	-67	-192%	✗
61	61	0	0%	✓	Day Activity & Rehab	425	425	0	0%	✓
11	11	0	0%	✓	Advocacy Consumer	74	75	0	0%	✓
81	81	0	0%	✓	Other Home Based Residential Support	566	566	0	0%	✓
11	11	0	0%	✓	Advocacy Family	77	77	0	0%	✗
15	10	-6	-58%	✗	Community Residential Beds	88	68	-20	-29%	✗
0	0	0		✓	Minor Expenses	0	0	0		✓
65	65	0	0%	✓	IDF Payments Mental Health	453	453	0	0%	✗
296	**270**	**-26**	**-10%**	✗		**1,945**	**1,891**	**-54**	**-3%**	✗
					Older Persons Health					
0	9	9	100%	✓	Information and Advisory	0	66	66	100%	✓
0	0	0	100%	✓	Needs Assessment	0	1	1	100%	✓
69	70	0	0%	✓	Home Based Support	531	488	-43	-9%	✗
11	8	-3	-32%	✗	Caregiver Support	44	56	12	21%	✓
218	281	63	22%	✓	Residential Care-Rest Homes	1,676	1,966	290	15%	✓
9	5	-5	-102%	✗	Residential Care-Community	79	32	-46	-142%	✗
389	360	-29	-8%	✗	Residential Care-Hospital	2,497	2,519	21	1%	✓
	0	0		✓	Ageing in place	0	0	0		✓
11	0	-11		✗	Day programmes	69	0	-69		✗
7	15	8	56%	✓	Respite Care	77	105	28	27%	✓
1	1	0	0%	✓	Community Health	9	9	0	0%	✓
6	1	-4	-335%	✗	Minor Disability Support Expenditure	32	9	-22	-243%	✗
91	91	0	0%	✓	IDF Payments-DSS	636	636	0	0%	✗
811	**841**	**28**	**3%**	✓		**5,650**	**5,887**	**237**	**4%**	✓
1,107	**1,111**	**2**	**0%**	✓	**Mental Health & OPH Total**	**7,595**	**7,778**	**182**	**2%**	✓
4,643	**4,630**	**-13**	**0%**	✗	**Total Expenditure**	**31,431**	**32,409**	**978**	**3%**	✓

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	11,720	8,635	3,085	36%	✓	9,083
Cash	4,286	9,250	(4,964)	-54%	✗	10,201

KEY RISKS AND ISSUES

The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild.

APPENDIX 2: WEST COAST DHB STATEMENT OF COMPREHENSIVE REVENUE & EXPENSE

For period ending 31 January 2016

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 15/16	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,336	11,331	5	0.0%	79,274	79,318	(44)	(0.1%)	135,973	134,166
Inter DHB Revenue	14	5	9	180.0%	20	35	(15)	(42.9%)	60	36
Inter District Flows Revenue	125	128	(3)	(2.3%)	861	896	(35)	(3.9%)	1,560	1,497
Patient Related Revenue	212	262	(50)	(19.1%)	1,689	1,834	(145)	(7.9%)	3,144	3,000
Other Revenue	87	75	12	16.1%	628	587	41	6.9%	1,188	1,162
Total Operating Revenue	11,774	11,801	(27)	(0.2%)	82,472	82,670	(198)	(0.2%)	141,925	139,861
Operating Expenditure										
Personnel costs	5,330	5,117	(213)	(4.2%)	36,665	35,794	(871)	(2.4%)	61,352	64,688
Outsourced Services	(4)	8	12	150.0%	18	56	38	67.9%	96	82
Treatment Related Costs	528	617	89	14.4%	4,478	4,319	(159)	(3.7%)	7,404	7,736
External Providers	3,133	3,093	(40)	(1.3%)	21,332	21,677	345	1.6%	37,190	35,196
Inter District Flows Expense	1,510	1,530	20	1.3%	10,180	10,721	541	5.0%	18,368	14,789
Outsourced Services - non clinical	(96)	73	169	231.5%	0	511	511	100.0%	876	325
Infrastructure and Non treatment related costs	904	927	23	2.5%	6,687	6,504	(183)	(2.8%)	11,157	12,350
Total Operating Expenditure	11,305	11,365	60	0.5%	79,360	79,582	222	0.3%	136,443	135,166
Result before Interest, Depn & Cap Charge	469	436	33	7.6%	3,112	3,088	(24)	(0.8%)	5,482	4,695
Interest, Depreciation & Capital Charge										
Interest Expense	55	68	13	19.1%	382	486	104	21.4%	828	732
Depreciation	415	395	(20)	(5.1%)	2,905	2,765	(140)	(5.1%)	4,740	4,238
Capital Charge Expenditure	82	66	(16)	(24.2%)	601	462	(139)	(30.1%)	792	772
Total Interest, Depreciation & Capital Charge	552	529	(23)	(4.3%)	3,888	3,713	(175)	(4.7%)	6,360	5,742
Net Surplus/(deficit)	(83)	(93)	10	10.8%	(776)	(625)	(151)	(24.2%)	(878)	(1,047)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(83)	(93)	10	10.8%	(776)	(625)	(151)	(24.2%)	(878)	(1,047)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 January 2016

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	25,030	24,841	189	0.8%	25,597
Intangible assets	733	651	82	12.6%	733
Work in Progress	2,342	1,568	774	49.4%	2,342
Other investments	567	567	0	0.0%	0
Total non-current assets	28,672	27,627	1,045	3.8%	28,672
Current assets					
Cash and cash equivalents	4,286	9,250	(4,964)	(53.7%)	4,286
Patient and restricted funds	73	60	13	21.7%	73
Inventories	999	1,100	(101)	(9.2%)	999
Debtors and other receivables	12,951	4,218	8,733	207.0%	12,951
Assets classified as held for sale	0	136	(136)	(100.0%)	0
Total current assets	18,309	14,764	3,545	24.0%	18,309
Total assets	46,981	42,391	4,590	10.8%	46,981
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	11,195	11,195	0	0.0%	11,195
Employee entitlements and benefits	2,856	2,895	39	1.3%	2,856
Total non-current liabilities	14,051	14,090	39	0.3%	14,051
Current liabilities					
Interest-bearing loans and borrowings	3,250	3,250	0	0.0%	3,250
Creditors and other payables	8,537	7,248	(1,289)	(17.8%)	8,537
Employee entitlements and benefits	9,415	9,168	(247)	(2.7%)	9,415
Total current liabilities	21,202	19,666	(1,536)	(7.8%)	21,202
Total liabilities	35,253	33,756	(1,497)	(4.4%)	35,253
Equity					
Crown equity	71,753	70,693	(1,060)	(1.5%)	71,753
Other reserves	22,082	19,569	(2,513)	(12.8%)	22,082
Retained earnings/(losses)	(82,115)	(81,666)	449	0.5%	(82,115)
Trust funds	0	39	0	0.0%	0
Total equity	11,720	8,635	(3,085)	(35.7%)	11,720
Total equity and liabilities	46,973	42,391	4,582	10.8%	46,973

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 January 2016

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	1,436	11,757	(10,321)	(87.8%)	84,421	82,362	2,059	2.5%
Cash paid to employees	(5,202)	(5,117)	(85)	(1.7%)	(37,039)	(35,794)	(1,245)	(3.5%)
Cash paid to suppliers	(3,631)	(1,633)	(1,998)	(122.4%)	(15,115)	(11,456)	(3,659)	(31.9%)
Cash paid to external providers	(3,167)	(3,093)	(74)	(2.4%)	(21,556)	(21,677)	121	0.6%
Cash paid to other District Health Boards	(1,476)	(1,530)	54	3.5%	(9,956)	(10,721)	765	7.1%
Cash generated from operations	(12,040)	384	(12,424)	(3235.4%)	755	2,714	(1,959)	(72.2%)
Interest paid	(55)	(60)	5	8.3%	(382)	(420)	38	9.0%
Capital charge paid	(82)	(66)	(16)	(24.2%)	(601)	(462)	(139)	(30.1%)
Net cash flows from operating activities	(12,177)	258	(12,435)	(4819.8%)	(228)	1,832	(2,060)	(112.4%)
Cash flows from investing activities								
Interest received	197	44	153	347.7%	383	308	75	24.4%
(Increase) / Decrease in investments	0	0	0		0	0	0	0.0%
Acquisition of property, plant and equipment	(154)	(322)	168	52.2%	(1,667)	(2,254)	587	(26.0%)
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	43	(278)	321	(115.5%)	(1,284)	(1,946)	662	34.0%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		0	0	0	0.0%
Repayment of equity	0	0	0		86	0	86	
Cash generated from equity transactions	0	0	0		86	0	86	
Borrowings raised								
Repayment of borrowings	72	0	72		65	0	65	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	72	0	72		151	0	151	
Net increase in cash and cash equivalents	(12,062)	(20)	(12,042)	60210.0%	(1,361)	(114)	(1,247)	1093.9%
Cash and cash equivalents at beginning of period	16,348	10,197	6,151	60.3%	16,348	71,441	(55,093)	(77.1%)
Cash and cash equivalents at end of year	4,286	10,177	(5,891)	(57.9%)	14,987	71,327	(56,340)	(79.0%)

HEALTH TARGET REPORT - QUARTER 2

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Planning & Funding**

DATE: **10 March 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to present the Board with West Coast's progress against the national health targets for Quarter 2 (October-December 2015). The attached report provides a detailed account of the results and the work underway for each health target.

DHB performance against the health targets is published each quarter in newspapers and on the Ministry and DHB websites. The Quarter 2 health target league table is attached as an Appendix.

2. RECOMMENDATION

That the Board:

i. notes the West Coast's performance against the health targets; and
ii. notes that this information has also be provided to the Community & Public Health & Disability Support Advisory Committee

3. SUMMARY

In Quarter 2, the West Coast has:

- Achieved the **ED health target**, with **99.6%** of people admitted or discharged within six hours. The West Coast is a leader in the country with consistent performance against this health target.
- Achieved **102%** of the year-to-date improved access to **elective surgery health target**, exceeding target by 19 discharges.
- Achieved the **better help for smokers to quit (secondary) health target**, with **96.4%** of hospitalised smokers receiving help and advice to quit.
- Achieved the **more heart and diabetes checks health target**, with **91%** of the eligible enrolled population having had a CVD risk assessment in the last five years.

Health target performance was weaker in the following areas:

- Performance improved significantly against the **faster cancer treatment health target** at **71.4%,** reflecting just two noncompliant patients**.** Both noncompliant patients exceeded the wait time due to clinical or other justifiable reasons. Work is ongoing and all non-compliant cases are investigated.
- Performance against the **increased immunisation health target** continues to be challenging due to small numbers and high opt-off and declines. With just one child missing the timeframe, 80.9% of the eligible population and **99%** of the consenting population were vaccinated.
- Coverage improved but once again missed the **better help for smokers to quit (primary) health target**, as expected in the second quarter following a national definition change. In Quarter 2, **84.8%** of (PHO enrolled) smokers received help and advice to quit.

6. APPENDICES

Appendix 1: National Health Target Performance Summary
Appendix 2: National Health Targets Q2 Results

Report prepared by: Libby Doran, Planning & Funding

Report approved by: Carolyn Gullery, GM Planning & Funding

National Health Targets Performance Summary

Quarter 2 2015/16 *(October-December 2015)*

Target Overview

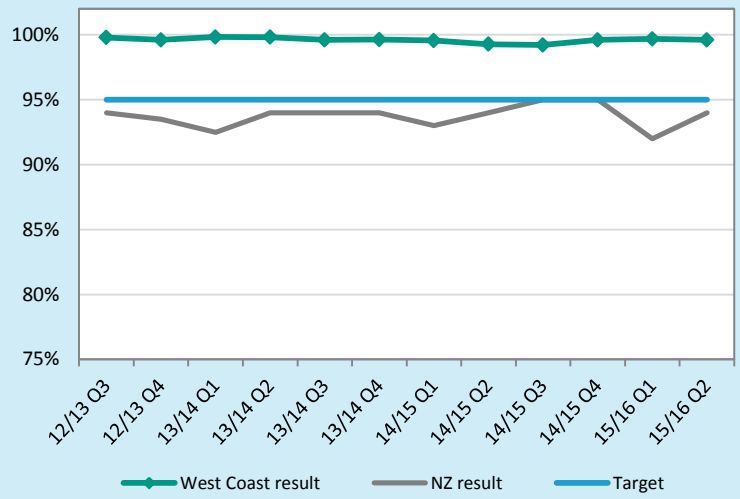
Target	Q3 *14/15*	Q4 14/15	Q1 15/16	**Q2 15/16**	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.4%	99.7%	99.7%	99.6%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery[1]	1,288 *YTD*	1721	480	978	959 YTD	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	62.5%	50%	50%	71.4%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	89.0%	85.3%	88.4%	80.9%	95%	✗	3
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit[1]	97.6%	97.8%	91.1%	96.4%	95%	✓	4
Better Help for Smokers to Quit Smokers offered help to quit smoking by a **primary care** health care practitioner in the last 15 months	94%	90.2%	84.5%	84.8%	90%	✗	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	90.3%	91.1%	91%	90.8%	90%	✓	5

[1] *Results may vary due to coding processes. Reflects result as at time of reporting to MoH.*

Shorter Stays in Emergency Departments

Target: *95% of patients are to be admitted, discharged or transferred from an ED within 6 hours*

Figure 1: Percentage of patients who were admitted, discharged or transferred from ED within six hours



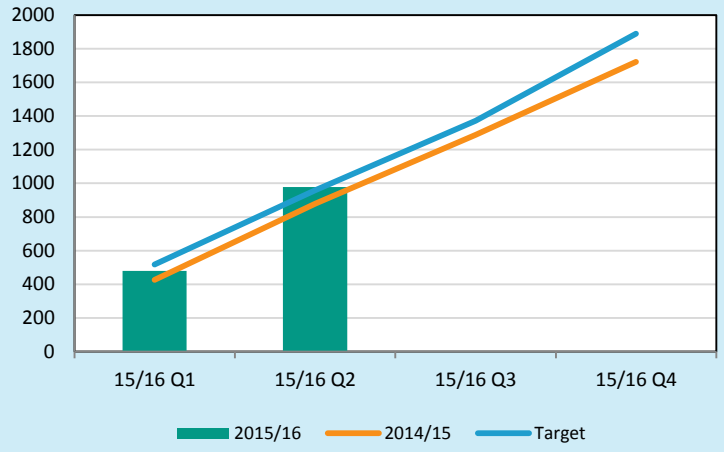
✔

The West Coast continues to achieve the ED health target, with **99.6%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter 2.

Improved Access to Elective Surgery

Target: *1,889 elective surgeries in 2015/16*

Figure 2: Elective surgical discharges delivered by the West Coast DHB[2]



✔

978 elective surgical cases were delivered to Coasters in the year to date December 2015, representing **102%** of our year-to-date target delivery.

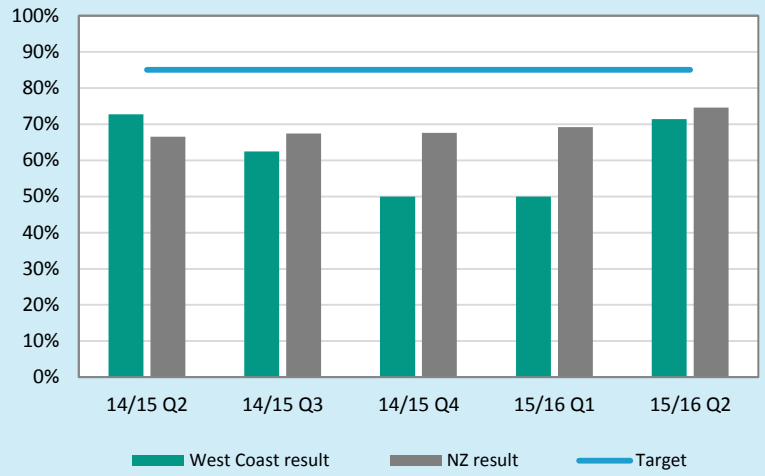
We are pleased to have met target and expect to meet our overall electives health target volumes by year-end.

[2] *Excludes cardiology and dental procedures. Progress is graphed cumulatively.*

Faster Cancer Treatment

Target: Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer

Figure 3: Percentage of West Coasters with a high suspicion of cancer receiving their first treatment or other management within 62 days



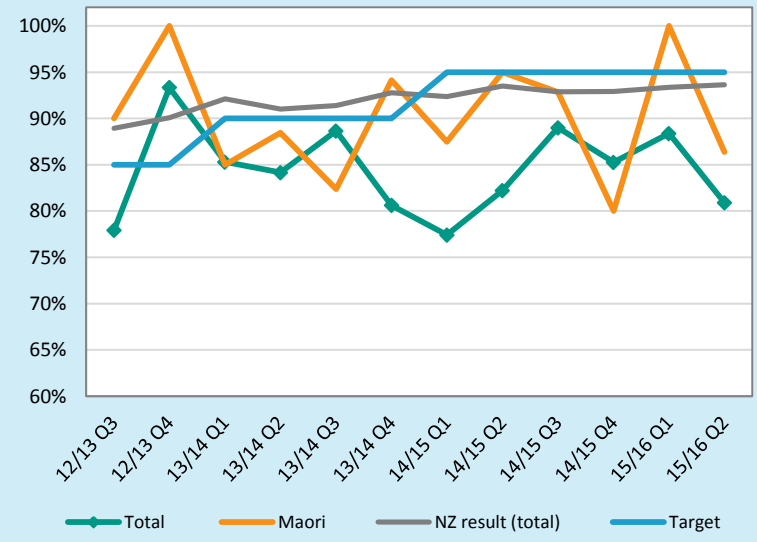
Performance against the health target has increased this quarter with **71.4%** of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge with this result reflecting just two out of seven patients noncompliant. Both were complex patients, exceeding the timeframe in part due clinical considerations and comorbidities. Audits into patient pathways have taken place.

West Coast continues to achieve against the former health target, shorter waits for cancer treatment, with 100% of patients ready for radiation or chemotherapy receiving treatment within four weeks.

Increased Immunisation

Target: 95% of eight-month-olds are fully immunised

Figure 4: Percentage of West Coast eight-month-olds who were fully immunised



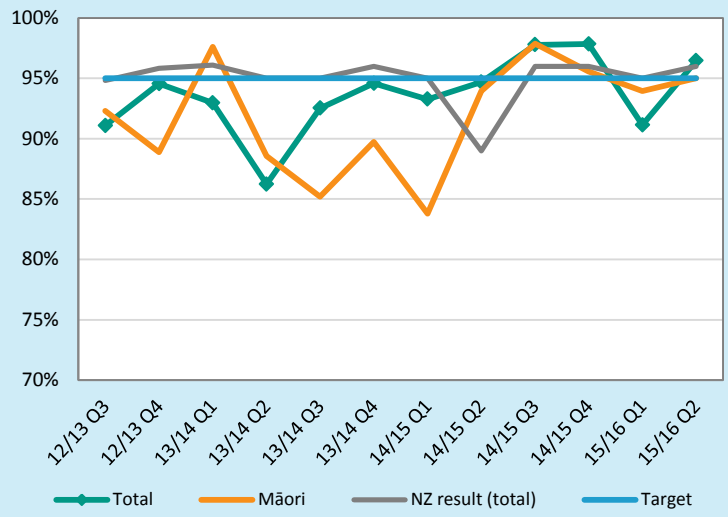
Although we have not met target, just one child was missed this quarter. During Quarter 2, 80.9% of all 8-month-olds were fully immunised. Strong results were achieved for Pacific, Asian (100%) and New Zealand European (98%).

Opt-off & declines increased this quarter at a combined total of 18%—which is reflected in our reduced results. With just one child missing the timeframe (who has since been immunised), 99% of the reachable (consenting) population were immunised this quarter.

Better Help for Smokers to Quit: *Secondary*

Target: 95% of smokers attending secondary care receive advice to quit

Figure 5: Percentage of smokers in West Coast DHB hospitals who were offered advice and help to quit smoking



✓

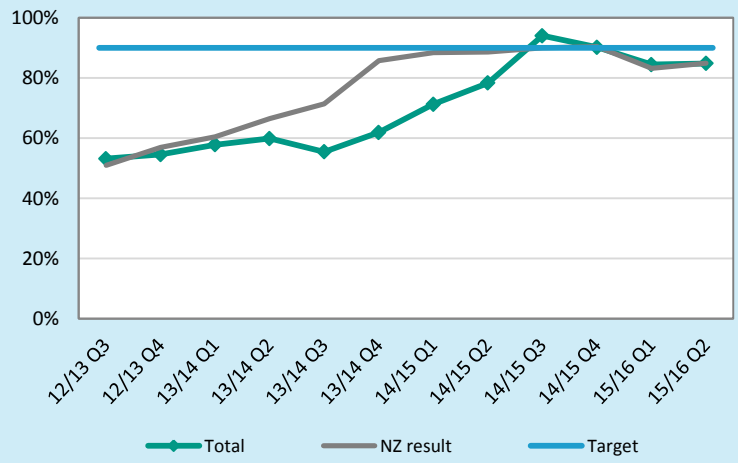
In Quarter 2, West Coast DHB staff provided **96.4%**[3] of hospitalised smokers with smoking cessation advice and support–meeting target against both the total and Māori population.

All best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator investigates each missed smoker.

Better Help for Smokers to Quit: *Primary*

Target: 90% of smokers in the community receive advice to quit

Figure 6: Percentage of PHO enrolled population who smoke that have been offered help to quit smoking by a health care practitioner in the last 15 months



✗

West Coast health practitioners have reported giving **4,315** smokers cessation advice in the 15 months ending December 2015. This represents **84.8%** of smokers enrolled with the PHO, against our 90% target.

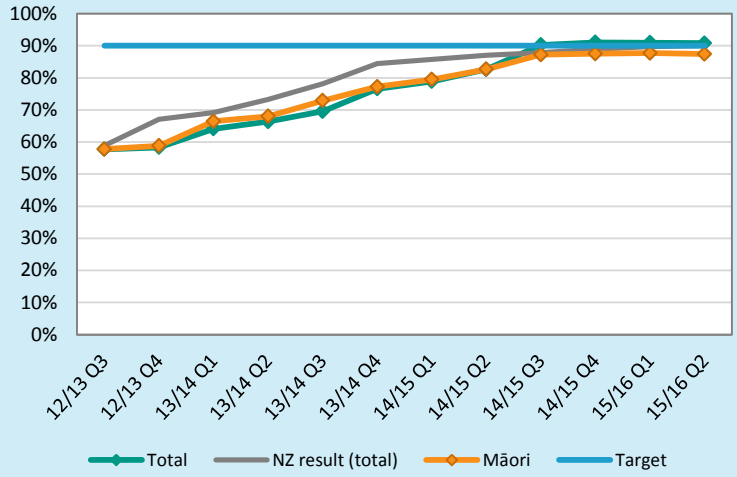
We have not met target, as expected, in the second quarter following a national definition change. The target's focus is now not only on smokers expected to present to general practice, but the West Coast population as a whole. The timeframe of this measure has also changed from 12months to 15months—further widening its scope. The single practice below target has catch-up plans in place and all best practice initiatives continue.

[3] *Results may vary due to coding processes. Reflects result as at time of reporting to MoH.*

More Heart & Diabetes Checks

Target: *90% of the eligible enrolled population have had a CVD risk assessment in the last five years*

Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years



✔

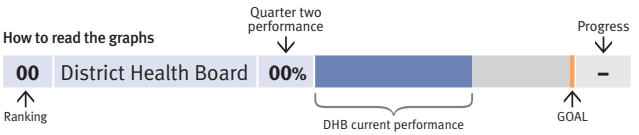
West Coast general practices have maintained coverage this quarter, with **90.8%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years. We are pleased to continue to meet the target.

A range of approaches to increase performance continue, including identified CVDRA champions within general practices; nurse led CVDRA clinics in practices, evening clinics and protected appointment time allocations for checks. All three Poutini Waiora nurses collaborate with general practices and conduct checks at local events. Text2Remind and Patient Dashboard IT tools are available in all West Coast DHB MedTech Practices.

My District Health Board

2015/16 QUARTER TWO (OCTOBER–DECEMBER 2015) RESULTS

How to read the graphs



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

MINISTRY OF HEALTH
MANATŪ HAUORA

Shorter stays in Emergency Departments

Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

		Quarter two performance (%)	Change from previous quarter
1	West Coast	100	–
2	Nelson Marlborough	97	▲
3	Taranaki	96	▲
4	Tairawhiti	96	▲
5	Whanganui	96	–
6	South Canterbury	96	–
7	Counties Manukau	95	–
8	Waitemata	95	▲
9	Auckland	95	▲
10	Southern	95	▲
11	Canterbury	95	–
12	MidCentral	94	▲
13	Bay of Plenty	94	–
14	Wairarapa	94	–
15	Hawke's Bay	93	–
16	Waikato	92	▲
17	Northland	92	–
18	Hutt Valley	91	▲
19	Capital & Coast	90	▲
20	Lakes	90	–
	All DHBs	94	▲

95%

Improved access to Elective Surgery

Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4000 discharges per year. DHBs planned to deliver 93,980 discharges for the year to date, and have delivered 4,890 more. The new revised target definition includes elective and arranged in-patient surgical discharges, regardless of whether they are discharged from a surgical or non-surgical specialty (excluding maternity).

		Quarter two performance (%)	Progress against plan (discharges)
1	Northland	125	▲
2	Waikato	120	▲
3	Tairawhiti	118	▲
4	Whanganui	116	▲
5	Taranaki	113	▲
6	Bay of Plenty	107	▲
7	Southern	107	▲
8	Hutt Valley	106	▲
9	Capital & Coast	104	▲
10	Lakes	103	▲
11	Counties Manukau	103	▲
12	West Coast	102	▲
13	Nelson Marlborough	102	▲
14	South Canterbury	101	▲
15	MidCentral	101	▲
16	Waitemata	101	▲
17	Hawke's Bay	100	▲
18	Canterbury	98	▼
19	Auckland	98	▼
20	Wairarapa	98	▼
	All DHBs	105	▲

100%

Faster Cancer Treatment

Faster cancer treatment

The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90 percent by June 2017. Results cover those patients who received their first cancer treatment between July and December 2015.

		Quarter two performance (%)	Change from previous quarter
1	Nelson Marlborough	84	▲
2	MidCentral	83	–
3	Capital & Coast	81	▲
4	Hawke's Bay	78	–
5	Canterbury	77	▲
6	Southern	77	▲
7	Bay of Plenty	76	▲
8	Hutt Valley	76	▲
9	Wairarapa	75	▼
10	Northland	75	▲
11	South Canterbury	74	▲
12	Taranaki	74	▲
13	Counties Manukau	72	▲
14	West Coast	71	▲
15	Auckland	70	▲
16	Waitemata	68	▼
17	Waikato	68	▲
18	Tairawhiti	66	▲
19	Whanganui	60	▲
20	Lakes	56	▼
	All DHBs	75	▲

85%

Increased Immunisation

Increased Immunisation

The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between October and December 2015 and who were fully immunised at that stage.

		Quarter two performance (%)	Change from previous quarter
1	MidCentral	96	–
2	Canterbury	96	–
3	Wairarapa	95	–
4	Capital & Coast	95	–
5	Waitemata	95	▲
6	Lakes	95	▲
7	Counties Manukau	95	–
8	Southern	94	–
9	Tairawhiti	94	–
10	Auckland	94	▼
11	Hutt Valley	93	–
12	Hawke's Bay	93	▼
13	Waikato	92	▲
14	Nelson Marlborough	92	▲
15	South Canterbury	92	–
16	Taranaki	91	–
17	Whanganui	90	▼
18	Northland	90	▲
19	Bay of Plenty	89	▼
20	West Coast	81	▼
	All DHBs	94	–

95%

Better help for Smokers to Quit

Better help for smokers to quit

The target is 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months. From quarter one the hospital target is now only reported on the Ministry's website, along with the maternity target results. www.health.govt.nz/healthtargets

		Quarter two performance (%)	Change from previous quarter
1	Nelson Marlborough	92	–
2	Tairawhiti	89	–
3	MidCentral	89	▲
4	Waitemata	88	▲
5	Northland	88	▲
6	Counties Manukau	88	–
7	Waikato	88	▲
8	Southern	87	▲
9	South Canterbury	87	▲
10	Auckland	86	–
11	Taranaki	85	–
12	Canterbury	85	▲
13	West Coast	85	–
14	Whanganui	84	▼
15	Wairarapa	84	▲
16	Lakes	82	▼
17	Capital & Coast	82	▲
18	Hutt Valley	79	–
19	Hawke's Bay	75	▼
20	Bay of Plenty	71	▲
	All DHBs	85	▲

90%

More Heart and Diabetes Checks

More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years.

		Quarter two performance (%)	Change from previous quarter
1	Auckland	92	–
2	Counties Manukau	92	–
3	Whanganui	92	–
4	Taranaki	92	–
5	Waikato	92	–
6	Northland	91	–
7	Tairawhiti	91	▲
8	Wairarapa	91	–
9	West Coast	91	–
10	Nelson Marlborough	91	–
11	Capital & Coast	91	▲
12	MidCentral	90	–
13	Hawke's Bay	90	–
14	Waitemata	90	–
15	South Canterbury	90	▲
16	Bay of Plenty	89	–
17	Hutt Valley	89	–
18	Lakes	87	▲
19	Southern	87	▲
20	Canterbury	85	▼
	All DHBs	90	–

90%

This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets

Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

New Zealand Government

MAORI HEALTH PLAN UPDATE

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **General Manager, Maori Health**

DATE: **1 April 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast District Health Board as a regular update.

2. RECOMMENDATION

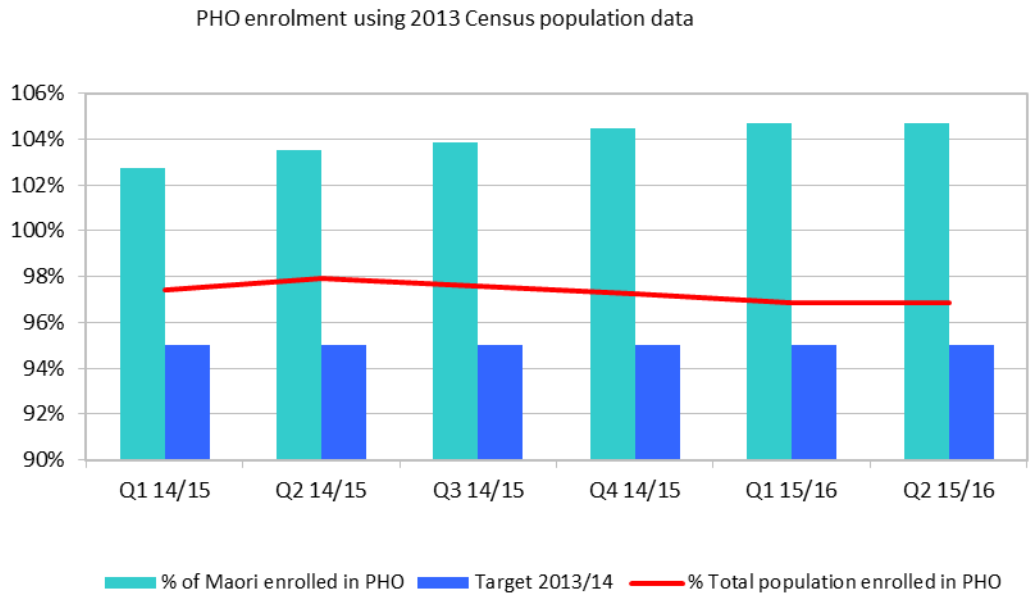
That the Board:

i. notes the Maori Health Plan Update.

Maori Health Quarterly Report – Q2, 2015/16

Access to care

Percentage of Maori enrolled in the PHO



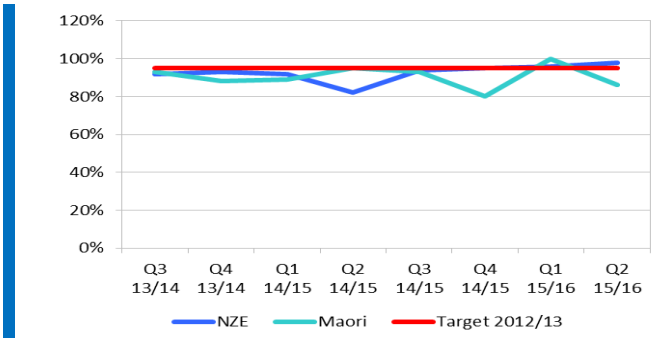
ACHIEVEMENTS/ISSUES OF NOTE

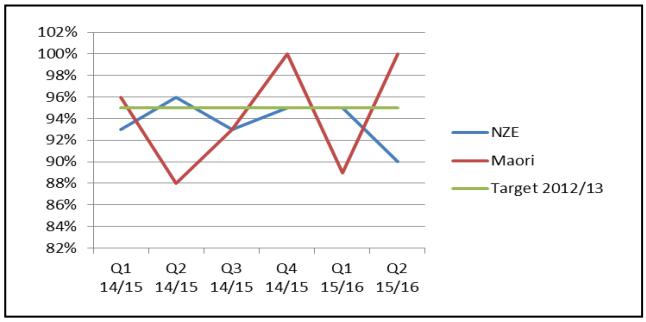
Enrolment in PHO: Using the 2013 population census figures 104% of Maori were enrolled with the PHO as at 30 December 2015. 3319 Maori were enrolled in quarter 1 compared to 3312 in quarter 3 an increase of 07 and an increase from 3205 (107) from end of June 2014.

The Census data shows total Maori population is 3171.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised	Immunisation: Two-year-olds fully immunised



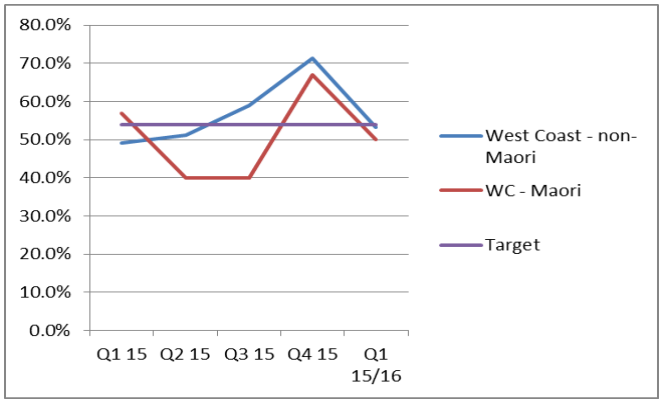


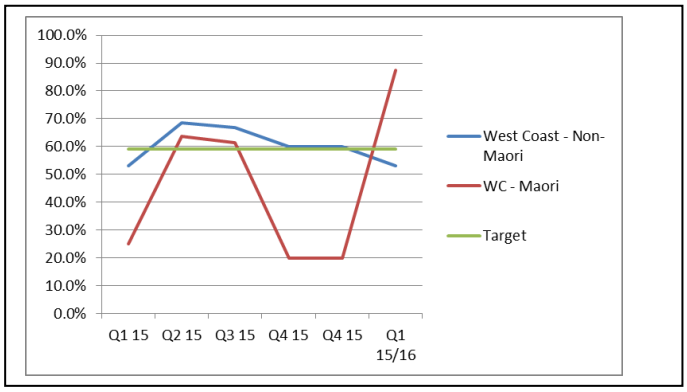
Eight-month-old immunisation: 86% of Maori babies have been immunised on time at 8 months of age in quarter 2 - 19 babies out of 22 eligible for this quarter. This is compared 98% of non-Maori babies – 44 out of 45 eligible babies fully immunised at the 8 months milestone.

Two-year-old immunisation: 100% of Maori 2 year olds have been immunised on time in Quarter 2 – 19 from 19 eligible babies. This is compared to 90% NZ European babies - 46 from 51 eligible babies.

Excellent results for Maori with 100% of 2 year olds immunised on time in Quarter 2.

Percentage of West Coast babies fully/exclusively breastfed at 3 months and at 6 months





Breastfeeding Support: At the end of Quarter 1 Maori are still 11% away from reaching the 6 week target of 68% and 4% from achieving the 3 monthly target of 54% for exclusive breastfeeding rates. On the positive side we have jumped from the bottom of the country to the top with 87% of Maori babies receiving some breastmilk at 6 months of age compared to 69% non-Maori.

The community lactation consultancy and breastfeeding advocates continue to be in contact with all new-born's Mums through the Newborn enrolment process. Of 60 new born enrolment service contacts, 13 required further follow-up for lactation support. There have been 58 new and return advocacy clients, including 9 Maori and 49 other.

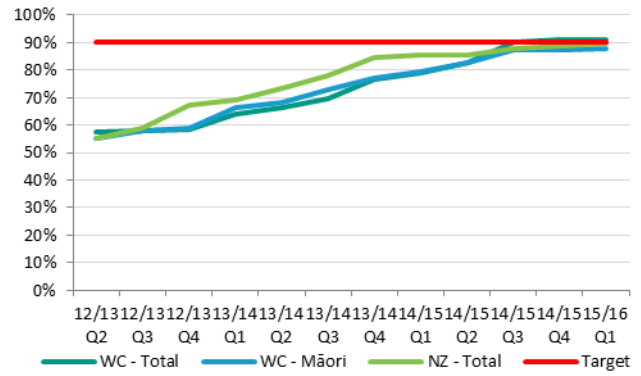
Progress has been made with the Mum4Mum course for Maori with a number showing interest in attending the 9 wee programme. The first course is scheduled for the end of February and will be held in Greymouth. The Mum4Mums visit the maternity ward daily to offer any support for Mum's with breastfeeding and are available for ongoing support and advice when they are back home.

MINISTRY BREASTFEEDING TARGET

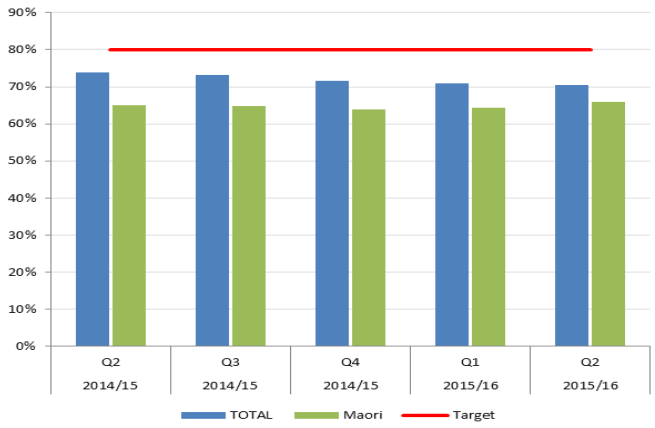
TARGET	MAORI	NON MAORI
68 % 6 weeks	57	73
54 % 3 months	50	53
59 % 6 months	87	69

More Heart & Diabetes checks

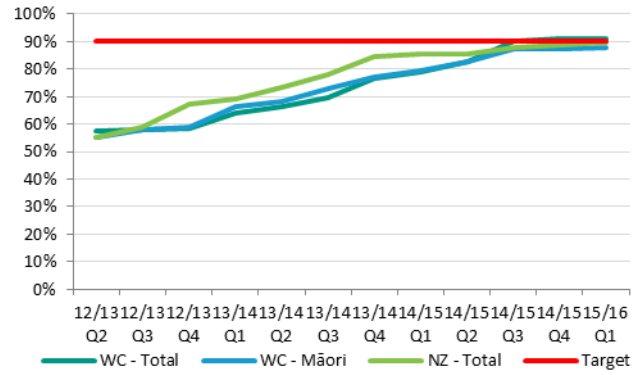
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year

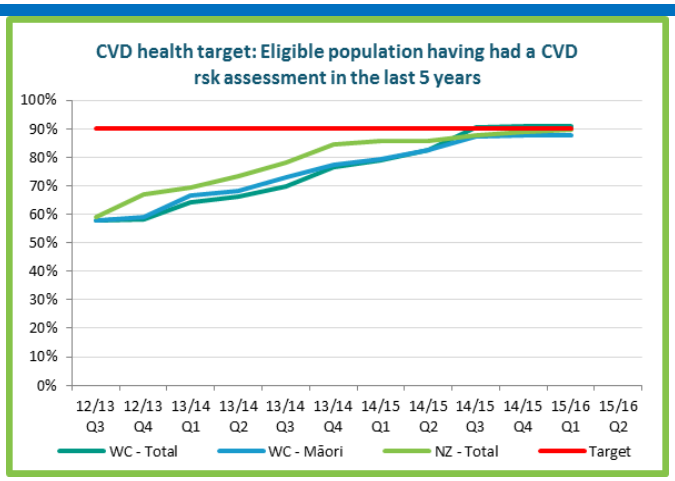


Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years





Diabetes

Maori still continue to show a good rate of access to Diabetes Annual Reviews. 37 Maori have participated in a Diabetes Annual Review year to date at the end of quarter 2 which is an increase of 10 from last quarter. 87% of Maori with diabetes have had Retinal Exams, again a 10% increase on last quarter and 70% show HBA1c levels at or below 80, 74% are non-smokers and 61% are on statins. **:** As reported previously, performance against achieving good management of diabetes decreased during the rolling twelve months to December 2015. Among those who had their annual review, 64% of the estimated diabetic population had satisfactory or better management of their diabetes against the 80% target. Maori results also decreased at 30%. This is measured by the clinical indicator of HbA1c $\leq$64mmols/mol.

CVD Health Target

West Coast general practices have maintained coverage this quarter, with 90% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years. Maori make up 10% of CVRAs this quarter a jump from 5.7% in the last quarter. By comparison, Maori make up 10% (1034) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years). 88% of those eligible have been screened: this includes 85% of eligible males and 91% of eligible females.

The smoking profile for CVRAs completed this quarter for Maori is 51% not smoking compared with other ethnicities screened not smoking 80%.

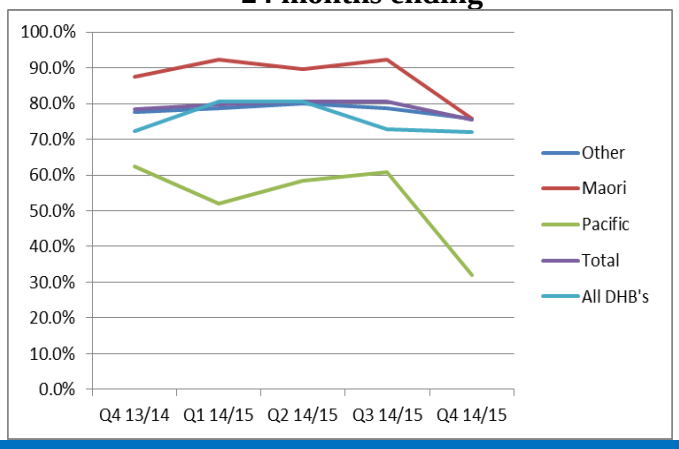
Green Prescription: Quarter 2 data shows from 122 referrals to the Green Prescription programme in the

Grey/Westland district 10 were for Maori, 30 total referrals were made in the Buller district with 7 (30%) being for Maori a pleasing increase of 6.. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

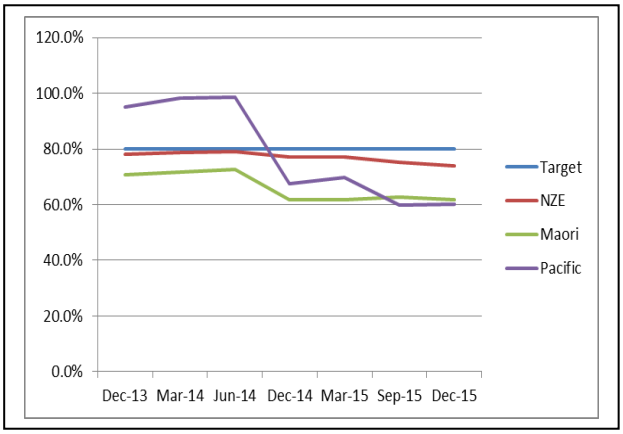
Long Term Condition Management (LTC): 236 Maori are enrolled in the Long Term Conditions programme as at December 30 2015 which remains the same as in quarter 1, Maori enrolments makes up 6.3% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 6.3% of the enrolled population at the primary practices aged 45 years and above.

Cancer

Percentage of eligible Maori women (45-69) receiving breast screening examination in the last 24 months ending



Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years



ACHIEVEMENTS/ISSUES OF NOTE

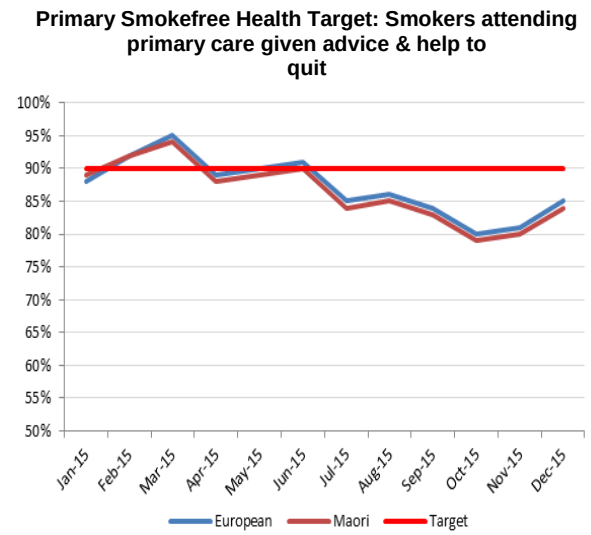
Breast Cancer Screening: Approximate 75..3% of NZE women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending September 2015. The coverage for eligible Maori women has dropped to 74.6 however still continues to be higher compared to all other DHBs and is above target.

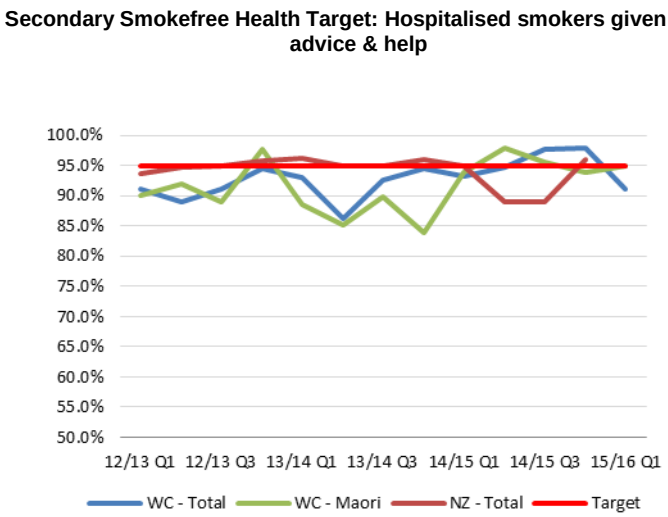
Cervical cancer screening: At the end of December 2015, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 61.7%. The result for Pacific women was 60.2 and for New Zealand European is 74%.

Table 1: NCSP coverage (%) in the three years ending 31 December 2015 by ethnicity, women aged 25–69 years, West Coast District Health Board

Ethnicity	Population	Women screened in last 3 years	3-year coverage	Additional screens to reach 80% target*
Māori	847	523	61.7%	155
Pacific	75	45	60.2%	15
Asian	343	182	53.1%	92
European/Other	7,439	5,506	74.0%	446
Total	**8,704**	**6,256**	**71.9%**	**707**

SMOKING CESSATION





ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target: Smokers attending primary care given advice and help to quit

As at Dec 2015 85% of Maori who are enrolled in primary care have been provided with advice and help to quit compared to 84% non-Maori. The target is 90%. Of those Maori who have been in hospital 95% have been provided with advice and help to quit compared to 90% non-Maori.

ACCESS TO CESSATION SERVICES

Aukati Kai Paipa: 56 referrals have been made to the service YTD with 32 self referrals, 18 from hospital services and 6 from other workplaces. 54 are currently enrolled on the programme with 29 Maori and 22 non-Maori, 1 Chinese and 1 other. 2 of these are hapu. Validated abstinence at 4 weeks is 19 (29%) and validated abstinence at 3 months is 19 (29%)

PHO Coast Quit Programme: For the quarter Sept to Dec 2015 .9.4% (10) Maori accessed the Coastquit cessation service. There have been 28 (12%) Maori access the Coast quit year to date from July 1 2015.

Spirometry Clinics for Maori

During this quarter the WCPHO and Poutini Waiora continued with the joint project to provide screening spirometry tests for all consenting Maori smokers and ex-smokers 45+ years old. This was extended to Greymouth and Hokitika in December of this quarter. Spirometry clinics will continue to be a focus with a high number of Maori still eligible for these clinics and the Kaupapa Maori Nurses will continue to work in partnership with the DHB Nurse Specialists, AKP and the PHO to deliver more clinics over the next year. The challenge now is to continue follow up, support and monitor those who require it as a result of engagement into other services such as Green Prescription, Smoking Cessation, and Long Term Conditions etc.

There were 4 clinics held this quarter with a total of 35 people attending. 32 Maori and 3 other, 74% female (26) and 26% male (9). There were 14 current smokers all given brief advice to quit, with 6 being provided with cessation support to quit. Other interventions provided were: 2 referrals for cervical screens, 2 referrals for breast screening and 3 CVRA's. 4 people were referred for GP follow up and 4 tetanus vaccination appointments made.

The Maori Health Action Plan

The Maori Health Action Plan first draft is currently being developed and will follow the same format as the other plans under development as part of the planning cycle. The National priorities remain very similar to last year with an Asthma indicator being added and all three CVD indicators removed. The oral health target now sits under the regional priorities and has been increased to 95% of pre schoolers enrolled in the community dental service.

The expectations are largely focused on child and youth health and prevention services with breastfeeding, smoking, screening rates, immunisation and oral health indicators continuing to have prominence in the Plan.

The development of the Maori Health Action Plan will be led by the General Manager and Portfolio Manager for Maori Health, in conjunction with the PHO and Poutini Waiora. The final Plan will also be completed with advice and input from Tatau Pounamu who has had a planning session to identify local priorities. These priorities are Oral health, healthy environments with a focus on nutrition and physical activity and targeted smoking cessation. It was also agreed that there will be a continued focus on a targeted approach to improve Maori engagement across all Long Term Conditions clinical programmes.

Maori Mental Health Services

Since June 2015, the manager has undertaken a review of the Maori Mental health service to assess its ability to deliver appropriate cultural support to tangata whaiora and their whānau, and to the wider mental health services across the rohe. A fuller report will be provided at a later date , specifically outlining issues of concern but more importantly identifying service development needs to ensure that the improvement of Health Outcomes for the Māori population within Te Tai O Poutini have been achieved through service quality and responsiveness.

To this aim Maori Mental Health has undertaken to:

- implement a referral form for services to enable MMH to track and monitor all referrals to the service
- Currently reviewing the Service Provision Framework (SPF) Including all documentation relevant to the service for alignment with the broader MH services
- Reviewing documentation against Health and Disability Quality standards.
- Developing relationships with Primary Mental Health services/organisations to ensure that through collaboration the ability to access MMH services is increased

MMH has also regretfully accepted the resignation of Richard Wallace as the Kaumātua for not only MMH but for the West Coast DHB, and wish him well in his future endeavours. This does however create a position that will need to be filled and we will work with Tatau Pounamu and the GM Maori Health to address this.

Improving Maori Cancer Outcomes – Faster Cancer Treatment

Aim: Improving equity along the cancer pathway, for all patients across the South Island, and support the 62-day FCT target by promoting and facilitating early and consistent engagement of Maori with cancer services.

The next phase of this initiative will be to extend the Nelson Marlborough Cancer Pathway project to other South Island DHBs. The Southern Cancer Network will be the lead agency for this piece of work and will link very closely with the NMDHB and each of the South Island DHBs who are participating. SCN have started the contracting process and aim to have someone in place to begin this work by early March.

The West Coast DHB are well placed to be the first DHB for this to occur as a next step to a series of hui late last year where the final report from NMDHB was presented to several audiences. We are in close contact with the Southern Cancer Network and NMDHB and are well prepared for this initiative to start.

There will be a period of extensive consultation on the West Coast to identify the most appropriate processes to follow and to gain agreement on how we identify and engage with key stakeholders – consumers, providers and networks with the aim of mapping the pathway and identifying issues for Maori that contribute to delays in accessing treatment with resulting inequity in outcomes.

Poutini Waiora

The Kaihautu of Poutini Waiora has resigned and the Board are now in the process of recruiting to this position. Moya Beech-Harrison has been in the role of Kaihautu for almost a year and has contributed a great deal during her time, she will leave the organisation and its staff well positioned and supported to continue with the work. A lot has been achieved in integrating the Maori Health teams into the practices and delivering clinics in community settings in collaboration with our health partners. Moya has committed to staying on as Kaihautu until a suitable person is in place.

Report Prepared by: Kylie Parkin, Acting General Manager, Maori Health

WEST COAST DHB STRATEGIC DISABILITY ACTION PLAN

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

TO: **Chair and Members**
Community & Public Health & Disability Support Advisory Committee

SOURCE: **Planning & Funding**

DATE: **1 April 2016**

Report Status – For: *Decision* ☑ *Noting* ☐ *Information* ☐

1. ORIGIN OF THE REPORT

In February 2015 the Executive Management Team, the Community & Public Health & Disability Advisory Committee and this Board approved the draft of the Strategic Disability Action Plan for wider consultation with people with disabilities, their family/whānau and other key stakeholders such as providers of disability services.

The West Coast DHB Strategic Disability Action Plan was developed as a parallel process with the Canterbury DHB Strategic Disability Action Plan as the West Coast CPHAC/DSAC members wanted the strategy to be consistent with the transalpine approach in that the higher level objectives should be the same at the strategic level. As anticipated some differences do occur in the priorities actions which reflect the different health and disability systems that exist within each district.

In addition Canterbury DHB DSAC recommended the inclusion of a Position Statement to form a part of the overall Disability Strategy and this has been included as a component of the West Coast DHB's plan.

2. RECOMMENDATIONS:

That the Board, as recommended by the Community & Public Health & Disability Advisory Committee:

i. approves the Strategic Disability Action Plan with Priority Actions for 2016/17; and
ii. approves the proposed governance structure and proposed implementation of the Priority Actions.

3. SUMMARY

The current draft of the West Coast DHB Strategic Disability Action Plan has been developed during a pre-consultation phase and the approved draft was used as the vehicle for feedback on the objectives and the identification of the Priority Actions for 2016/17. The current draft has the amendments identified as a result of feedback received during consultation with people with disabilities, family/whānau and other key supports including disability providers. The purpose of this paper is to present to DSAC the amended Strategic Disability Action Plan with the proposed Priority Actions for 2016/17 for approval.

The Strategic Disability Action Plan includes the following:

- Introduction of the plan including the definition of disability used.
- Position Statement which CPHAC/DSAC recommended as forming part of the plan

- Governance Structure
- Strategic Disability Action Plan which includes the vision statement, alignment of the strategic areas of focus with the New Zealand Disability Action Plan 2014 -2018 and objectives which are each identified as meeting the objectives of the New Zealand Disability Strategy 2001
- Priority Actions 2016/17 identified following feedback
- A summary of feedback received

4. DISCUSSION

Development of the Strategic Disability Action Plan

An initial draft of the Strategic Disability Action Plan was developed in late 2014 using the United Nations (UN) Convention on the Rights of Persons with Disabilities definition of disability, which New Zealand ratified in 2007. This definition describes disability as resulting 'from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others' (UN General Assembly 2007). This definition distinguishes the impairment or health condition (e.g. paraplegia) from the restrictions on participation in society (e.g. unemployment due to discriminatory recruitment practices). These restrictions are not an inevitable consequence of the impairment; they are a result of unfair and avoidable barriers which results in many of the differences in health status between people with a disability and people without a disability.

Development of the draft Strategic Disability Action Plan included the review of core New Zealand Disability documents:

- New Zealand Disability Strategy 2001,
- New Zealand Disability Action Plan 2014 -18.
- Whaia Te Ao Marama: The Maori Disability Action Plan for Disability Support Service 2012 – 2017
- Faiva Ora National Pasifika Disability Plan 2014 -16
- Second Report of Independent Monitoring Mechanism of the Convention of the Rights of Disabilities, Published August 2014

In response to feedback and to be inclusive of national developments core New Zealand documents now also include:

- New Zealand Disability Action Plan 2014 -18. Updated December 2015
- He Korowai Oranga, Māori Health Strategy 2014 -2018
- Ala Mo'ui: Pathwway to Pacific Health and Wellbeing 2014-18
- United Nations Convention on the Rights of People with Disabilities (ratified by New Zealand 2007)
- United Nations Convention on the Rights of the Child (ratified by New Zealand 2008)
- Human Rights Act 1993

The strategic objectives contained in the current draft West Coast DHB's Strategic Disability Action Plan are consistent with the strategic focus areas of the New Zealand Disability Action Plan 2014 -18, Safety and Autonomy, Wellbeing, Self Determination, Community and Representation. It is also specified in the plan which objective of the New Zealand Disability Strategy 2001 would be met by achieving the stated goal, (identified by the number at the end of each goal).

Alignment with the West Coast DHB's vision and prioritisation principles was also incorporated into the development of the draft. The key objective being that the Strategic Disability Action Plan should

complement and enhance existing organisational systems and processes focused on transforming and improving the health system. The ultimate goal is that the Strategic Disability Action Plan becomes the Health System Strategic Disability Action Plan. This has been discussed with the Alliance Leadership Team and it was recommended that the plan be presented to Alliance Leadership Team following approval by the DHB Board. The Alliance Leadership Team recommend that this would be the overarching Strategic Action Plan but specific actions addressing the priorities for people with disabilities would be in Work Stream and the Service Level Alliance work plans and not separate priority actions as currently included in the West Coast DHB's Strategic Disability Action Plan.

Consultation Process

The purpose of consultation was to ensure development of the plan is consistent with the New Zealand Disability Strategy 2001 which identifies the inclusion of people with disabilities participation at all levels of organisations. In the disability community this has become the mantra "nothing about us, without us".

The 6 month phase of consultation commenced with 3 forums in Westport, Hokitika and Greymouth, face to face meetings, attendance at existing meetings and forums across the health and disability sector, circulation of the plan electronically to disability providers some of whom forwarded to their network of people with disabilities. Some disability providers also arranged special meetings with their service users and families to hear about the draft strategy and provide input.

While the feedback is rich and there was diverse engagement with people with disabilities and the people and services that support them, there needs to continue to be a focus on building on this initial phase. Feedback was overwhelmingly positive about the DHB's commitment to develop a strategic disability action plan however many individuals and disability providers expressed some scepticism about the 'how' of achieving the objectives of the strategy. The setting up of a communication plan to build on this initial engagement is vital to the successful implementation of the Strategic Disability Action Plan.

More detail about the Consultation is provided as part of the Strategic Disability Action Plan documentation attached with the briefing paper

Feedback and Recommended Amendments to Draft DHB Strategic Disability Action Plan

All feedback received to date, both written and verbal, has endorsed the vision and objectives of the Action Plan with some recommended amendments. The respondents stated that the principles of the New Zealand Disability Strategy 2001 of participation, partnership and protection of rights of people with disabilities were present throughout the document. Respondents unanimously commended the DHB on the development of a Disability Strategy the process undertaken to seek the opinions of people with disabilities their family/whanau and other key stakeholders on the Action Plan and the priorities for action over the next 2 years. The consultation process has resulted in a number of recommendations on how the Draft DHB Strategic Disability Action Plan can be strengthened in both language and the broadening of the scope of some of stated goals. These are summarised in Appendix 3 of the plan, attached with this briefing paper

Feedback on the Process of Developing and Implementing the Plan

Feedback about the consultation process has appreciated the plain language version being distributed and that it was available electronically for wider circulation among networks within the disability community. It has been recommended that the final approved version also be made available in other formats such as large print and on CD's.

There was concern that those individuals who don't belong to any specific disability groups did not have the opportunity to comment. Those within the disability sector recognise that reaching people with disabilities is one of the significant challenges within the sector, as they are often an invisible part of the community due to the very barriers this plan is developed to address. Further planning and ongoing engagement on how to reach this group is required

It is also recommended that a process for amending the Strategic Disability Action Plan should be put in place to ensure opportunities for improving the plan or priorities for action that have not currently emerged, can be added at a later date. This process has been built into the plan with an annual evaluation of progress against the priority actions, on –going engagement with people with disabilities and their supports on the emerging issues for them being received via the communication plan and at a minimum an annual refresh of the priority actions and any amendment to the overall strategy that would occur via EMT and CPH&DSAC.

5. CONCLUSION

The current draft of the Strategic Disability Action Plan and Priority Actions was presented for review by the West Coast DHB Consumer Council at their meeting on 22 February 2016. The Consumer Council commended the changes made to the plan as a result of consultation. They are also wanting to receive regular feedback on the plan. If the proposed governance structure is approved the Consumer Council recommended a robust process for consumer and family membership on the Disability Steering Group.

All parts of the Strategic Disability Action Plan have been considered by the Executive Management Team with no feedback to date.

While the Priority Actions 2016/17 are primarily identified in response to feedback, the prioritisation for 2016 have been targeted as implementation of these priorities will establish the foundation for future work to achieve the stated strategic objectives. For example:

- establishing the governance structure
- understanding the population
- setting up a robust communication plan
- engaging in cross government work

Detailed below is the estimated time frame for the Action Plan:

Estimated Timeframe	
10 March 2016	CPH&DSAC endorsement sought
1 April 2016	Board approval sought
	Once full approval achieved implementation occurs commencing with the establishment of the Disability Steering Group

Deliverable	10 March	9 June	28 July	8 Sept	1 Dec
Strategic Disability Action Plan document	Final draft full plan	Published version			Any proposed changes to Strategy for 2017
Initial project plans	List of priority projects	Initial project plans			Any new projects for 2017
Project updates to CPH&DSAC		Project update focus on • West Coast Disability Population Profile	Project update focus on • Implementation of the Communication Plan	Project update focus on • Disability Awareness for staff	Project update focus on • WCDHB as an Employer of people with disabilities.

Report prepared by: Kathy O'Neill, Disability Lead , Planning & Funding

Report approved by: Carolyn Gullery, GM Planning & Funding

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

Introduction to the West Coast DHB Strategic Disability Action Plan 2015 - 2025

In 2015 the West Coast DHB Executive Management Team and Board approved the development of a West Coast DHB Strategic Disability Action Plan for 2015 – 2025. The draft document approved for wider consultation has been developed in line with the New Zealand Disability Strategy 2001 and the United Nations Convention on the Rights of People with Disability which New Zealand ratified in 2007. People with disabilities, their family/whānau, disability service providers and Disabled People Organisations who are recognized by the New Zealand Office of Disability Issues as representing the collective voice of people with disabilities, have received and been invited to provide feedback on the draft Strategic Disability Action Plan and have been asked for their input into setting the priority actions for 2016 - 2017. Feedback was received via attendance at face to face meetings, forums and network meetings, and through written feedback. This feedback has been incorporated into the plan.

Development of the draft Strategic Disability Action Plan included the review and incorporation of the key elements of core New Zealand Disability documents: These included:

- New Zealand Disability Strategy 2001,
- New Zealand Disability Action Plan 2014 -18.
- New Zealand Disability Action Plan 2014 -18. Update December 2015
- Whaia Te Ao Marama: The Māori Disability Action Plan for Disability Support Service 2012 – 2017
- He Korowai Oranga, Māori Health Strategy 2014 -2018
- Faiva Ora National Pasifika Disability Plan 2014 -16
- Ala Mo'ui: Pathwway to Pacific Health and Wellbeing 2014-18
- United Nations Convention on the Rights of People with Disabilities (ratified by New Zealand 2007)
- Second Report of Independent Monitoring Mechanism of the Convention of the Rights of Disabilities, Published August 2014
- United Nations Convention on the Rights of the Child (ratified by New Zealand 2008)
- Human Rights Act 1993

The importance of the United Nations Convention on the Rights of Persons with Disability was a consistent message from people with disabilities and their supports. These guiding principles are copied here to highlight their importance and incorporation in the development of the plan.

Guiding principles of the Convention

There are eight guiding principles that underlie the Convention:

1. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
2. Non-discrimination
3. Full and effective participation and inclusion in society
4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
5. Equality of opportunity
6. Accessibility
7. Equality between men and women

8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

The definition of disability used to identify the scope and focus of the strategy and plan is the definition of the United Nations Convention on the Rights of People with Disability. This definition describes disability as resulting 'from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others' (UN General Assembly 2007). This definition distinguishes the impairment or health condition (e.g. paraplegia) from the restrictions on participation in society (e.g. unemployment due to discriminatory recruitment practices). These restrictions are not an inevitable consequence of the impairment; they are a result of unfair and avoidable barriers which results in many of the differences in health status between people with a disability and people without a disability. Using this definition the plan is applicable to **all** people with disabilities regardless of age or the type of impairment.

The principles of partnership, participation and protection have been central to the development of the strategic objectives and priority actions. These principles are consistent with the Treaty of Waitangi and demonstrate the West Coast DHB's commitment to working with Māori as our treaty partners. This is critical as Māori have higher rates of disability and poorer health outcomes than for non-Māori. While there is a specific objective to achieve equitable outcomes for Māori within the Strategic Disability Action Plan each of the identified priority actions will have identified actions that are inclusive and culturally appropriate for Māori.

Following feedback on the draft West Coast DHB Strategic Disability Action Plan it was identified that while all aspects are important and should be progressed if opportunities present, the priority actions for 2016/17 are in the following areas:

- Promote and provide communication methods that improve access and engagement with people with disabilities
- Develop and implement an affirmative action plan focused on increasing the numbers of people with disabilities being employed and supported in their role within the West Coast DHB.
- Work to achieve equitable outcomes for Māori.
- Work with Pacifica people, their families and Pacifica providers to improve engagement and achieve the outcomes identified in Ala Mo'ui: Pathwway to Pacific Health and Wellbeing 2014-18
- Increase West Coast DHB staff disability awareness, knowledge and skills
- Integrated and co-ordinated approaches between cross government services and local providers for all people of all ages and abilities.

The priority actions for 2016 -2017 are the focus areas for achieving the stated in West Coast DHB Strategic Disability Action Plan for 2015 – 2025. Each priority action has an identified health outcome. It is intended that the priority actions do not duplicate the current work occurring across the health system within already established alliances and wherever appropriate the alliances will continue to design new and changed systems and services with the needs of people with disabilities at the fore. However the West Coast DHB Strategic Disability Action Plan does have specific priority actions that are currently not being progressed in existing alliances or divisions of the West Coast DHB. Therefore an initial focus is targeted at establishing an effective and sustainable governance and implementation structure with the forming of a Disability Steering Group and the identification of disability champions across the West Coast DHB. Baseline and ongoing measures are also being identified and will be used as the measures of success of achieving the stated objectives. It is envisaged that the West Coast DHB Strategic Disability Action Plan will be endorsed by the alliances

and become a core document whose objectives are progressed across the health and disability system.

Included with the Strategic Disability Action Plan is a West Coast DHB position statement which addresses the critical issues related to human and civil rights, treatment, and services and programs for people with disabilities and their family/ whānau. This statement is to inform our population and other districts on the prevailing organizational view on these key issues for people with disabilities.

Progress on achieving the stated objectives and priority actions will be reported back to the disability community in a range of forms including forums, electronic and written communication quarterly and this is identified in the Priority Actions 2016- 2017. The West Coast DHB Strategic Disability Action Plan for 2015 – 2025 will be refreshed at least annually and the Priority Actions will be developed and amended as necessary to ensure the West Coast DHB continues to strengthen its engagement and inclusion of disabled people in the transformation of the health system.

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

Appendix 1

Position Statement

Promoting the Health and Wellbeing of People with Disabilities

Purpose

This position statement summarises the commitment of the West Coast District Health Board to actions aimed at improving the lives of people with disabilities in the West Coast region. It will be used in making governance, planning & funding, and operational decisions. The West Coast DHB's Disability Action Plan reflects this position statement and provides the details of its implementation.

Key points

The West Coast DHB recognises that a significant proportion of the New Zealand population experience impairments, which may result in disability and disadvantage. In addition, the population is aging, which is associated with increasing impairment. Accessibility and inclusion are rights to be protected. They are also catalysts for new ideas and innovation that can lead to better services and outcomes for all.

The West Coast DHB can influence the extent to which our direct and contracted services, staff and facilities work to promote the health and wellbeing of people with disabilities who may be patients, clients, consumers, families & whānau, visitors, or employees of the West Coast DHB.

The West Coast DHB can also influence decision-makers outside the health sector to take into account the implications of their decisions on the lives of people with disabilities.

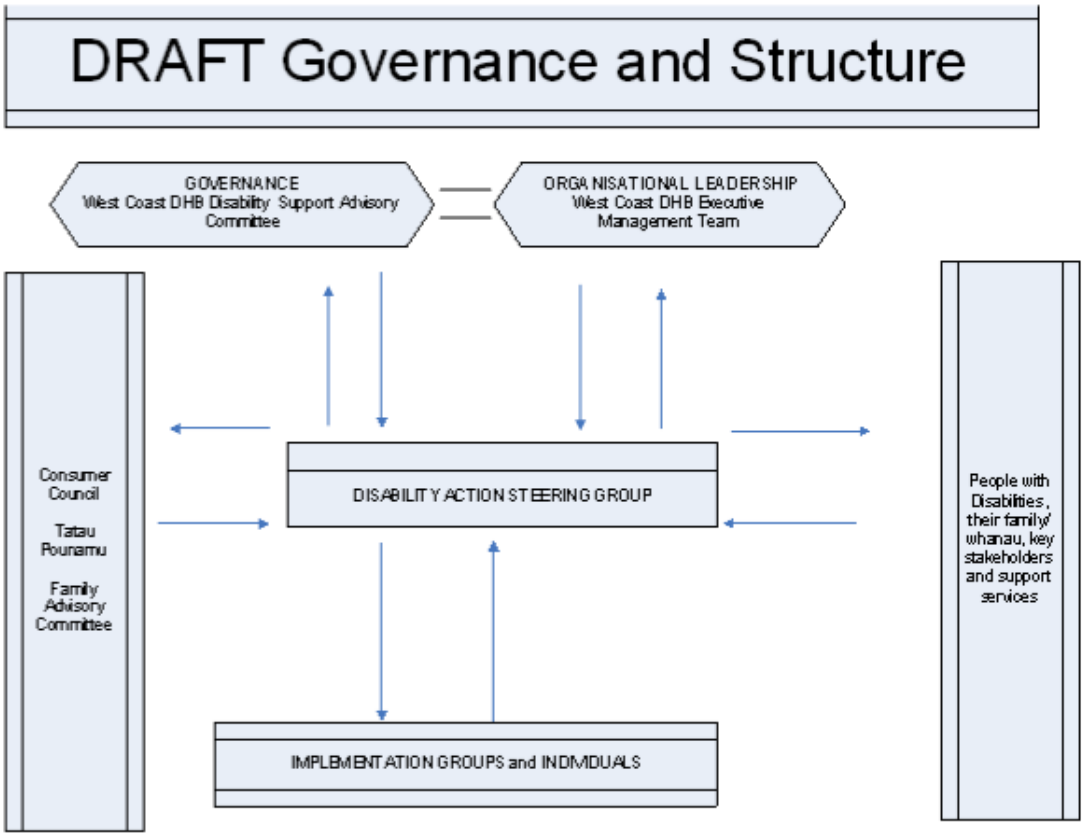
The West Coast DHB makes the following commitments to people with disabilities, their families & whānau, to:

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

The West Coast DHB will also incorporate the perspectives and needs of people with disabilities when we:

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

Appendix 2
West Coast DHB Strategic Disability Action Plan Governance Structure



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

Appendix 3 Terms of Reference: West Coast DHB Steering Group

West Coast District Health Board Te Poari Hauora a Rohe o Tai Poutini	TERMS OF REFERENCE West Coast DHB Disability Steering Group

Scope	The Disability Steering Group will include all services of the West Coast DHB when identifying and implementing priority actions included in the Strategic Disability Steering Plan 2015 - 2017
Purpose	The Disability Steering Group will drive activity that will achieve the West Coast DHB vision that West Coast people (including those with disabilities) will experience a responsive and inclusive health system that supports them to be live lives to their full potential and be safe and well in their homes and communities. The Disability Steering Group will influence behaviours, system and process design across the health system, to enable this vision and to improve the outcomes for this population.
Objectives	• Oversee the development, implementation and evaluation of the West Coast DHB Steering Plan which incorporates all the key objectives of the New Zealand Disability Steering Plan 2014 – 2019 • Facilitate linkages and information sharing to decision makers within clinical, operational and professional groups of the West Coast DHB and to the Workstreams of the West Coast Clinical Network, to ensure a disability focus is incorporated. • Develop strategies that develop and support the workforce to be competent and responsive to the needs of people with disabilities
Principles	Definition: The United Nations (UN) Convention on the Rights of Persons with Disabilities, which New Zealand ratified in 2007, describes disability as resulting 'from the interactions between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others' (UN General Assembly 2007). The Disability Steering Group will undertake to address and remove these barriers. The key principle to achieve this is to facilitating and supporting the self determination of people who experience disability by ensuring their active participation in the design of the health system and its services.
Accountability	The Disability Steering Group is accountable to the Executive Management Team and will report quarterly to them The Disability Steering group is endorsed by the Disability Support Advisory Committee and will report quarterly

Membership	Disability Lead, Planning and Funding Community and Public Health Clinical Lead Primary Care West Coast Alliance Human Resources Quality and Patient Safety Business Development Unit Consumer Advisor Family Advisor Operations Manager Communication Learning and Development Māori Advisor Pacific Advisor Other staff and consumer representatives will be co-opted as required. Continuity of membership is important. Members will send a delegate in their absence
Chairperson	TBC
Quorum	50% membership
Meetings	Monthly (10 per year)
Agenda	Approved by the chair and circulated 1 week prior to the scheduled meeting date
Minutes	Minutes will be circulated within 5 working days following the meeting
	The Disability Steering Group is accountable to the Executive Management Team and will report quarterly to them The Disability Steering group is endorsed by the Disability Support Advisory Committee and will report quarterly

Appendix 4

Consultation Process and Summary of Feedback

The consultation process on the West Coast has consisted of the following:

- a series of 3 forums in Greymouth, Hokitika and Westport in collaboration with the New Zealand Federation of Disability Centres
- consumer feedback as part of established groups or part of the disability providers accountability structure
- kaumatua feedback via Poutini Waiora
- West Coast DHB Advisory Groups
- West Coast Health and Disability Providers (individual meetings and written feedback)
- Canterbury and New Zealand providers who have branches or affiliations on the West Coast including Disabled Peoples Organisations.
- Health system alliances
- Front page of West Coast DHB Website

Feedback was requested in two parts, firstly on the Strategic Disability Action Plan which identifies the objectives of the West Coast DHB for a 10 year period from 2015 -2015. Feedback was also sought on the priority areas for action that would achieve improved outcomes for people with disabilities in a limited number of areas. While all objectives are important to progress feedback also identified that actions needed to be focused on a limited number of the 15 objectives in order for progress to occur.

1. Feedback on the draft Strategic Disability Action Plan

The respondents were unanimously positive of the development of a West Coast DHB Strategic Action Plan. The initial draft was complimented on being linked to key national documents especially the New Zealand Disability Strategy 2001 and the New Zealand Disability Action Plan 2014 -2018. However while the objectives were generally agreed to cover the key areas important to people with disabilities and their family/ whanau, the draft did not often use language that communicated the key principles of inclusion, partnership and the promotion of wellbeing. Specific feedback sought to have the inclusion of statements that people with disabilities 'live lifes to their full potential' and the countering of stigma and discrimination.

Respondents also found some of the wording ambiguous and at times full of jargon, while this has been amended wherever practical the recommendation was that there be a plain language version available in word format. A plain language version of the draft was created and it is intended that the final version will be made available in plain language and in word format so that it is readable by those using communication devices.

Specific feedback about each of the objectives in the Strategic Action Plan has been amended in response to feedback. In summary this is as follows:

- each priority action needs to be culturally appropriate for Maori.
- addition to the draft of a new objective about improving of health literacy
- the addition of objectives that are inclusive of all ages especially older people

- amendment to the wording of Offer Appropriate Treatment, to be stating what will be offered rather than what should be eliminated such as the use of seclusion and restraint
- that access is not just about building and facilities but is also about attitudes and responsiveness of people and services.
- That the plan speaks more about working with people with disabilities and their family/whanau

It was questioned by respondents about how the plans success would be measured and how this would be feedback to the people of the West Coast. Evaluation and communication back to the disability community has been included in the Priority Actions.

There was also concern expressed that the Strategic Action Plan had too many objectives to progress simultaneously. Therefore priority actions were recommended to be in only 4 -5 areas in order to ensure progress was made.

2. <u>The Key Themes and Opportunities for Priority Action 2016 -2017</u>

a. An integrated and co-ordinated response to meet needs

- there was lack of co-ordination between health and disability services that has been exasperated by the loss of services based on the West Coast in recent years
- variable responses between government agencies that relies on individuals rather than robust systems and processes
- examples of delays in getting people the equipment or housing modifications they required, this was raised in reference to the aging population
- a lack of services particularly in remote areas particularly for children and young people with complex needs

b. Accessibility of buildings and facilities

- People wanted increased engagement suggestions included providing regular updates in the form of a newsletter, written in formats that are accessible for people with disabilities.
- Identifying and promoting the process for people with disabilities to provide feedback and input when accessibility is impacted e.g. parking, after hour's security.
- Designing above code – having experts audit and make recommendations at key stages of the design and fit out of new buildings and rebuilds e.g. Barrier Free, Dementia Friendly.
- Accessibility is more than just design of buildings and must include all aspects of service delivery, including processes, procedures and attitudes that enable timely access and inclusion.

c. Promoting Disability Awareness

- Have a robust education and training programme focused on growing staff knowledge and skills about the engaging and supporting people with disabilities and their family/whānau. This training needed to be at all levels of the organisation not just health professionals and should include those in training.

- Develop a network of Disability Champions at a service level in the West Coast DHB these people will be the conduit for disseminating disability related information and resources available to staff when working with people with disabilities.

d. Communication

- The use of plain language, easy read and different formats e.g. large print is promoted and expanded for all forms of health information available across the health system.
- Different formats are used when disseminating information to the West Coast population so that it is readable by communication devices
- Health Passport is a mechanism where people with disabilities individual needs are specified. Identify within the growing suite of information technologies the best way this information is included and available when people with disabilities are accessing any part of the health system e.g. Health One
- The Patient Portal is being developed, within this development ensure that the tool will be in a format that meets the needs of people with disabilities.

e. West Coast DHB as an employer

People and Capability has targeted work in the following areas:

- Develop the West Coast DHB as a role model for employing people with disabilities.
- Review current recruitment process and action any opportunities to remove barriers and by taking affirmative action, to ensure people with disabilities have equity in employment within the West Coast DHB.
- As part of a staff wellbeing survey seek feedback from existing employees who identify as having a disability on their experience of working for the West Coast DHB and explore any opportunities to improve.

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

WEST COAST DHB Disability Strategic Action Plan 2015 – 2025

VISION: The West Coast DHB's disability strategic vision is of a society that highly values lives and continually enhances the full participation of people with disabilities. Through this strategic vision, the West Coast DHB will ensure that all people with disabilities experience a responsive and inclusive health and disability system that supports them to reach their full potential by providing equitable access to services that focus on keeping people safe and well in their homes and communities.

The New Zealand Disability Action Plan 2014 -2018 Strategic Focus				
Safety and Autonomy	**Wellbeing**	**Self Determination**	**Community**	**Representation**
I am safe in my home, community and work environment. I feel safe to speak up or complain and I am heard. Those assisting me (professionals and others) have high awareness and I do not experience abuse or neglect.	I feel dignity and cultural identity through a balance of family/community, mental, physical and spiritual wellbeing.	I make my decisions myself based on my aspirations. I have access to information and support so that my decisions are informed.	I feel respected for my views and my contribution is received on an equal basis with others.	Disabled Peoples Organisations (DPO) represent collective issues that have meaning for me (based on lived experience) in a way that has influence and impact.
West Coast DHB Strategic Focus				
People with disabilities and their family/whānau/carers are listened to carefully by health professionals and their opinions are valued and respected. Individuals are included in plans that may affect them and they are encouraged to make suggestions or voice any concerns by highly aware staff.	The wellbeing of people with disabilities is improved and protected by recognising the importance of their cultural identity. Health practitioners understand the contribution of the social determinants of health.	People with disabilities, contribute to their own health outcomes as they and their family/whānau receive the information and support which enables them to participate and influence at all levels of society.	People with disabilities experience equal workplace opportunities. The health system supports access, equity and inclusion for those living with impairments, their family/whānau, carers and staff.	The collective issues that emerge from people with disabilities lived experience of the health system are actively sought and used to influence the current and future West Coast health system.

The West Coast DHB will

Safety and Autonomy

1. INTEGRATE SERVICES FOR PEOPLE WITH A DISABILITY OF ALL AGES

Work with people with disabilities and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers so that Infants/children and youth with impairments and that adults with a disability including those with age related conditions, can live lifes to their full potential .

2. IMPROVE HEALTH LITERACY

Improve access to health information in a form that works for them, this includes access to their personal health information. Support is provided when required so that the individual/family/whānau can use information to manage their own health, share in decision making, provide informed consent, and make choices and decisions that are right for them and their family/whānau

3. OFFER APPROPRIATE TREATMENT

Offer interventions with individuals and their family/whānau which are evidence based best practise such as restorative, recovery focused approaches

4. MONITOR QUALITY

Develop and use a range of new and existing quality measures for specific groups and services the West Coast DHB provide for people with disabilities and develop systems and processes to respond to unmet need e.g. consumer survey (6, 10,13,14)

Wellbeing

5. MEASURE AND PROGRESS

Develop measures and identify data sources that will provide baseline information about people with disabilities who are accessing the health system. Using the Health System Outcomes Framework for each strategic goal, use data analysis to understand the population and evaluate progress towards improving health outcomes for people with disabilities (1, 8,13)

6. IMPROVE ACCESS TO PERSONAL INFORMATION

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

7. WORK TOWARDS EQUITABLE OUTCOMES FOR MĀORI

Work with, Maori people with a disability, whānau and the Kaupapa Māori providers to progress the aspirations of Maori people as specified in He Korowai Oranga, Maori Health Strategy for Maori people live with impairments. (11,13,15)

8. IMPLEMENT PASIFIKA DISABILITY PLAN

Work with Pasifika people, their families and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan 2014 -2016 which identifies nine specific objectives for Pasifika people with a disability and 'Ala Mo'ui: Pathwway to Pacific Health and Wellbeing 2014-18 which is aimed at improving culturally appropriate service provision with emphasis on improved access to Primary Care.
(12,13,15)

9. DEVELOP BETTER APPROACHES FOR REFUGEE, MIGRANT AND CULTURALLY AND LIGUISTICALLY DIVERSE GROUPS

Work with people with disabilities and their families who are from different refugee, migrant and other culturally and linguistically diverse groups to identify and implement responsive processes and practices. This includes information being appropriately translated and an awareness by staff of how disability is viewed from different cultural perspectives. (9,13)

Self Determination

10. PROVIDE ACCESSIBLE INFORMATION AND COMMUNICATION

Promote and provide communication methods that improve access and engagement with people with disabilities e.g. use of plain language and easy read, ensuring all

computer systems, websites are fully accessible to those who use adaptive technology, expand the use of sign language (1)

11. DEVELOP LEADERSHIP OF PEOPLE WITH DISABILITES WHO HAVE A ROLE IN THE HEALTH SYSTEM
Identify and support opportunities for leadership development and training for people with disabilities within the health system. This includes further development of peer support as a model of care for people with long term conditions (5)

Community

12. BE AN EQUAL OPPORTUNITY EMPLOYER
Develop and implement an affirmative action plan focused on increasing the numbers of people with disabilities being employed and supported in their role within the West Coast DHB. (4)
Develop and implement an appropriate quality tool for current employees who identify as having a disability, that can inform and identify opportunities to improve staff wellbeing. (2, 4, 10)

13. INCREASE STAFF DISABILTIY AWARENESS, KNOWLEDGE AND SKILLS
Develop and implement orientation and training packages that enhances disability awareness of all staff, in partnership with the disability sector e.g. people with disabilities, their family/whānau/carers, disability training providers and disability services(1)

14. SERVICES AND FACILITIES ARE DESIGNED AND BUILT TO BE FULLY ACCESSIBLE
Services and facilities will be developed and reviewed in consultation with people with disabilities and full accessibility will be enhanced when these two components work together to ensure people with disabilities experience an inclusive health system that is built to deliver waiora/healthy environments (6)

Representation

15. IMPLEMENT THE PLAN IN PARTNERSHIP
Work with the West Coast DHB Consumer Council to ensure a network of disability focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and re-design. This network will support the implementation and evaluation of the West Coast DHB Disability Action (1)

16. PROMOTE THE HEALTH, WELLBEING AND INCLUSION OF PEOPLE OF ALL AGES AND ABILITIES
Actively, promote and influence at all levels of society, to address stigma and discrimination, increase universal design for public spaces, and advocate for a full inclusive society . (1,4,13)

WEST COAST DHB PRIORITY ACTIONS 2016 -2017

KEY

Will be progressed in 2016/17 as a priority.
Will be progressed as opportunities emerge.

SAFETY AND AUTONOMY			
OBJECTIVE	**PRIORITY ACTIONS**	**OUTCOME**	**LEAD RESPONSIBILITY**
INTEGRATE SERVICES FOR PEOPLE WITH A DISABILITY OF ALL AGES Work with people with disabilities and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers so that Infants/children and youth with impairments and adults with a disability including those in related to age related conditions, can life lives to their full potential .	1.1 Map the pathway for people with disabilities and long term chronic health conditions (LT-CHC) to available services, and work with DSS and the Needs Assessment and Service Co-ordination Services to improve processes as people transition between health and disability services. 1.2 Where gaps in service provision are identified explore opportunities with the key stakeholders to identify opportunities and actions that can be progressed. 1.2 Address the gap in service provision for respite for 0-19 year olds with complex needs and for those living in remote rural communities. 1.3 The agreed pathways across funders and service providers will be placed on Heath Pathway.	Increased planned care and decreased acute care Decreased wait times Decreased Institutionalisation Rates	Planning and Funding Child and Youth Work Stream
IMPROVE HEALTH LITERACY Improve access to health information in a form that works for people with disabilities, this includes access to their personal health information, support is provided when required so that the individual/family/whānau can use information to manage their own health, share in decision making, provide informed consent, and make choices and decisions that are right for them and their family/whānau	2.1 People will better understand their health status through the development of the electronic patient portal in collaboration with people with disabilities and relevant experts to ensure that when the electronic patient portal is implemented it is accessible to people with disabilities, including those that use communication devices. 2.2 Carry out a stocktake of what other DHB's are planning or have implemented to enable specific needs of the individual being available to health services staff e.g. Disability Alert button on front page of the electronic patient record 2.3 With the involvement of people with disabilities and their family/whānau explore the potential for Health One as the electronic shared record between primary and secondary care, as the right repository for information that people with disabilities want communicated about how best to support them when they are accessing a health or disability service. Evaluate the potential effectiveness of this with the disability community	Improved environments support health and wellbeing Increased planned care and decreased acute care	Planning and Funding/Primary Care

OFFER APPROPRIATE TREATMENT Offer interventions with individuals and their family/whānau which are evidence based best practise and that these restorative, recovery focused approaches will result in people living lifes to their full potential.	3.1 Explore opportunities with the assessment to achieve a timely response for people with disabilities and their families/whanau who require • Aids to daily living • Housing modifications • Driving assessments	Improved environments support health and wellbeing	
MONITOR QUALITY Develop and use a range of new and existing quality measures for specific groups and services the West Coast DHB provide for people with disabilities and develop systems and processes to respond to unmet need e.g. consumer survey	4.1 1 Trail the use of feedback at the time of treatment within an identified service and explore whether this can include asking people if they have a long term impairment 4.2 Ensure people with disabilities and their family/whanau know about and understand the West Coast DHB complaints and compliments process by describing the process in easy read language and this is placed alongside existing signage within wards and reception areas.	No wasted resource (Right care, in the right place, at the right time, delivered by the right person)	Quality and Patient Safety
WELLBEING			
MEASURE AND PROGRESS Develop measures and identify data sources that will provide baseline information about people with disabilities who are accessing the health system. Using the Health System Outcomes Framework for each strategic goal, use data analysis to understand the population and evaluate progress towards improving health outcomes for people with disabilities (1, 8,13)	5.1 The disability population will be identified by developing an inventory of available data and potential data sources that can be used to better understand those with disability who access the health system 5.2 Additional data collection required to inform further service development and measures of success will be identified and systems for data collection will be developed. (These processes are inclusive of the actions specified for Maori and Pasifika in 7.1 and 8.1 of this plan)		Planning and Funding
IMPROVE ACCESS TO PERSONAL INFORMATION Enable people with disabilities to have increased autonomy in making decisions that relate to their **own** health by developing processes that enhances communication e.g. access to their medical records through patient portals. People with disabilities will be given support to do this if they are unable to do this on their own	6.1 The process for identifying the solution for patient portal in Primary Care includes how the needs of people with disabilities will be addressed.		
WORK TOWARDS EQUITABLE OUTCOMES FOR MĀORI Work with, Maori people with a disability whānau and the Kaupapa Māori provider to progress the aspirations of Maori people as specified in apply He Korowai Oranga, Maori Health Strategy.	7.1 Develop high quality ethnicity data sets by having processes in place that enables all data collected and collated specifically captures information specific to the Maori population with a disability 7.2 All the priority actions of this plan are to include culturally appropriate actions for Maori with a disability and their whānau and that this promotes and supports whānau ora and rangitiritanga.	Delayed/avoided burden of disease and long term conditions	
IMPLEMENT PASIFIKA DISABILITY PLAN Work with Pasifika people, their families and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan 2014 -2016 which identifies nine specific	8.1 Develop high quality ethnicity data sets by having processes in place that enables all data collected and collated specifically captures information specific to the Pasifika population with a disability	Delayed/avoided burden of disease and long term conditions	

objectives for Pasifika people with a disability and 'Ala Mo'ui: Pathwway to Pacific Health and Wellbeing 2014-18 which are aimed at improving culturally appropriate service provision with emphasis on improved access to Primary Care.	9.2 Strengthen the culturally appropriate service responses by engaging with the Canterbury DHB, as one of the target DHB's who are working to implement the four priority areas of 'Ala Mo'ui.		
DEVELOP BETTER APPROACHES FOR REFUGEE, MIGRANT AND CULTURALLY AND LIGUISTICALLY DIVERSE GROUPS Work with people with disabilities and their families who are from different refugee, migrant and other culturally and linguistically diverse groups to identify and implement responsive processes and practices. This includes information being appropriately translated and an awareness by staff of how disability is viewed from different cultural perspectives.	10.1 Have a combined approach with the Canterbury DHB to engage with Migrant Centre, CALD Co-ordinator Resettlement Service to explore opportunities for including the needs of CALD people with disabilities in the way we communicate. 10.2 Use the local West Coast networks to establish communication processes to disseminate health and disability related information and advice to CALD communities e.g. Chinese Newspaper.	Delayed/avoided burden of disease and long term conditions	
SELF DETERMINATION			
PROVIDE ACCESSIBLE INFORMATION AND COMMUNICATION Promote and provide communication methods that improve access and engagement with people with disabilities e.g. use of plain language and easy read, ensuring all computer systems, websites are fully accessible to those who use adaptive technology, expand the use of sign language	11.1 Engage with West Coast DHB Communications to review the West Coast DHB website to identify any parts of the website which are not fully accessible for people who use communication devices. 11.2 Build on the partnership with the disability sector by having the Disability strategy and a version of this Action Plan made available in Easy Read language. 11.3 Work with West Coast DHB Communications to identify which key communications that already exist can be used to communicate with the network of disability organisations and key contacts. E.g. Quality Accounts 11.4 Undertake a stocktake within Divisions aimed at identifying where people with lived experience are providing peer support to service users and recommend areas of further development. 11.5 Quality and Patient Safety to develop a West Coast DHB policy on the use of sign language and access to interpreters.	Improved environments support health and wellbeing	Communications Quality and Patient Safety
DEVELOP LEADERSHIP OF PEOPLE WITH DISABILITES WHO HAVE A ROLE IN THE HEALTH SYSTEM Identify and support opportunities for leadership development and training for people with disabilities within the health system. This includes further development of peer support as a model of care for people with long term conditions	12.1 Engage Workforce Development training providers from the Disability sector to identify opportunities to support people with disabilities and their family/whanau who are providing a voice for people with disabilities within the health system, this will include exploring options for appropriate leadership training.	Improved environments support health and wellbeing	
COMMUNITY			
BE AN EQUAL OPPORTUNITY EMPLOYER Develop and implement an affirmative action plan focused on increasing the numbers of people with disabilities being employed and supported in their role within the West Coast DHB. Develop and implement an appropriate quality tool for current employees who identify as having a disability, that can inform and identify opportunities to improve staff	13.1 Quality and Patient Safety will explore how to use the Staff Wellbeing Survey to ask staff how the West Coast DHB can continuously improve its support of people with disabilities who are employed in the West Coast DHB 13.2 Develop and implement an affirmative action plan that will result in more people with disabilities being employed by the West Coast DHB	Improved environments supports health and wellbeing (Understanding health status and determinants)	People and Capability

wellbeing.			
INCREASE STAFF DISABILTIY AWARENESS, KNOWLEDGE AND SKILLS Develop and implement orientation and training packages that enhances disability awareness of all staff, in partnership with the disability sector e.g. people with disabilities, their family/whānau/carers, disability training providers and disability services	14.1 Through the West Coast DHB organisational structure, identify Disability Champions across Departments, with the purpose that these Champions will form a network that will disseminate disability related information and resources and will be a key part of implementing the priority actions. 14.2 Work with the Learning and Development Unit and Professional Leaders to identify relevant education programmes that are already developed and offered by disability focused workforce development organisations e.g. Te Pou. 14.3 Work with Learning and Development to ensure the eLearning tool being developed by Canterbury DHB, is appropriate for the West Coast DHB and that this is placed on the HealthLearn website and promoted to staff. 14.4 That training packages are developed and implemented in partnership with Maori people with disabilities and their whānau, to ensure cultural competency is inclusive of any training delivered.	Delayed/avoided burden of disease and long term conditions (Access to improved Care)	Learning and Development
SERVICES AND FACILITIES ARE DESIGNED AND BUILT TO BE FULLY ACCESSIBLE Services and facilities will be developed and reviewed in consultation with people with disabilities and full accessibility will be enhanced when these two components work together to ensure people with disabilities experience an inclusive health system	15.1 Site Redevelopment and Communications will work together to develop a communication plan for the Disability Community to receive regular updates on the development of West Coast DHB facilities. This will be in formats that are user friendly for those with disabilities. 15.2 The communication plan will include information on how people with disabilities and their family/whanau can provide feedback and input when they have or potentially will experience barriers to access. 15.3 The West Coast DHB will engage experts at key stages of the design, build and fit out of the building or rebuild of facilities, e,g, Barrier Free and Dementia Friendly	Delayed/avoided burden of disease and long term conditions (Community capacity enhanced, access to care improved)	
REPRESENTATION			
IMPLEMENT THE PLAN IN PARTNERSHIP Work with the West Coast DHB Consumer Council to ensure a network of disability focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and re-design. This network will support the implementation and evaluation of the West Coast DHB Disability Action	15.1 Establish a Disability Steering Group that has members who identify as having a disability, members of the disability community including providers of disability services and leaders from across the health system who can provide leadership in the implementation of the plan. 15.2 A Communication Plan is developed and actioned, and this includes regular engagement with the disability sector including people with disabilities, their family/whanau and Disabled Peoples Organisations 15.3 Monitoring progress against the priority actions will be undertaken quarterly and communicated to the sector as a key part of the communication plan. 15.4 The priority actions will be refreshed annually within the health system and the disability sector		
PROMOTE THE HEALTH, WELLBEING AND INCLUSION OF PEOPLE OF ALL AGES AND ABILITIES Actively, promote and influence at all levels of society, to address stigma and discrimination, increase universal design for public spaces, and advocate for a fully inclusive society.	16.1 Community Public Health will continue to co-ordinate submissions on behalf of the West Coast DHB with submissions using the West Coast DHB Strategic Action plan as the underpinning principles 16.2In conjunction with Disabled Peoples Organisations, Disability Support Services, Ministry of Social Development and the Ministry of Education, set an annual seminar which presents new developments and initiatives for people with disabilities.		Community and Public Health

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 10 MARCH 2016

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Chair, Community & Public Health & Disability Support Advisory Committee**

DATE: **1 April 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 10 March 2016.

For the Board's information the functions of CPH&DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000:

"*With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:*
- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:
- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided.*"

The aim of the Committee's advice must be:
- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximise the overall health gain for the resident population of the West Coast District Health Board, and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board."*

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board."

2. RECOMMENDATION

That the Board:

i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 10 March 2016.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) COMMUNITY AND PUBLIC HEALTH UPDATE

This report was provided to the Committee with updates as follows:

Community Nutrition
An Appetite for Life course has now started in Westport at Number 37 (community house) and Community and Public Health staff recently met with a practice nurse in Reefton about providing a course there in the near future. There is a steady flow of referrals to Appetite for Life coming in from Hokitika and Greymouth as well. We are developing strategies to streamline our referral process and to enhance the overall experience of Appetite for Life.

Community and Public Health has been continuing work with six Early Childhood Centres to support the development of healthy kai policies and to provide support to teachers and parents around children's nutrition. The early childhood setting will be a strong focus of our work in nutrition over the next year.

Alcohol Licensing
Community and Public Health's alcohol licensing staff continue to report on alcohol licence applications. One application of particular note was opposed by the Medical Officer of Health during February. This was an application for a new off-licence store in Hokitika, a town which already has one off-licence for every 423 people. Should this application be granted, it would mean that there would be one off-licence for every 371 people in Hokitika. The comparable ratio for Greymouth is one off-licence for every 1154 people and for Westport it is one for every 1009. Increased density of alcohol outlets has been shown to correlate with increased alcohol harm and the Westland District already has the highest rates of several types of alcohol-related harm of all West Coast districts. This application will go to a hearing of the Westland District Licensing Committee late next month.

Community and Public Health staff have met with the Hokitika Wildfoods Festival Coordinator to discuss the event on 12 March 2016. This year there will again be a live band performance at the Festival grounds on Saturday evening. CPH staff, along with Police and the Westland Licensing Inspector will be monitoring at the Festival and during the evening.

Kaumātua Wellbeing Hui
Community and Public Health have been working with our partners to organise kaumātua wellbeing hui for 2016 at Arahura marae. These hui encourage and support kaumātua as whanau health promoters. Kaumātua have identified their areas of interest for the upcoming hui.

The first hui will be an influenza vaccination clinic on 23 March supported by the Westland Medical Centre, Poutini Waiora and the West Coast PHO. Westland Pharmacy staff will also be in attendance to talk about medications, blister packs, and how to access funding for certain medications.

The second hui will on 6 April and will be on Alzheimer's and Dementia. This hui is will be supported by Anne Marie Reynolds, West Coast field worker from Alzheimers Canterbury, Robyn Naish, Dementia Educator and Dr Michele Dhanak from the Complex Clinical Care Network, as well as staff of Poutini Waiora and the West Coast PHO.

Smoke-free Enforcement
Community and Public Health conducted a tobacco Controlled Purchase Operation in the Buller and Grey Districts over a two day period in February with the help of a 15 year old volunteer, the Christchurch Smoke-free Officer and a Ministry of Health representative. Shops were visited in Westport, Carters Beach, Reefton, Ikamatua, Ahaura, Moana, Blackball and Greymouth. We are pleased to report that no sales were made to the volunteer.

Relay For Life
Members of the West Coast Tobacco Free Coalition attended the Cancer Society's Relay for Life held at the Greymouth High School grounds from 10am - 11pm on Saturday 20th February. There were twelve teams taking part this year. We had a smokefree gazebo with information and resources to support people wanting to quit smoking or to continue to live smokefree. We were also promoting smokefree cars. Three people made appointments with the Smoking Cessation Counsellor during the day and there were other positive discussions about quitting smoking.

Ministry of Health Tobacco Realignment
A Request for Proposal (RFP), as part of the Ministry of Health Tobacco Realignment – Regional/Local Stop Smoking Services process was submitted to the Ministry in mid-February by Community and Public Health. The proposal was developed through the West Coast Alliance structure, under the auspices of the Healthy West Coast Governance Group. A working group supported the development of the proposal which included key stakeholders from the areas of smokefree, Māori health and mental health. The process provided the West Coast health system with an opportunity to develop and propose a service that:

i. is a culturally appropriate and suitably skilled stop smoking programme providing evidence-based medication and face-to-face, flexible behavioural support to Māori and other priority population groups; and
ii. allows a means of improving recruitment and engagement of 'hard to reach'/'hard to engage' people who want to stop smoking within these priority population groups.

Community and Public Health is expecting to hear the outcome of the RFP later in March, with the current Aukati Kaipaipa contract finishing 30 June 2016.

Discussion took place regarding the Healthy Food Environments Policy and the Committee noted that the West Coast DHB is working at a national level with other DHBs towards ensuring a policy is in place by 30 June 2016. It was also noted that whilst the policy must be in place by 30 June this will not necessarily mean that the policy will be fully implemented by then.

The report was noted.

b) PLANNING & FUNDING UPDATE

Philip Wheble, Team Leader, Planning & Funding presented this update. Mr Wheble advised that in response to the request at the last meeting to make ethnicity more visible in reporting the team have been working to achieve this and it is a work in progress.

The report itself provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

Key Achievements
- The West Coast DHB continues to achieve 99.7% of patients admitted, discharged or transferred from Grey Base ED within six hours during January 2016. An impressive 96% were seen within just four hours.
- West Coast DHB was 19 discharges ahead of our year-to-date progress target toward delivering 1,889 elective and arranged purchase unit code (PUC) discharges in the 2015/16 financial year.
- CCCN staff ensured 95% of people over 65 years receiving long term home based supports had an InterRAI assessment and an appropriate restorative care plan, meeting the target.

Key Issues & Associated Remedies

- Four neurology patients are showing as non-compliant against the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in December. Two Orthopaedics patients are showing as non-compliant against their first specialist assessment to surgical treatment (ESPI 5) in December. All patients have either since been seen, referred to their GP or now have an appointment.
- West Coast DHB has delivered B4 School Checks to 30% of the total eligible population and 27% of the high deprivation population against the 53% year-to-date target. There were no B4 School check clinics in January as these have proved to have very high DNA rates previously. The B4 Schools team has planned clinics for the remainder of the year and are confident in their ability to achieve the year-end target.
- West Coast health practitioners have reported giving 4,315 smokers cessation advice in the 15 months ending December 2015. This represents 84.8% of smokers enrolled with the PHO, against our 90% target. We are disappointed to see the monthly Karo data trend continue downward. All best practices continue.

Discussion took place regarding reporting of mental health data and the Committee noted that this data has temporarily been deleted from the report as it does not contain the latest information. It is hoped that a new Health Solution System will be implemented by June. This will show current information however historical information will be input after that date.

The report was noted.

c) ALLIANCE UPDATE

This report provided an update of progress made around the West Coast Alliance regarding:

Alliance Leadership Team (ALT)

Over the last few months the Alliance workstreams have been developing the draft workplans for the coming financial year. This work will be reviewed by the Alliance Leadership at a meeting to be held tonight (10 March 2016).

Health of Older Persons

Work is continuing Allied Health and District Nursing to identify and enable a supported discharge response for people over 65 years across the West Coast.

Agreement has been reached regarding the implementation of payment for home based carers to ensure that travel between clients is paid for.

Grey/Westland & Buller Family Health Services (IFHS)

- In Greymouth both High Street Medical and RAGP (Rural Academic General Practice) have extended hours once a week each to provide greater primary care access in Grey.
- Other work underway includes looking at opportunities to move minor plastics work currently conducted by our specialist team into primary care.

Healthy West Coast (HWC)

- A submission has been made to the RFP for Local Stop Smoking Services by Community & Public Health, on behalf of HWC and ALT. An outcome is expected by late March and will provide certainty on direction for local cessation services and the Māori Cessation Plan in particular.

- Green Prescription is expanding its group service provision with a new "Be Active" programme starting in Hokitika in May. Group programmes continue to be available in Grey and Buller.

Child and Youth

- The new Kawatiri provider contract has been confirmed.
- CAMHS, PACT and the PHO Mental Health team are working closely to triage new referrals for Mental Health support and ensure young people are directed to the most appropriate service.
- A workshop has been held to bring together the workforce providing Well Child Tamariki Ora services to review progress and next steps towards a fully integrated West Coast Well Child Service

Pharmacy

- Buller Pharmacy has agreed on a plan to participate in practice meetings to build relationships with practice staff. This should enable prescribing quality issues to be addressed. Involvement in individual patient management can be phased in later, including participation in the CCCN.

The report was noted.

d) Health Target Report

The Health Target Report for Q2 was received by the Committee and is included in today's Board papers.

e) Maori Health Plan Update

This report is included in today's Board papers.

f) West Coast Disability Action Plan

The Committee have recommended this plan to the Board for approval and a report is included in today's papers.

g) Draft West Coast Public Health Annual Plan 2016/17

This Annual Plan is also included in today's papers.

Report prepared by: Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee

AGENDA

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 10 March 2016 commencing at 9.00am

ADMINISTRATION			**9.00am**
	Karakia		
	Apologies		
1.	**Interest Register** *Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting** *28 January 2016*		
3.	**Carried Forward/ Action Items**		
REPORTS/PRESENTATIONS			**9.10am**
4.	**Community and Public Health Update**	Claire Robertson *Team Leader, Community and Public Health*	*9.10am - 9.20am*
5.	**Planning & Funding Update**	Philip Wheble *Team Leader, Planning & Funding*	*9.20am – 9.30am*
6.	**Alliance Update**	Philip Wheble *Team Leader, Planning & Funding*	*9.30am – 9.40am*
7.	**Health Target Report – Q2 2015/16**	Philip Wheble *Team Leader, Planning & Funding*	*9.40am – 9.50am*
8.	**Maori Health Plan Update**	Kylie Parkin *Acting General Manager, Maori Health*	*9.50am – 10.00am*
9.	**West Coast DHB Disability Action Plan**	Kathy O'Neill *Disability Lead, Planning & Funding*	*10.00am – 10.20am*
10.	**Draft West Coast Public Health Annual Plan 2016/17**	Cheryl Brunton & Claire Robertson *Community & Public Health*	*10.20am – 10.35am*
11.	**General Business**	Elinor Stratford *Chair*	*10.35am - 10.40am*
ESTIMATED FINISH TIME			**10.40am**

INFORMATION ITEMS

- **Board Agenda – 12 February 2016**
- **Chair's Report to last Board Meeting**
- **2016 Committee Work Plan (Working Document)**
- **West Coast DHB 2016 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 28 April 2016

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 10 MARCH 2016

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **1 April 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 10 March 2016.

For the Board's information the functions of HAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are to:

"- monitor the financial and operational performance of the hospital and specialist services of the West Coast DHB; and
- *assess strategic issues relating to the provision of hospital and specialist services by the West Coast DHB; and*
- *give the Board advice and recommendations on that monitoring and that assessment.*

The Hospital Advisory Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Strategic Plan of the West Coast DHB."

2. RECOMMENDATION

That the Board:

i. notes the Hospital Advisory Committee Meeting Update – 10 March 2016.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 10 March 2016. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

MANAGEMENT REPORT

Mark Newsome, General Manager, Grey/Westland presented this report. He highlighted the following most notable features:

- Sustained decrease in DNAs
- Successful recruitment of Associate Director of Allied Health
- Successful GP recruitment into Buller

The Committee noted that there has been a resignation which leaves the West Coast with 1 General Surgeon. Discussions have commenced with Canterbury to push forward with the transalpine model of care in this area. Management confirmed that the position would still be advertised but it is also important to progress the transalpine service.

Jane George commences as Associate Director of Allied Health on 21 March 2016.

Discussion took place in regard to ESPI compliance. The Committee noted that there were a number of outlying patients but these have now had appointments and the West Coast remains

compliant in this area.

Discussion also took place regarding DNAs and whether the amount of time and effort being put into reductions in this area is adding value as it appears possible that the West Coast, due to small numbers and a number of different reasons might just sit above the average.

A query was made regarding the fluoroscopy machine and it was noted that this is one of the complexities of the facility development. It had been planned to install the new machine into the new premises but the current machine will now need to be replaced before the completion of the new facility. This is unfortunate as it will probably incur an additional cost of approximately $200,000.

The report was noted.

FINANCE REPORT

The Committee noted that financial trends are as expected although there is a slight overspend in personnel costs due to public holidays.

The West coast is still on target to meet budget.

CLINICAL LEADERS UPDATE

Karyn Bousfield, Director of Nursing & Midwifery, presented this report which was provided to the Board at their last meeting.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 10 March 2016.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

AGENDA

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

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 20 March 2014 commencing at 11.00am

ADMINISTRATION			**11.00am**
	Karakia		
	Apologies		
1.	**Interest Register** *Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting** *28 January 2016*		
3.	**Carried Forward/Action Items**		
REPORTS/PRESENTATIONS			**11.10am**
4.	**Management Report**	Mark Newsome *General Manager Grey | Westland*	*11.10am – 11.30am*
5.	**Finance Report**	Justine White *General Manager, Finance*	*11.30am – 11.45am*
6.	**Clinical Leaders Update**	Karyn Bousfield *Director of Nursing & Midwifery*	*11.45pm – 12noon*
7.	**General Business**	Sharon Pugh *Chair*	*12noon – 12.10pm*
ESTIMATED FINISH TIME			**12.10pm**

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 12 February 2016**
- **West Coast DHB 2016 Meeting Schedule**

NEXT MEETING:

Date of Next Meeting: 28 April 2016
Corporate Office, Board Room at Grey Base Hospital.

RESOLUTION TO EXCLUDE THE PUBLIC

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Board Secretariat**

DATE: **1 April 2016**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The following agenda items for the meeting are to be held with the public excluded. This section contains items for discussion that require the public to be excluded for the reasons set out below. The New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and 33, and the West Coast DHB Standing Orders (which replicate the Act) set out the requirements for excluding the public.

2. RECOMMENDATION

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9 & 10 and the information items contained in the report.

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 12 February 2016.	For the reasons set out in the previous Board agenda.	
2.	Chief Executive and Chair – Verbal Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
3.	Clinical Leaders – Verbal Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
4.	Risk & Risk Mitigation Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	West Coast DHB Draft 2016/17 Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5a	West Coast DHB Draft 2016/17 Maori Health Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5b	West Coast DHB 2016/17 Public Health Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

5c.	2016/17 Draft Regional Health Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Risk and Risk Mitigation Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	New Zealand Health Partnerships Accountability Documents 2015/16	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	Reagent Rental Coagulation Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	2016 Electoral Procedural Matters	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
10.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982";

3. SUMMARY

The New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 provides:

"A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that:

(a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6,7, or 9 (except section 9(2)(g)(i) of the Official Information Act 1982".

In addition Clauses (b) (c) (d) (e) of Clause 32 provide further grounds on which a Board may exclude members of the public from a meeting, which are not considered relevant in this instance.

Clause 33 of the Act also further provides:

"(1) Every resolution to exclude the public from any meeting of a Board must state:

(a) the general subject of each matter to be considered while the public is excluded; and

(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and

(c) the grounds on which that resolution is based(being one or more of the grounds stated in Clause 32)

(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board".

Report Prepared by: Board Secretariat

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2016

DATE	MEETING	TIME	VENUE
Thursday 28 January 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 January 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 January 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 February 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 10 March 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 March 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 March 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 1 April 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 April 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 April 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 April 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 May 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 June 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 June 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 June 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 June 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 July 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 July 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 July 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 August 2016	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 8 September 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 September 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 September 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 September 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 October 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 October 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 October 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 4 November 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 1 December 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 December 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 December 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 9 December 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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