West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 23 September 2016
10.15am

St John
Waterwalk Road
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

MEMBERS

WEST COAST DISTRICT HEALTH BOARD

BOARD MEMBERS

Peter Ballantyne (Chair)
Kevin Brown
Warren Gilbertson
Helen Gillespie
Michelle Lomax
Peter Neame
Sharon Pugh
Elinor Stratford
Joseph Thomas
Francois Tumahai
John Vaile

EXECUTIVE SUPPORT

David Meates (*Chief Executive)*
Karyn Bousfield *(Director of Nursing & Midwifery)*
Gary Coghlan (*General Manager, Maori Health)*
Mr Pradu Dayaram *(Medical Director, Facilities Development)*
Michael Frampton *(General Manager, People & Capability)*
Kathleen Gavigan *(General Manager, Buller)*
Carolyn Gullery *(General Manager, Planning & Funding)*
Dr Cameron Lacey *(Medical Director, Medical Council, Legislative Compliance and National Representation)*
Mark Newsome *(General Manager, Grey/Westland)*
Dr Vicki Robertson (*Medical Director, Patient Safety and Outcomes)*
Stella Ward *(Executive Director, Allied Health)*
Philip Wheble (*Team Leader, Planning & Funding)*
Justine White *(General Manager, Finance and Corporate Services)*
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 23 September 2016 commencing at 10.15am

KARAKIA

ADMINISTRATION — *10.15am*

Apologies

1. **Interest Register**
2. **Confirmation of the Minutes of the Previous Meetings**
   - *12 August 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*	*10.45am – 10.55am*
7.	**Finance Report**	Mark Newsome *General Manager, Grey/Westland*	*10.55am – 11.05am*
8.	**Maori Health Update**	Gary Coghlan *General Manager, Maori Health*	*11.05am – 11.15am*
9.	**Disability Action Plan Update**	Stella Ward *Disability Lead, Executive Management Team*	*11.15am – 11.25am*
10	**Health Target Q4 Report**	Philip Wheble *Team Leader, Planning & Funding*	*11.25am – 11.35am*
11.	**Presentation – Home Based Support Services**	Carolyn Gullery *General Manager, Planning & Funding*	*11.35am – 11.50am*
12.	**2017 Proposed Meeting Dates**	Peter Ballantyne *Chairman*	*11.50am – 11.55am*
13.	**Reports from Committee Meetings**		
	- CPH&DSAC *8 September 2016*	Elinor Stratford *Chair, CPH&DSA Committee*	*11.55am – 12.noon*
	- Hospital Advisory Committee *8 September 2016*	Sharon Pugh *Chair, Hospital Advisory Committee*	*12noon – 12.05pm*
14.	**Resolution to Exclude the Public**	*Board Secretariat*	*12.05pm*

INFORMATION ITEMS

- 2016 Meeting Schedule
- Approval of Annual Plan – Letter from Minister of Health

ESTIMATED FINISH TIME — *12.05pm*

NEXT MEETING: Friday 4 November 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
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 • Buller High School Board of Trustees – Chair • St John Youth Leader • Employee - Damien O'Connor's Electorate Office • Te Ha O Kawatiri – Co-ordinator • Chair, West Coast/Tasman Labour Electorate Committee
Peter Neame	• White Wreath Action Against Suicide – Member and Research Officer
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 • 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
Francois Tumahai	• Te Runanga o Ngati Waewae - Chair • Poutini Environmental - Director/Manager • Arahura Holdings Limited - Director • West Coast Regional Council Resource Management Committee - Member • Poutini Waiora Board - Co-Chair • Development West Coast – Trustee • West Coast Development Holdings Limited – Director • Putake West Coast – Director • Waewae Pounamu – General Manager • Westland Wilderness Trust - Chair • Wife, Lisa Tumahai, is Chair, Tatau Pounamu Advisory Group
John Vaile	• Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand

MINUTES

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Waterwalk Road, Greymouth
on Friday 12 August 2016 commencing at 10.00am

Board members met at the Facilities Site at 10am for a site visit.

BOARD MEMBERS

Peter Ballantyne (Chair); Kevin Brown; Warren Gilbertson; Helen Gillespie; Michelle Lomax; Peter Neame; Sharon Pugh; Elinor Stratford; Joseph Thomas; and John Vaile.

APOLOGIES

An apology was received and accepted from Francois Tumahai.

EXECUTIVE SUPPORT

David Meates (Chief Executive);; Karen Bousfield (Director of Nursing & Midwifery); Mr Pradu Dayaram ((Medical Director Facilities Development); (Michael Frampton (General Manager, People & Capability); Philip Wheble (Team Leader, Planning & Funding); Justine White (General Manager, Finance); Lee Harris (Senior Communications Manager); and Kay Jenkins (Minutes).

Joseph Thomas led the Karakia

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no changes to the Interest Register

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 (37/16)
(Moved Warren Gilbertson/seconded Joseph Thomas - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 24 June 2016 be confirmed as a true and correct record with the addition of David Meates, Chief Executive, as an apology.

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. CHAIR'S UPDATE

The Chair thanked everyone involved in the site visit.
He then provided updates as follows and provided a summary of discussions that took place at each of the following meetings:

- 30 June – Partnership Group meeting held at the new Burwood Development;
- 30 June – attended an Audit New Zealand Seminar "Making your reporting go smoothly";
- 14 July – National Chairs meeting in Wellington;
- 20 July – Interview for a New Zealand Health Partnerships survey;
- 22 July – Partnership Group meeting;
- 8 August – South Island Alliance Chair's and CEO's & South Island Regional Capital Committee Meetings;
- 8 August – teleconference regarding NIP.

Resolution (38/16)
Moved Michelle Lomax/seconded Helen Gillespie – carried)
That the Board:

i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, presented his report which was taken as read.

Mr Meates highlighted:

- The visit to the facilities site – Clinical engagement is working well and he acknowledged the amount of work and extent of engagement that is taking place. He also acknowledged the teams in total who have been through another challenging year and also got the facilities project over the line.
- Recognition that we have come a long way in the West Coast Health System and whilst there is also a long way to go there is now a sense of "future and hope" for the West Coast and also some certainty.
- The West Coast DHB is also doing what it committed to do and is living within its means.

Discussion took place regarding suicides and the different points of view around this together with the work taking place to attain a zero suicide rate.

Discussion also took place regarding Youth Health Services and the work being undertaken to support youth across the West Coast.

Resolution (39/16)
(Moved Joseph Thomas/seconded Sharon Pugh – carried)
That the Board:

i. notes the Chief Executive's update.

6. CLINICAL LEADERS UPDATE

Karen Bousfield, Director of Nursing and Midwifery, presented the Clinical Leaders Update. The report was taken as read. She mentioned in particular the work being undertaken around workforce.

Pradu Dayaram, Medical Director, advised the Board that morbidity & mortality reviews are undertaken on a regular basis at the DHB and he also undertakes an audit which is presented to

Canterbury colleagues. In addition credentialing is a process which looks at the Department overall to ensure the whole operation comes together and everything required from that department is being delivered. This is undertaken on a seven year cycle.

Discussion took place regarding the media coverage about "clinician burnout" and the Board noted that this is why so much of the work that has been undertaken here over the last few years is so important as it is about stabilising our services and working with Canterbury to ensure we are provided both safe and sustainable services.

Resolution (40/16)
(Moved John Vaile/seconded: Joseph Thomas – carried)
That the Board:

i. notes the Clinical Advisor's update.

7. PATIENT STORY – MATT GUNTER

Karen Bousfield, Director of Nursing & Midwifery, introduced the patient story of Matt Gunter a young man who unexpectedly passed away from a brain injury caused by a lack of blood flow and oxygen while he was recovering from emergency surgery.

Ms Bousfield advised that after the Route Cause Analysis into this tragic death a large number of recommendations were put in place. An HDC process followed this and the recommendations from the RCA were endorsed by the HDC.

The meeting adjourned for lunch from 12.50pm – 1.25pm

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 April 2016 was a deficit of $0.105m, which was $0.002m unfavourable against the budgeted deficit of $0.103m. The year to date position attained was $0.160m unfavourable.

Ms White advised that this result was the result of a concentrated effort by all involved in the health system.

The Board noted this achievement is a remarkable outcome and congratulated the teams on the achievement.

Resolution (41/16)
(Moved: Joseph Thomas /seconded: Sharon Pugh – carried)
That the Board:

i. notes the financial results for the period ended 30 June 2016.

9. MAORI HEALTH ACTION PLAN 2016/17

Phillip Wheble, Team Leader, Planning & Funding, presented this report which was taken as read.

The Board noted that this plan has been in the process of being developed since late last year in consultation with Tatau Pounamu and also that it has been positively received by the Minister.

Copies of the plan will be distributed when they are printed.

Resolution (42/16)
(Moved: John Vaile/seconded: Elinor Stratford – carried)
That the Board:

i. notes the approval of the West Coast Maori Health Action Plan.

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 July 2016.

The update was noted

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

The update was noted.

12. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (43/16)
(Moved Helen Gillespie/seconded Warren Gilbertson – 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 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 24 June 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.	Maternity Services Review – 12 Month Implementation Assessment	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	Wellbeing Health & Safety Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	Risk and Risk Mitigation Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	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 9(2)(g)(i)) of the Official Information Act 1982";

There being no further business the public open section of the meeting closed at 1.45pm

The Public Excluded section of the meeting commenced at 1.50pm and concluded at 3.20pm.

_____ _____

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 23 SEPTEMBER 2016

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	11 December 2015	Presentation – Home Based Support Services	Presentation	On today's agenda

CHIEF EXECUTIVE'S UPDATE

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

SOURCE: **Chief Executive**

DATE: **23 September 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

- At their last meeting the ALT endorsed the Canterbury and West Coast Health System Strategic Health Disability Action Plan 2016 – 2026 and as a result will add the action plan to their guiding questions to ensure this item is considered in decision making and planning.
- The ALT were pleased to note the majority of the workstreams' actions in their plans have been achieved during 15/16.
- As a result of reviewing the lessons learnt from the Alliance Support Group the ALT have requested providing more resource to support the Youth Health Action Group and the youth portion of the Child & Youth workplan. The ALT noted the limited capacity in Planning & Funding at the moment as they fill vacancies.
- The ALT recommended that consumers become more regularly involved in workstream activity.

B: Build Primary and Community Capacity and Capability

Primary

- **South Westland Area Practice**
  - Standing Orders are being completed gradually by RNSs.
  - A Coastwide RNS meeting was held at Grey Base Hospital. All RNSs attended. Discussions occurred around practices, careers, amongst other issues, (Standing Orders, St John, nurse prescribing); presentation from the Hari Hari RNS on Tsunami management in the Military.
- **Greymouth Medical Centre | Rural Academic General Practice:** There has been a recent Practice Nurse resignation from RAGP. This nurse is moving to fill a vacancy in District Nursing. A recruitment process is underway. A range of locum GPs have been engaged to cover vacancies and two permanent positions have been offered.
- **Reefton Health**
  - *Medical Centre* – A range of GP locums have been engaged to cover vacancies. Engagement with the community continues. Integration and work across practice, primary, community and ARC is continuing.
  - *Aged Residential Care* – Currently 9 hospital level and 3 residential level residents.

Community

- **Public Health Nursing**
  - The team in Greymouth are being relocated to the Maori Mental Health office at Te Whare.
  - There has been a planning meeting to look at resources with the opportunity to develop Public Health Nursing and have a NETP member join the team. The team also sees the chance to grow and provide services from a health preventative approach.
- **B4 School Checks:** Challenges in meeting target included many families relocating out of the area, along with a staff change during the year which required orientation and familiarisation.
- **Vision Hearing:** Constraints due to unplanned leave impacted on service delivery and also impacted on B4School checks. The VHT has resigned and a recruitment process is underway.
- **District Nursing**
  - *Greymouth* – staff sickness challenged service delivery, along with a vacant position. An appointment has been made to the recently advertised 0.9FTE. Workload has peaked at 400 so resources are working to capacity.
  - *Buller* – an 0.6FTE currently being advertised.
- **Home Based Support Services**
  - A second Buller RN orientation in Greymouth is complete and has commenced orientation in Buller.
  - A service coordinator for Buller has been appointed.
  - New processes for referrals to HBSS have been implemented to assist in streamlining care.
  - Meeting timeframes for first assessments remains a challenge. Some inefficiency has been removed from the system; however there have been recruitment difficulties for nursing, contributing to these delays. This also impacts on reviews and reassessments.
  - Appropriate roster coverage remains an ongoing challenge as we recruit additional

support workers along with the move to regularisation of hours.
    - Ongoing deployment of Continucare will assist with timely reporting.
    - Notice for certification audit received and is scheduled for 26/27 September 2016. Policy review and preparation for the audit is underway.
    - The Manager of HBSS has resigned and a recruitment process is underway.
- **Clinical Nurse Specialists**
    - *Greymouth CNS Group* – the Faster Cancer Treatment CNS has presented to clinical teams to update on cancer care on the Coast. Evaluations of the combined CNS Study Day have been positive for the team. There was a good attendance from both DHB nurses and Aged Residential Care nurses.
    - *Buller CNS Group* – a new Cardio Respiratory Nurse has commenced work starting with orientation. FTE is still being looked at for the Diabetes CNS with the General Manager of Buller. There were several good Expressions of Interest for the 0.2FTE staff nurse role in oncology/palliative care and the successful person is due to start work with the CNS mid-September.

C: Implement the Maori Health Plan

- **Consumer Council:** The GM Maori is the EMT sponsor for the Consumer Council. A number of members have now completed their two years on the Council and interviews recently took place for vacancies. There were a healthy number of people putting forward their application and the standard of applicants was very high. Once the new Council is formed, a strategic planning session will follow for the members to iron out any issues moving forward and to develop a working plan for the year. The current chair, Barbara Holland, has resigned and I wish to express my gratitude to her for the hard work she has put in over the years on behalf of the people of the West Coast and also helping to establish the West Coast Consumer Council.
- **Improving the Cancer Pathway:** Dr Melissa Cragg will make her third trip to the West Coast where she will continue to meet with whanau, services and clinicians to understand the cancer pathway for Maori on the West Coast and how this may contribute to health inequity in cancer outcomes for Maori. The project is funded via the Ministry of Health through the Faster Cancer Treatment programme (FCT). The specific focus of FCT is from referral to diagnosis through to treatment (including palliative care) and this also reflects the scope of this project. An implementation plan for service improvement areas which will benefit Maori cancer patients will be agreed by each South Island DHB by July 2017. At least one service improvement from the implementation plan will be commenced by each DHB by July 2017.
- **Maori Provider – Hauora Maori Contract:** Planning and Funding and the Maori Health team have been working with the Poutini Waiora to develop the Hauora contract which is up for renewal. There is a strong focus on integration, collaboration and alignment with the West Coast DHB Maori Health Plan 2016 -2017.
- **Cultural Competency WCDHB:** The West Coast DHB Maori Health Plan, the Annual District Plan and the Health Alliance all acknowledge the importance of the Treaty of Waitangi and of improving Maori health. While gains have been made, it is well known that health disparities continue to exist between Māori and others in Aotearoa. On Te Tai O Poutini despite the increasing focus on reducing health inequities there remains a significant issue of poorer Maori health outcomes. This is demonstrated by a range of indicators, including rates of cardiovascular disease, cancer, diabetes and respiratory disease. Māori are also under-represented among primary care utilisation data.

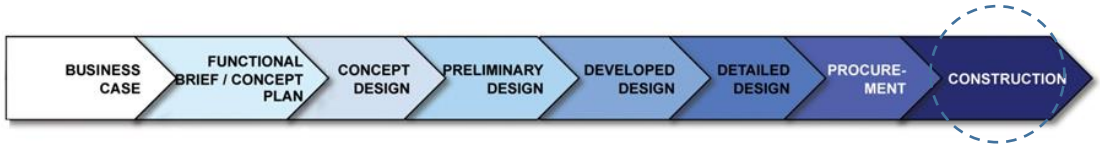
- The vision for the West Coast Health System is to put the patient and their whanau at the centre of all service provision. This is something that everybody working in the West Coast Health System should be motivated to achieve. Familiarity with a patient's cultural heritage has been shown to be associated with improved patient care thus rendering cultural competence essential for high quality health care. A continued challenge on the West Coast is the capacity and capability of a small workforce, and their training requirements and how this is delivered. WCDHB are very aware that many staff require cultural competency training because HFCCA requires that all registration bodies including the Medical Council establish and assess standards of clinical and cultural competence. Currently we are in the process of reviewing the trainings delivered and looking at the various options available both internally and externally to ensure that our staff are given exposure to a high level of quality cultural competency training. This is not an insignificant piece of work and it needs to be done right but at this point the intention is to signal that it is occurring.
- **Kotahitanga – Maori Health Leadership:** A small group of senior Maori in health are working collectively across the Canterbury/West Coast DHB and Community Public Health teams to identify high level priority areas that through combined input will accelerate improvement in Maori Health across the sector. Two meetings have been held to date and there is an agreement to focus on the following areas:
  - Maori Workforce Development main stream Cultural Competency and
  - Alignment of service planning to Canterbury and West Coast Annual Maori Health plans and He Korowai Oranga.

	**DELIVERING MODERN FIT FOR PURPOSE FACILITIES**

A: Facilities Maintenance Report

- **Current Activity**
  - Liaison with the design team and main contractor is ongoing regarding the value engineering aspects of the new build at Greymouth, particularly around the building services design criteria. This process is ongoing due to the complex nature of the services and the need to balance the operational costs against the build cost. Careful consideration is required as incorrect choices now for construction savings will affect the ongoing operational and lifecycle costs for many years into the future. However it is realised that the construction has to take place within existing funding constraints.
  - Maintenance upgrades of the DHB housing stock continues.
  - FPIS bi-annual inspections have been completed and recommendations are being followed up either by the maintenance contractor or the in house team.
- **Other Significant Works**
  - Roofing over Community Services/Mental Health requiring ongoing maintenance.
  - During recent engineering surveys carried out by OPUS significant structural weaknesses were identified on the pedestrian access bridge to the hospital over the railway line. This resulted in immediate closure of the bridge to ensure we mitigate any risk. Opus have provided some broad brush information for the short, medium and long term options and this is currently with the GM for consideration.
- **Health & Safety/HSNO:** We have received HSNO compliance for the 20,000 litre diesel tank at Greymouth. All approved handler certificates are current.
- **Building Compliance/BWOF:** All buildings have current BWOF certification in place.

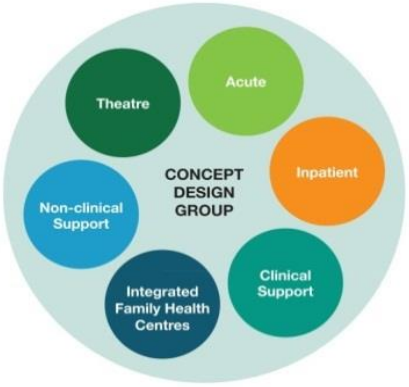
B: Partnership Group Update



- As part of normal construction value management, Fletcher Construction Company Limited [FCCL] continue with work to identify ongoing savings to ensure the project can be delivered within its revised $77.8 million budget. The WCDHB continues to engage with all parties as a part of this process.
- FCCL are generally tracking ahead of the programme for civil and piling works on site. Piling works continue with piling for the Integrated Family Health Centre set to start late September.
- FCCL are well established on site and have employed a full time Health and Safety Manager to join the team, which also includes a Site Manager and Services Manager.
- Stage 02 Building Consent has been granted which is for the building's structure, hydraulics and foundations. This will enable the commencement of in-ground services work.
- Fortnightly Campus Interface Meetings continue with WCDHB, Ministry of Health, project managers and FCC representatives all in attendance. These meetings provide an update of site Health and Safety reporting as well as programme updates and any specifically addressed hospital and construction interfaces.

Buller

- The Ministry of Health are continuing to step through exploring the feasibility of a third party funding the facility and leasing the building back to the DHB with a long-term lease. Until these negotiations are complete there is no certainty in regards to the timeline or the budget.



	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Allied Health

- The ALH Communications plan is being shaped up currently, to align with a number of work programmes and the wider communications strategy. This will include the work already

underway on intranet and internet based communication, standardising written information provision, and capturing great staff and patient stories.

- Many of the Allied Health professions have celebrations planned over the next month or two, starting with World Physio Day on Thursday 8 September. These events will be an opportunity to thank staff for their contribution, as well as raise awareness of how each profession works across our health system.
- We have welcomed more new, and in new role, staff across Allied Health recently. Physiotherapy is now fully staffed after a long period of reduced staffing. We look forward to welcoming a new Dietitian next month.
- NTA Travel Coordination in Buller region has seen a steady increase in demand over recent months. The move of the travel coordinator into an allied health assistant role has created an opportunity to review this workload, and we are finalising recruitment to provide an increased service provision.
- Physiotherapy new graduate recruitment is underway in conjunction with CDHB, for next year. A 'recruitment centre' puts graduating physios through their paces in a number of settings, and allows us to identify those graduates who would benefit from undertaking their first rotation employment opportunity in our DHB setting.
- The Occupational Therapy department have held a service development session to identify roles, responsibilities and opportunities to undertake new learning and projects. We will look forward to updating the Board about some of these initiatives as they develop.
- WCDHB Social Work services and Community Public Health have been working with local educators and 'It's not OK' campaigner Vic Tamati to spread the Family Violence; 'It's OK to ask for help' message in schools.
- Occupational Therapy and Community Nursing have commenced a programme of work to streamline access to appropriate equipment when patients are palliative. This programme is already identifying some timesaving activity that they can undertake in partnership to reduce the flow of health professionals through people's homes, whilst adding value to the service they are delivering.
- Two Collabor8 presentations were given in Christchurch this August. Tara Jopson from Occupational Therapy has presented her project to rationalise and reduce storage need for Allied Health on Grey Base campus, and Mohammed Osman from Pharmacy presented his project to streamline ordering, storing and stocking wards with fluids. Tara and Osman provide great examples of the innovative work that is coming from our Allied Health workforce as we prepare for working in the new facilities.
- Staff participated in the West Coast Disability Resource Service Workshop this week, which looked to identify opportunities to strengthen our community by building on our strengths. Allied Health look forward to continuing to contribute to this forum as it develops.

Medical

- Annual recruitment for junior doctors has been completed for 2017 and we have had a number of candidates accept positions already. We are working closely with the CDHB Resident Doctor Support team to ensure the vacancies in both DHBs are filled. We have tentatively filled our first community based attachment with a junior doctor from CDHB.
- We are continuing to recruit for RHM specialists and have offered a job to a UK trained Doctor. Two anaesthetists have been shortlisted for the anaesthetic vacancy.
- Discussions have commenced with Ashburton Hospital around building a strong rural network of training registrars in Rural Hospital Medicine.

Nursing

- The Rheumatology/Infusion CNS commences her new role last September in a 0.5FTE position. Her contract also includes 0.5FTE in the Emergency Department.
- The medical ward in July experienced 91% occupancy with overflows to the surgical ward as per our planning.
- The dementia ward has had high volumes and complex patients requiring some additional staffing at times to ensure quality care.
- Sick leave rates remain high as expected for the time of the year.
- Trendcare has been introduced to the mental health inpatient unit and training is underway for all staff. This will assist in mapping care requirement hours and nursing time available.
- Five new nurses commence their careers in the second NETP intake on 12 September, taking positions in the emergency department, medical, surgical, dementia and AT&R.
- Recruitment is underway for nurse vacancies in the emergency department, medical and surgical wards and interviews have been undertaken to fill positions. Vacancies also exist in reception in ED/OPD.
- The Norovirus outbreak in the medical ward was well managed. There were 2 confirmed cases and 12 probable cases. The Critical Care Unit remained operational during the outbreak period, which was a challenging exercise to ensure patients, family and staff were not compromised.
- Two of the transport nurses have now completed PRIME training, with plans for the remaining nurse to undergo the training in the near future. This will provide these nurses with the skill set to manage any pre-hospital emergency situation that they may come across in transit.

Mental Health Services

- *National Mental Health Managers and Clinical Directors Forum*: Recent attendance at the quarterly national meeting by the Clinical Director and Operations Manager. Health Quality & Safety Commission are working with mental health leaders to scope a national quality improvement programme for mental health services. The Ministry of Health is leading work with the sector to finalise enhancements to service delivery for people with moderate mental health needs. New legislation is to be introduced for compulsory assessment and treatment of people with serious alcohol and drug issues.
- *Nationally Consistent De-escalation and Personal Restraint Training:* Ongoing training for staff is continuing to roll out across services at WCDHB. Currently 31 of 95 WCDHB staff from mental health and general health services who are registered for the training have completed it. The development of co-ordinated training between WCDHB and Canterbury DHB is under consideration. There is a national push to train a broader range of staff including hospital security in the revised restraint and de-escalation techniques.
- *Serious Reportable Events:* Work is underway to improve current processes. A serious reportable event desk file has been developed to guide mental health staff in executing key procedures. The management of SAC 3 & 4 events within mental health will be strengthened by the refresh of existing divisional clinical governance mechanisms.
- *PRIMHD:* PRIMHD is the Programme for the Integration of Mental Health Data which is a collection of national data that contains mental health service activity and outcomes data from 1 July 2008. WCDHB has achieved technical compliance. Processes will roll-out over the next 3 months to support staff with improving clinical compliance.
- *ICAMHS Services:* WCDHB are progressing the implementation of the Supporting Parents Healthy Children national initiative. The initiative aims to improve outcomes for children and youth who have parents with a mental illness.
- *AOD Services:* Professional development opportunities supporting service development in the opiate substitution programme are to be rolled out including the national needle exchange

guidelines and pharmacology updates.

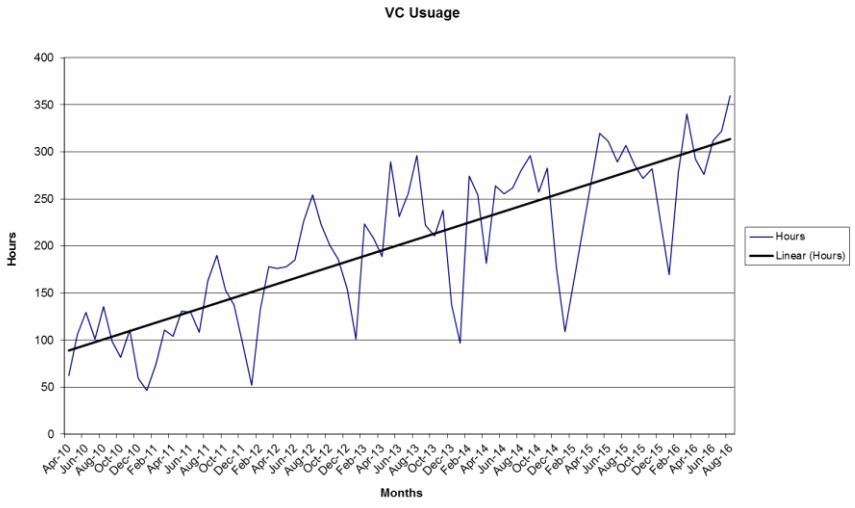
DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

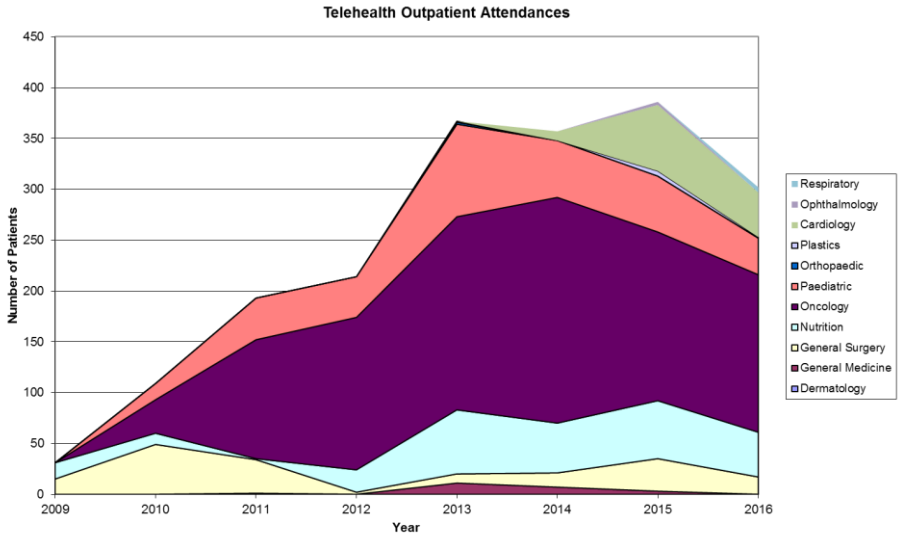
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient

- 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.
  - Discussions with St John are currently underway around transport of patients in Buller and Reefton.

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. Some new TeleHealth reporting metrics have been added below, focusing around distance travelled for patients and percentages of patients seen via Telehealth.





How many patients were seen via TH?	How far did patients travel?	How many patients travel >60mins?	Total fuel cost to patients	Follow up appointments	Follow up appointments by telehealth
2.7%	**86085 kms**	**562**	**$ 24104**	**62.7%**	**3.7%**
2.7% of patients were seen via telehealth, a **1.0% increase from last month.**	**Patients** travelled a **combined distance of 86,085 kms, 6,974 kms more than last month.**	**35%** of our patients travelled **more than 60minutes** return this month, **12.0% less than the previous month.**	**Total petrol cost to patients** based on **NTA reimbursement** of **28c / km**	This month, **63%** of our **appointments** were **followups**	This month, **3.7% of** our **followup appointments** were seen via **Telehealth**

- **Highlights**
  - Collaborative work is continuing on transalpine documentation development. Foundations of good documentation and efficient processes to underpin clinical use and support clinicians are keys to encouraging uptake.
  - Monthly reporting of patient travel distance and travel time to attend outpatient appointments on the West Coast is being produced.
  - Ongoing engagement with software vendors in testing interoperability of software solutions and existent hardware units.
- **Challenges**
  - Encouraging clinical engagement in conversations has been limited to a few specialties at present. Ensuring the booking process is streamlined and efficient will provide ease of use for clinical staff.
  - It is hoped that software solutions will enable more opportunities for clinicians to integrate the use of telehealth into business as usual.
- **Equity**
  - Telehealth has the potential to improve access to primary and secondary care, reduce appointment wait times, reduce patient transport time and costs, and reduce staff travel time and costs.

INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Implement the Complex Clinical Care Network [CCCN]

- The FIRST (Flexible Integrated Rehabilitation Support Team) steering group has been meeting at frequent intervals to draft a repositioning paper, develop a process flow chart and source goal setting and goal ladder education resources for appropriate staff.
- The Clinical Nurse Specialist for Stroke has also commenced in the new role.

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

- The Buller Healthy Homes initiative has received some funding for home insulation and it is partnering with Canterbury Energy Action to assess and insulate homes. The priority is supporting those with respiratory disorders to improve their home insulation. Buller Health is supporting this initiative approaching this group of people and identifying those households that are interested in accessing assistance to insulate their homes.
- Improving integration in the area of child oral health is an area of focus this year with the aim of reducing cavities in those under 5 years, particularly Maori children. Poutini Wairoa and the Dental Therapists are working together to ensure children who don't attend for their oral health checks are followed up.
- The Buller Community Profile was released by Community and Public Health in July, highlighting an increased amount, severity and complexity of need presenting to social service

organisations in Buller and the increased need for mental health support. The Buller Interagency Forum which commissioned the work is developing an action plan to respond to the needs identified. This has active involvement across government and non-government organisations with significant input from the West Coast health system.

- The initial clinic for the mental health Long Term Condition Management pilot has taken place and some modifications are being made. It will now go live and provide quarterly reviews of the physical and mental health of people with long term mental health conditions. Funding for 70 places has been allocated for the year long trial. The objective is to improve access and outcomes in relation to physical wellbeing of this at risk group.

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

- The Grey IFHS has increased its membership to include a consumer representative and greater representation of primary care to contribute and assist in the development of initiatives and direction of activities.
- The project to trial the patient portal that will allow online access to booking appointments and communicating with a person's general practice is now underway with initial training and configuration. The trial will be undertaken in Grey Medical.
- There is significant work now underway within Home Based Support Services (HBSS) to improve services and decrease the administration burden through improved processes and the better use of technology.
- Telehealth reporting is now done monthly and has proven successful in initiating discussions around the use of telehealth in reducing the travel time of our communities in receiving care.

D: Establish an Integrated Family Health Service [IFHS] in the Reefton Community

- The latest workstream to the West Coast Health Alliance is the Reefton IFHS workstream which has come out of a community engagement around the future of health services in Reefton.
- The workstream is currently looking at a new model of care around urgent and unplanned care in Reefton. The workstream is working closely with St John to look at how the health system as a whole can improve services to the population of Reefton.

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of July 2016 was a deficit of $0.142m, which was in line with budget. The year to date position is $0.142m 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	431	212	219	431	212	219
Provider Arm	(573)	(354)	(219)	(573)	(354)	(219)
Consolidated Result	(142)	(142)	(0)	(142)	(142)	(0)

B: Implement Employee Engagement and Performance Management Processes

- The People and Capability team is focused on ensuring people are at the very heart of our health system. Our programme of work [below] supports this goal and ensures we continue:
    - Doing the basics brilliantly.
    - Growing individual and team capability.
    - Enabling the wellbeing of our people.
    - Supporting the delivery of care.
- Please note: The following key is applicable to all tables below.

	Performing to plan
	At risk but not an issue
	Needs immediate attention
	Not scheduled to commence
	Complete

Wellbeing, Health and Safety

- A finalised detailed Health and Safety Systems Review work plan was presented to QFARC in September 2016. The detailed work plan addresses all recommendations contained in the Canterbury and West Coast DHB External Health and Safety Systems Review Report dated 23 May 2016. The first phase of the work plan is on target to commence in Quarter 4 2016 [October – December].
- As signalled in the People and Capability Proposal for Change Decision Document, there is an opportunity to improve the range of ways in which our Occupational Health services supports and enables our people. Work is underway to initiate and plan this piece of work. During this 6-8 week phase, a programme of work will be produced that will identify the resource requirements, dependencies, risks, timeframes and costs of designing the Policy and Procedure Framework including Contractor Management.

Key Projects	Due	Status
Enhance our Health and Safety system	Q4	
Enhance Occupational Health services	2017: Q1	

People and Capability Services

- Planning is underway to redesign the employee lifecycle. This provides a significant opportunity to engage with our people to:
    - Understand and map of all our current people processes across the people lifecycle.
    - Optimise and integrate future state process maps of all people processes across the people lifecycle.
    - Translate these optimised and integrated future state process maps into a set of business requirements that inform the development of a People Information System.
    - Develop a detailed work programme that will inform the implementation of the new optimised and integrated processes.
    - Work in a re-engaged way with our clinical and operational leaders and their teams throughout the project.

People and Capability Operations

- People and Capability Operations continues to bring to life new and better ways of working for our people. This includes:

- Standardising advisory processes and streamlining change processes to ensure we have integrated and visible processes.
- Renewing our People and Capability policies to ensure our people policies are contemporary.

- Work is underway in each of these key areas and is on target for delivery.

Key Projects	Due	Status
Standardise advisory processes	Q4	
Streamline change processes	Q4	
Renew People and Capability policies	2017: Q2	

C: Effective Clinical Information Systems

- **Mental Health Solution:** Renewed focus on providing a stable solution has occurred, with an increase in testing and comprehensive resolution plan provided by Orion now in place. Significant progress has been made in stabilising the system, with good involvement from Orion, WCDHB and CDHB. Phases 1-4 of 7 phases have been completed. Progress is being made within the other phases with a recent decision around medications will soon clarify the timeframes to implement the remaining work.
- **eReferrals Stage 3 – electronic triage:** The kick off for electronic triage of referrals has occurred. The implementation into WCDHB will be the second in the South Island following CDHB. The new system will allow electronic triaging of referrals by clinical staff to occur, and improve notification back to general practice on the status of the referral.
- **Patient Portal:** WCDHB has been going through a procurement process for implementation of a patient portal for patients accessing primary care facilities on the West Coast. The portal will allow patients to access their own clinical information within a primary care setting and potentially allow them to self book appointments with their local general practice. The project is now underway with setup and firewall changes to occur within the next few weeks.
- **New Facility Work:** ISG is participating heavily in a number of ICT related facility meetings. A large piece of work is underway to look at communication services within the new facility. This will tie into all of government purchasing under the Telecommunications As A Service (TaaS) offering. A comparison exercise is currently underway with TaaS providers which will provide the basis on which approach to take with the new Grey Base facility. Analysis work is continuing on the communications approach. Meetings with Opus, Johnstaff and Fletchers have occurred to discuss how project planning can be well linked together.

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

External Communications

- Media interest:
  - Queries about methamphetamine use on the Coast
  - New facilities – Greymouth and Westport
  - GP recruitment
  - Countdown Kids Hospital Appeal
  - Flu numbers
  - Aged residential care availability on Coast
- Media releases were issued on:
  - West Coast meets majority of health targets
  - Safety concerns close hospital footbridge

- Connect with nature for wellbeing
- Nurse assessments to assist with doctor shortage

- Video releases posted on (DHB website/Facebook page):
  - Chief Executive quality walkaround
  - Otago med students visit Buller
  - Health & safety on new Grey Base site
  - Grey Valley farmers proud to give up smoking
  - Kawatiri Birthing Unit managers' farewell
  - Countdown Kids Hospital Appeal begins
  - Piling begins on new Grey Base Hospital
  - Update on new Grey Base Hospital
  - Working for the West Coast DHB: Bethney Teasdale

Internal Communications

- Weekly global update email
- Exercise Tangaroa communications
- Working with colleagues on Communications Toolbox

- External engagement
  - Support for new facilities communications
  - Working on Buller health hui communications

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

Key Achievements/Issues of Note

- **Nutrition and Physical Activity:** CPH have continued to focus on early childhood nutrition by running a workshop in Ahaura (Grey Valley) Playcentre. As part of this work, staff are developing a Healthy Kai for Under Fives workbook. It has become clear that there is a need for a practical resource with more information on the common themes, challenges and frequently asked questions from parents of pre-schoolers. The West Coast Nutrition Team (members include staff involved in the delivery of nutrition services through CPH, WCPHO and WCDHB), have raised concerns about the apparent increase in food insecurity amongst clients of their services and the wider community. A rapid literature review has been completed by the CPH Information Team on 'Food Security Interventions in New Zealand,' to provide an evidence base about potential interventions to address these concerns and support communities. The group will use this review report as a resource to develop a way forward to help address food insecurity on the Coast.
- **Health Promoting Schools:** Over the last three months there has been a focus on workforce development opportunities to address schools' identified needs. Safeguarding Children training was delivered to Reefton Area School and the wider Reefton community on 16 August. This training supports schools to be able to identify and respond appropriately to vulnerable children. Vic Tamati of the 'It's not ok' campaign visited five schools in the Greymouth region providing an opportunity for both students and staff to learn about the effects of family violence, that it is ok to ask for help, and that change can happen. This was a collaborative response (with the Te Rito Family Violence Network) to a need identified by schools.
- **Alcohol Health Promotion:** CPH has been successful in an application to the Health

Promotion Agency's Community Action on Alcohol Partnership Fund. This funding will support the delivery of five workshops across the Coast - "Teenagers, Alcohol and the Amazing Brain". The plan is to bring Nathan Mikaere-Wallis to the West Coast to work with the seven secondary and area school communities. The current youth drinking culture has been identified by schools and the wider community as a wellbeing priority. This is part of an ongoing project with schools and communities to talk openly about alcohol and for people of all ages to be much more aware of the harms that are associated with alcohol.

- **Smokefree Enforcement:** As part of our smokefree enforcement work, CPH's Smokefree Enforcement Officer conducted tobacco retailer compliance checks throughout the West Coast in July. Following this, CPH staff conducted a controlled purchase operation of tobacco retailers which involved monitoring a person under the age of 18 as they asked to purchase cigarettes from tobacco retailers in South Westland and Hokitika. Two retailers sold cigarettes to the underage volunteer and both have received formal warnings.
- **Annual Survey of Drinking Water Quality 2015-16:** The period of data collection for the Ministry of Health's Report on Drinking Water Quality (Annual Survey) for the period 1 July 2015 to 31 June 2016 has just been completed. To achieve overall compliance with the Drinking Water Standards for New Zealand (DSWNZ), a water supply must meet the bacteriological, protozoal and chemical standards. The survey includes results for all networked drinking water supplies serving populations of 100 persons or more. Over the last annual survey year reported transgressions of the DWSNZ which led to temporary boil water notices being issued occurred at the Punakaiki, Taylorville-Dobson, Whataroa, Kumara and Arahura Pa water supplies and these results have been included in the data collected. CPH will be compiling a detailed compliance report on each councils' water supplies over the next six weeks.

Report prepared by: David Meates, Chief Executive

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target	Q1 15/16	Q2 15/16	**Q3 15/16**	Q4 15/16	Target	**Current Status**	**Progress**
 **Shorter Stays in ED** Patients admitted, discharged or transferred from an ED within 6 hours[1]	99.7%	99.6%	99.2%	100%	95%	✓	The West Coast continues to achieve the ED health target, with 99.6% (100%) of patients admitted, discharged or transferred from ED within 6 hours during quarter four.
 **Improved Access to Elective Surgery** West Coast's volume of elective surgery	480 YTD	1,130 YTD	1,442 YTD	1,942	1,889	✓	The DHB has exceeded the 2015/16 elective surgery target with 1,942 elective surgical discharges delivered - 103% of our national target. That's This meant 53 more people were able to benefit from surgery than expected.
 **Faster Cancer Treatment** Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	50%	71.4%	75%	80%	85%	✗	Performance against the health target has increased this quarter with 80% 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 ten patients were non-compliant. Audits into patient pathways have taken place with no capacity issues identified.
 **Increased Immunisation** Eight-month-olds fully immunised	88.4%	80.9%	89.3%	78%	95%	✗	While West Coast DHB has not met the increased immunisation health target, we are pleased to have vaccinated all of the eligible consenting population with no children missed. Opt-offs increased from 8% this quarter to 15%, which is reflected in the drop in our results, and continue to make meeting the target impossible.
 **Better Help for Smokers to Quit** **Hospitalised** smokers receiving help and advice to quit[2]	91.1%	96.4%	93.9%	97%	95%	✓	West Coast DHB staff provided 97% of hospitalised smokers with smoking cessation advice and support. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every missed smoker.

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

Target		Q1 15/16	Q2 15/16	**Q3 15/16**	Q4 15/16	Target	**Current Status**	**Progress**
Better help for Smokers to Quit	**Better Help for Smokers to Quit** Smokers offered help to quit smoking by a **primary care** health care practitioner in the last 15 months	84.5%	84.8%	82%	79%	90%	✘	Performance disappointingly continued to decrease in Quarter 4, with 79% of smokers enrolled with the PHO provided cessation advice in the 15 months ending March 2016. Efforts to improved performance include; the Smokefree Services Coordinator (SSC) meeting with practices; widespread use of regular performance data; ongoing training and practice support; and reminder, prompting, and IT tools such as TXT2Remind all in use.
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	91%	90.8%	90.3%	91%	90%	✓	A slight upward trend for the target has been maintained in Quarter 4 with 91.1% of the eligible enrolled West Coast population had a cardiovascular risk assessment (CVDRA) in the last 5 years.

CLINICAL LEADERS UPDATE

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

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

SOURCE: **Clinical Leaders**

DATE: **23 September 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:
i. notes the Clinical Leaders' Update.

3. SUMMARY

WORKFORCE

Nursing & Midwifery

On 20 September 2016 the "Medicines (Designated Prescriber – Registered Nurses) Regulations 2016" came into force. The purpose of these regulations is to authorise registered nurses who have met the requirements for qualifications, training and competence to be designated prescribers for specified prescription medicines. This includes nurses within primary health and specialty teams, and on the West Coast such nursing roles as practice nurses, rural nurse specialists and clinical nurse specialists. There is a set formulary of medicines that have been approved for registered nurse prescribing, and the registered nurse will work with an authorised prescriber (either a doctor or a nurse practitioner) available for consultation. The registered nurse is able to diagnose and treat common conditions such as asthma and diabetes within a collaborative interdisciplinary team. Registered nurses wishing to prescribe must complete a postgraduate diploma in registered nurse prescribing for long-term and common conditions. Work has been underway in preparation for this regulation change with interested nurses completing the relevant postgraduate papers. A collaborative approach will be needed across clinical teams and the system in order to support these nurses to complete the prescribing practicum, including ensuring time with the prescribing mentor (nurse practitioner or doctor).

Work has begun on the clinical nurse specialist (CNS) workforce plan. The team of nurse specialists is integral to the success of the transalpine model of care, and this plan will provide a clear overview of current service, proposed future service requirements and succession planning.

A recent change was undertaken to bring together the nurse education team. Reporting lines of the education team have changed from the Nurse Manager Clinical Services: Operations, to the Associate Director of Nursing: Clinical Practice Development. This change will support a more cohesive and coordinated nurse education process across the whole district with a one team approach.

Jane O'Malley the Chief Nurse from the Ministry of Health visited on the 15th and 16th of September 2016. This visit was the last in her tour of all District Health Boards to discuss key strategic priorities for nursing and as an opportunity for local nurses to raise issues of note and showcase local initiatives.

Allied Health

Allied Health are contributing to a number of clinical process improvements across the workstreams currently. These include a review of those trained to assess Functional Independence Measures, used in rehabilitation settings, and exploring ways Allied Health can further contribute within the Emergency Department. Calderdale Framework and Allied Health Assistant training continue to be priorities as part of the South Island Allied Health workplan.

The workforce action plan has been distributed to all of the allied health leads for their input and feedback at the next Allied Health Leadership Strategy Session. It will then be shared with the wider staff group.

Medical

The medical workforce continues to have some vacancies with further recruitment planned. For Senior Medical Officers (SMOs) we are currently seeking to fill positions in Rural Hospital Specialists (3FTE), General Surgery (2FTE), Anaesthesia (1.35FTE), and General Medicine (1FTE). Resident Medical Officer (RMO) workforce recruitment has been successful with one vacancy in Westport General Practice. Three new RMOs have commenced in August and six new RMOs will commence in November 2016, filling all positions. Community based attachments for RMOs are under development and are anticipated to offer options for Canterbury District Health Board RMOs to gain experience in rural community settings at West Coast District Health Board. Review and updating of RMO clinical attachments to align with the future facility is planned to begin in the coming month.

QUALITY & SAFETY

Nursing & Midwifery

A number of nurses are involved in Health Quality and Safety Commission (HQSC) programmes including surgical site infection improvement, falls, pressure injury, and hand hygiene. Planning is underway to include the deteriorating patient and the multidisciplinary operating room simulation (MORSIM) programmes. These programmes are run nationally and are designed to improve patient care, patient outcomes and healthcare systems. The Director of Nursing and Midwifery and Nurse Manager Clinical Services: Strategic, regularly participate in the two-day Health Quality and Safety Commission adverse events training to present the Matt Gunter patient story alongside his mother Heather. This is received well, with the key learnings identified by attendees as integral to safe practice.

Allied Health

The work that Tara Jopson from Occupational Therapy has undertaken regarding storage of therapy equipment is now expanding to Physiotherapy, Dietetics and Speech Language Therapy. A shared storage area has been identified, and the aim is to accommodate all Allied Health equipment within that space.

Conversations are underway with Enable New Zealand, in collaboration with our South Island Alliance partners to move to an electronic tracking system for all equipment, so that appropriate equipment can be accessed in a timely fashion and to reduce disruption for patients, where more than one funder is involved in the provision of one piece of equipment.

Medical

<u>Serious Incidents Review Group (SIRG)</u>

Recently the Clinical Leaders and the Quality and Patient Safety Manager met to discuss the development of a Serious Incident Review Group. This group meets weekly to discuss any incident coming through Safety 1st that is initially rated as Severity Assessment Code (SAC) 1 or 2. We receive a report on the incident from the manager of the area and then discuss the appropriate SAC level for the case and either confirm the level or reassign it appropriately. This will mean a standardised and clinically led process for all Safety 1st reports across the organisation. If a report is confirmed as a SAC 1 or 2 then we also discuss the make up of the team who will perform the investigation of the incident. The group also reviews all ongoing Root Cause Analysis (RCA) processes and the recommendations

arising out of these to ensure an organisation wide response. The Incident Review Group (IRG) reviews all SAC 3 and 4 incidents so with the initiation of Serious Incidents Review Group we now have overview of all incidents reported through Safety 1st.

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: Clinical Leaders

Karyn Bousfield, Director of Nursing and Midwifery
Cameron Lacey, Medical Director
Vicki Robertson, Medical Director
Stella Ward, Director of Allied Health

FINANCE REPORT

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

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

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

DATE: **23 September 2016**

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 July 2016.

3. DISCUSSION

Overview of July 2016 Financial Result

The consolidated West Coast District Health Board financial result for the month of July 2016 was a deficit of $0.142m, which was in line with budget. The year to date position is $0.142m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,797	6,989	(192)	×	6,797	6,989	(192)	×
Governance & Administration	69	69	0	√	69	69	0	√
Funds & Internal Eliminations	4,962	5,014	(52)	×	4,962	5,014	(52)	×
	11,828	12,072	(244)	×	11,828	12,072	(244)	×
EXPENSES								
Provider								
Personnel	5,270	5,322	52	√	5,270	5,322	52	√
Outsourced Services	2	3	1	√	2	3	1	√
Clinical Supplies	661	661	0	√	661	661	0	√
Infrastructure	931	841	(90)	×	931	841	(90)	×
	6,864	6,827	(37)	×	6,864	6,827	(37)	×
Governance & Administration	69	69	0	√	69	69	0	√
Funds & Internal Eliminations	4,531	4,802	271	√	4,531	4,802	271	√
Total Operating Expenditure	11,464	11,698	234	√	11,464	11,698	234	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	364	374	(10)	×	364	374	(10)	×
Interest, Depreciation & Capital Charge	506	516	10	√	506	516	10	√
Net surplus/(deficit)	(142)	(142)	(0)	×	(142)	(142)	(0)	×

4. APPENDICES

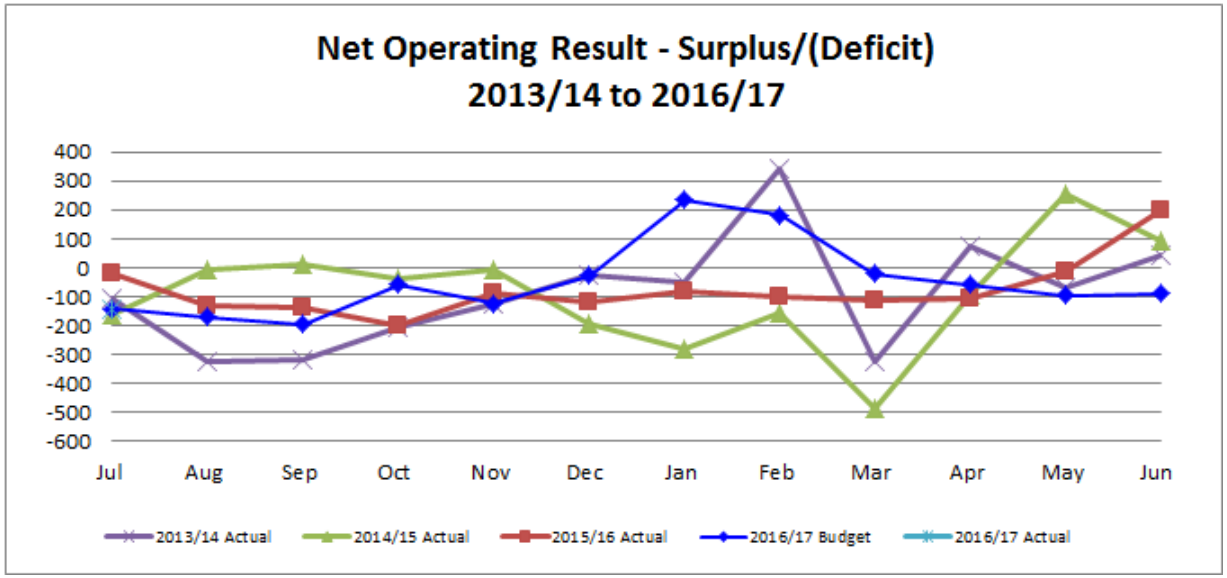
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – JUNE 2016

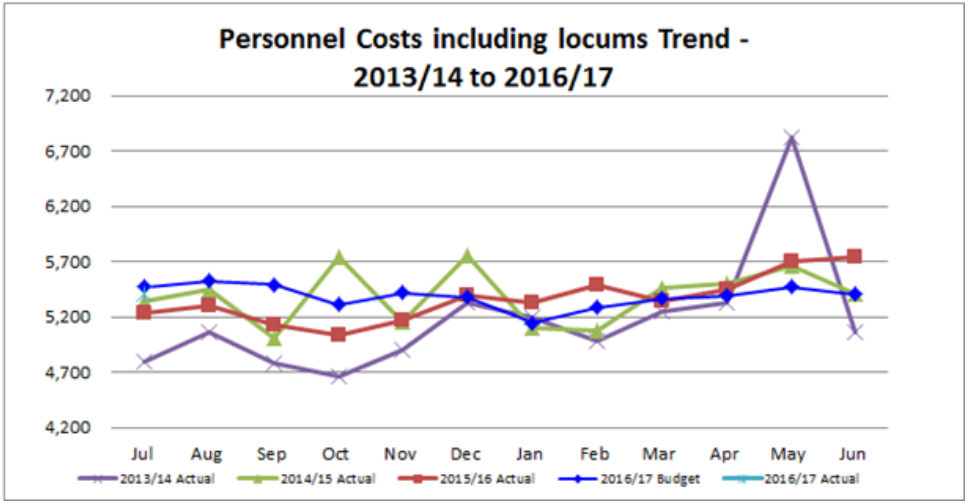
	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(142)	(142)	(0)	0% ✗	(142)	(142)	(0)	0% ✗

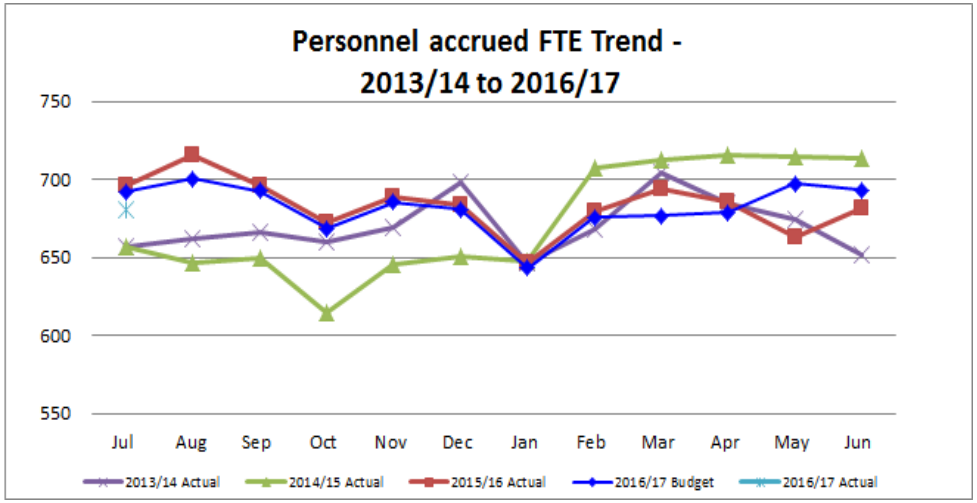


We have submitted an Annual Plan with a planned deficit of $554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016.

KEY RISKS AND ISSUES

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

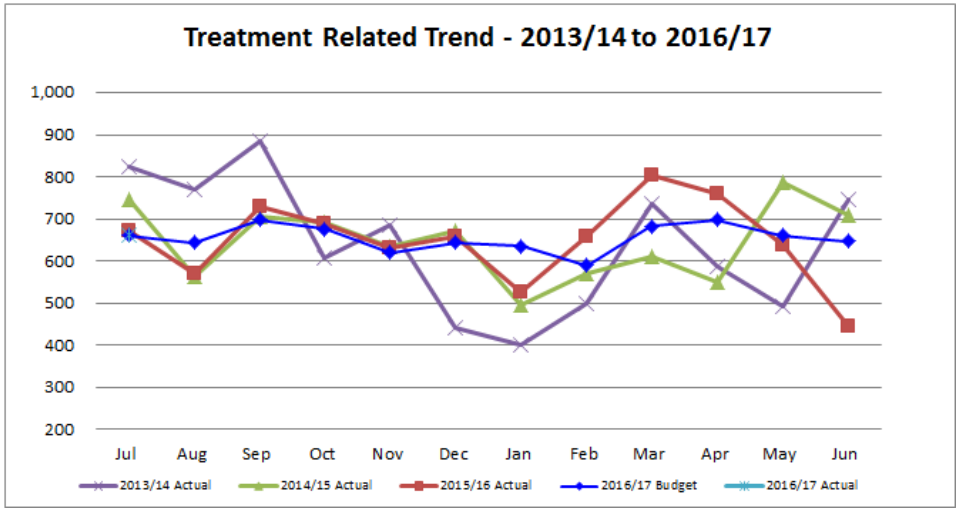


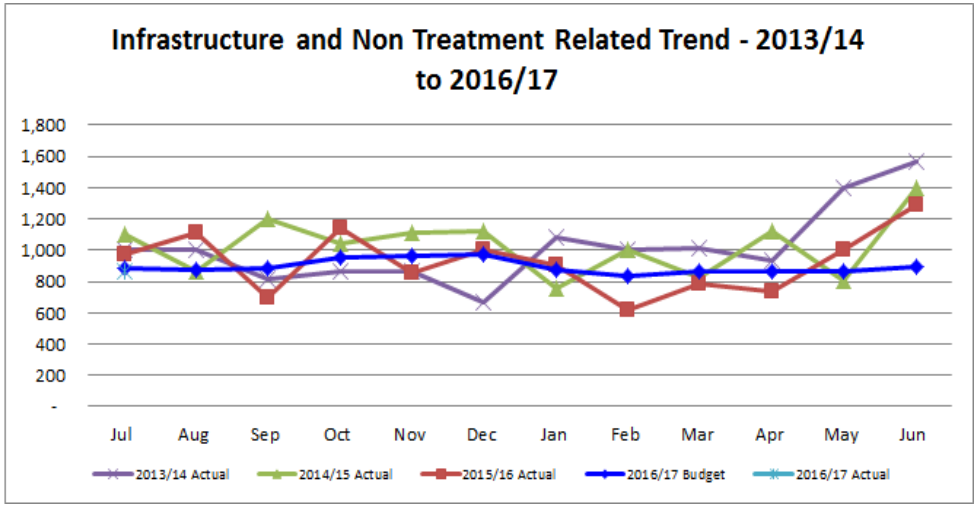


KEY RISKS AND ISSUES

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



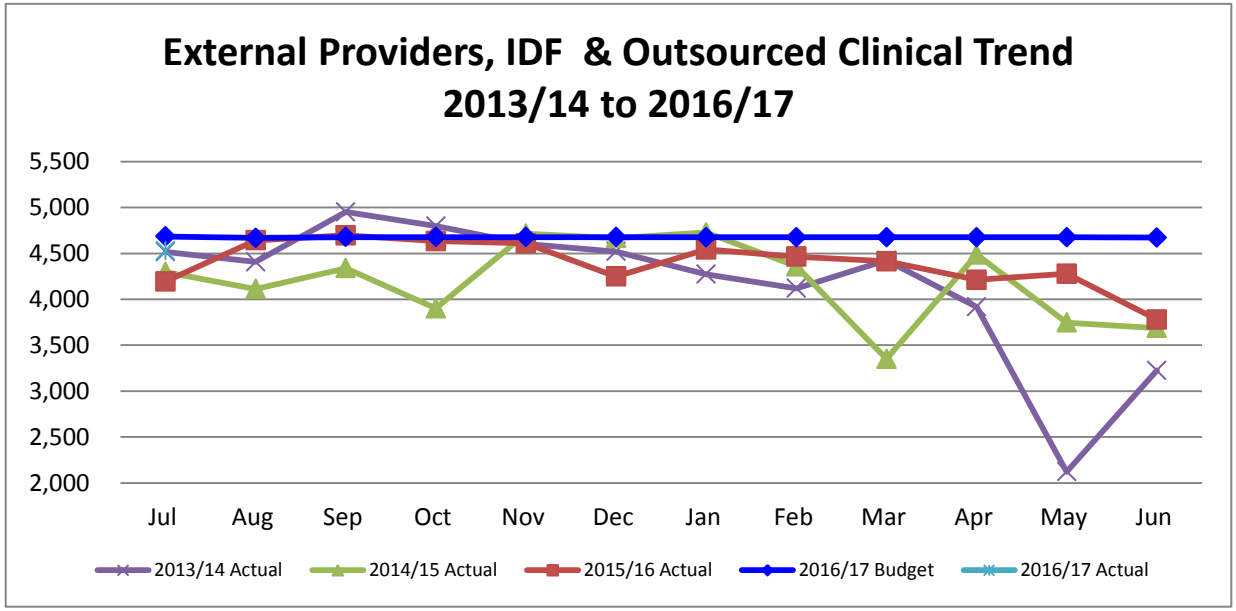


KEY RISKS AND ISSUES

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

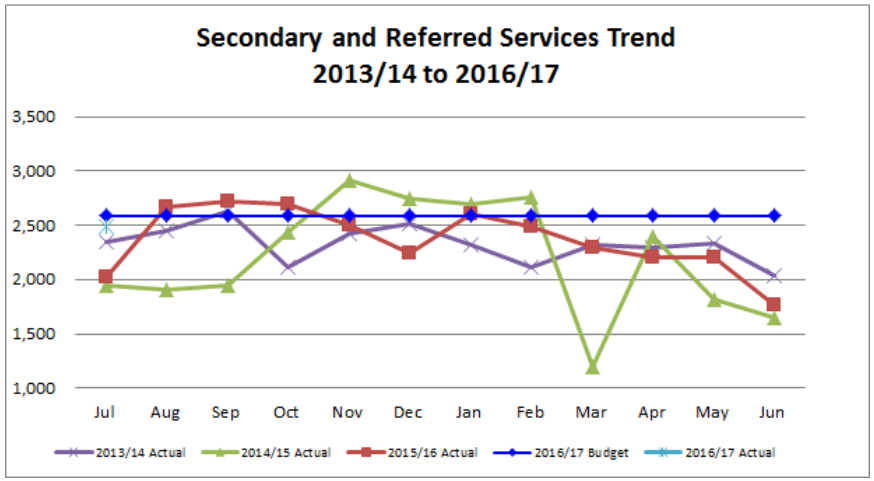
Capacity constraints within the system require continued monitoring of trends and demand for services.

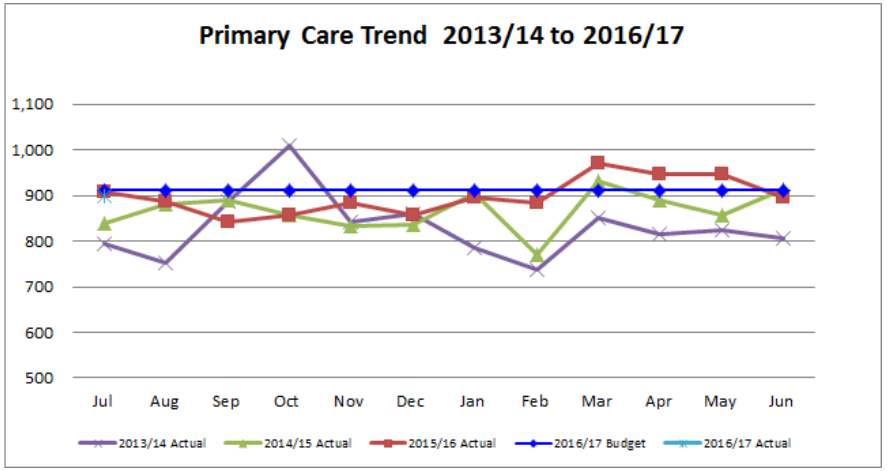
PLANNING AND FUNDING DIVISION

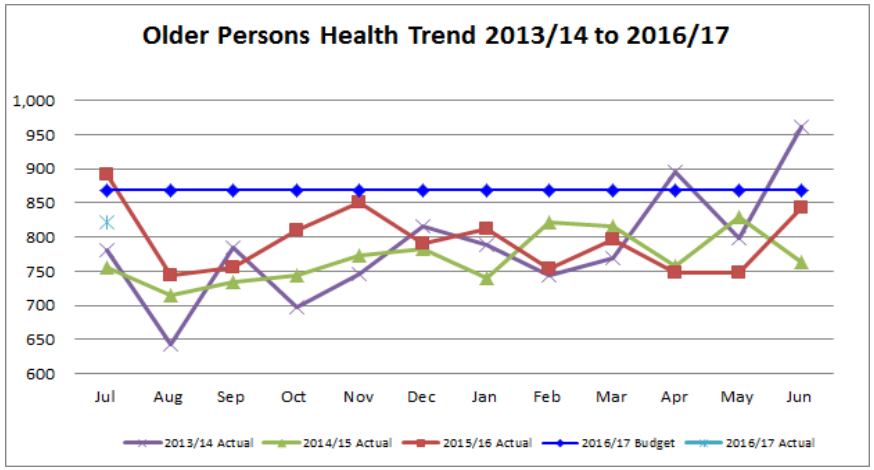
Month Ended July 2016

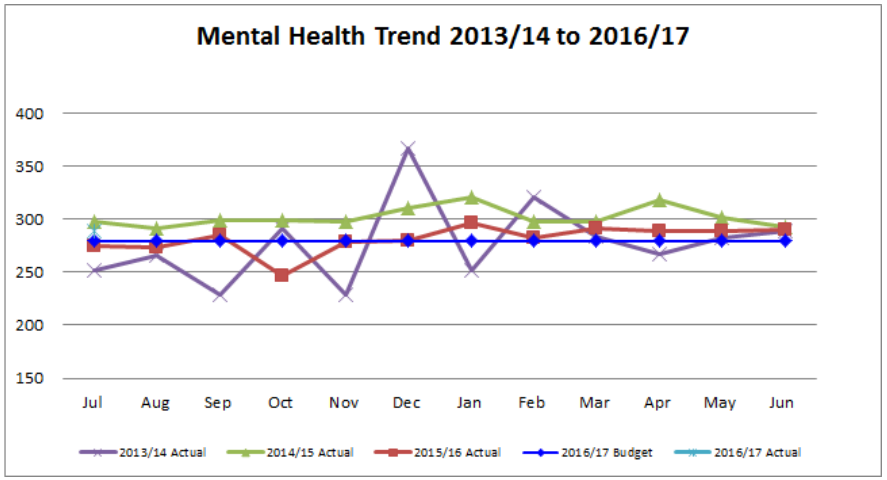
Current Month Actual $000	Budget $000	Variance $000	%		SERVICES	Year to Date Actual $000	Budget $000	Variance $000	%	
					Primary Care					
36	28	-8	-28%	✗	Dental-school and adolescent	36	28	-8	-28%	✗
23	21	-1	-6%	✗	Maternity	23	21	-1	-6%	✗
1	1	0	0%	✗	Pregnancy & Parent	1	1	0	0%	✗
	0	0		✓	Sexual Health	0	0	0		✓
2	4	2	59%	✓	General Medical Subsidy	2	4	2	59%	✓
525	522	-3	-1%	✗	Primary Practice Capitation	525	522	-3	-1%	✗
91	91	0	0%	✓	Primary Health Care Strategy	91	91	0	0%	✓
87	87	0	0%	✓	Rural Bonus	87	87	0	0%	✓
6	4	-2	-48%	✗	Child and Youth	6	4	-2	-48%	✗
5	10	5	48%	✓	Immunisation	5	10	5	48%	✓
5	5	0	0%	✓	Maori Service Development	5	5	0	0%	✓
52	45	-7	-15%	✗	Whanau Ora Services	52	45	-7	-15%	✗
4	14	9	68%	✓	Palliative Care	4	14	9	68%	✓
7	6	-1	-11%	✗	Community Based Allied Health	7	6	-1	-11%	✗
10	10	0	0%	✗	Chronic Disease	10	10	0	0%	✗
43	61	18	30%	✓	Minor Expenses	43	61	18	30%	✓
899	**912**	**13**	**1%**	✓		**899**	**912**	**13**	**1%**	✓
					Referred Services					
26	26	0	1%	✓	Laboratory	26	26	0	1%	✓
621	666	45	7%	✓	Pharmaceuticals	621	666	45	7%	✓
647	**692**	**45**	**7%**	✓		**647**	**692**	**45**	**7%**	✓
					Secondary Care					
161	223	62	28%	✓	Inpatients	161	223	62	28%	✓
126	126	0	0%	✓	Radiolgy services	126	126	0	0%	✓
111	114	3	2%	✓	Travel & Accommodation	111	114	3	2%	✓
1,444	1,437	-7	0%	✗	IDF Payments Personal Health	1,444	1,437	-7	0%	✗
1,842	**1,899**	**58**	**3%**	✓		**1,842**	**1,899**	**58**	**3%**	✓
3,387	**3,503**	**116**	**3%**	✓	**Primary & Secondary Care Total**	**3,387**	**3,503**	**116**	**3%**	✓
					Public Health					
21	23	2	8%	✓	Nutrition & Physical Activity	21	23	2	8%	✓
0	0	0		✓	Public Health Infrastructure	0	0	0		✓
11	11	0	0%	✓	Tobacco control	11	11	0	0%	✓
0	0	0		✓	Screening programmes	0	0	0		✓
32	**34**	**2**	**6%**	✓	**Public Health Total**	**32**	**34**	**2**	**6%**	✓
					Mental Health					
7	7	0	0%	✓	Dual Diagnosis A&D	7	7	0	0%	✓
0	0	0		✓	Eating Disorders	0	0	0		✓
20	20	0	0%	✓	Child & Youth Mental Health Services	20	20	0	0%	✓
24	8	-16	-214%	✗	Mental Health Work force	24	8	-16	-214%	✗
61	61	0	0%	✓	Day Activity & Rehab	61	61	0	0%	✓
11	11	0	0%	✗	Advocacy Consumer	11	11	0	0%	✗
81	81	0	0%	✓	Other Home Based Residential Support	81	81	0	0%	✓
11	11	0	0%	✓	Advocacy Family	11	11	0	0%	✓
10	16	6	38%	✓	Community Residential Beds	10	16	6	38%	✓
0	0	0		✓	Minor Expenses	0	0	0		✓
66	66	0	0%	✓	IDF Payments Mental Health	66	66	0	0%	✓
289	**279**	**-10**	**-4%**	✗		**289**	**279**	**-10**	**-4%**	✗
					Older Persons Health					
0	0	0		✓	Information and Advisory	0	0	0		✓
0	0	0	100%	✓	Needs Assessment	0	0	0	100%	✓
95	84	-11	-13%	✗	Home Based Support	95	84	-11	-13%	✗
8	6	-2	-39%	✗	Caregiver Support	8	6	-2	-39%	✗
226	242	16	6%	✓	Residential Care-Rest Homes	226	242	16	6%	✓
9	9	0	-1%	✗	Residential Care-Community	9	9	0	-1%	✗
363	404	41	10%	✓	Residential Care-Hospital	363	404	41	10%	✓
0	0	0		✓	Ageing in place	0	0	0		✓
11	10	-1	-8%	✗	Day programmes	11	10	-1	-8%	✗
8	11	3	29%	✓	Respite Care	8	11	3	29%	✓
1	1	0	0%	✓	Community Health	1	1	0	0%	✓
0	1	1	100%	✓	Minor Disability Support Expenditure	0	1	1	100%	✓
99	99	0	0%	✗	IDF Payments-DSS	99	99	0	0%	✗
821	**868**	**45**	**5%**	✓		**821**	**868**	**47**	**5%**	✓
1,110	**1,147**	**35**	**3%**	✓	**Mental Health & OPH Total**	**1,110**	**1,147**	**37**	**3%**	✓
4,530	**4,685**	**155**	**3%**	✓	**TOTAL EXPENDITURE**	**4,530**	**4,685**	**155**	**3%**	✓

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	12,267	12,267	(0)	0%	✗	12,341
Cash	12,166	11,897	269	2%	✓	14,195

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 July 2016

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 16/17	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,383	11,594	(211)	(1.8%)	11,383	11,594	(211)	(1.8%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	0	7	(7)	(100.0%)	84	76
Inter District Flows Revenue	138	139	(1)	(0.7%)	138	139	(1)	(0.7%)	1,744	1,487
Patient Related Revenue	225	248	(23)	(9.3%)	225	248	(23)	(9.3%)	2,962	2,873
Other Revenue	82	84	(2)	(2.4%)	82	84	(2)	(2.4%)	1,112	984
Total Operating Revenue	11,828	12,072	(244)	(2.0%)	11,828	12,072	(244)	(2.0%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,408	5,472	64	1.2%	5,408	5,472	64	1.2%	64,670	64,396
Outsourced Services	2	3	1	33.3%	2	3	1	33.3%	30	30
Treatment Related Costs	661	661	0	0.0%	661	661	0	0.0%	7,858	7,781
External Providers	3,022	3,085	63	2.0%	3,022	3,085	63	2.0%	37,000	36,269
Inter District Flows Expense	1,509	1,589	80	5.0%	1,509	1,589	80	5.0%	19,084	16,380
Outsourced Services - non clinical	1	0	(1)	0.0%	1	0	(1)	0.0%	0	0
Infrastructure and Non treatment related costs	861	888	27	3.0%	861	888	27	3.0%	10,723	11,129
Total Operating Expenditure	11,464	11,698	234	2.0%	11,464	11,698	234	2.0%	139,365	135,985
Result before Interest, Depn & Cap Charge	364	374	(10)	(2.8%)	364	374	10	2.8%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	55	54	(1)	(1.9%)	55	54	(1)	(1.9%)	648	651
Depreciation	374	380	6	1.6%	374	380	6	1.6%	4,572	4,572
Capital Charge Expenditure	77	82	5	6.1%	77	82	5	6.1%	984	978
Total Interest, Depreciation & Capital Charge	506	516	10	1.9%	506	516	10	1.9%	6,204	6,201
Net Surplus/(deficit)	(142)	(142)	(0)	(0.2%)	(142)	(142)	(0)	(0.2%)	(554)	(897)
Other Comprehensive Income										
Gain/(losses) on revaluation of property										
Total Comprehensive Income	(142)	(142)	(0)	(0.2%)	(142)	(142)	(0)	(0.2%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 July 2016

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	24,830	24,746	84	0.3%	25,444
Intangible assets	642	640	2	0.3%	681
Work in Progress	1,966	1,981	(15)	(0.8%)	1,981
Other investments	567	567	0	0.0%	0
Total non-current assets	28,005	27,934	71	0.3%	28,106
Current assets					
Cash and cash equivalents	12,166	11,897	269	2.3%	11,871
Patient and restricted funds	74	74	0	0.0%	74
Inventories	966	986	(20)	(2.0%)	986
Debtors and other receivables	5,721	5,924	(203)	(3.4%)	5,920
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	18,927	18,881	46	0.2%	18,851
Total assets	46,932	46,815	117	0.2%	46,957
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	10,945	10,945	0	0.0%	10,945
Employee entitlements and benefits	2,661	2,629	(32)	(1.2%)	2,629
Total non-current liabilities	13,606	13,574	(32)	(0.2%)	13,574
Current liabilities					
Interest-bearing loans and borrowings	3,500	3,500	0	0.0%	3,500
Creditors and other payables	8,037	8,161	124	1.5%	8,161
Employee entitlements and benefits	9,522	9,313	(209)	(2.2%)	9,313
Total current liabilities	21,059	20,974	(85)	(0.4%)	20,974
Total liabilities	34,665	34,548	(117)	(0.3%)	34,548
Equity					
Crown equity	72,563	72,543	(20)	(0.0%)	72,563
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(82,378)	(82,358)	20	0.0%	(82,236)
Trust funds	0	0	0	0.0%	0
Total equity	12,267	12,267	0	0.0%	12,409
Total equity and liabilities	46,932	46,815	117	0.2%	46,957

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 July 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	12,322	12,042	280	2.3%	12,322	12,042	280	2.3%
Cash paid to employees	(5,243)	(5,472)	229	4.2%	(5,243)	(5,472)	229	4.2%
Cash paid to suppliers	(1,887)	(1,552)	(335)	(21.6%)	(1,887)	(1,552)	(335)	(21.6%)
Cash paid to external providers	(2,862)	(3,085)	223	7.2%	(2,862)	(3,085)	223	7.2%
Cash paid to other District Health Boards	(1,669)	(1,589)	(80)	(5.0%)	(1,669)	(1,589)	(80)	(5.0%)
Cash generated from operations	661	344	317	91.9%	661	344	317	91.9%
Interest paid	(55)	(54)	(1)	(1.9%)	(55)	(54)	(1)	(1.9%)
Capital charge paid	(77)	(82)	5	6.1%	(77)	(82)	5	6.1%
Net cash flows from operating activities	529	208	321	153.8%	529	208	321	153.8%
Cash flows from investing activities								
Interest received	42	30	12	40.0%	42	30	12	40.0%
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	(273)	(208)	(65)	(31.3%)	(273)	(208)	(65)	31.3%
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(231)	(178)	(53)	29.8%	(231)	(178)	(53)	(29.8%)
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		0	0	0	0.0%
Repayment of equity	1	0	1		1	0	1	
Cash generated from equity transactions	1	0	1		1	0	1	
Borrowings raised								
Repayment of borrowings	0	0	0		0	0	0	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	1	0	1		1	0	1	
Net increase in cash and cash equivalents	299	30	269	883.0%	299	30	269	883.0%
Cash and cash equivalents at beginning of period	11,867	11,867	(0)	(0.0%)	11,867	11,867	(0)	(0.0%)
Cash and cash equivalents at end of year	12,166	11,897	269	2.3%	12,166	11,897	269	2.3%

MAORI HEALTH PLAN UPDATE

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

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

SOURCE: **General Manager, Maori Health**

DATE: **23 September 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

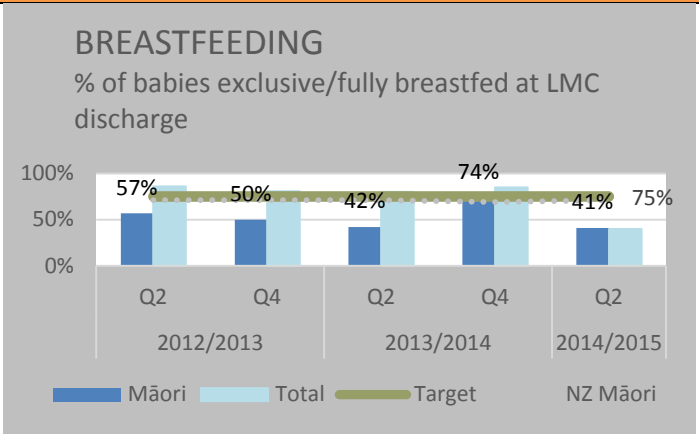
2. RECOMMENDATION

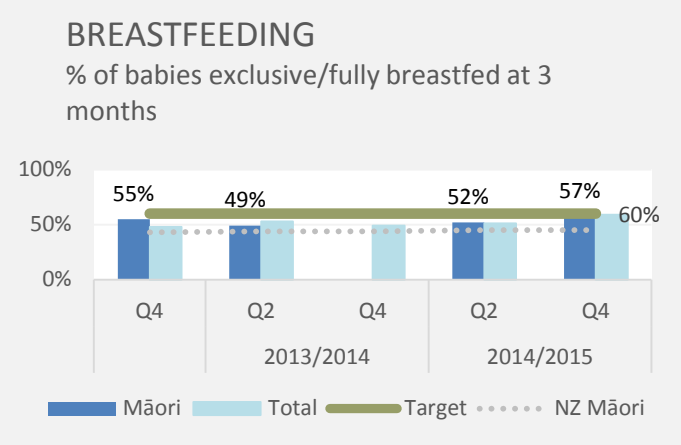
That the Board:
i notes the Maori Health Plan Update.

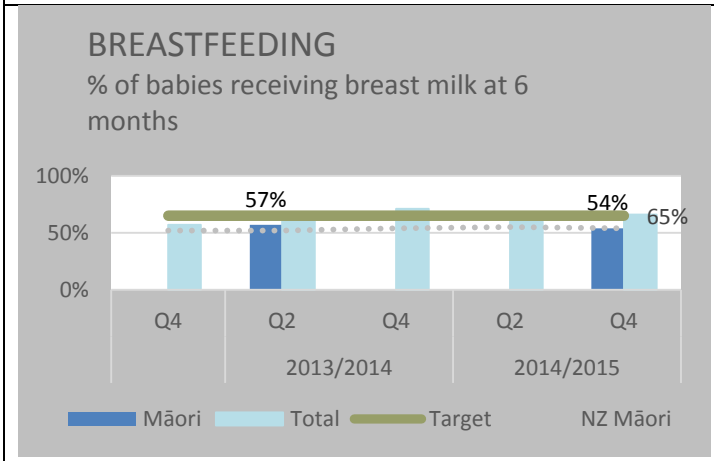
3. SUMMARY

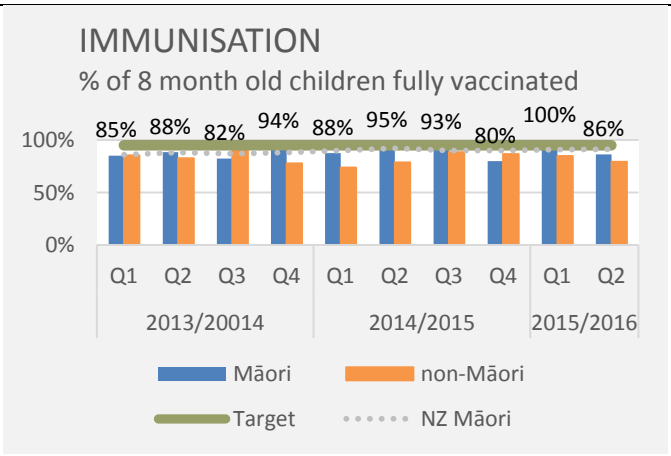
Maori Health Quarterly Report – Q4, 2015/16

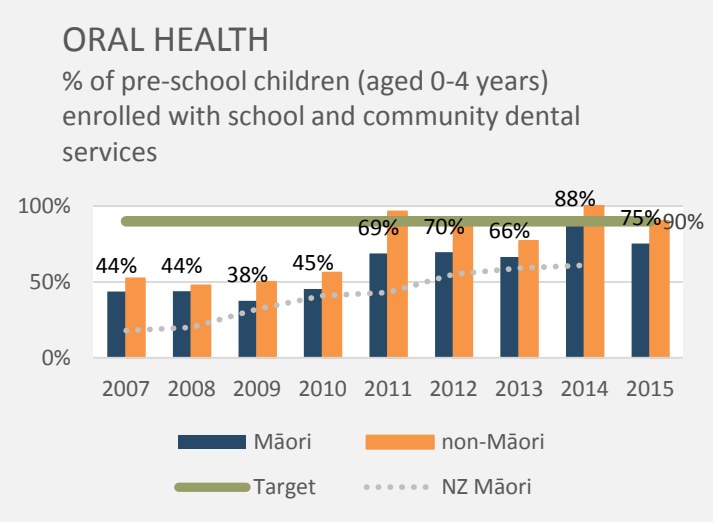
CHILD, YOUTH AND MATERNITY

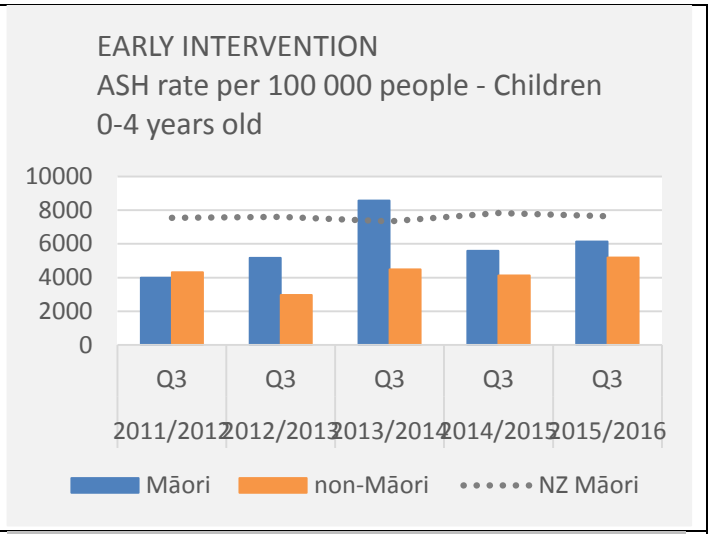


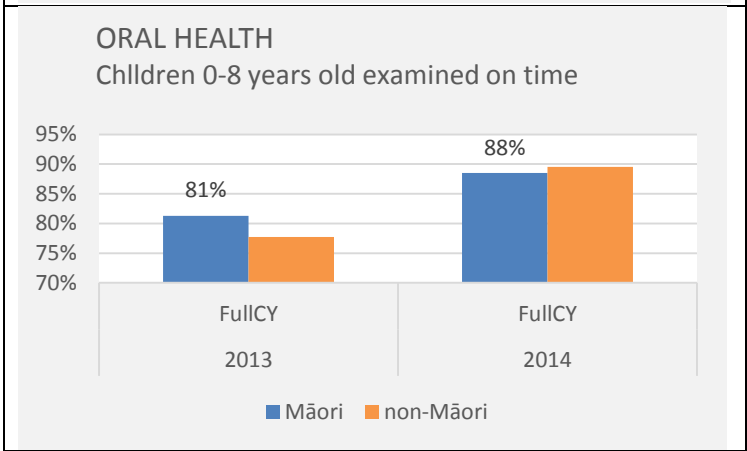


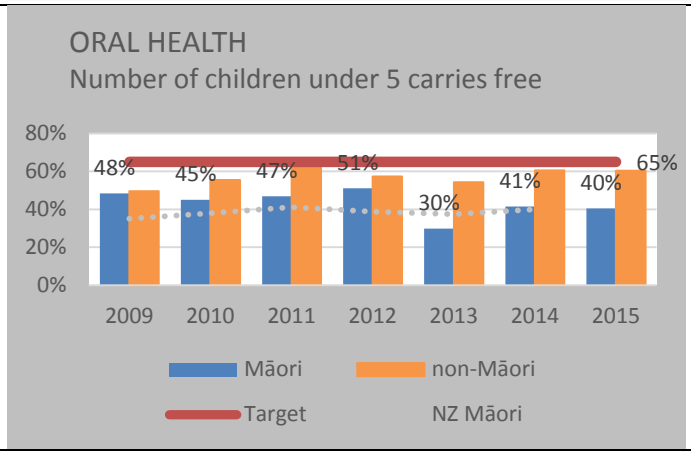






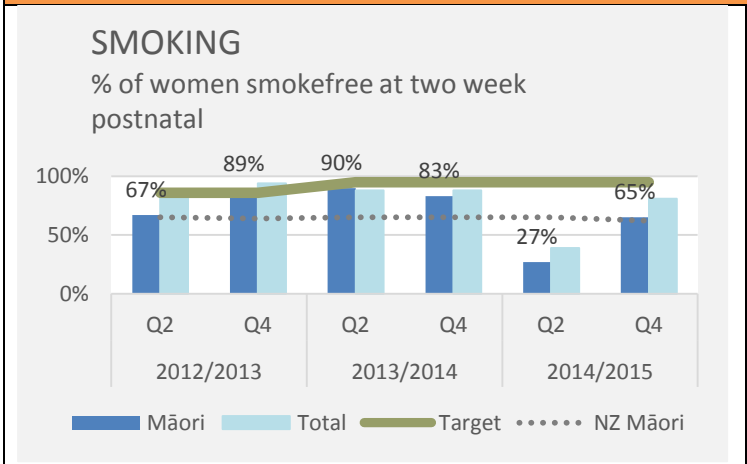


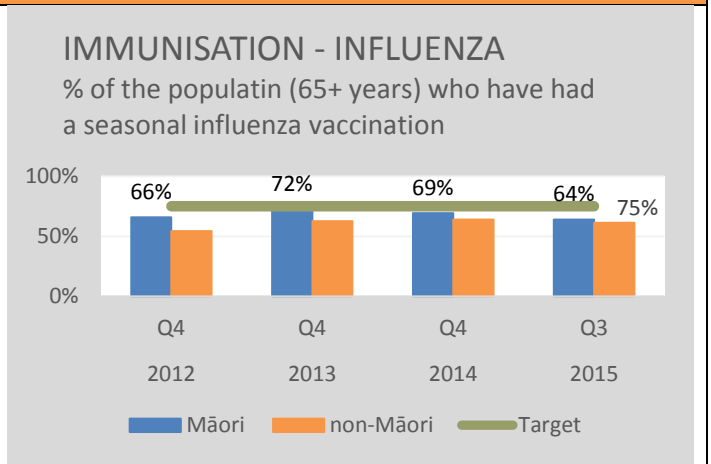




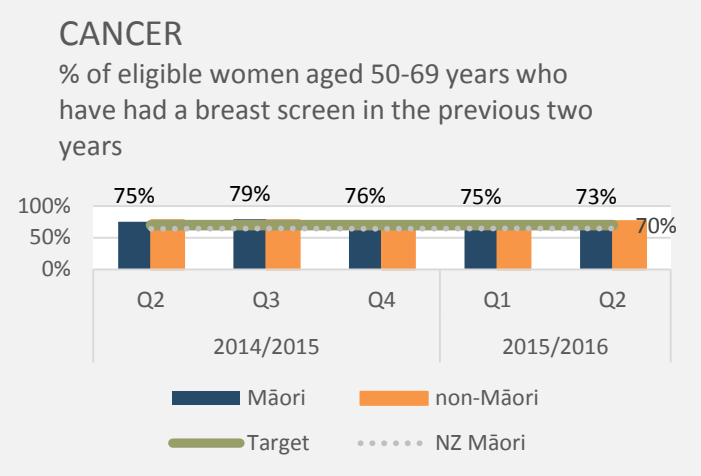
Strategies are being developed to enable targeted intervention to whanau who are at risk of dental caries. There are a number of strategies and interventions being worked through collectively with Public Health Nurse, Poutini Waiora Tamariki ora Nurse, Mama and Pepi worker, Plunket and the Community Dental Service to ensure that pathways for those most at risk are being developed.

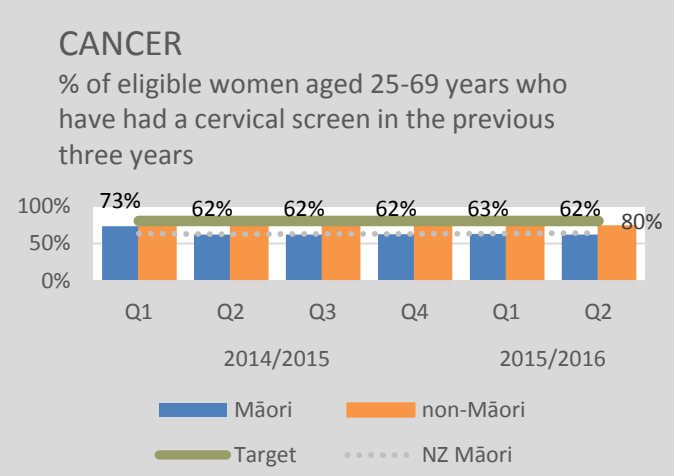
ADULTS HEALTH AND WELLBEING



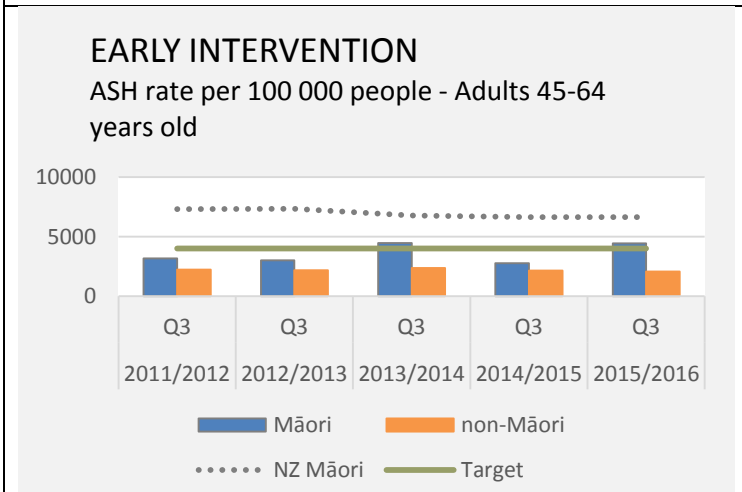


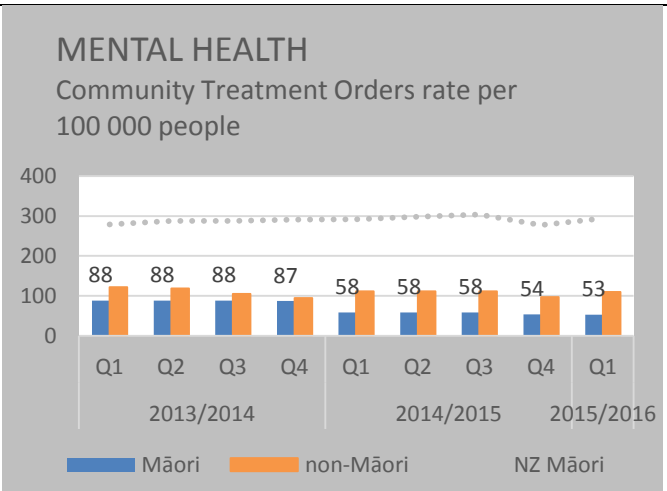
Targeted work is ocurring to increase the uptake of Maori women into the smoking incentivisation programme Healthy West Coast continues to prioritise smoking cessation for Maori and targeted health promotion through Tamariki ora and Mama and Pepi service is starting to see results.

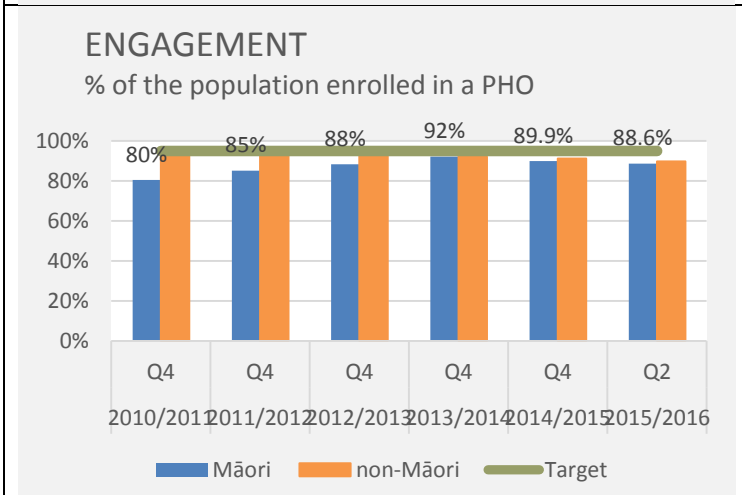


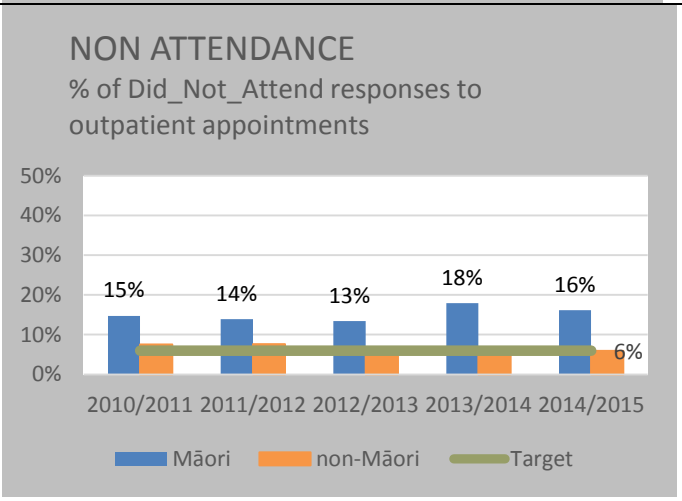


The eligible Maori population for Breastscreening is 370 Maori – as at June 2016 259 Maori had been screened. The eligible Maori population for Cervical screening is 869 Maori – as at June 2016 566 Maori have been screened which is 65.1% a slight increase from Q2.









Continued work on decreasing DNA's for Maori is ocurring. We are currently looking at the option of supported attendance at Outpatient clinics where needed and are planning on contacting those Maori who have DNS'd to quantify their reasons and develop strategies to improve attendance and access – tele health could be one such option where appropriate.

Consumer Council

The General Manager Maori Health is the EMT sponsor for the health consumer council West Coast DHB. A number of Consumer Council members have now completed their two years on the council. Recently a number of interviews for vacancies on the Consumer Council were undertaken. There was a healthy number of applicants with standard being very high. Once the new Council is formed a strategic planning session will follow for the members to develop a working plan for the year. The current Chair, Barbara Holland, has resigned and I wish to express my gratitude to her for the hard work she is put in over the years on behalf of the people of the West Coast and also helping to establish the West Coast Consumer Council.

Improving the Cancer Pathway

Dr Melissa Cragg will make her third trip to the West Coast where she will continue to meet with whanau, services and clinicians to understand the cancer pathway for Maori on the West Coast and how this may contribute to health inequity in Cancer outcomes for Maori.

This project is funded via the Ministry of Health through the Faster Cancer Treatment programme (FCT). The specific focus of FCT is from referral to diagnosis through to treatment (including palliative care) and this also reflects the scope of this project.

An implementation plan for service improvement areas which will benefit Maori cancer patients will be agreed by each South Island DHB by July 2017 and at least one service improvement from the implementation plan will be commenced by each DHB by this date also.

Maori Provider – Hauora Maori Contract

Planning and Funding and the Maori Health team have been working with the Poutini Waiora to develop the Hauora contract which is up for renewal. There is a strong focus on integration, collaboration and alignment with the West Coast DHB Maori Health Plan 2016 -2017.

Cultural Competency WCDHB

The West Coast DHB Maori Health Plan, the Annual Plan and the Health Alliance all acknowledge the importance of the Treaty of Waitangi and of improving Maori health. While gains have been made, it is well known that health disparities continue to exist between Māori and others in Aotearoa. On Te Tai O Poutini despite the increasing focus on reducing health inequities there remains a significant issue of poorer Maori health outcomes. This is demonstrated by a range of indicators, including rates of cardiovascular disease, cancer, diabetes and respiratory disease. Māori are also under-represented among primary care utilisation data.

The vision for the West Coast Health System is to put the patient and their whanau at the centre of all service provision. This is something that everybody working in the West Coast Health System should be motivated to achieve. Familiarity with a patient's cultural heritage has been shown to be associated with improved patient care thus rendering cultural competence essential for high quality health care. One of the barriers for Maori in regard to this are the low levels of Maori health workers on the West Coast currently, coupled with a lack of training available in cultural competency for Health and Disability workers. Some training very good training is already provided and has been for many years and evaluations from staff regarding this training is consistently high but a small Maori health team does not have capacity to run such trainings as regularly as needed. WCDHB are very aware that many staff require cultural competency training because HFCCA requires that all registration bodies including the Medical Council to establish and assess standards of clinical and cultural competence. Currently we are in the process of reviewing the trainings delivered and looking at the various options available both internally and externally to ensure that our staff is given exposure as high level of quality of cultural competency training. This is not an insignificant piece of work and its needs to be done right but at this point the intention is to signal that it is occurring.

Report Prepared by: Kylie Parkin, Maori Health
Report Approved for Release by: Gary Coghlan, General Manager, Maori Health

DISABILITY ACTION PLAN UPDATE

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

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

SOURCE: **Planning and Funding**

DATE: **23 September 2016**

Report Status:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

In March and April 2016 the West Coast and Canterbury DHB Boards approved the Strategic Disability Action Plan. This paper is to seek a recommendation from the West Coast Community & Public Health and Disability Support Advisory Committee to the West Coast Board for the broadening of the scope of the Strategic Disability Action and the required changes that will need to occur to the governance structure as a direct consequence of this.

2. RECOMMENDATION

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

i. approves the broadening of the scope of the West Coast Disability Action Plan to the "Canterbury and West Coast DHB Disability Action Plan"; and
ii notes the updated Action Plan attached as Appendix 1

3. SUMMARY

During the development of the Strategic Disability Action Plan it was always intended that the DHB plan would be applicable to the wider health system and that following consultation and approval by the DHB Boards, the Plan would be presented to the Alliance Leadership Teams (ALT) for Canterbury and the West Coast for their approval. This has subsequently occurred with both ALT's giving approval to implement the plan across the health system wherever applicable, using the existing alliance structure of the Work Streams and Service Level Alliances (SLA's). This has led to an extension of accountability of the implementation of the Plan to include the ALT's.

It is also important to note that this will mean that the accountability for the implementation and evaluation of outcomes of the Strategic Disability Action Plan will be to ALT and the DHB Executive Management Team with regular reporting to this Committee.

4. DISCUSSION

The West Coast ALT will take the lead in providing the governance for implementation on the West Coast of the Plan. At the ALT meeting in July 2016 there was agreement that the Canterbury and West Coast Health Disability Action Plan would be a core document that has become one of the guiding principles for the Work Plans and activity for each of the Work Streams. ALT agreed that the SLA's and Work Streams would be informed of this and that the Disability Lead for Canterbury and the West Coast DHB's will attend meetings over the coming months to ensure each Alliance was fully informed of the Plans content that was relevant to their target population

and provide support to review their current Work Plans ensure they were inclusive of the needs of people with disabilities.

Where applicable the Canterbury DHB Disability Steering Group will be focused on driving the implementation and evaluation of the Plan within the Canterbury and West Coast DHB's using the already established Transalpine approach. As many of the DHB Departments and Divisions are one team across Canterbury and the West Coast, actions for implementation will occur across both DHB's. The Canterbury DHB Steering Group will ensure engagement and inclusion of the West Coast DHB occurs to progress each priority action. For example the actions to improve communication with the disability community, disability awareness for staff and employing more people with disabilities will need to be progressed internally to the DHB's as well as the wider health system.

The language of the Plan has been amended to reflect the wider scope of the original DHB focused plan and has been renamed the Canterbury and West Coast Health Disability Action Plan

6. APPENDICES

Appendix 1: Canterbury and West Coast DHB Disability Action Plan

Report prepared by:	Kathy O'Neill, Team Leader, Planning and Funding
Approved for Release by:	Stella Ward, EMT Disability Lead, Canterbury & West Coast DHBs

CANTERBURY AND WEST COAST HEALTH DISABILITY ACTION PLAN

A plan for improving the health system for people with disabilites and their family/whānau

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

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

Foreward

The Canterbury and West Coast Health Disability Action Plan has been developed with people with disabilities, their family/whānau, providers of disability services and our Alliance partners from across the health system. The Plan will be implemented with the ongoing engagement of all these key stakeholders using existing processes, and through developing new ways of working together.

Contents

Developing our Disability Action Plan 2016 - 2026

In 2016 we began the development of a Canterbury and West Coast Health Disability Action Plan for 2016 - 2026.

The draft document, approved for wider consultation, was developed in line with the New Zealand Disability Strategy 2001 and the United Nations Convention on the Rights of People with Disability.

Disabled People Organisations are those recognised by the New Zealand Office of Disability Issues as representing the collective voice of people with disabilities. All such recognised groups have received and been invited to provide feedback on the draft Plan and 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 final Plan.

Development of the Plan included the review and incorporation of the key elements of core New Zealand documents relating to people with disabilities. Those core documents can be found in Appendix A.

The importance of the United Nations Convention on the Rights of Persons with Disability was consistently referred to by people with disabilities and their supports. These guiding principles are included as Appendix B.

For the purposes of this Plan, disability is defined according to the United Nations Convention on the Rights of People with Disability. It 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 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 in this Plan. These principles are consistent with the Treaty of Waitangi and demonstrate our commitment to working with Māori as treaty partners. This is especially important because Māori have higher rates of disability and poorer health outcomes than non-Māori. While there is a specific objective to achieve equitable outcomes for Māori within the Plan, each of the identified priority actions will have identified actions that are inclusive and culturally appropriate.

The Plan includes a Canterbury and West Coast position statement which addresses the critical issues relating to human and civil rights, treatment, and services and programmes for people with disabilities and their family/whānau. This statement is to inform our population and other agencies of the prevailing organisational view on key issues for people with disabilities.

Progress on achieving the stated objectives and priority actions in this Plan will be reported back to the disability community through a range of tactics including forums, electronic information and written communication. The Plan will be refreshed at least annually and priority actions will be developed and amended as necessary to ensure we continue to strengthen our engagement and inclusion of disabled people in the transformation of our health system.
*Refer to Appendix C for a summary of the consultation process and feedback.

Position Statement

Promoting the health and wellbeing of people with disabilities

Purpose

This position statement summarises our commitment to actions aimed at improving the lives of people with disabilities in Canterbury and on the West Coast. It will be used in making governance, planning, funding, and operational decisions. The Plan reflects this position statement and provides details of how it will be implemented.

Key points

We recognise 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 will increase the number of people experiencing 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.

We make the following commitments to people with disabilities, their families and whānau, to:

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

We 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 wellbeing.

CANTERBURY AND WEST COAST HEALTH DISABILITY ACTION PLAN 2016 - 2026

Vision

The Canterbury and West Coast strategic vision for people with disabilites is of a society that highly values lives and continually enhances their full participation. Through this strategic vision, we will ensure that all people with disabilities experience a responsive and inclusive health 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.

Safety and Autonomy

The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus

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.

Our 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 encouraged to make suggestions or voice any concerns by highly aware staff.

We will...

1. ***Integrate services for people of all ages with a disability***

   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 with age related conditions, can live lives to their full potential. (8, 10, 11 – These numbers relate to objectives in The NZ Disability Strategy 2001, see Appendix D).

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, 8, 10, 11, 12)

3. *Offer appropriate treatment*

Offer interventions with individuals and their family/whānau which are evidence-based best practice, such as restorative, recovery focused approaches. (6, 7, 10, 11)

4. *Monitor quality*

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

Wellbeing

The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus

I feel dignity and cultural identity through a balance of family/community, mental, physical and spiritual wellbeing.

Our Strategic Focus

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.

We will...

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 enhance 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. (2, 14)

7. Work towards equitable outcomes for Māori

Work with Māori people with a disability, whānau and the Kaupapa Māori providers to progress the aspirations of Māori people as specified in He Korowai Oranga, Māori Health Strategy. Apply our Māori Health Framework to all the objectives of this action plan in order to achieve equitable population outcomes for Māori with a disability and their whānau. (11, 13, 15)

8. Implement a 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: Pathway to Pacific Health and Wellbeing 2014 - 2018 which is aimed at improving culturally appropriate service provision with

emphasis on improved access to Primary Care. Canterbury Pasifika Health Framework 2015 - 2018 will also be used as a core document to inform the work required. (12, 13, 15)

9. Develop better approaches for refugee, migrant and culturally and linguistically 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

The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus

I make my decisions myself, based on my aspirations. I have access to information and support so that my decisions are informed.

Our Strategic Focus

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.

We will...

10. Provide accessible information and communication

Promote and provide communication methods that improve access and engagement with people with disabilities, such as using plain language and Easy Read, ensuring all computer systems and websites are fully accessible to those who use adaptive technology, and expanding the use of sign language. (1)

11. *Develop leadership of people with disabilities 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

The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus

I feel respected for my views and my contribution is received on an equal basis with others.

Our Strategic Focus

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.

We will...

12. *Be an equal opportunity employer*

Increase the numbers of people with disabilities being employed and supported in their role within the Canterbury and West Coast health system. (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 disability awareness, knowledge and skills*

Develop and implement orientation and training packages that enhance 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

The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus

Disabled People's Organisations (DPO) represent collective issues that have meaning for me (based on lived experience) in a way that has influence.

Our Strategic Focus

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 Canterbury and West Coast health system.

We will...

15. Implement the plan in partnership

Work with the Canterbury and West Coast Consumer Councils 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 redesign. This network will support the implementation and evaluation of the Canterbury and West Coast Health Disability Action Plan. (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 fully inclusive society. (1, 4, 13)

Priority Actions 2016 - 2017

Key

Will be progressed in 2016 - 2017

Will be progressed in the future as opportunities emerge

Safety and Autonomy

1. Integrate services for people with a disability of all ages

Objective

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 live lives to their full potential.

Priority Actions

1.1 Map the pathway for people with disabilities and long term chronic health conditions (LT - CHC) to available services, and work with Disability Support Services and the Needs Assessment and Service Co-ordination Services to improve processes as people transition between health and disability services.

1.2 Work with other providers of services for children and youth to address the gap in service provision for respite for 0-19 year olds with complex needs and for those living in rural communities.

1.3 The agreed pathways across funders and service providers will be placed on HealthPathways.

1.4 Where gaps in service provision are identified, engage with the key stakeholders to identify opportunities and actions that can be progressed.

Outcomes

- Increased planned care and decreased acute care
- Decreased wait times
- Decreased institutionalisation rates.

2. Improve Health Literacy

Objective

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.

Priority Actions

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 who use communication devices.

2.2 With the involvement of people with disabilities and their family/whānau, explore the potential for HealthOne as the electronic shared record between primary and secondary care, as the 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.

Outcomes

- Improved environments support health and wellbeing
- Increased planned care and decreased acute care.

3. Offer appropriate treatment

Objective

Offer interventions with individuals and their family/whānau which are evidence based best practice and that these restorative, recovery focused approaches will result in people living lives to their full potential.

Priority Actions

3.1 Explore opportunities and identify how to support a timely response for people with disabilities and their families/whānau who require

- Aids to daily living
- Housing modifications
- Driving assessments.

Outcome

- Improved environments support health and wellbeing.

4. Monitor Quality

Objective

Develop and use a range of new and existing quality measures for specific groups and services that we provide for people with disabilities, and develop systems and processes to respond to unmet need e.g. consumer surveying.

Priority Actions

4.1 Trial 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 The quality of life for people with disabilities while in Canterbury and West Coast long term treatment facilities is measured and monitored and that actions occur to address any identified areas of improvement quality actions occur.

4.3 Ensure people with disabilities and their family/whānau know about and understand the Canterbury and West Coast DHBs' complaints and compliments process by describing the process in Easy Read format, placed alongside existing signage within wards and reception areas.

Outcomes

- No wasted resource
- The right care, in the right place, at the right time, delivered by the right person.

Wellbeing

5. Measure and Progress

Objective

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, analyse data to understand the population and evaluate progress towards improving health outcomes for people with disabilities. (1, 8, 13)

Priority Actions

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 Identify additional data collection required to inform further service improvement and ensure that baseline data are developed and used as measures of success. (These processes are inclusive of the actions specified for Māori and Pasifika in 7.1 and 8.1 of this plan).

6. Improve access to personal information

Objective

Enable people with disabilities to have increased autonomy in making decisions that relate to their own health by developing processes that enhance 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.

Priority Actions

6.1 The process for identifying the solution for a patient portal in primary care includes how the needs of people with disabilities will be met.

7. Work towards equitable outcomes for Māori

Objective

Work with Māori people with a disability, whānau and the Kaupapa Māori provider to progress the aspirations of Māori people as specified in He Korowai Oranga, Māori Health Strategy. Apply our Māori Health Framework to all the objectives of this Plan in order to achieve equitable outcomes for Māori with a disability.

Priority Actions

7.1 Develop high quality ethnicity data sets by having processes in place that enable all data collected and collated to capture information specific to the Māori population with a disability.

7.2 All the priority actions of this plan are to include culturally appropriate actions for Māori with a disability and their whānau, and that this promotes and supports whānau ora and rangatiritanga.

Outcome

- Delayed/avoided burden of disease and long term conditions.

8. Implement a Pasifika Disability Plan

Objective

Work with Pasifika people, their families and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan 2014 - 2016 and 'Ala Mo'ui: Pathway to Pacific Health and Wellbeing 2014 - 2018 which are aimed at improving culturally appropriate service provision with an emphasis on improved access to primary care. Canterbury Pasifika Health Framework 2015 - 2018 will also be used as a core document to inform the work required.

Priority Actions

8.1 Develop high quality ethnicity data sets by having processes in place that enable all data collected and collated to capture information specific to the Pasifika people with a disability. To develop and implement local responses appropriate to Canterbury and the West Coast.

8.2 Strengthen the culturally appropriate service responses, as Canterbury is one of the target DHBs working to achieve the four priority outcomes* of 'Ala Mo'ui, and transfer strategies.

*1. Systems and services meet the needs of Pasifika people
2. More services are delivered locally in the community and in primary care
3. Pasifika people are better supported to be healthy
4. Pasifika people experience improved broader health determinants of health.

West Coast only: The West Coast will engage with Canterbury to identify and strengthen its service responses in line with 'Ala Mo' ui.

Outcome

Delayed/avoided burden of disease and long term conditions.

9. Develop better approaches for refugee, migrant and culturally and liguistically diverse (CALD) groups

Objective

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.

Priority Actions

9.1 Engage with the Migrant Centre and CALD Co-ordinator Resettlement Service to explore opportunities for including the needs of CALD people with disabilities in the way we communicate.

9.2 Use the local Canterbury and West Coast networks to establish communication processes to disseminate health and disability-related information and advice to CALD communities. There will be a focus on Asian communities.

Outcome

- Delayed/avoided burden of disease and long term conditions.

10. Provide accessible information and communication

Objective

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 and websites are fully accessible to those who use adaptive technology. Expand the use of sign language.

Priority Actions

10.1 Engage with Canterbury and West Coast communications staff to review health system websites and identify any parts of them which are not fully accessible for people who use communication devices.

10.2 Build on the partnership with the disability sector by having the Disability Strategy and a version of this Plan made available in Easy Read format.

10.3 Work with communications staff to identify which key communications will be made available in plain language and circulated to a network of disability organisations and key contacts.

10.4 Develop a Canterbury and West Coast policy on the use of sign language and access to interpreters.

10.5 Undertake a stocktake within the Divisions of the DHBs which will be aimed at identifying where people with lived experience are providing peer support to service users, and recommend areas for further development.

Outcome

- Improved environments support health and wellbeing.

11. Develop leadership of people with disabilites who have a role in the health system

Objective

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.

Priority Actions

11.1 Engage workforce development training providers from the disability sector to identify opportunities to support people with disabilities and their family/whānau who are providing a voice for people with disabilities within the health system. This will include exploring options for appropriate leadership training.

Outcome

- Improved environments support health and wellbeing.

Community

12. Be an equal opportunity employer

Objective

- The number of people with disabilities being employed and supported in their role within Canterbury and West Coast health will increase.
- Develop and implement an appropriate quality tool for current employees who identify as having a disability, which can inform and identify opportunities to improve staff wellbeing.

Priority Actions

12.1 Work with Work and Income NZ and the Ministry of Social Development in achieving employment of people with disabilities

12.2 Develop and implement an affirmative action plan that will result in more people with disabilities being employed in the Canterbury and West Coast health system.

12.3 Explore how to use the Staff Wellbeing Survey to ask staff how Canterbury and the West Coast DHBs can continuously improve their support of people with disabilities employed in either DHB.

Outcome

- Understanding health status and determinants.

13. Increase staff disability awareness, knowledge and skills

Objective

Develop and implement orientation and training packages that enhance disability awareness among staff, in partnership with the disability sector e.g. people with disabilities, their family/whānau/carers, disability training providers and disability services.

Priority Actions

13.1 Identify Disability Champions across our health systems. These champions will form a network that will disseminate disability-related information and resources and be an essential part of implementing the priority actions.

13.2 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.

13.3 Work with the Learning and Development Unit and professional leaders to progress the development of an eLearning tool that can then be placed on the healthLearn website and promoted for staff.
West Coast only: The West Coast will work with Canterbury to ensure applicability to the West Coast.

13.4 Training packages are developed and implemented in partnership with Māori people with disabilities and their whānau, to ensure cultural competency is inclusive of any training delivered.

Outcomes

- Delayed/avoided burden of disease and long term conditions
- Access to improved care.

14. Services and facilities are designed and built to be fully accessible

Objective

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.

Priority Actions

14.1 Site Redevelopment and Communications will work together to develop a communication plan for the disability community to receive quarterly updates on the development of Canterbury and West Coast health facilities. This will be in formats that are user-friendly for those with disabilities.

14.2 The communication plan will include information on how people with disabilities and their family/whānau can provide feedback and input when they have or potentially will experience barriers to access.

14.3 We 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.

Outcomes

- Delayed/avoided burden of disease and long term conditions
- Community capacity enhanced
- Access to care improved.

Representation

15. Implement the Action Plan in partnership

Objective

Work with our Consumer Councils 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 Canterbury and West Coast Health Disability Action Plan.

Priority Actions

15.1 Establish a Disability Steering Group that has members from the disability community who will 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/whānau and Disabled Peoples Organisations.

15.3 Monitor progress against the priority actions to 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 with engagement and input from the people with disabilities, family/whānau and the wider disability sector.

Outcome

- Building population health, capacity and partnerships.

16. Promote the health, wellbeing and inclusion of people of all ages and abilities

Objective

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.

Priority Actions

16.1 Community and Public Health for both DHBs continues to co-ordinate submissions on behalf of Canterbury and West Coast DHBs. However, they will use the Plan's underpinning principles to inform their submissions.

16.2 In conjunction with Disabled Peoples Organisations, Disability Support Services, the Ministry of Social Development and the Ministry of Education, set an annual seminar which presents new developments and initiatives for people with disabilities.

Outcomes

- Improved environments support health and wellbeing
- Access to improve care.

APPENDICES

Appendices

APPENDIX A

CORE DOCUMENTS

The core documents referenced in the development of this Plan include:

- New Zealand Disability Strategy 2001
- New Zealand Disability Action Plan 2014 - 2018
- New Zealand Disability Action Plan 2014 - 2018. Updated December 2015
- He Korowai Oranga, Māori Health Strategy 2014 - 2018
- Whāia Te Ao Mārama: The Māori Disability Action Plan for Disability Support Service 2012 - 2017
- Faiva Ora National Pasifika Disability Plan 2014 - 2016
- Ala Mo'ui: Pathway to Pacific Health and Wellbeing 2014 - 2018
- 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, August 2014
- United Nations Convention on the Rights of the Child (ratified by New Zealand 2008)
- Human Rights Act 1993

APPENDIX B

GUIDING PRINCIPLES OF THE CONVENTION

There are eight guiding principles that underpin the Convention:

1. Respect for inherent dignity and individual autonomy, including the freedom to make one's own choices and be independent
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 a diverse population
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.

APPENDIX C

CONSULTATION PROCESS AND SUMMARY OF FEEDBACK

Recommended amendments to the Draft Canterbury and West Coast Health Disability Action Plan

All feedback received to date, both written and verbal, has endorsed the vision and objectives of the Plan with some recommended amendments. The respondents stated that the principles of the New Zealand Disability Strategy 2001 of participation, partnership and protection of the rights of people with disabilities were present throughout the document.

Respondents unanimously commended the development of a Disability Action Plan and the process undertaken to seek the opinions of people with disabilities, their family/whānau and other key stakeholders on the Plan and the priorities for implementation over the next two years.

The consultation process has resulted in a number of recommendations on how the draft Plan could be strengthened in terms of the language used, and by broadening the scope of some of its stated goals.

These include:

1. The New Zealand Disability Strategy 2001 is considered an important landmark document but it is fourteen years old and requires updating. It is recommended that, in addition to identifying the alignment with the New Zealand Disability Strategy, each objective should also be aligned with the Articles of the United Nations Convention on the Rights of People with Disabilities and that the language used is consistent with the relevant articles.
2. Include with the dissemination of the Plan the definition of disability we used, and the Position Statement.

3. The draft Plan is primarily adult-focused and it is recommended that the United Nations Convention on the Rights of the Child (UNCROC) be included as a core document to inform the development of the final Plan and the priorities for action.
4. The Plan needs to place more direct emphasis on addressing the health disparities for people with disabilities compared with those people without a disability. It is recommended that the need to have a targeted approach to addressing the barriers of access to healthcare is explicitly stated.
5. Feedback from Māori Advisory Groups both in Canterbury and on the West Coast was that for each of the strategic goals there needs to be inclusion of what would be an appropriate objective for Māori.
6. Wherever possible the language is amended to ensure it is explicit that the objectives are inclusive of all people with disabilities. This will require careful consideration, as feedback has also complimented the Plan on recognising the diversity of the people with disabilities by identifying the different population groups. There was consistent feedback that the Plan needed to reference Asian people specifically.
7. Outcomes need to be identified for each objective including how their achievement will be measured. Measures will form part of the work plans that are developed.
8. Amend the vision statement to include a statement about supporting people with disabilities to reach their full potential.
9. Amend the draft Objective 4 so that the goal positively promotes the use of only appropriate treatments rather than a goal that is more about stopping inappropriate treatments.
10. An additional objective needs to be added under the heading of an Equal Opportunity Employer which states health system employers will take affirmative action to increase the number of people with disabilities employed within the organisations.

11. Add into the Strategic Goal for Safety and Autonomy the commitment to addressing stigma and discrimination.
12. To include families/whānau as a central part of the Plan, including the identification of needs, gaps in services and how to implement and monitor progress.
13. Amend draft Objective 14 that accessibility is more than just buildings and facilities, so that this objective reads as accessible services and buildings.
14. Significant concern was expressed at the number of high level strategic objectives contained in the Plan, but it is less clear how these will be achieved. There was support for identifying the priorities for action and concentrating on progressing a limited number of objectives to avoid the risk of spreading resources too thinly.
15. Feedback on the consultation process showed appreciation for the plain language version being available electronically to 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.
16. 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 has been developed to address. Further planning and ongoing engagement about how to reach this group is required.
17. It is recommended that a process for amending the Plan should be put in place to ensure opportunities for improving the Plan or priorities for action that have not yet emerged, can be added at a later date.
18. The Plan requires ongoing engagement with people with disabilities and their supports on the emerging issues for them. As a minimum, an

annual refresh of the priority actions and any amendment to the overall strategy would occur.

Identifying the Priorities for Action

The key themes and opportunities for priority action

The following areas have been consistently raised by those providing feedback on the priority areas for action:

1. Accessibility of buildings and facilities

- Increasing engagement – providing regular updates in the form of a newsletter, written in a way that is 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 hours security, etc.
- 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.

2. Promoting disability awareness

- Develop a network of Disability Champions at a service level across the Canterbury and West Coast health systems. These people will be the conduit for disseminating disability-related information and resources available to staff when working with people with disabilities.
- Work with the Learning and Development Unit and professional leaders of the Canterbury and West Coast health system to identify appropriate and relevant education programmes that are already developed and offered by disability-focused workforce development organisations e.g. Te Pou. This is initially envisaged as an e-learning tool available on healthLearn. Any education tool developed will have input from people with disabilities and their family/whānau.

3. *Communication*

- The use of plain language, Easy Read and formats such as large print will be promoted and expanded for all forms of health information available across the health system.
- Appropriate formats are used when disseminating information to the Canterbury and West Coast population so that it is readable by communication devices.
- Health Passports are a mechanism where people with disabilities can have their individual needs specified. Identify, within the growing suite of information technologies, the best way this information can be included and made available when people with disabilities are accessing any part of the health system e.g. through HealthOne.
- The Patient Portal is being developed in a format that meets the needs of people with disabilities.
- Making information available in different languages, including increased use of sign language interpreters, is also a priority.

4. *The Canterbury and West Coast health system as employers of people with disabilities*

- Under the heading of an Equal Opportunity Employer state that the Canterbury and West Coast health system employers will increase the numbers of people with disabilities being employed and supported in their role within Canterbury and West Coast health.

5. *Specific feedback which related to particular population groups*

- Ensure timely access to equipment that is necessary to enable people to live lives to their full potential.
- Work together with Disability Support Services to develop improved access to appropriate respite options for children with complex conditions.
- Understand and improve the experience of health services for people with learning disabilities

- Work to achieve equitable outcomes for Māori.
- Work with Pacifika people, their families and Pacifika providers to improve engagement.

6. Other Opportunities

- Establish a Disability Action Group that has a membership of people with disabilities and their family/whānau who can contribute to progressing the identified actions.

APPENDIX D

OBJECTIVES FROM THE NEW ZEALAND DISABILITY STRATEGY 2001

The objectives are to:

1. Encourage and educate for a non-disabling society
2. Ensure rights for disabled people
3. Provide the best education for disabled
4. Provide opportunities in employment and economic development for disabled people
5. Foster leadership by disabled people
6. Foster an aware and responsive public service
7. Create long-term support systems centred on the individual
8. Support quality living in the community for disabled people
9. Support lifestyle choices, recreation and culture for disabled people
10. Collect and use relevant information about disabled people and disability issues
11. Promote participation of disabled Māori
12. Promote participation of disabled Pacific peoples
13. Enable disabled children and youth to lead full and active lives
14. Promote participation of disabled women in order to improve their quality of life, value families, whānau and people providing ongoing support.

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

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

HEALTH TARGET REPORT - QUARTER 4

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: **23 September 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to present the Committee with the DHB's progress against the national health targets for the final quarter of the year (April – June 2016). DHB performance against the health targets is published in newspapers and online on Ministry and DHB websites. The health target performance table is attached with the report (Appendix 1).

2. RECOMMENDATION

That the Board:

i. notes the West Coast's performance against the national health targets.

3. SUMMARY

In Quarter 3, the West Coast has:

- Achieved the **Shorter Stays in ED** health target, with 100% of patients admitted, transferred and discharged from our emergency departments within six hours. West Coast continues to lead the country at the top of the league table for this target.
- Achieved the **Improved Access to Elective Surgery** health target, achieving 103% of the expected delivery, providing 1,942 elective surgeries.
- Achieved the **Better Help for Smokers to Quit - Hospitals** health target, with 97% of hospitalised smokers having received help and advice to quit.
- Achieved the **More Hearts and Diabetes Checks** health target, with 91% of the eligible population having had a cardiovascular risk assessment in the past five years. This is a positive result and the West Coast now sits in the middle of the league table (11th) for this target.
- Partially achieved the **Faster Cancer Treatment** target with 80% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Work being done around the capture of data and patient pathways has improved DHB performance. West Coast has delivered the 3rd highest result in the country.
- Partially achieved the **Immunisation** health target with 78% of eight-month-olds fully immunised this quarter, with strong results achieved for Pacific and Asian (100%) and European (96%) children and 100% of consenting children fully immunised. Opt-off and declines were at 21.7% this quarter.
- Failed to achieve the **Better Help for Smokers to Quit – Primary Care** health target, reaching 79% of patients who smoke, with performance dropping on previous quarters. This result was disappointing and puts the West Coast at the bottom of the national league table for this health target. Work continues to support those practices not reaching the target.

4. APPENDICES

Appendix 1: Health Target Report – Quarter Four

Report prepared by: Melissa Macfarlane, Accountability Lead, Planning & Funding
Report approved by: Greg Hamilton, Acting General Manager, Planning & Funding

National Health Targets Performance Summary

Quarter 4 2015/16 *(April - June 2016)*

Target Overview

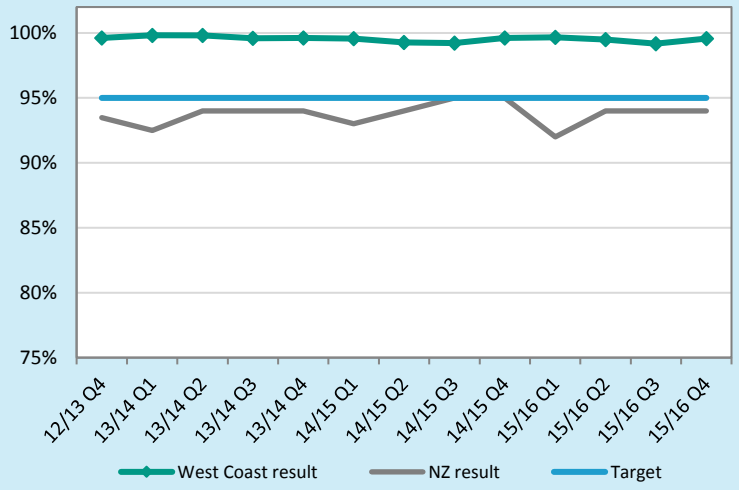
Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	100%	100%	99%	100%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery[1]	480	978	1,442	1,942	1,889	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	50%	71%	75%	80%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	88%	81%	89%	78%	95%	✗	3
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit[1]	91%	96%	94%	97%	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	84%	85%	82%	79%	90%	✗	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	91%	91%	90%	91%	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



✔

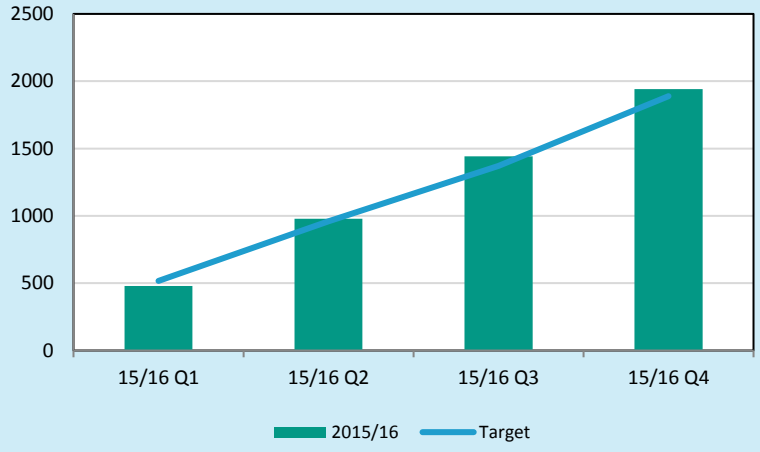
The West Coast continues to achieve the ED health target, with 99.6% (**100%)** of patients admitted, discharged or transferred from ED within 6 hours during quarter four.

The ED team continues to work closely with community organisations, our discharge planning group and acute admitting wards to ensure the smooth flow of patients. Frail elderly pathways are being established to better support this high-need group of patients.

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]



✔

The DHB has exceed the 2015/16 elective surgery target with **1,942** elective surgical discharges delivered **103%** of our national target.

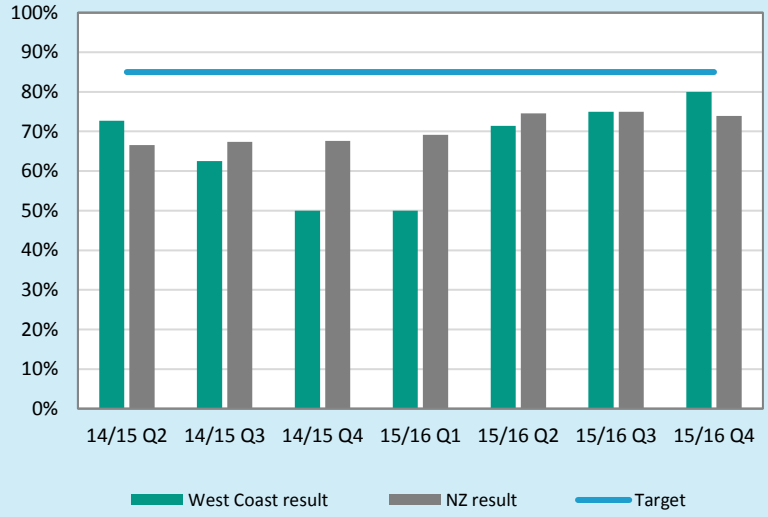
This meant 53 more people were able to benefit from surgery than expected.

[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 **80%** of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.

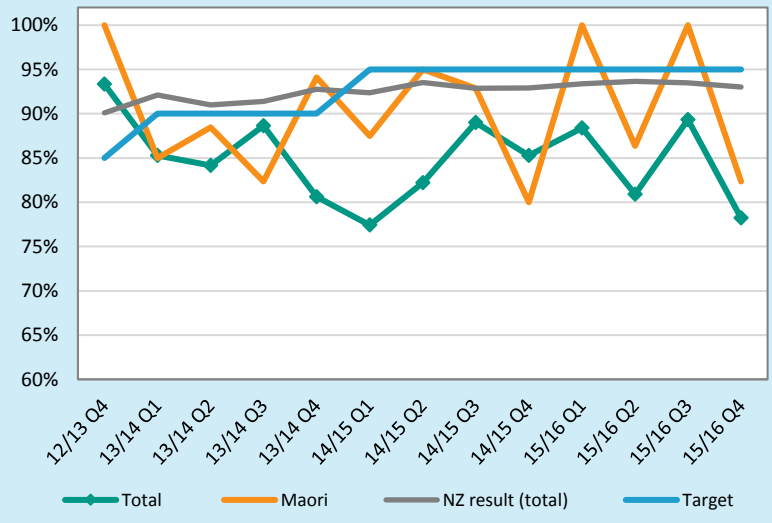
Small numbers are a challenge with this result reflecting just two out of ten patients were non-compliant. Audits into patient pathways have taken place with no capacity issues identified.

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



During quarter four, **78%** of all eight-month-olds were fully immunised. Strong results were achieved for Pacific (100%), Asian (100%) and New Zealand European (96%).

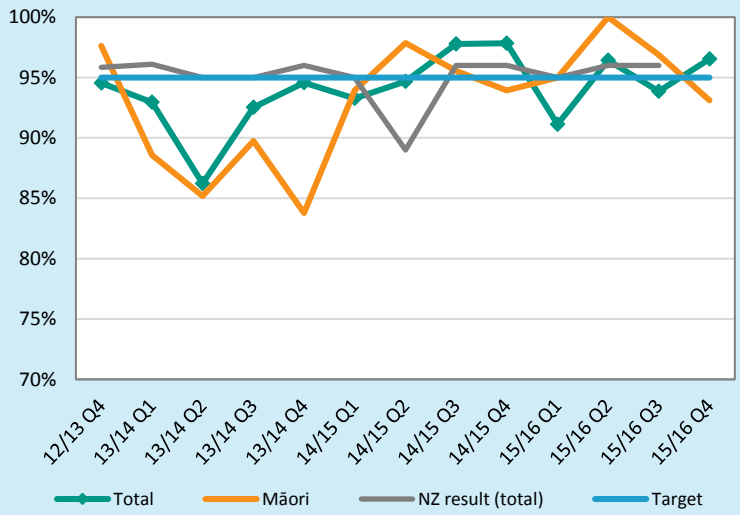
Opt-offs and declines increased this quarter to 21.7% and continue to make meeting the target impossible.

100% of the eligible (consenting) population were immunised.

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



✔

West Coast DHB staff provided **97%** of all hospitalised smokers with smoking cessation advice and support – achieving the target this quarter. The target was almost met for our Māori population – 93% - with just two patients being missed.

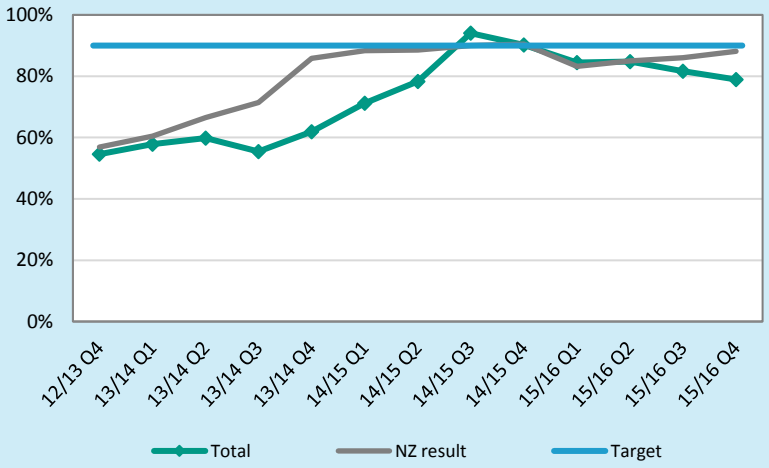
The effects of small numbers remain challenging but best practice initiatives continue.

The Smokefree Services Coordinator continues to investigate every missed smoker and discusses each case with both the Ward Champions and Clinical Nurse Managers.

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 **4,364** smokers cessation advice in the 15 months ending June 2016. This represents **79%** of smokers against our 90% target.

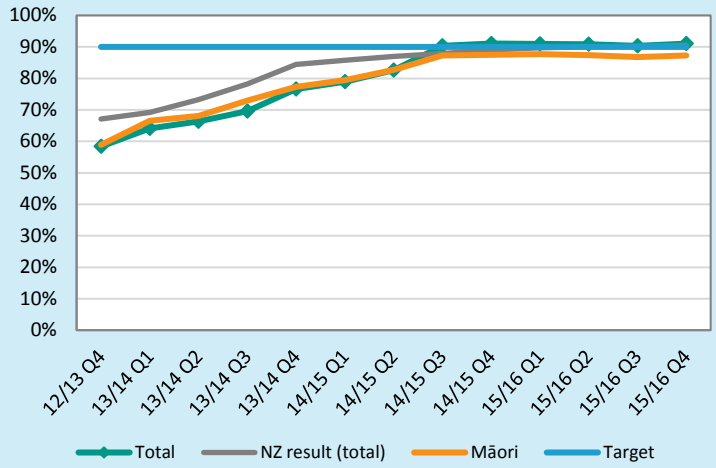
The DHB is disappointed not to have improved performance against this target.

Three of our eight practices are performing above target. The remaining practices have individual action plans in place to close the gap. Best practice initiatives continue to be supported including dashboards, education, and clinical leadership.

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 **91%** 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 target.

A range of approaches to increase performance continue, including identified CVD champions within general practices; nurse led CVD Risk Assessment clinics in practices, evening clinics and protected appointment time allocations for checks.

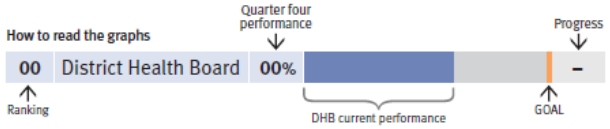
All three Poutini Waiora nurses collaborate with general practices and conduct checks at local events. Text2Remind and Patient Dashboard IT tools are available in all West Coast DHB MedTech Practices.

National Health Targets Performance Table - Quarter 4 2015/16 *(April - June 2016)*

My District Health Board

2015/16 QUARTER FOUR (APRIL–JUNE 2016) 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 four performance (%)	Change from previous quarter
1	West Coast	100	–
2	Nelson Marlborough	96	–
3	South Canterbury	96	▲
4	Tairawhiti	96	–
5	Counties Manukau	96	–
6	Wairarapa	96	▲
7	Auckland	95	–
8	Waitemata	95	▼
9	Canterbury	95	–
10	Taranaki	95	–
11	Hutt Valley	94	▲
12	Bay of Plenty	94	–
13	MidCentral	94	–
14	Southern	93	▼
15	Northland	93	▲
16	Hawke's Bay	93	▼
17	Whanganui	92	▼
18	Waikato	91	–
19	Capital & Coast	90	▼
20	Lakes	89	–
	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 186,223 discharges for the year to date, and have delivered 14,100 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 four performance (%)	Progress against plan (discharges)
1	Northland	122	▲
2	Waikato	119	▲
3	Tairawhiti	116	▲
4	Taranaki	114	▲
5	Whanganui	113	▲
6	Bay of Plenty	110	▲
7	Counties Manukau	109	▲
8	Southern	107	▲
9	Waitemata	106	▲
10	MidCentral	105	▲
11	Hawke's Bay	105	▲
12	Nelson Marlborough	105	▲
13	Hutt Valley	105	▲
14	Capital & Coast	104	▲
15	Wairarapa	104	▲
16	West Coast	103	▲
17	Canterbury	103	▲
18	Lakes	102	▲
19	South Canterbury	101	▲
20	Auckland	101	▲
	All DHBs	108	▲

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 1 January 2016 and 30 June 2016.

		Quarter four performance (%)	Change from previous quarter
1	Whanganui	83	▲
2	Capital & Coast	83	–
3	West Coast	80	▲
4	Taranaki	77	▼
5	Southern	77	–
6	Auckland	77	▲
7	Nelson Marlborough	76	▼
8	Waitemata	75	▲
9	Counties Manukau	74	▲
10	Northland	73	▼
11	Bay of Plenty	73	▲
12	Hutt Valley	73	▼
13	Waikato	73	▼
14	MidCentral	71	▼
15	Canterbury	70	▼
16	Tairawhiti	69	▼
17	Wairarapa	69	–
18	South Canterbury	66	▼
19	Hawke's Bay	63	–
20	Lakes	56	▲
	All DHBs	74	▼

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 April and June 2016 and who were fully immunised at that stage.

		Quarter four performance (%)	Change from previous quarter
1	Canterbury	96	–
2	Wairarapa	96	▼
3	Hawke's Bay	95	–
4	Counties Manukau	95	–
5	MidCentral	95	–
6	Hutt Valley	95	–
7	Taranaki	94	–
8	Whanganui	94	▲
9	Auckland	94	–
10	Southern	94	–
11	Capital & Coast	93	–
12	South Canterbury	93	▲
13	Waitemata	92	–
14	Lakes	91	▼
15	Nelson Marlborough	91	–
16	Tairawhiti	90	▼
17	Waikato	89	▼
18	Northland	89	▼
19	Bay of Plenty	87	▼
20	West Coast	78	▼
	All DHBs	93	–

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 four performance (%)	Change from previous quarter
1	Counties Manukau	92	▲
2	Tairawhiti	92	–
3	Auckland	91	▲
4	Waitemata	91	▲
5	Nelson Marlborough	90	▲
6	South Canterbury	89	▲
7	Lakes	89	▲
8	Waikato	89	–
9	Canterbury	88	▲
10	Whanganui	88	▲
11	Southern	88	▼
12	Taranaki	87	▲
13	Northland	87	▼
14	Wairarapa	87	–
15	MidCentral	87	–
16	Bay of Plenty	84	▲
17	Capital & Coast	83	–
18	Hutt Valley	81	▲
19	Hawke's Bay	81	▲
20	West Coast	79	▼
	All DHBs	88	▲

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.

This is the final quarter these results will be reported as a health target. From July 2016 results have been included as a DHB accountability measure.

		Quarter four performance (%)	Change from previous quarter
1	Auckland	92	–
2	Tairawhiti	92	–
3	Counties Manukau	92	–
4	Taranaki	92	–
5	Waikato	92	–
6	Nelson Marlborough	91	–
7	Bay of Plenty	91	▲
8	Waitemata	91	–
9	Whanganui	91	–
10	Northland	91	–
11	West Coast	91	–
12	Wairarapa	91	–
13	South Canterbury	91	–
14	Capital & Coast	91	–
15	MidCentral	90	–
16	Lakes	89	▲
17	Southern	89	–
18	Hawke's Bay	88	▼
19	Hutt Valley	88	▼
20	Canterbury	87	–
	All DHBs	91	–

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

PROPOSED MEETING SCHEDULE - 2017

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: **23 September 2016**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek the Board's confirmation and support to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2017 calendar year as required by the NZ Health and Public Disability Act 2000.

2. RECOMMENDATION

That the Board:

i. Confirms support for the proposed schedule of meetings for 2017 (refer Appendix 1 attached); and

ii. Notes that in terms of the West Coast Standing Orders (Clause 1.6.4) a formal resolution will be required from the incoming Board in December 2016 to adopt a meeting schedule for 2017.

iii. Delegates authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

3. SUMMARY

The date for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information for the Quality, Finance, Audit and Risk Committee (QFARC) and the Hospital Advisory Committee (HAC) in particular and also the timing of Canterbury DHB meetings. The suggested meeting dates for 2017 are based on the current cycle of meetings as adopted by the Board for 2016.

Background

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the Act) and in accordance with Standing Orders (Clause 1.14.2), members are instead required to be given written notice of the time and place of each individual meeting, not less than ten working days before each meeting.

The adoption of a meeting schedule allows for more orderly planning for the forthcoming year for the Board, Committees and staff. The proposed schedule also serves as advice to members that the meetings set out on the schedule are to be held.

The suggested meeting dates for 2017 contained in Appendix 1 are based on the current cycle of meetings with Committee meetings on Thursday's and Board meetings on Friday's.

In situations where additional meetings of the Board and its Committees are required, these will, in terms of the Act, be treated as special meetings. Notice of these meetings will be given to members

in each case prior to the meeting. In addition, where workshops are required, which are not part of the regular meeting cycle, notice of these meetings will also be given to members prior to the workshop.

On occasions it may be necessary to alter the date, time or venue of a meeting or to cancel a meeting. It is recommended that the authority to do this be delegated to the Chief Executive in consultation with the Chair of the Board or the Committee Chairperson.

Meetings of the Board and its Statutory Committees will be publicly notified in accordance with Section 16 of Schedule 3 of the New Zealand Health and Disability Act 2000.

In terms of standing orders it is be necessary for the incoming Board at its first meeting in December 2016, to formally adopt the schedule of meetings for 2017. A draft schedule has, however, been submitted at this stage to allow for members to have early discussions on this issue and to allow for planning to commence for the 2017 year.

4. APPENDICES

Appendix 1: Proposed Schedule of Meetings - 2017

Report prepared by: Kay Jenkins, Board Secretariat

APPENDIX 1

WEST COAST DHB – PROPOSED MEETING SCHEDULE

JANUARY – DECEMBER 2017

DATE	MEETING	TIME	VENUE
Thursday 26 January 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 26 January 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 January 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 10 February 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 March 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 March 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 March 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 March 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 April 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 April 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 April 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 May 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 8 June 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 June 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 June 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 June 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 July 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 July 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 July 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 August 2017	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 14 September 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 14 September 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 14 September 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 29 September 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 26 October 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 26 October 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 October 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 3 November 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 November 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 November 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 November 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 December 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 8 SEPTEMBER 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: **23 September 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 8 September 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 – 8 September 2016.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) DISABILITY ACTION PLAN UPDATE

This update is included in today's Board paper's with a recommendation from the Committee.

b) PRESENTATION – MANAWANUI IN CHARGE

Marsha Marshall, Chief Executive, Manawanui In Charge, provided the Committee with a presentation on Manawanui In Charge. The Committee noted the following points in particular:

- The vision where people have absolute authority and autonomy over their disability–related support;
- The mission to create an Individualised Funding management system owned and governed by disabled people;
- The aim to support people to deliver an efficient, effective, and culturally competent Individualised Funding service.
- This gives people the opportunity to:
  - Design a Personal Support Plan that reflects them, their choices and lifestyle;
  - Employ the support staff they want in their life (people who understand their culture, priorities, preferences and lifestyle choices);
  - Set their own timetable to come and go as they want, so they can build stronger relationships and enjoy a better social life.
  - Find support that best benefits their family.
  - Identify new sources of support.
  - Take charge of who enters their life and call the shots when it comes to their priorities.
- Manawanui provides the tools and education to equip people (or their parents and guardians), to manage budgets, staff and ultimately, to take leading roles in the community.
- Referral for Individualised Funding comes through the NASC and locally this is both Lifelinks and the DHB NASC as it crosses the age groups.

The presentation was very well received and whilst the Committee understand that Disability Services are primarily funded by the Ministry of Health they have requested that management look at opportunities going forward to ensure that the West Coast community can take advantage of these services where appropriate for their situation and report back to a future meeting.

The Chair thanked Marsha for her presentation.

c) COMMUNITY AND PUBLIC HEALTH UPDATE

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

Nutrition and Physical Activity
Community & Public Health have continued to focus on Early Childhood Nutrition by running a workshop in Ahaura (Grey Valley) Playcentre. As part of this work, staff are developing a Healthy Kai for Under Fives workbook. It has become clear that there is a need for a practical resource with more information on the common themes, challenges and frequently asked questions from parents of pre-schoolers.

The West Coast Nutrition Team have raised concerns about the apparent increase in food insecurity amongst clients of their services and the wider community. A rapid literature review has been completed by the Community & Public Health Information Team on 'Food Security Interventions in New Zealand,' to provide an evidence base about potential interventions to address these concerns and support communities. The group will use this review report as a resource to develop a way forward to help address food insecurity on the West Coast.

Collaborative work around nutrition and physical activity has been a key focus over the last six weeks. This has included working with the WCPHO's Green Prescription team at the community based Be Active programme, where community nutrition options were discussed and an introduction to Tai Chi was delivered.

Health Promoting Schools

Over the last three months there has been a focus on workforce development opportunities to address schools' identified needs. Sue Bagshaw, youth health expert, visited Greymouth to help train rangatahi at Grey High School to establish a Youth Health Mentor Group ('Ears for Peers'). Ongoing support will be provided for this group, linking in with other supportive organisations within the community. Dr Bagshaw also visited Buller to discuss the establishment of a Youth Hub and later delivered a training for professionals regarding alcohol, drugs and young people.

Safeguarding Children training was delivered to Reefton Area School and the wider Reefton community on the 16th August. This training supports schools to be able to identify and respond appropriately to vulnerable children. Lastly, Vic Tamati of the 'It's not ok' campaign visited five schools in the Greymouth region providing an opportunity for both students and staff to learn about the effects of family violence, that it is ok to ask for help, and that change can happen. This was a collaborative response (with the Te Rito Family Violence Network) to a need identified by schools.

Alcohol Health Promotion

Community & Public Health has been successful in an application to the Health Promotion Agency Community Action on Alcohol Partnership Fund. This funding will support the delivery of five workshops across the Coast– "Teenagers, Alcohol and the Amazing Brain". The plan is to bring Nathan Mikaere-Wallis to the West Coast to work with the seven secondary and area school communities. The current youth drinking culture has been identified by schools and the wider community as a wellbeing priority. This is part of an ongoing project with schools and communities to talk openly about alcohol and for people of all ages to be much more aware of the harms that are associated with alcohol.

Smokefree Enforcement

As part of our smokefree enforcement work, Community & Public Health's Smokefree Enforcement Officer conducted tobacco retailer compliance checks throughout the West Coast in July. Following this, Community & Public Health staff conducted a controlled purchase operation of tobacco retailers which involved monitoring a person under the age of 18 as they asked to purchase cigarettes from tobacco retailers in South Westland and Hokitika. Two retailers sold cigarettes to the underage volunteer and both have received formal warnings.

Annual Survey of Drinking Water Quality 2015-16

The period of data collection for the Ministry of Health's Report on Drinking Water Quality (Annual Survey) for the period 1 July 2015 to 31 June 2016 has just been completed. To achieve overall compliance with the Drinking Water Standards for New Zealand (DSWNZ), a water supply must meet the bacteriological, protozoal and chemical standards. The survey includes results for all networked drinking water supplies serving populations of 100 persons or more.

Over the last annual survey year reported transgressions of the DWSNZ which led to temporary boil water notices being issued occurred at the Punakaiki, Taylorville-Dobson, Whataroa, Kumara and Arahura Pa water supplies and these results have been included in the data collected. Community & Public Health will be compiling a detailed compliance report on each councils' water supplies over the next six weeks.

Healthy Homes Project in Buller

Community & Public Health is working with Poutini Waiora and Community Energy Action to progress the development of a curtain bank in Westport. This will be contingent on finding a suitable space to store, check and distribute curtains to whānau in need.

Accessible Communities
Community & Public Health has been working with West Coast Disability Resource Service to organise and promote two Accessible Community workshop days to be held in Greymouth and Westport in early September.

The report was noted.

d) PLANNING & FUNDING UPDATE

Philip Wheble, Team Leader, Planning & Funding presented this update. The report 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

- Performance continues to be impressive against the ED health target with 99.9% of patients admitted, discharged or transferred from Grey Base ED within six hours during July 2016. A significant 94.8% were seen within just four hours within the month.
- **Elective Services Health Target:** West Coast DHB was 53 discharges ahead of target for delivering 1,889 elective and arranged purchase unit code (PUC) discharges in 2015/16; ending up providing 1,942 procedures for the year to 30 June 2016.
- **CVD Health Target:** Through the continued efforts of primary care services and the West Coast PHO, West Coast DHB achieved a result of 91.1% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years as at 30 June 2016. The Health Target for achievement in this measure is 90%. While continuing to be monitored, this measure will cease to be one of the formal six National Health Targets from 1 July 2016.

Key Issues & Associated Remedies

- ***ESPI 2*** *|FSA (First Specialist Assessment)*: Four orthopaedic and 5 plastic surgery patients were non-compliant against the maximum 120 days' wait time target for their FSA in June. Plastics remained behind in spite of undertaking an additional session in June and will worsen for the July result; however compliance for plastics should resolve by August. Delays in waiting time to assessment for orthopaedic referrals remain an issue and will likely grow in the immediate future due to transalpine staffing and service constraints.
- ***ESPI 5*** | *Treatment:* One ophthalmology patient and four orthopaedic patients showed as exceeding the 120-day maximum wait times from FSA to surgical treatment in June. The ophthalmology case shown as non-compliant was due to a data error which has now been corrected. Orthopaedics remains a current issue and likely to continue for the meantime for the reasons outlined above.
- There continues to be a decline in admissions to rest home level of care and increasing admissions into dementia level of care, resulting in a net decrease in the proportion of older people in aged residential care. We are working with our ARC providers to address the future needs of people entering residential care on the West Coast.
- Primary smoking - Performance disappointingly continued to decrease in Quarter 4. During Quarter 4, 79% of smokers enrolled with the PHO were provided cessation advice in the 15 months ending June 2016. All best practice initiatives continue, including: the Smokefree Services Coordinator (SSC) meeting with practices; widespread use of regular performance data; ongoing training and practice support; and reminder, prompting, and IT tools such as TXT2Remind all in use.
- **Immunisation:** During quarter four, 78% of all eight-month-olds were fully immunised. Opt-offs and declines increased this quarter to 21.7% and continue to make meeting the target impossible. 100% of the eligible (consenting) population were immunised.

The report was noted.

e) ALLIANCE UPDATE

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

Alliance Leadership Team (ALT)

- The ALT have endorsed the Canterbury And West Coast Health System Strategic Health Disability Action Plan 2016 – 2026 and as a result will add the action plan to their guiding questions to ensure this item is considered in decision making and planning.
- The ALT were pleased to note the majority of the workstreams' plans have been achieved during 15/16.
- The ALT have requested the Alliance Support Group look at providing more resource to support the Youth Health Action Group and the youth portion of the Child & Youth workplan.
- The ALT noted the limited capacity in Planning & Funding at the moment as they fill vacancies.
- The ALT recommends that consumers become more regularly involved in workstream activity.

Health of Older Persons

- The FIRST (Flexible Integrated Rehabilitation Support Team) steering group has been meeting at frequent intervals to draft a repositioning paper, develop a process flow chart and source goal setting and goal ladder education resources for appropriate staff.
- The Clinical Nurse Specialist for Stroke has commenced in the role.

Integrated Family Health Service (IFHS) Workstreams (Grey/Westland, Buller & Reefton)

- The Grey IFHS workstream has agreed to incorporate community members into the group to provide input into the changes that they will be undertaking over the next year and beyond. A consumer council representative will be one of the members and other community members have also put their name forward.
- Funding has been provided to include mental health in the physical health long term conditions programme within primary care.
- Initial work around the primary and community project is now underway with most of the early focus on the community services.
- Planning for a health day in Buller in November is well underway and funding has been obtained by Poutini Waiora to cover costs.
- A trial of LTCM review process was undertaken in August as part of implementation of the Mental Health pilot in Buller. Participants will be providing feedback on the process so that we ensure it is patient-centered before it goes live.
- Dental Therapists are now referring all DNAs (in Buller and Grey) for oral health checks in under 5 year olds to Poutini Waiora for follow-up.
- The Reefton workstream are currently working with St John in looking at an integrated approach to urgent care.
- The team in Reefton have also started working in a more integrated way with nursing moving around the services as need requires and investigating a single stock room for all services.

Healthy West Coast (HWC)

- Recruitment for the additional resource into the new local Stop Smoking Service is underway and will add a total of 1.2FTE to this area of work.

Child and Youth

- A Well Child Tamariki Ora (WCTO) Consumer Engagement project is nearly complete and this included interviews and filming of a small number of parents/caregivers from Canterbury and

West Coast. The purpose of this project was to better understand how 'vulnerable', 'high risk' families experience and navigate WCTO services. Themes that emerged included: - robust re-call systems; a sense of belonging and feeling valued,; accessibility and availability of appointments,; health literacy and use of visual aids/translated material during appointments. Families involved have consented to the sharing of clips/stories for education purposes only, to inform service delivery and identify areas for improvement.

- The workstream has sponsored a visit to the Coast by Dr Sue Bagshaw from The Collaborative Trust for Research and Training Youth Health. During her visit Dr Bagshaw provided support, advice and training for the newly emerging EARS (Easily Accessible Respectful Support) for Peers initiative at Greymouth High School which is being led by the current Head Boy. Dr Bagshaw also spent time in Westport with a multiagency group interested in provided more integrated and flexible support services for young people living in the Buller.

Pharmacy

- The workstream have started engaging with West Coast practices and pharmacies regarding implementation of the NZ ePrescription Service locally. This will release prescriber and pharmacist time to deliver better care.
- The workstream is continuing to support improved access to medicines use reviews, preferably in the patient's home, for patients prioritised by the CCCN.

The report was noted.

f) HEALTH TARGET Q4 REPORT

This report is included in today's Board papers.

g) MAORI HEALTH UPDATE

This update is included in today's Board papers**.**

h) SUICIDE PREVENTION UPDATE

Apologies from Dr Cameron Lacey were received and in his absence Philip Wheble, Team Leader, Planning & Funding provided a verbal update on suicide prevention. Mr Wheble advised that:

- the Suicide Prevention Governance Group and Suicide Prevention Action Group Terms of Reference have been refreshed and .updated;
- Links to the Mental Health Leadership Team have been formalised;
- A review of the suicide prevention plan and refresh of ongoing activity is underway;
- The outputs of the postvention group to date include a register of vulnerable people and support initiatives in the Runanga community;
- The Suicide Governance Group have requested a report from the postvention group and agreed activity will be included in the refreshed suicide prevention plan;
- Local media have focused on suicide over the last few months releasing unconfirmed information including exaggerated local suicide rates;
- A pro-active media focus on mental wellbeing/resilience is to be coordinated by Community & Public Health;
- A communication strategy is to be developed by the Suicide Prevention Governance Group and submitted to the Mental Health Leadership Team for review.

The update was noted and the refreshed Terms of Reference and plan will come back to the Committee for their information.

i) GENERAL BUSINESS

i. The Chair advised that KIOSK has been lauched but is not yet in the Community. Opportunities are being explored for placement of this in Reefton and Buller.

ii. As reported at the last meeting 2 workshops were held this week around Accessible Communities with visitors from Taranaki relating their experiences in this area. The workshops were well attended. It was noted that neither Buller or Westland Councils have a Disability Strategy however the following is a link to the Grey Council Strategy: http://www.greydc.govt.nz/our-council/council-publications/Council%20Publications/Policies/Disabled%20Persons%20Equity%20and%20Access%20Policy.pdf

iii. The review of NASC and DIAS is still continuing and is expected at the end of the month.

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

AGENDA

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 8 September 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 July 2016

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS — 9.05am

4.	**Disability Action Plan Update**	Kathy O'Neill *Service Development Manager, Planning & Funding*	*9.05am - 9.15am*
PRESENTATION **Manawanui In Charge**		Marsha Marshall *Chief Executive, Manawanui In Charge*	*9.15am – 9.45am*
5.	**Community and Public Health Update**	Claire Robertson *Team Leader, Community and Public Health*	*9.45am – 9.55am*
6.	**Planning & Funding Update**	Philip Wheble *Team Leader, Planning & Funding*	*9.55am – 10.05am*
7.	**Alliance Update**	Philip Wheble *Team Leader, Planning & Funding*	*10.05am – 10.10am*
8.	**Health Target Q4 Report**	Philip Wheble *Team Leader, Planning & Funding*	*10.10am – 10.20am*
9.	**Maori Health Update**	Gary Coghlan *General Manager, Maori Health*	*10.20am – 10.30am*
10.	**Suicide Prevention Update (Verbal)**	Mark Newsome *General Manager, Grey/Westland*	*10.30am – 10.40am*
11.	**General Business**	Elinor Stratford *Chair*	*10.40am – 10.45am*

ESTIMATED FINISH TIME — 10.45am

INFORMATION ITEMS

- **Board Agenda – 12 August 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 27 October 2016

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 8 SEPTEMBER 2016

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

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **23 September 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 8 September 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 – 8 September 2016.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 8 September 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

This report is intended to:

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

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

- Physiotherapy and Occupational Therapy are now fully staffed
- First community-based attachment for RMO's
- MQSP report submitted to the Ministry of Health

Mr Newsome also spoke about the following:

- The case-weighted discharges are still down as discussed at the last meeting;
- Outpatient volumes for specialist surgical and medical services in July was down 26.5% from expected volumes overall;
- Throughput of First Specialist Assessments by residential services was fairly well on track overall with the decreases being largely attributable to many periodically visiting specialties did not have any scheduled clinics during July;
- Recruiting is currently underway for Registered Nurse positions in the Emergency Department;
- A Rheumatology CNS has been successfully recruited and she will commence at the end of September. This nurse will also be employed 0.5FTE in the Emergency Department as she has experience as an emergency nurse;
- Medical occupancy has been high reflecting the influence of winter illnesses. Planning for this meant we were well prepared;
- Annual recruitment for Junior Doctors has taken place and we have not yet filled all of our vacancies. We are working closely with the CDHB Resident Doctor Support team to ensure the vacancies in both DHBs are filled;
- Two anaesthetists have been shortlisted for the anaesthetic vacancy;
- Industrial Relations Negotiations are ongoing with an update being provided;
- The report provided an update on ESPI's and it should be noted that there are some issues around orthopaedics. Management are working to address this including looking at Regional solutions;

Discussion took place regarding the GP position in Reefton and the Committee noted that we are continuing to try to recruit to this position.

The Committee noted that the DHB has a lot of nurses who will reach retirement age over the next few years and a strategy has been developed to deal with this.

Discussion also took place regarding discharge planning and an overview of the process was provided to the Committee.

The report was noted.

FINANCE REPORT

The consolidated West Coast District Health Board financial result for the month of July 2016 was a deficit of $0.142m, which was in line with budget. The year to date position is $0.142m unfavourable.

The Committee noted a good start to the year financially although it is early days yet. An Annual Plan with a planned deficit of $554k has been submitted for approval.

Personnel costs are favourable for the month with Locums continuing to be a necessary cost. Budgets have been realigned to recognise this.

Work is taking place across the whole organisation to set achievable targets and then work to meet these.

The year end audit is taking place and nothing has been raised by the Auditors to date.

The report was noted.

CLINICAL LEADERS UPDATE

The Clinical Leaders Update provided to the Board at their last meeting was presented to the Committee.

The update was noted.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 8 September 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 8 September 2016 commencing at 11.00 am

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 July 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*	*11.45am – 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 August 2016**
- **2016 HAC Workplan (Working Document)**
- **West Coast DHB 2016 Meeting Schedule**

NEXT MEETING:

Date of Next Meeting: 27 October 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: **23 September 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 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 August 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.	NZHPL Accountability Documents	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Provision of Food Services – 2017 Onwards	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6	Wellbeing Health & Safety Update	Protect the privacy of natural persons.	S9(2)(a)

7.	Committee Membership	Protect the privacy of natural persons.	S9(2)(j)
8.	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

Office of Hon Dr Jonathan Coleman

Minister of Health
Minister for Sport and Recreation
Member of Parliament for Northcote

- 7 SEP 2016

Mr Peter Ballantyne
Chairperson
West Coast District Health Board
PO Box 387
GREYMOUTH 7840

prballantyne@yahoo.com

Dear Mr Ballantyne

West Coast District Health Board 2016/17 Annual Plan

This letter is to advise you I have approved and signed West Coast District Health Board's (DHB's) 2016/17 Annual Plan for one year.

I wish to emphasise how important Annual Plans are to ensure appropriate accountability arrangements are in place. I appreciate the significant work that is involved in preparing your Annual Plan and thank you for your effort.

The Government is committed to improving the health of New Zealanders and continues to make significant investments in health services, including for electives initiatives. In Budget 2016 Vote Health received an additional $2.2 billion over four years, demonstrating the Government's on-going commitment to protecting and growing our public health services.

As you are aware, the refresh of the New Zealand Health Strategy is now complete and the Strategy provides DHBs and the wider sector with a clear strategic direction for delivery of health services to New Zealanders. I note that you have committed to the Health Strategy and its themes in your 2016/17 Annual Plan and I look forward to seeing your progress throughout the year. In order to ensure that the Strategy is informing DHB planning, and in order to ensure value and high performance throughout the health sector, I am considering changes to streamline annual plans in the future and you will be engaged in this process.

Living Within our Means

In order to assist the Government to remain in surplus in 2016/17, DHBs are required to budget and operate within allocated funding and to identify specific actions to improve year-on-year financial performance to live within their means. This includes seeking efficiency gains and improvements in purchasing, productivity and quality aspects of DHBs' operation and service delivery. Additionally, improvements through national, regional and sub-regional initiatives must continue to be a key focus for all DHBs.

Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand. Telephone 64 4 817 6818 Facsimile 64 4 817 6518

I note that your DHB is planning a deficit for 2016/17 and for the following three years. I expect that you will work to improve this position in out years and will work closely with the Ministry to achieve this. For 2016/17, I expect that you will have contingencies in place, should you need them, to ensure that you achieve your planned net result.

National Health Targets

Your Annual Plan includes positive actions that will support health target performance for your population. However, as you know, I am concerned about the pace of improvement in relation to the *faster cancer treatment* health target and remind you that this needs to be a particular focus of your service delivery, as does the *improved access to elective surgery* health target given the additional investment made in this area.

As you are aware, the *raising healthy kids* health target was launched at the beginning of July 2016 and will see 95 percent of obese children identified in the B4 School Check programme offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions by December 2017. I am pleased to note that your Annual Plan shows a clear plan for achievement of the target and I look forward to hearing of the progress made in your district.

System Integration including Shifting Services

As you are aware, DHBs are expected to continue focussing on integrated healthcare and to shift services closer to home in 2016/17, in line with one of the core Health Strategy themes of providing services and care closer to home. The ability of DHBs to shift services is varied based on local need, context and scalability and can range from co-locating outpatient clinics in the community, through to redesign of services.

I understand that West Coast DHB has committed to develop a community based model moving more services into the community, continue to develop Integrated Family Health Centres, and increase the number of nurse led specialist clinics in the community. I look forward to being advised of your progress with these throughout the year. If these activities trigger the service change protocols you will need to follow the normal service change process.

Cross-government Initiatives and Collaboration

Delivery of Better Public Services continues to be a key focus for the Government. Of the ten whole-of-government key result areas, the health service is leading the following areas:

- increased infant immunisation
- reduced incidence of rheumatic fever
- reduced assaults on children.

In addition to these areas, the health service has a significant role in supporting and contributing to other cross-agency work that will have significant impacts on health outcomes, such as Reducing Unintended Teenage Pregnancy (as a sub-focus of the Better Public Service Result One), Whānau Ora, the Children's Action Plan, Healthy Families New Zealand and Youth Mental Health.

I note that you have included a clear focus and appropriate actions to demonstrate that you are working as one team to deliver on these priorities within your 2016/17 Annual Plan.

Annual Plan Approval

My approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health. Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases that have not been approved through the normal process.

I would like to thank you, your staff, and your Board for your valuable contribution and continued commitment to delivering quality health care to your population, and wish you every success with the implementation of your 2016/17 Annual Plan. I look forward to seeing your achievements, in particular in relation to IT programmes, mental health and the New Zealand Health Strategy.

Please ensure that a copy of this letter is attached to the copy of your signed Annual Plan held by the Board and to all copies of the Annual Plan made available to the public.

Yours sincerely

Hon Dr Jonathan Coleman
Minister of Health

cc Mr David Meates
Chief Executive
West Coast District Health Board
PO Box 387
GREYMOUTH 7840

david.meates@cdhb.govt.nz

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.