

# TATAU POUNAMU

Ki Te Tai o Poutini



## MANAWHENUA ADVISORY GROUP

8 September 2011

### Agenda and Meeting Papers

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

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# AGENDA

## **TATAU POUNAMU MANAWHENUA ADVISORY GROUP HUI TO BE HELD 8<sup>TH</sup> SEPTEMBER 2011 AT TE TAURAKA WAKA A MAUI MARAE, BRUCE BAY, SOUTH WESTLAND STARTING AT 10 AM**

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# TATAU POUNAMU MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosures
Richard Wallace (chair) Te Runanga O Makaawhio	<ul style="list-style-type: none"> <li>▪ Upoko Te Runanga O Makaawhio</li> <li>▪ Trustee, Kati Mahaki ki Makaawhio Limited</li> <li>▪ Honorary Member, Maori Womens Welfare League</li> <li>▪ Kaumatua Te Runanga O Aotearoa NZNO</li> <li>▪ Employee West Coast District Health Board, Maori Mental Health</li> <li>▪ Wife is employee of West Coast District Health Board</li> <li>▪ Trustee, West Coast Primary Health Organisation Board of Trustees</li> <li>▪ Daughter is a board member on West Coast and Canterbury District Health Boards</li> <li>▪ Kaumatua, West Coast District Health Board</li> <li>▪ Kaumatua Advisor for Iwi and Maori Multi Employment Collective Agreement</li> <li>▪ Kaumatua, Health Promotion Forum Aotearoa</li> </ul>
Ben Hutana (deputy chair) Te Runanga O Ngati Waewae	<ul style="list-style-type: none"> <li>▪ Deputy Chair, Te Runanga O Ngati Waewae</li> <li>▪ Member, Westland REAP Board</li> <li>▪ Department of Conservation Roopu – Kaitiaki Roopu</li> <li>▪ Alternate for Te Runanga O Ngai Tahu</li> </ul>
Marie Mahuika-Forsyth Te Runanga O Makaawhio	<ul style="list-style-type: none"> <li>▪ Employed part-time by Community and Public Health as Maori Health Promoter for the Elderly</li> <li>▪ Member, Combined Community Public Health Advisory Committee (CPHAC) / Disability Support Advisory Committee (DSAC)</li> </ul>
Rehia McDonald Nga Maata Waka o Kawatiri	<ul style="list-style-type: none"> <li>▪ Parent Elected Member, Buller High School Board of Trustees</li> <li>▪ Member, Kawatiri Maori Women's Welfare League Committee</li> <li>▪ Employed full-time with Homebuilders West Coast Trust</li> <li>▪ Chair, Whanau Hauora</li> </ul>
Francois Tumahai Te Runanga O Ngati Waewae	<ul style="list-style-type: none"> <li>▪ Chair, Te Runanga o Ngati Waewae</li> <li>▪ Director/Manager Poutini Environmental</li> <li>▪ Director, Arahura Holdings Limited</li> <li>▪ Manager, Cable Price NZ Limited Equipment Workshop Christchurch</li> <li>▪ Project Manager, Arahura Marae</li> <li>▪ Project Manager, Ngati Waewae Commercial Area Development</li> <li>▪ Member, Westport North School Advisory Group</li> <li>▪ Member, Hokitika Primary School Advisory Group</li> <li>▪ Member, Buller District Council 2050 Planning Advisory Group</li> </ul>

Member	Disclosures
	<ul style="list-style-type: none"> <li>▪ Member, Greymouth Community Link Advisory Group</li> <li>▪ Member, West Coast Regional Council Resource Management Committee</li> <li>▪ Member, Grey District Council Creative NZ Allocation Committee</li> <li>▪ Member, Buller District Council Creative NZ Allocation Committee</li> <li>▪ Trustee, Westland Wilderness</li> <li>▪ Trustee, Te Poari o Kati Waewae Charitable</li> <li>▪ Trustee, Westland Petrel</li> <li>▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre</li> <li>▪ Trustee, West Coast Primary Health Organisation Board</li> </ul>
<p>Elinor Stratford West Coast District Health Board representative on Tatau Pounamu</p>	<ul style="list-style-type: none"> <li>▪ Member Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>▪ Manager, Disability Resource Service West Coast</li> <li>▪ West Coast Disability Resource Service West Coast has signed a Memorandum of Partnership with West Coast Maori health provider "Rata Te Awhina Trust"</li> <li>▪ Committee Member, Active West Coast</li> <li>▪ Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust</li> <li>▪ Deputy Chair of Victim Support, Greymouth</li> <li>▪ Executive Committee Member, New Zealand Federation of Disability Information Centres.</li> <li>▪ Committee Member, Abbeyfield Greymouth Incorporated</li> <li>▪ Trustee, Canterbury Neonatal Trust</li> </ul>

# DRAFT MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY GROUP MEETING HELD ON THURSDAY 14 JULY 2011 IN THE CAVE MEETING ROOM AT COMMUNITY MENTAL HEALTH SERVICES, GREYMOUTH HOSPITAL, HIGH STREET, GREYMOUTH COMMENCING AT 3.30 AM

<b>PRESENT</b>	Richard Wallace Marie Mahuika-Forsyth Francois Tumahai Ben Hutana	Te Rūnanga O Makaawhio Te Rūnanga O Makaawhio Te Rūnanga O Ngāti Waewae Te Rūnanga O Ngāti Waewae
<b>IN ATTENDANCE</b>	Dr Paul McCormack Elinor Stratford  Susan Wallace Gary Coghlan Paul Madgwick Bryan Jamieson	West Coast DHB Board Chair West Coast DHB Board Representative to Tatau Pounamu West Coast DHB Board Representative General Manager Māori Health Te Runanga O Makaawhio Chair West Coast DHB Community Liaison Officer
<b>MINUTE TAKER</b>	Sharryn Forbes-Panere	Māori Health Administrator
<b>APOLOGIES:</b>	Rehia McDonald	Nga Maata Waka O Kawatiri

## 1. WELCOME

Richard Wallace, Tatau Pounamu chair welcomed all attendees to the hui and opened the meeting with a karakia.

## 2. AGENDA / APOLOGIES

### **Absent**

Rehia McDonald      Nga Maata Waka O Kawatiri

### **Late Agenda Item**

Signing of Memorandum of Understanding between West Coast District Health Board and Poutini Ngai Tahu.

## 3. DISCLOSURES OF INTERESTS

Add

### **Elinor Stratford**

- Disability Resource Service West Coast has a Memorandum of Partnership with Rata Te Awhina Trust

#### 4. **MINUTES FROM THE PREVIOUS MEETING HELD 23 MARCH 2011**

No changes were made to the minutes.

**Moved: Marie Mahuika-Forsyth**

**Seconded: Francois Tumahai**

**Motion**

**THAT the Minutes of the Tatau Pounamu Manawhenua Advisory Group meeting held 4 MAY 2011 be adopted as a true and accurate record [subject to any changes or amendments above].**

**Carried.**

#### 5. **MATTERS ARISING**

**Item 1: Memorandum of Understanding**

Te Runanga O Makaawhio chair Paul Madgwick will be attending today's hui at 4pm. All chairs will be present so signing of the Memorandum of Understanding will take place. After signing this item to be taken off the matters arising section.

**Item 2: Tatau Pounamu Terms of Reference**

After some discussion it was decided that signing of the Terms of Reference will take place at the opening of the new Franz Josef Health Clinic when the CEO is present. After signing this item to be taken off the matters arising section.

**Item 3: Nga Maata Waka Representative**

It was suggested that the Manager Māori Health call for nominations from the Maori community and advertise the vacancy. It may be that people are asked to submit a Curriculum Vitae (CV) if they wish to represent a Māori community perspective on Tatau Pounamu. Tatau Pounamu members will look at all applications, short-list applicants, follow an interview process, and make a decision as to who would be suitable for this vacancy.

**Item 4: Putahitanga Whare at Karoro Learning Centre**

Marie advised she received notification that the building now belongs to Karoro Learning Centre who have set a charge if the community wish to use it. This item to be taken off the matters arising section.

**Item 5: Update Tatau Pounamu Annual Plan**

The Manager Māori Health asked Tatau Pounamu members to go through their Annual Plan and look at the objectives. Dr Paul McCormack made the suggestion that it may be possible to align Tatau Pounamu Annual Plan with the West Coast DHB Māori Health Plan so both plans have the same objectives.

**Action point: Tatau Pounamu members to go through their annual plan provide feedback at next meeting**

**Item 6: WCDHB Patient Registration Form – inclusion of Kaumatua**

The Manager Māori Health has talked to the IT Department regarding this task. Work on this will begin later in the year however it is on the IT Department work list. This item to be taken off the matters arising section.

**Item 7: Marae / Board Hui**

Approval of the West Coast District Health Board Māori Health Plan 2011/12 was received from the Ministry of Health on the 27 June 2011.

*Paul Madgwick, chair Te Runanga O Makaawhio joined the meeting at 3.55pm*

**6. SIGNING OF MEMORANDUM OF UNDERSTANDING BETWEEN WEST COAST DISTRICT HEALTH BOARD AND POUTINI NGAI TAHU**

Paul is welcomed to the meeting and responds with a mihi.

*Bryan Jamieson, Community Liaison Officer joined the meeting at 4.10pm*

All meeting attendees proceed out of the meeting room and in to the community mental health foyer where a table and chairs are arranged for signing to take place.

Memorandum of Understanding is signed by Dr Paul McCormack (West Coast District Health Board chair), Francois Tumahai (Te Runanga O Ngati Waewae chair), and Paul Madgwick (Te Runanga O Makaawhio chair).

Bryan Jamieson takes photos of the chairs signing the documents, and then takes photos of chairs and Tatau Pounamu members.

Everyone returns to The Cave meeting room.

**7. FRANZ JOSEF CLINIC OPENING - 27 JULY 2011**

Bryan Jamieson provides a brief overview of the draft programme for the official opening of Franz Josef clinic on the 27 July and advises the start time is 1.30pm.

Ben and Richard advised they will arrive at Franz Josef on the 26 July and perform the dawn ceremony around 6:30am on the 27 July and stay until the official opening in the early afternoon.

*Bryan Jamieson and Paul Madgwick leave the meeting at 4.30pm*

**8. IWI BOARD HUI**

Discussion regarding this item is deferred until next meeting.

**9. WORKPLAN**

Remove Workplan, Tatau Pounamu members agreed to work from Tatau Pounamu Annual Plan instead.

**10. CORRESPONDENCE**

No Incoming or Outgoing correspondence to record.

**11. MEETING SCHEDULE**

No changes

***There being no further business to discuss, the meeting closed with a karakia at 5.25pm***

The next Tatau Pounamu hui will be held on at Te Tauraka Waka a Maui Marae, Bruce Bay, South Westland on the 8 September 2011.

**Signed**

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**Date**

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DRAFT

## MATTERS ARISING FROM TATAU POUNAMU MEETINGS

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1	8 December 2010	<b>Nga Maata Waka Representation</b> Nga Maata Waka representative on Tatau Pounamu.	GM Maori Health	<ul style="list-style-type: none"> <li>Vacancy advertised West Coast wide</li> </ul>
2	23 June 2010	<b>Update Tatau Pounamu Annual Plan</b> Tatau Pounamu annual plan; objectives, tasks, and measures encompassed into an annual plan.	GM Maori Health	<ul style="list-style-type: none"> <li>All Tatau Pounamu members to provide feedback at next hui re annual plan</li> </ul>



# VACANCY

## Tatau Pounamu ki te Tai O Poutini

A vacancy exists for a Ngā Maata Waka representative on Tatau Pounamu Manawhenua Advisory Group committee. Tatau Pounamu are the representatives for Te Rūnanga o Ngāti Waewae and Te Rūnanga o Makaawhio in their Treaty of Waitangi based relationship with the West Coast District Health Board.

Do you have?

- A vision for eliminating health disparities by improving health outcomes for Māori and other population groups
- Awareness of the barriers that exist for people with health disabilities
- Knowledge and experience in the health and disability sector
- Knowledge of Tikanga Māori

If this sounds like you then please apply.

Please send your CV with covering letter and referee details (please indicate if referees are not to be contacted) to:

Sharryn Forbes-Panere, Māori Health Administrator  
West Coast District Health Board, P O Box 387, Greymouth  
Ph (03) 769 7400 ext 2631, Fax (03) 768 2791  
Email: [sharryn.forbes@westcoastdhb.health.nz](mailto:sharryn.forbes@westcoastdhb.health.nz)

## **MĀORI HEALTH REPORT TO TATAU POUNAMU MANAWHENUA ADVISORY GROUP**

**TO:** Tatau Pounamu Manawhenua Advisory Group  
**FROM:** Gary Coghlan, General Manager Māori Health, WCDHB  
**DATE:** August 2011

### ***Franz Josef Health Clinic Opening***

Representatives from Te Runanga o Makaawhio and Te Runanga O Ngati Waewae attended and supported the opening of the new Franz Josef Health Clinic on the 27 July. A dawn ceremony and blessing of the premises commenced at 6.00am.

### ***Staff Training***

The Māori health manager delivered a half day Māori health workshop to the new graduate nurses as part of their study day. This was held on the Greymouth Hospital site on the 29 June. On the 13 July the Māori health manager and clinical nurse leader in Hannan Ward delivered Tikanga Recommended Best Practice Guidelines workshop to clinical staff at Buller Health.

### ***Buller Māori Community Consultation***

Two hui were held in the Buller region in June and early July period including a consultation hui with the Māori community regarding Better Sooner More Convenient There is currently a lot of interest in the region about Māori health issues.

### ***Māori Workforce Development***

One of the objectives within our Māori health plan is to encourage more Māori into health and disability careers. The Kia Ora Hauora national Māori health workforce programme continues to be a key project focused on achieving this outcome. A Kia Ora Hauora hui was recently held in Westport with many in attendance including people who work in both the health and education sectors. There were many people present at the hui including the Westport mayor, local GP Paul Cooper, managers and nursing staff from Buller Health, school teachers, one principal from the local high school, and rangatahi from schools in the region.

Position descriptions for Kaupapa Māori Nurse positions as described in the Better Sooner More Convenient business case are now completed and have been sent to clinical staff including Māori clinical staff for their feedback.

### ***Arahura Marae***

Arahura Marae recently opened the first stage of their completed buildings on the marae site namely the offices, shower / toilet facility and kitchen facility. This was a very important event for Māori on the West Coast but particularly for the Ngati Waewae hapu.

### ***Collaboration***

The Māori health team and McBrearty Ward staff are working on collaborative projects with Māori health workers from the Māori health provider and Community and Public Health. This work is around Mothers and Pepi and the Aukati Kai Paipa programme to ultimately to reduce smoking amongst Māori pregnant mothers. This is a good example of inter-health agency collaboration.

### ***Māori Workforce Support***

There is a small but growing number of Māori staff working part-time in several DHB areas. Cervical screening, immunisation, and whanau support in the hospital are services we are currently developing strategies for to ensure greater contact with these staff and that support for them is improved.

### ***Māori Provider Development Scheme (MPDS)***

The most recent round of MPDS funding has been completed. The manager Māori health is working with the Ministry of health and the Māori health provider to assist with funding and strategies for provider development work.

### ***Te Herenga Hauora Hui***

Māori health managers from DHBs throughout the South Island (Te Herenga Hauora) met in Christchurch on the 22 June. The purpose of this meeting was to discuss joint regional strategies relating to Māori health such as Māori health plan regional objectives, and Māori workforce development.

Also in attendance at this hui was John Luhrs, He Oranga Pounamu Chief Executive and Ricky Carr, Chair of their collective of Whanau Ora providers who provided updates on work underway within Māori health provider services.

- Sixteen Māori health providers have committed to come into collective; opportunity exists for others to still join. South island collective is the largest in the country.
- Te Puni Kokiri has indicated there is no further opportunity for other collectives going forward.
- Business case collectively has approximately \$15M turnover, made up from existing contract providers (75% health contracts, balance social services and others).

South island Māori managers will meet regularly with the Māori provider collective and the CEO of He Oranga Pounamu to add their assistance to the development of whanau ora initiatives in the South Island.

### ***West Coast Māori Provider***

Rata Te Awhina Trust has had several meetings with Te Runanga O Ngati Waewae and Te Runanga o Makaawhio, deliberating on how to improve Māori health delivery on the West Coast. This work is progressing very well with Runanga representation now firmly on the Rata governance board. The West Coast DHB is expecting a greater quality of delivery moving forward.

# **PRIMARY HEALTH ORGANISATION QUARTERLY REPORT - JUNE 2011**

**TO:** Members, Tatau Pounamu Manawhenua Advisory Group

**FROM:** Frans Dellebeke - PHO

**DATE:** 18 August 2011

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## Quarterly Report April to June 2011

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This quarterly report contains information relating to the activities and performance of the PHO during the quarter. It is prepared for the information of the PHO's Board of Trustees and Clinical Governance Committee, the PHO's contracted providers, the Alliance Leadership Team, the District Health Board and the wider community. The report as a whole is not a contractual requirement, though some of the tables are required to be reported to the DHB and other funding bodies quarterly.

# 1. Executive summary

## Health promotion

Two of the four men's health events for the past year fell in the Apr-Jan 2011 quarter, and were successful, with 35 and 50 attendees respectively. The 10 week "Active YOU" programme also began successfully in Westport during this quarter. Smokefree May coincided with a record quarter for smoking cessation uptake (188 clients).

## Clinical services and long term conditions (LTC)

The take-up of various clinical programmes by practices and pharmacies, as evidenced by expenditure compared to budget, continues to vary widely.

MH extended consults in particular are significantly oversubscribed as follows:

MH extended consults	224%
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Notional caps for each practice had been indicated, but not enforced. This warrants a closer investigation, which will be conducted by the counselling team in conjunction with the Clinical Governance Committee (CGC).

A number of other clinical services were oversubscribed as follows:

Smoking cessation	188%
Palliative care	177%
Contraception & sexual health	129%

It is thought that this largely reflects genuine additional demand, and is warranted.

Long term conditions (LTC) levels 1 and 2 have ended up being relatively well subscribed (by comparison with previous years), but still coming in under budget as follows:

CCM level 1 care	86%
CCM level 2 care	79%

Two programmes have had their actual expenditure come in well under the amounts budgeted, as follows:

CVR payments	46%
CCM level 3 care	52%

Cardio-vascular risk (CVR) assessments and annual reviews has already been the focus of some analysis, with prices being adjusted as of 1 July 2011, amongst other initiatives to increase up-take.

CCM level 3 care was budgeted at full capacity, and expenditure at about 50% of this level is relatively pleasing, given that at the start of the year it had been at a rate closer to 25% of budget. It is expected that this ratio will continue to climb, as the LTC programme and the role of the health navigators continue to develop.

### **Staffing**

David King resigned from the Mental Health team. Recruitment for a replacement, hopefully to be based in Westport this time, is currently taking place.

### **Business Case for "Better, Sooner, More Convenient Primary Care"**

A major focus on work has been around continuing the development of the Buller IFHC. A public presentation was held; the community is seeking further information; the current stages of development will allow that further detail to be provided. Workshops are also underway with front line staff in Westport to develop/revise internal processes to support a new model of care; these processes will then inform preliminary design of a facility.

Further detail re BSMC implementation is contained in the separate report appended at the end of this quarterly report.

### **Response to Pike River mine collapse disaster**

The workload of the Mental Health team in particular has increased, and additional staffing was taken on until the middle of this year (June 2011). The PHO is still involved in support related to the Pike River Coal Mine disaster, however additional funding has now ended.

### **Trustee appointment processes**

Trustee appointments are up-to-date, with the following appointed for 3 year terms through until March 2014

- Francois Tumahai, Te Runango O Ngati Wae Wae;
- Tony Coll, Grey District Council;
- Anna Dyzel, GP electoral college;

One position remains filled by secondment:

- practice nurse electoral college, filled by:  
John Boyes, pharmacist.

## 2. Statement of strategy & priorities

*Adopted by the PHO Board of Trustees October 2010.*

The purpose of the West Coast PHO is to promote and enable better health for the population on the West Coast and actively work to reduce health inequalities amongst at-risk and disadvantaged groups.

The PHO and the West Coast DHB have recently co-sponsored a joint 'Business Case' aimed at:

1. achieving clinical sustainability;
2. improving integration of community and primary health care;
3. achieve financial viability.

### **STRATEGIC OBJECTIVES ARE TO**

- work with local communities and enrolled populations;
- identify and remove health inequalities;
- offer access to comprehensive services to improve, maintain, and restore people's health;
- fostering greater clinical leadership;
- co-ordinate care across service areas;
- develop the primary care workforce;
- continuously improve quality using good information and evidence;
- operate within the available funding.

### **WE WILL FOCUS ON THE REDESIGN AND TRANSFORMATION OF THE PRESENT PATIENT CARE PATHWAY**

- in partnership with the community;
- by engaging with clinicians in order to improve:
  - access to primary care services;
  - continuity and consistency of primary care;
  - the co-ordination of care between the general practices, hospitals and community providers;
  - the provision of more community care in 'integrated family health centres';
- closing gaps of inequality for Maori.

### **BY USING KEY MECHANISMS AND ENABLERS SUCH AS**

- better engagement with the community, families/whanau and individuals;
- implementing the 'Better, Sooner, More Convenient Primary Care' Business Case;
- adoption of efficient business/service models based on the principles of Alliance Contracting.

### 3. Financial summary

#### Financial performance Jul 10 - Jun 11

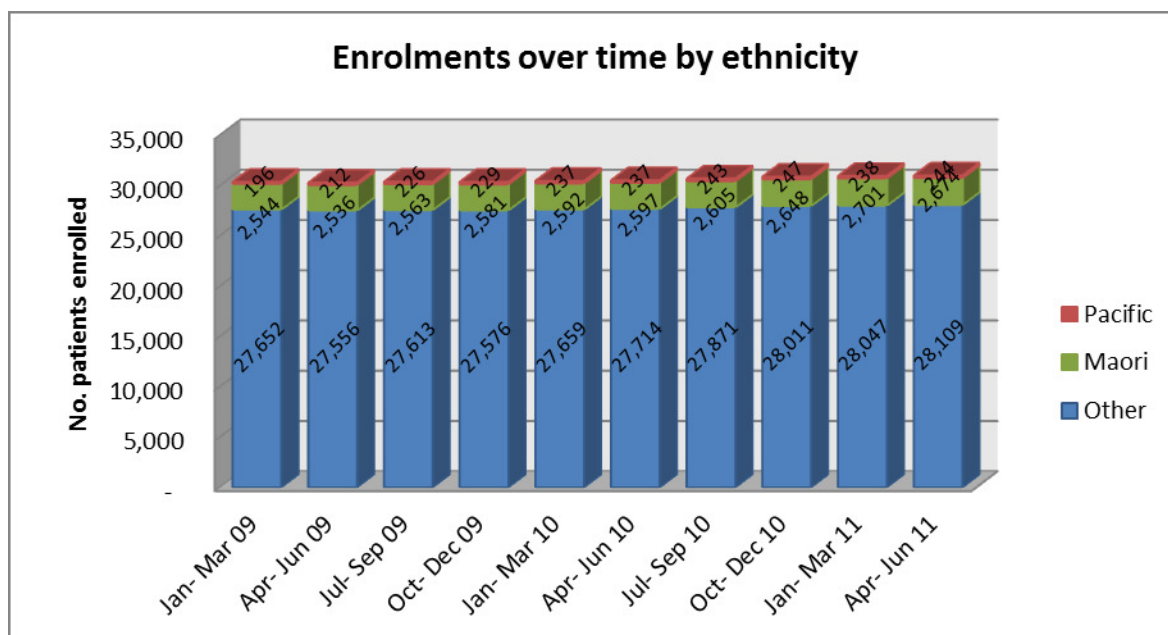
<b>Revenue</b>	
Patient care subsidies	5,038,357
Clinical services	767,263
Mental health	412,228
Keeping people healthy	273,023
Workforce & rural support	872,851
Administration	670,859
BSMC implementation	189,000
	<b>8,223,580</b>
<b>Expenditure</b>	
Patient care subsidies	5,038,329
Clinical services	750,007
Mental health	481,661
Keeping people healthy	222,478
Workforce & rural support	911,132
Administration	908,942
BSMC implementation	239,522
	<b>8,552,071</b>
<b>Surplus</b>	<b>328,490</b>

The \$328k deficit at the end of the financial year compares favourably to the budgeted deficit of \$561k.

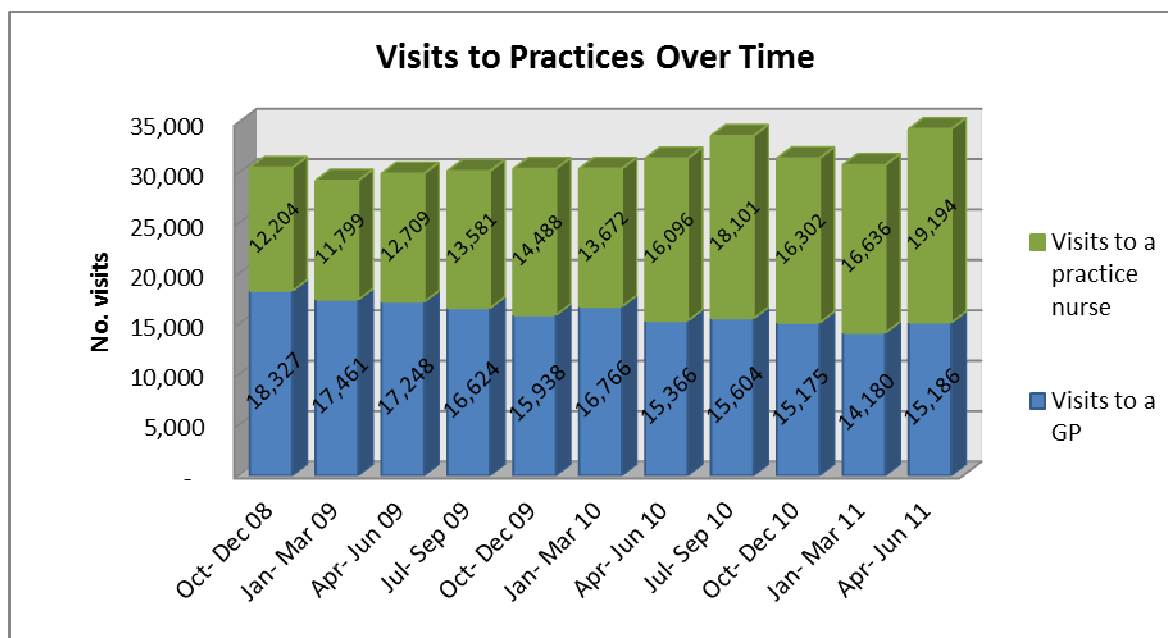
NB. This end of year result is provisional and unaudited.

## 4. Subsidising core general practice care

### 4.1. Demographics of the enrolled population



### 4.2. Service Utilisation (visits to the practices)

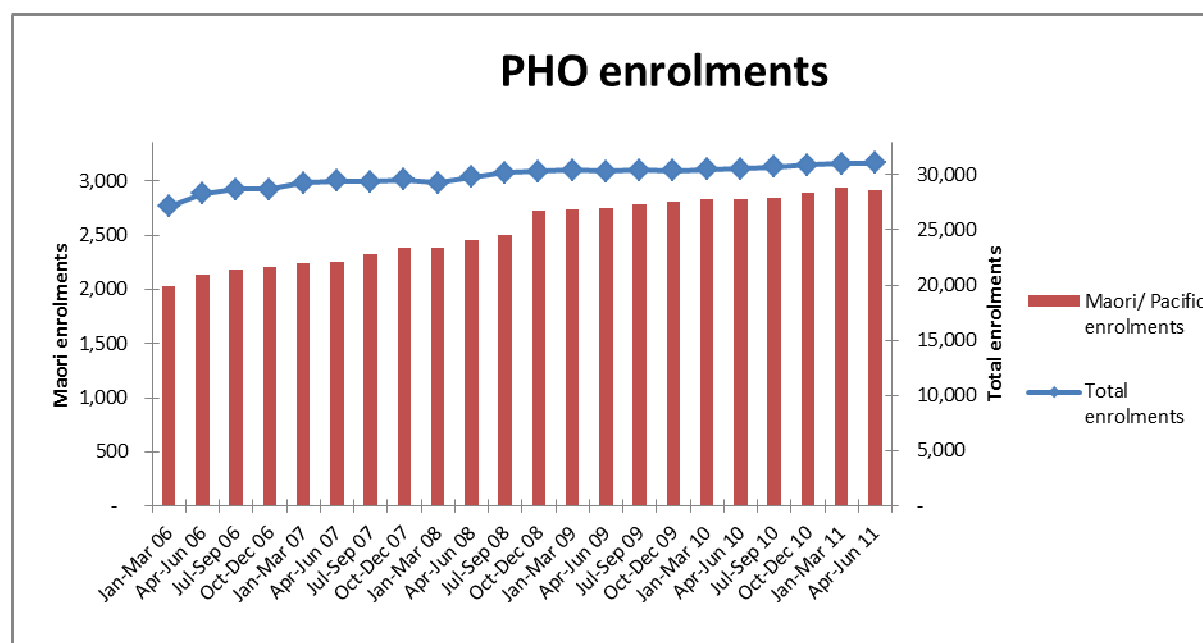


## Waiting times to be seen by a medical centre or clinic June 2011

(in working days)

Scenario	Average	Maximum	Minimum
Waiting time to be seen (by a nurse or GP) for child aged 3 yrs with fever and sore ear	0	0	0
Waiting time to be seen (by a nurse and/or GP) for adult aged 65 yrs who rings up saying he has had difficulty breathing for two days. He has no fever and is not on any current medication.	0	0	0
Waiting time if rings today for routine appointment with a Dr for three monthly review and prescription (approx. average across doctors)	16	42	1
Waiting time if rings today for routine appointment with a nurse for three monthly review and prescription	3	7	0

### 4.3. Access by Maori



Enrolments of Maori and Pacific people continue to increase at a faster rate than do rates for all other ethnicities.

## 4.4. Providers

There are now six practices in the PHO:

Buller Medical Services (Westport & Karamea)  
Reefton Medical Centre (Reefton)  
Greymouth Medical Centre (Greymouth & Rural Academic General Practice)  
High St Medical Centre (Greymouth)  
Westland Medical Centre (Hokitika)  
South Westland Area Practice (South Westland)

## 4.5. Cost of accessing primary care

All practices have now adjusted their fees to the maximum currently permitted under the Very Low Cost Access scheme.

<b>Patient fees</b>	<b>0 to 5</b>	<b>6 to 17</b>	<b>18 to 24</b>	<b>25 to 44</b>	<b>45 to 64</b>	<b>65+</b>
Buller Medical Services	\$0	\$11.50	\$17.00	\$17.00	\$17.00	\$17.00
Greymouth Medical Centre	\$0	\$11.50	\$17.00	\$17.00	\$17.00	\$17.00
High Street Medical Centre	\$0	\$11.50	\$17.00	\$17.00	\$17.00	\$17.00
Reefton Medical Centre	\$0	\$11.50	\$17.00	\$17.00	\$17.00	\$17.00
South Westland Area Practice	\$0	\$11.50	\$17.00	\$17.00	\$17.00	\$17.00
Westland Medical Centre	\$0	\$11.50	\$17.00	\$17.00	\$17.00	\$17.00

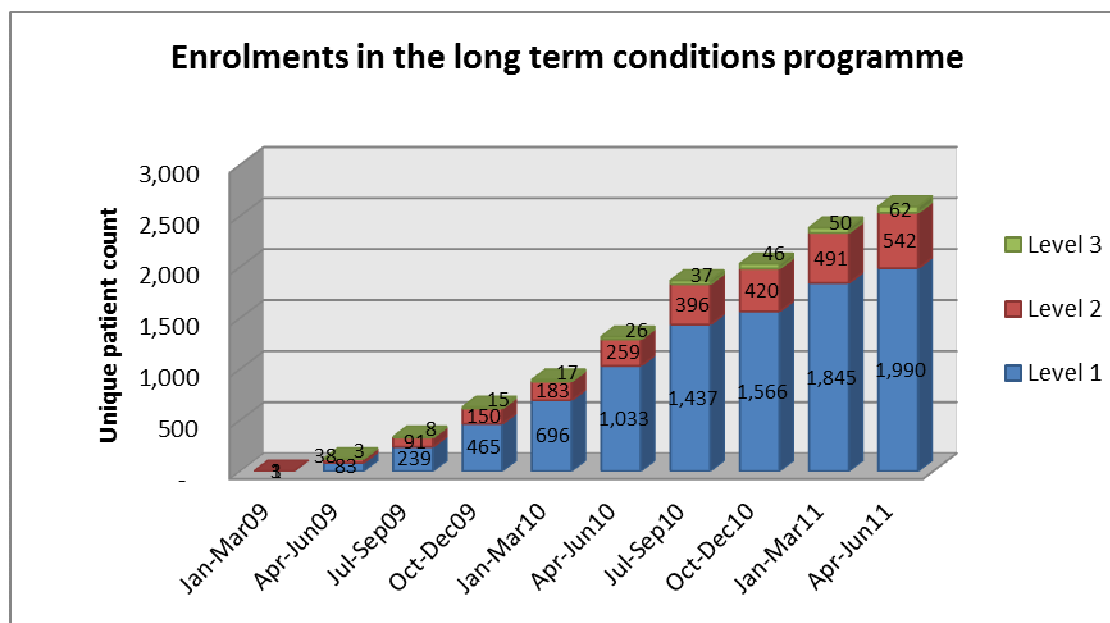
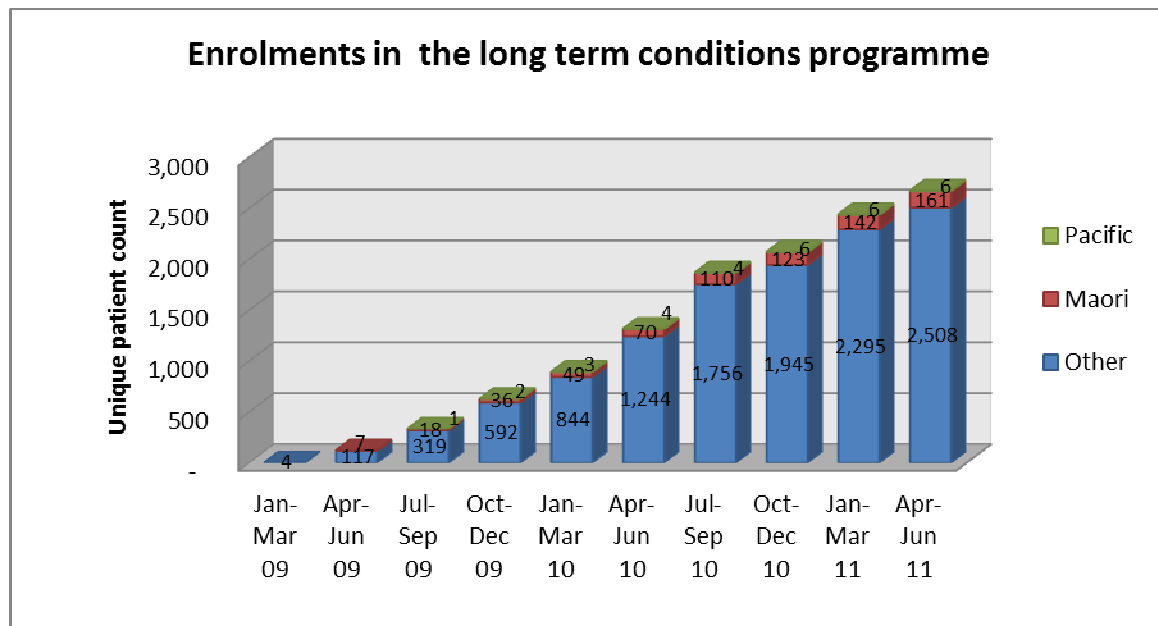
These are the fees patients can expect to be charged at their normal practice during working hours for a normal consultation, if the patient is enrolled with the West Coast PHO. Additional fees may apply to after hours, weekends, long appointments, home visits, procedures and casual patients. The PHO encourages all West Coast residents to enrol with the PHO, registering with one practice and using that practice for all of their health needs. This ensures people will be offered all the health checks they should receive, as well as access to lower fees and other patient advantages. However, if people enrol with one practice and then utilise another they will incur a "casual" rate fee which can vary from practice to practice. Stated co-payments only apply to the practice with which people are registered.

## 5. Clinical Services

### 5.1. Long term conditions programme

On target: Yes

#### 1. Outcomes/Outputs



There has been a pleasing increase in level 3 enrolments this quarter.

The almost 2,600 patients who are enrolled in the LTC programme, out of the PHO's approximately 31,000 enrolled patients, means that 8.4% of the enrolled population is engaged in a structure programme of care for their long term conditions.

## **2. Key Activities**

- Health Navigators continue with their support to practice teams with level 2 and 3 patients.
- Quarterly reports to practices regarding enrolments, places available and capped numbers for levels 2 and 3.
- Clinical Manager input with Reefton Medical Centre team planning;
- Quality Improvement study day held 31<sup>st</sup> May 2011 with a key focus on LTC management and QI plans for 2011/2012, was well attended by the majority of practice teams;
- Updates made to LTC advanced forms in MedTech.

## **3. Networking/Education (either with Health Sector or Community)**

- Health Navigators visiting relevant practices to action all referrals;
- Clinical Manager and Health Navigator both presented at the recent Australasian Long Term Conditions Conference held in Auckland April 7<sup>th</sup> & 8<sup>th</sup> 2011.

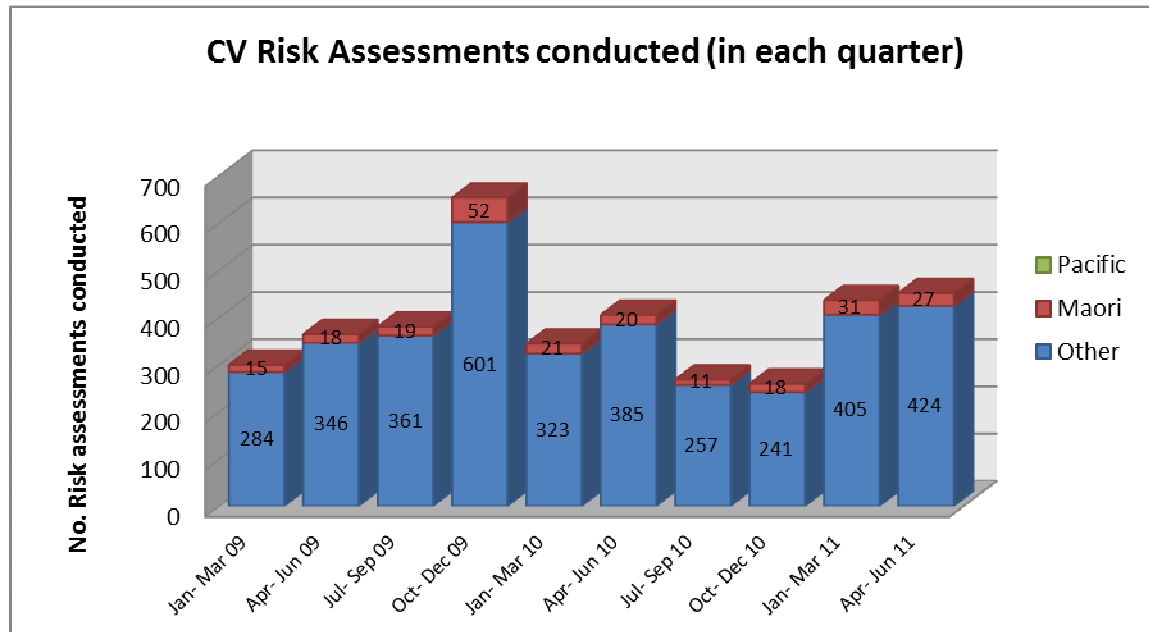
## **4. Issues and Risks**

<b>Issues/Risks</b>	<b>Mitigation/Resolution</b>
<ul style="list-style-type: none"><li>• Nil.</li></ul>	<ul style="list-style-type: none"><li>• Nil.</li></ul>

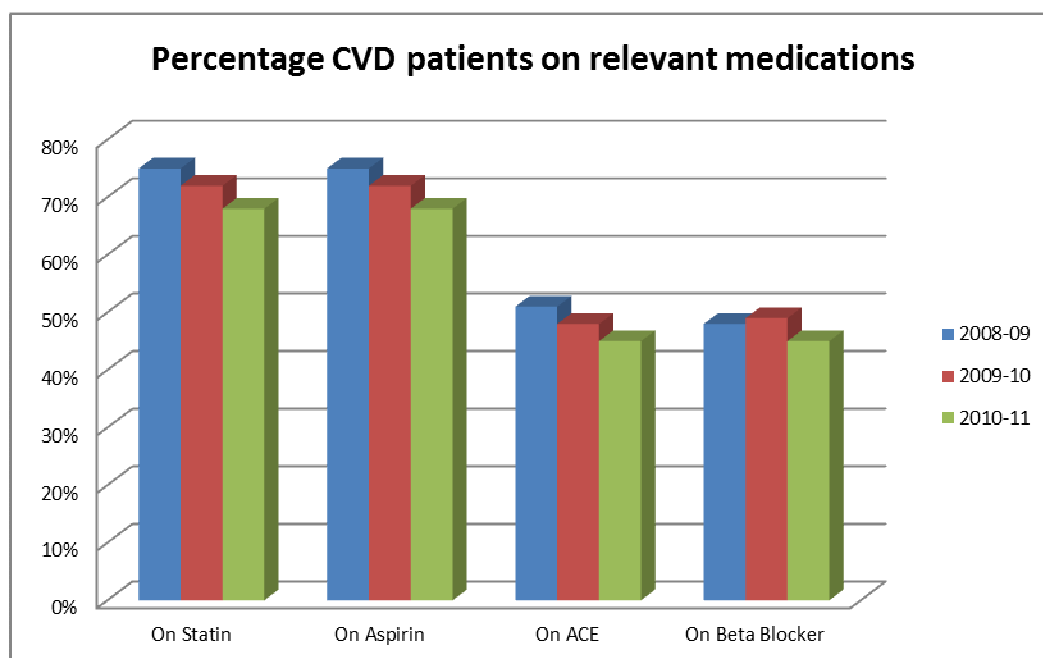
## 5.2. Cardiovascular risk assessments

On target: Yes

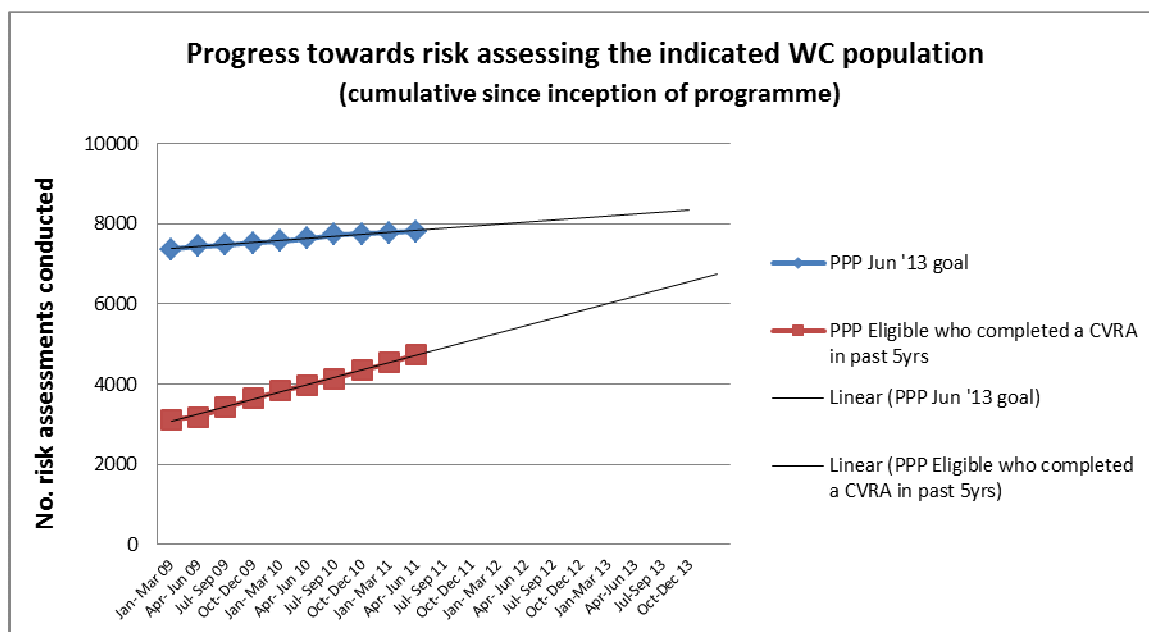
### 1. Outcomes/Outputs



It is pleasing to see the number of cardiovascular risk assessments has increased in the last 6 months compared with last calendar year, a credit to the practices for this work.



Of concern, is the pharmacological management of those identified with high cardiovascular risk, with the number of those on appropriate medications less than previous 2 years. Clinical workshops are planned to try and address this.



## 2. Key Activities

- Ongoing support from Clinical Manager to practice nurses/teams to identify eligible patients for screening.
- Extensive planning and implementation to enable all West Coast people who have still have not had their 5 year cardiovascular risk assessment (CVRA) to have the barrier of cost removed. As from July 1<sup>st</sup> all CVRAs will be free to the patient including their follow up visit if their risk is >15%;
- Alterations to MedTech advanced form and claiming processes to be effective 1<sup>st</sup> July to allow for the above;
- Updated information prepared and distributed for clinical programmes folders in all practices.

## 3. Networking/Education (either with Health Sector or Community)

- PHO Clinical Governance Committee
- quarterly progress reports to practice teams and articles of interest sent to practice nurses;
- practice teams;

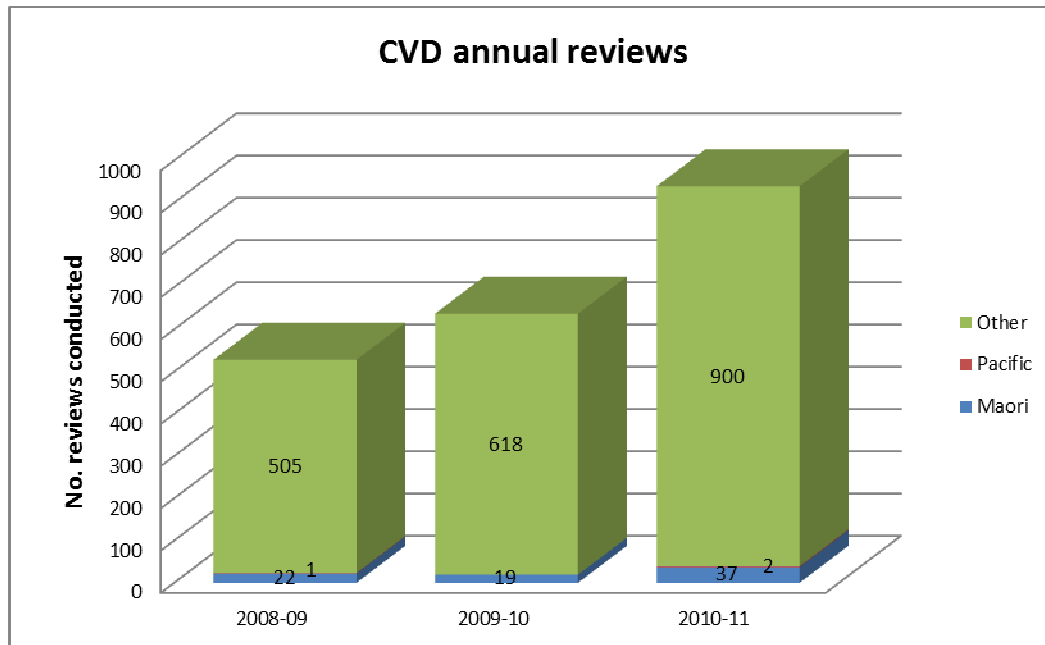
## 4. Issues and Risks

Issues/Risks	Mitigation/Resolution
<ul style="list-style-type: none"> <li>• Suboptimal pharmacological management of those with risk &gt;15%.</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of clinical workshops, ongoing feedback to practice teams through QI team reporting and practice visits.</li> </ul>

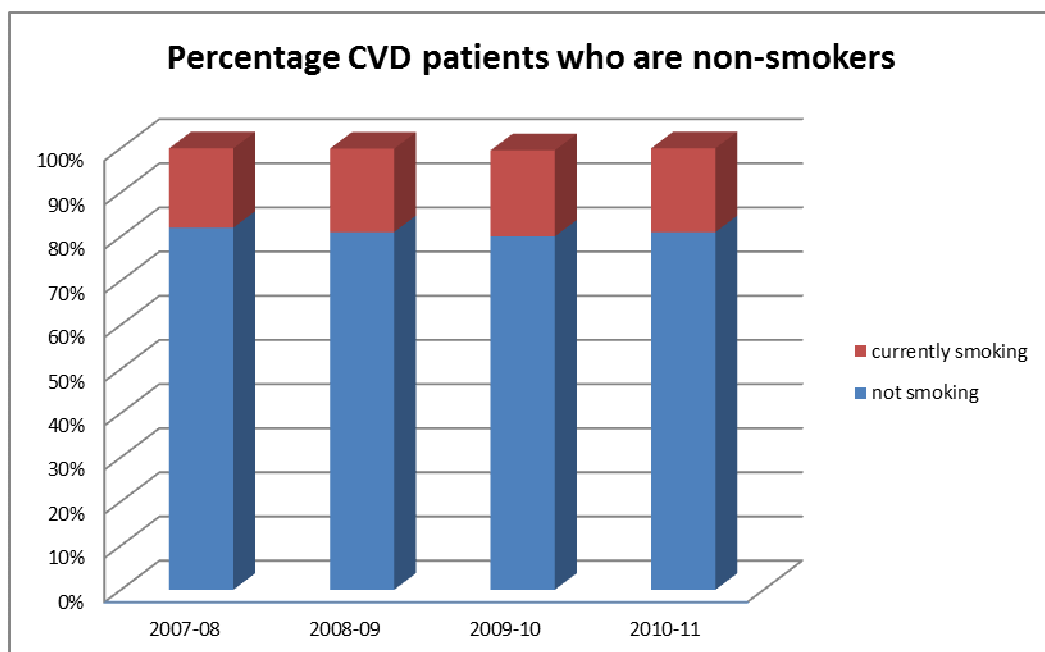
### 5.3. CVD annual reviews

On target: Yes

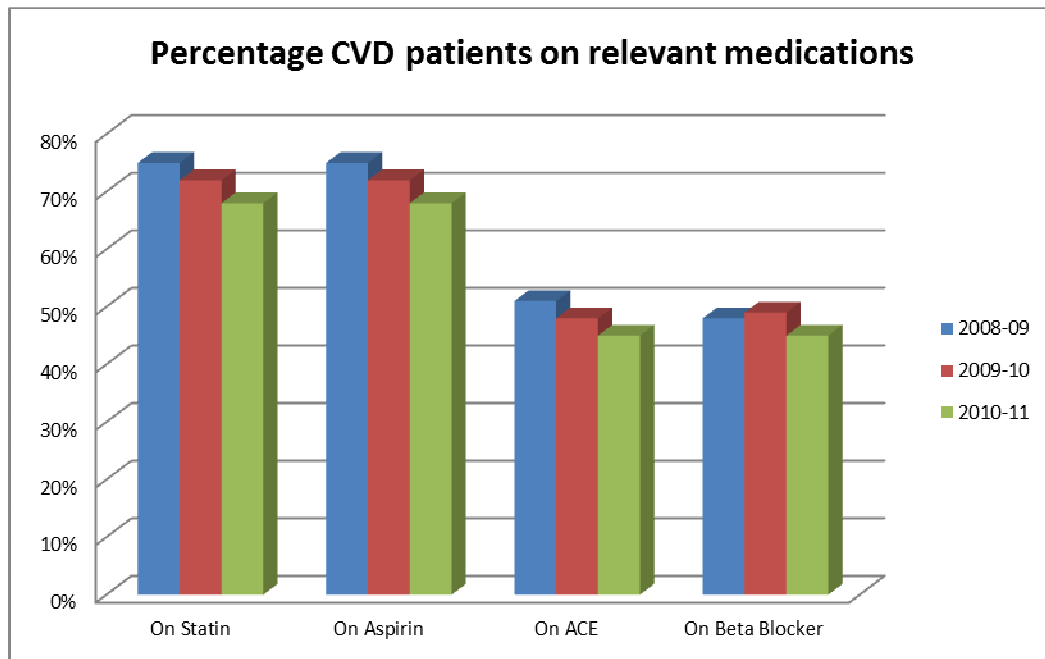
#### 1. Outcomes/Outputs



CVD annual reviews continue to increase, with this year being almost 50% ahead of last year's numbers. 4% of the annual reviews were for Maori.



Of those reviewed YTD 81% of people were not smoking. For those who are smoking there is a vast range of cessation services to choose from, all promoted across the West Coast.



## 2. Key Activities

- Ongoing support from Clinical Manager to practice teams to identify eligible patients who have not had a CVD annual review.

## 3. Networking/Education (either with Health Sector or Community)

- quarterly progress reports to practice QI teams;
- practice teams;
- Heart Respiratory Team (HRT) meeting held 1<sup>st</sup> June 2011.

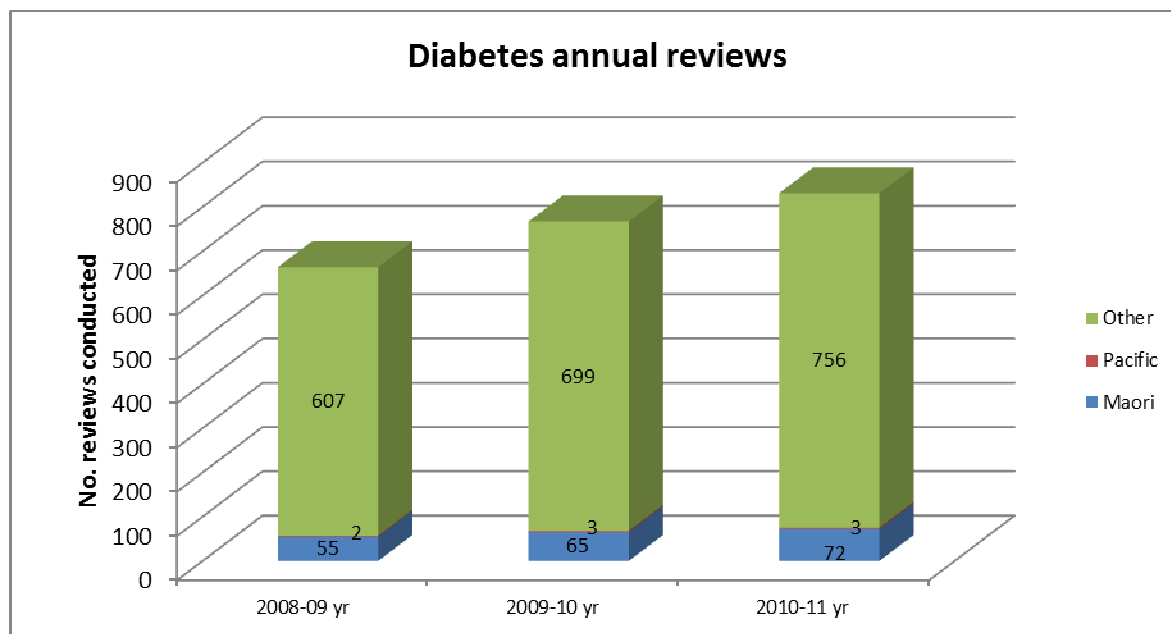
## 4. Issues and Risks

Issues/Risks	Mitigation/Resolution
<ul style="list-style-type: none"> <li>• Nil</li> </ul>	<ul style="list-style-type: none"> <li>• Nil</li> </ul>

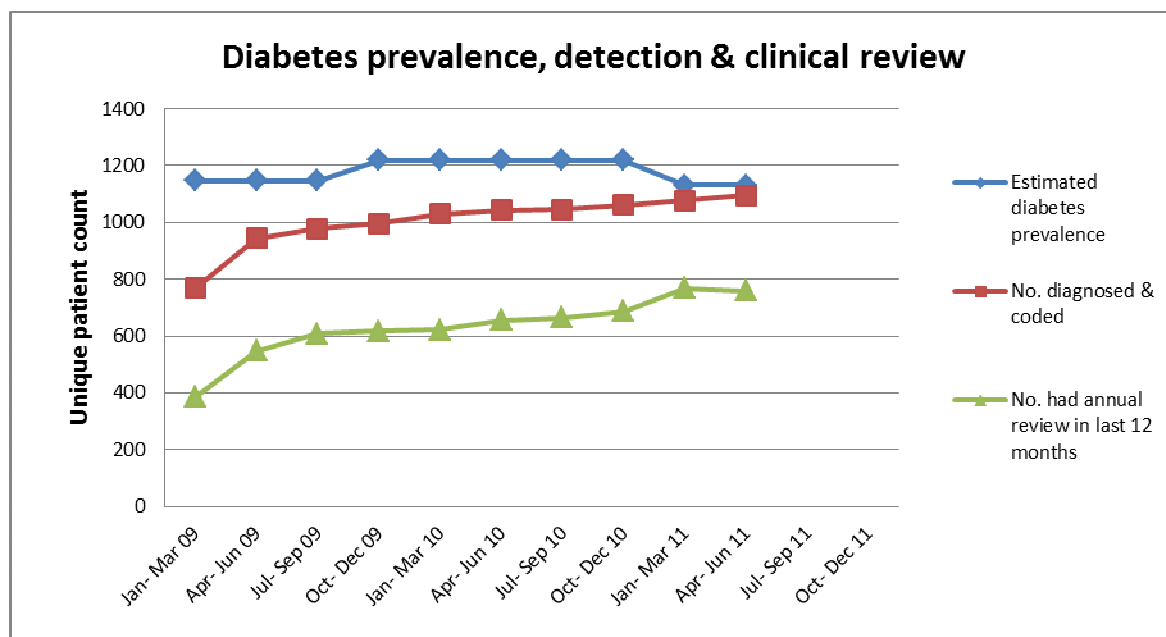
## 5.4. Diabetes annual reviews

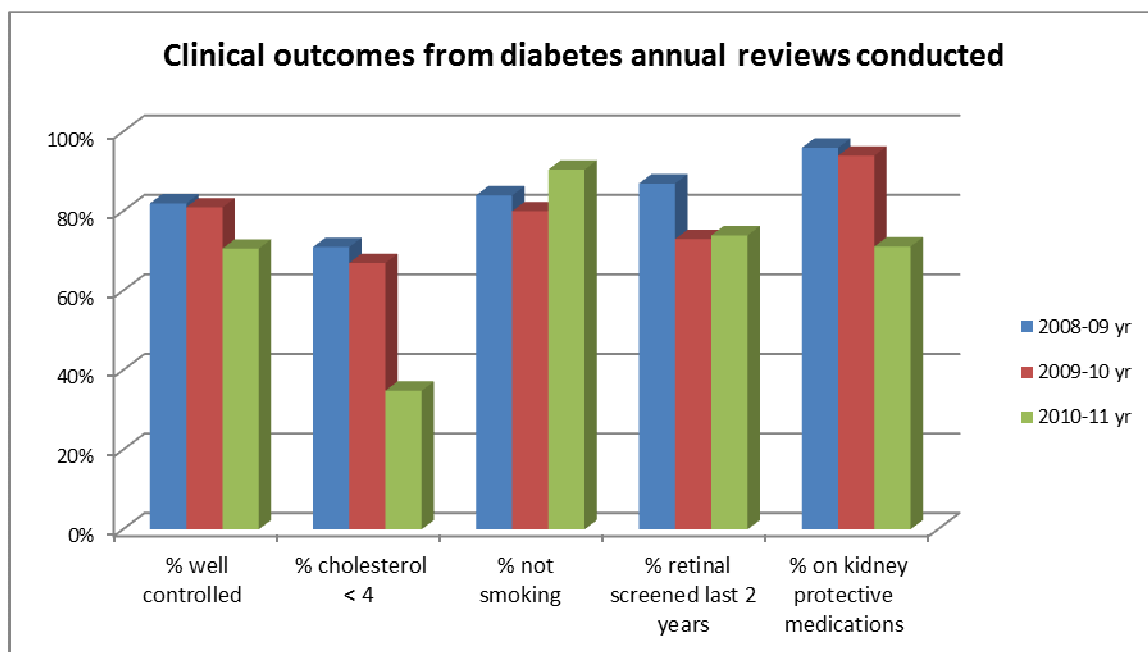
On target: Yes

### 1. Outcomes/Outputs



Enrolments throughout the year have been steadily increasing and have exceeded the totals from last year.





It should be noted that the comparison of % cholesterol <4 began from 1<sup>st</sup> January 2010, prior to this the measurements were % cholesterol <5. (Recommended in the NZ Cardiovascular Guidelines 2009).

	Type 1	Type 2	Other Diabetes	Total Diabetes	As % Total Ann Reviews	Retinal Exam in Past 2yrs	% Ann Reviews had Ret Exams	HbA1c > 8	% HbA1c ≤ 8	% Non-smokers	% On Statins
Maori	5	19	0	24	9%	20	83%	11	54%	52%	48%
Pacific	1	1	0	2	1%	2	100%	2	0%	50%	50%
Other	52	178	5	235	90%	201	86%	68	71%	86%	75%
TOTAL	58	198	5	261	100%	223	85%	81	69%	83%	81%

The percentage of people receiving retinal screening has increased this quarter.

## 2. Key Activities

- A retinal screening week was held in May: 91 people screened, 67 Greymouth, 38 Westport;
- planning for next retinal screening clinic - for 15-19<sup>th</sup> August 2011;
- 6 graduates from the Greymouth Living Well with Type 2 Diabetes course completed in May;
- Living Well with Type 2 Diabetes course planning for Westport near the end of July or early August depending on numbers.

**3. Networking/Education** (either with Health Sector or Community)

- diabetes nurse educators at DHB, Diabetes course facilitator contracting for Buller;
- Local Diabetes Team meeting 18<sup>th</sup> May2011;
- retinal screening appointments made and confirmation letters sent out;
- notification to practices of patients retinal screened;
- promotion of Living Well with Type 2 diabetes courses (DSME) to practices and community and on PHO website.

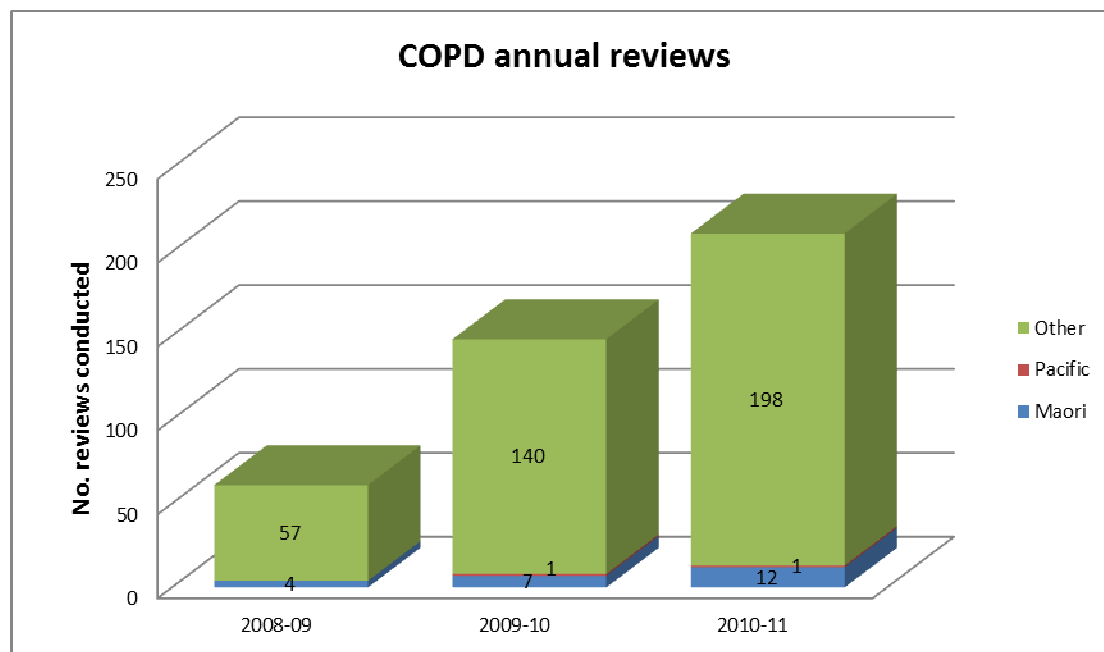
**4. Issues and Risks**

<b>Issues/Risks</b>	<b>Mitigation/Resolution</b>
<ul style="list-style-type: none"><li>• Nil.</li></ul>	<ul style="list-style-type: none"><li>• Nil.</li></ul>

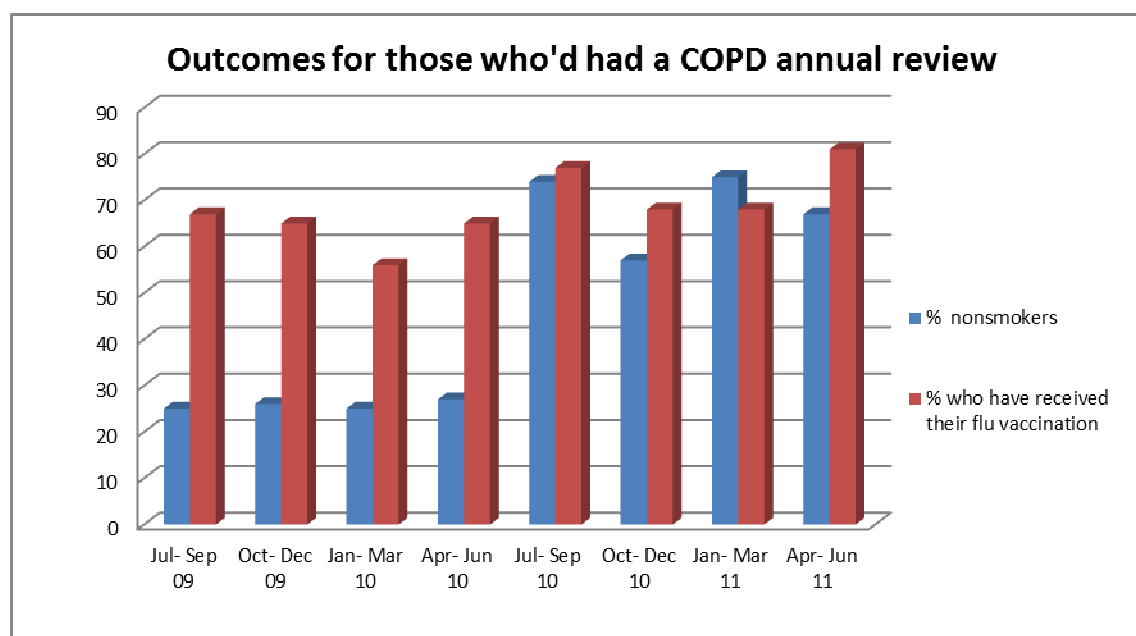
## 5.5. COPD annual reviews

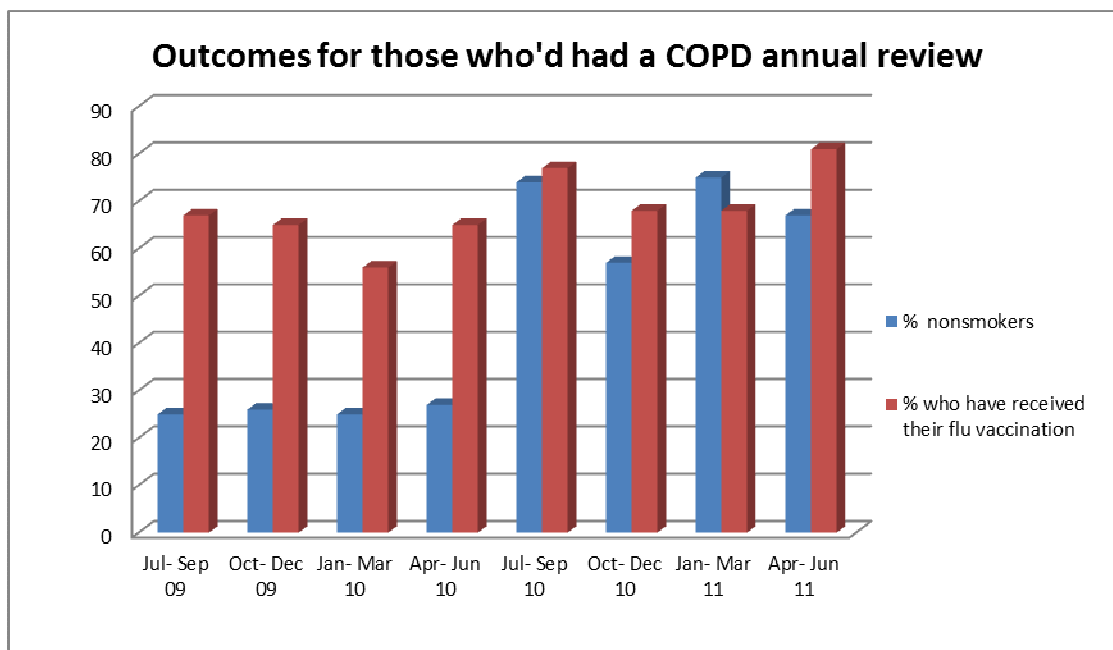
On target: Yes

### 1. Outcomes/Outputs



It is pleasing to see that YTD we have exceeded the annual reviews for last year by 63 reviews with 6% being for Maori.





It is great to see the number of flu vaccinations for people with COPD has increased this quarter.

## 2. Key Activities

- the majority of practices are now holding COPD clinics;
- promotion of the influenza vaccine to all COPD patients;
- planning for spirometry training in the second half of 2011 for practice nurses.

## 3. Networking/Education (either with Health Sector or Community)

- practice QI team meetings;
- Heart Respiratory Team meeting May 2011;
- Respiratory nurses.

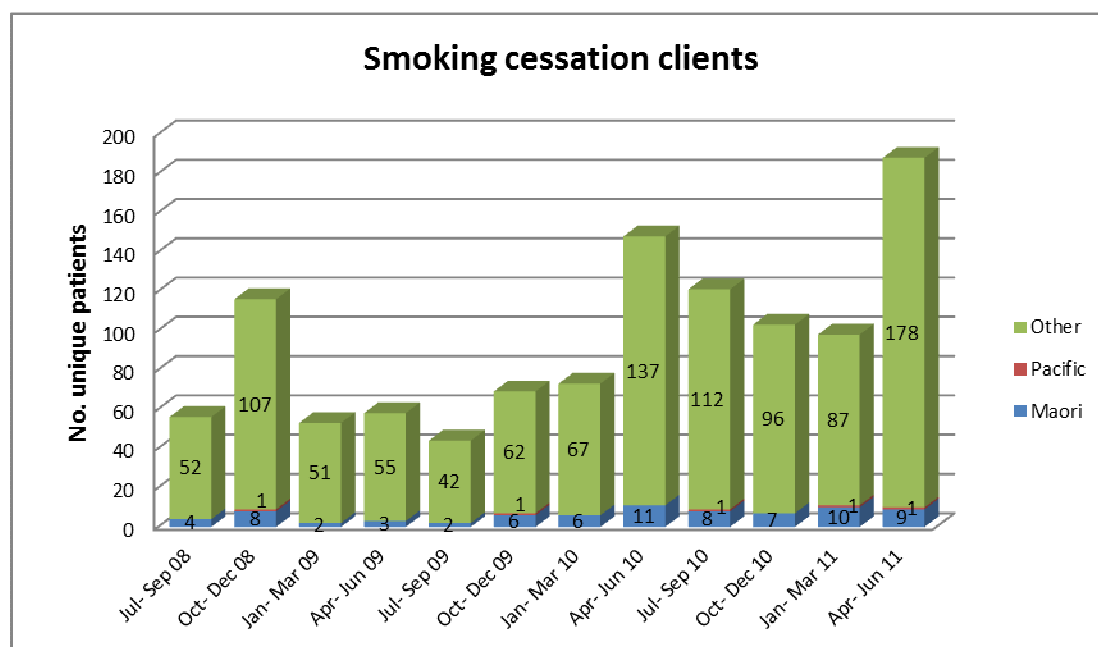
## 4. Issues and Risks

Issues/Risks	Mitigation/Resolution
<ul style="list-style-type: none"> <li>• Nil.</li> </ul>	<ul style="list-style-type: none"> <li>• Nil.</li> </ul>

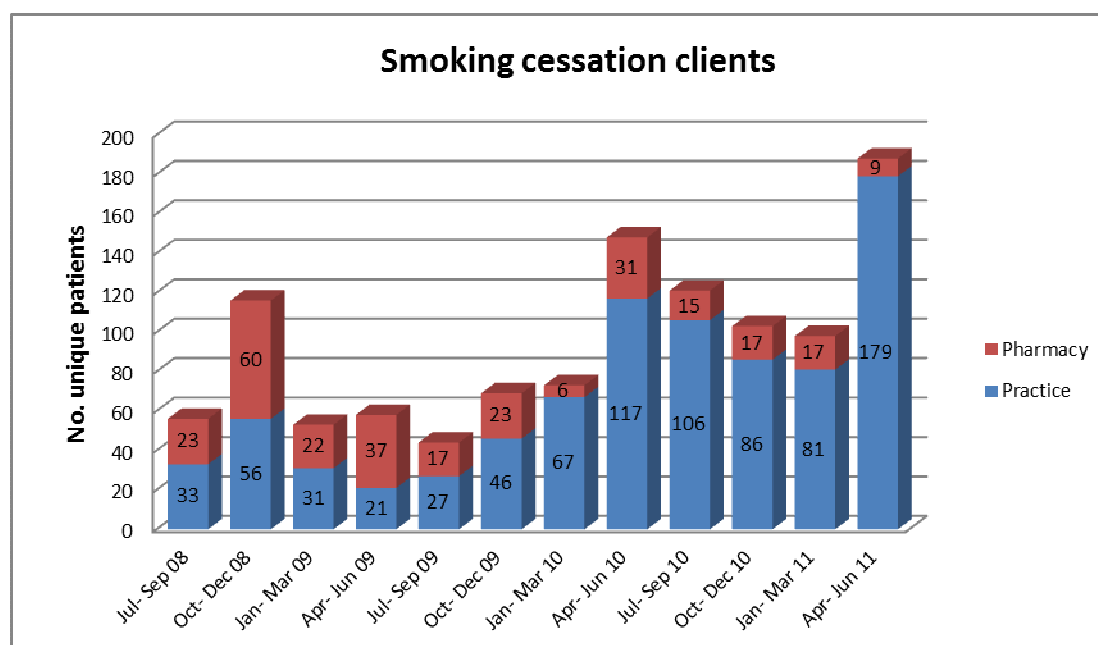
## 5.6. Smoking cessation

**On target:** Yes, we have exceeded the year's funded 250 places on the Coast Quit cessation programme.

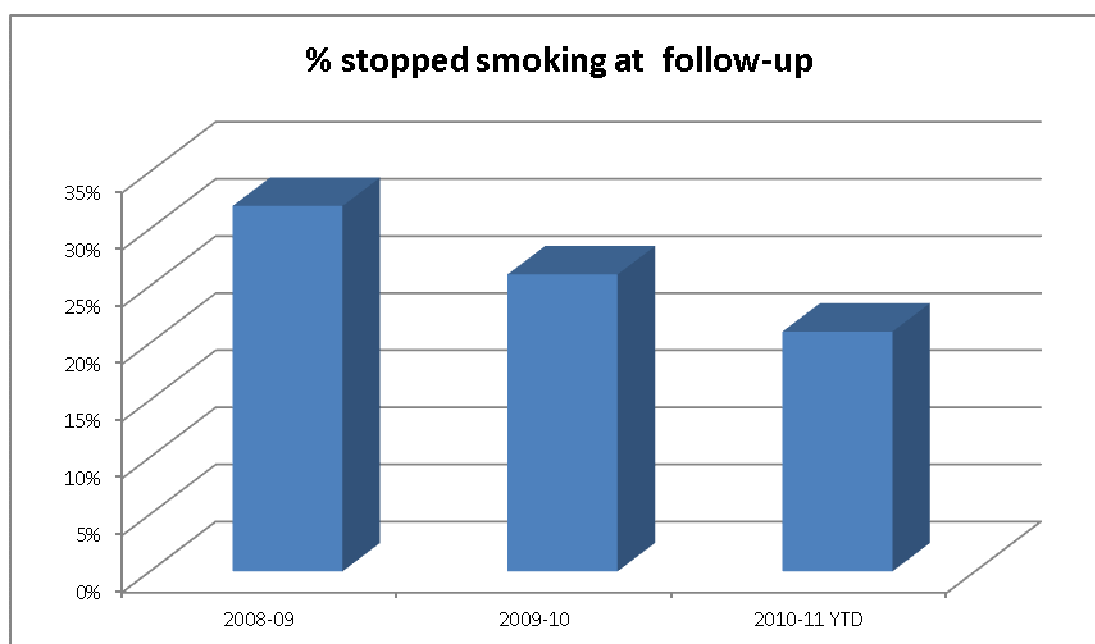
### 1. Outcomes/Outputs



This quarter has seen exceptional enrolments into the smoking cessation programme. With a large focus on providing brief advice to all smokers activity in this programme will possibly continue to increase.



It is pleasing to see the practice teams referring people to the smoking cessation programme in conjunction with patient annual reviews and whilst conducting cardiovascular risk assessments. The increase in practice enrolments is multifactorial, attributed to Smokefree May promotion, practitioners offering brief advice to all smokers, the increase in people identified with smoking as a risk factor during their cardiovascular risk assessment and another practice utilising the Coast Quit smoking cessation programme.



Quit rates of 21% after 3 months of enrolling in the Coast Quit Cessation Programme are encouraging. In March 2011 the Ministry recommended standard measurement of outcomes of smoking cessation services in New Zealand. The minimum standard asks for measuring at 4 weeks following Target Quit Date (TQD) and then again at 3 months after TQD. Prior to the current YTD our quit rates were calculated at 6 months following TQD, thus the results in different time periods are not directly comparable.

## 2. Key Activities

- follow-up phone calls at 3 months following TQD in the Coast Quit programme;
- rotation of the smoking cessation and smoking during pregnancy pull-up banners around practices, pharmacies and key businesses;
- NRT supply to practices and pharmacies;
- on-going practice support with MedTech coding for PHO Performance programme smoking indicators;
- 2 smoking cessation training days were held in April with 17 attendees.

## 3. Networking/Education (either with Health Sector or Community)

- smoke free coalition committee meeting;
- Healthy West Coast Governance Group (includes DHB, PHO and CPH);
- regional smokefree co-ordinator;
- General practice teams.

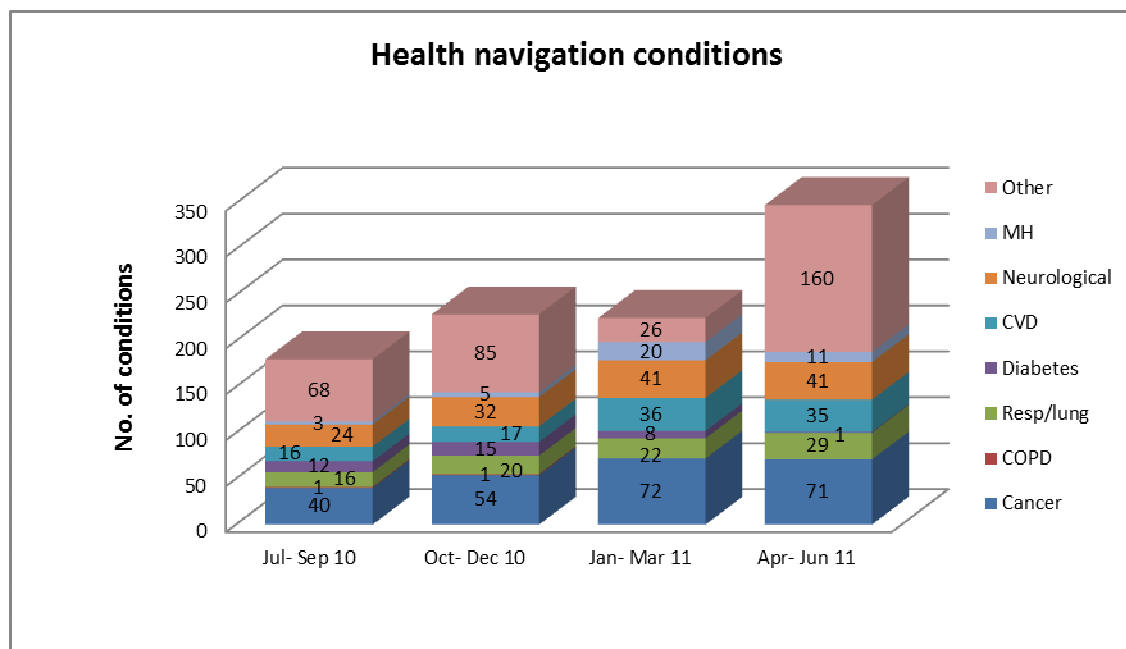
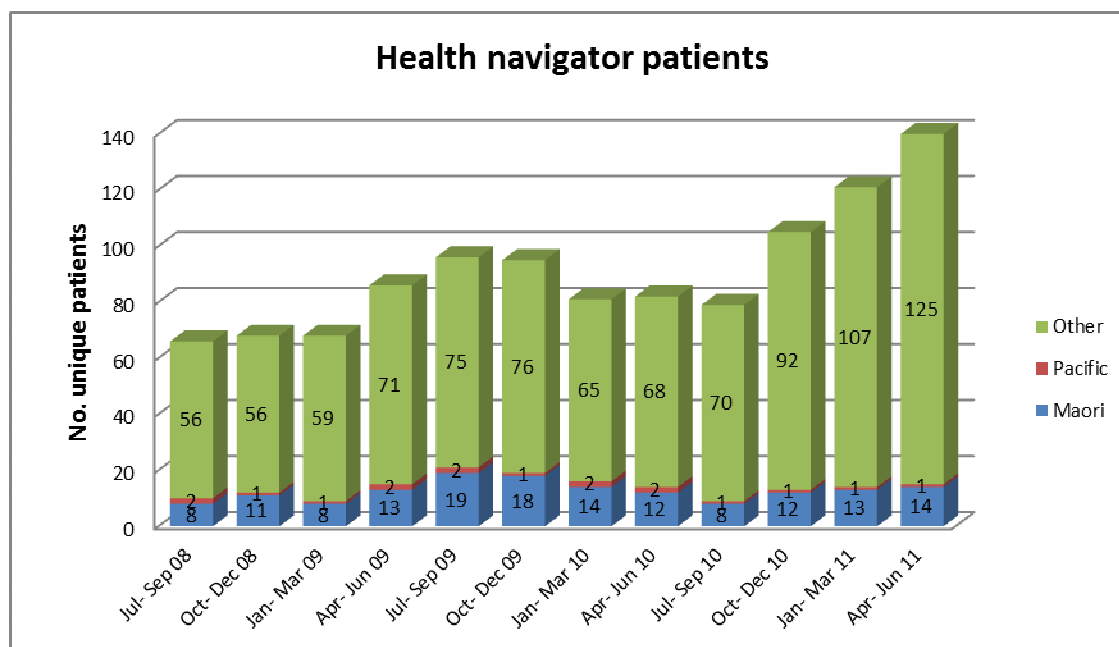
## 4. Issues and Risks

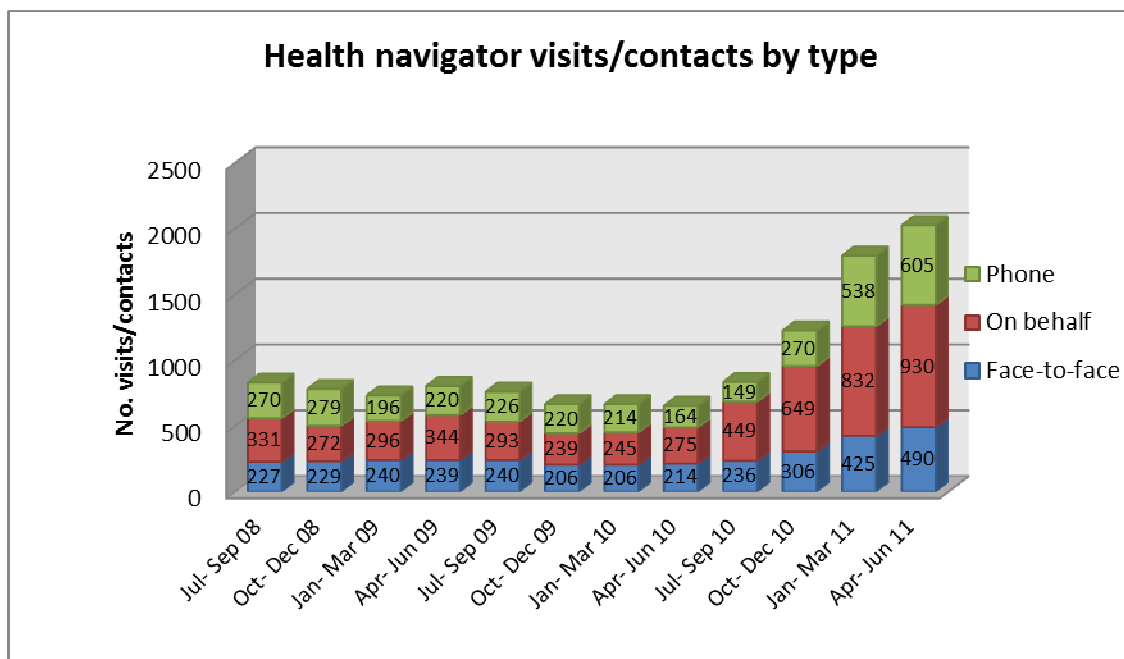
Issues/Risks	Mitigation/Resolution
• Nil.	• Nil.

## 5.7. Health navigators service

**On target:** With the completion of the first year of the revised service it received a positive formal evaluation.

### 1. Outcomes/Outputs





We now have a year of data. This establishes for the first time, the numbers of people who have benefitted from the role out of the original project. The level of increase in service use assists in identifying need and attempts to address that need within its current service provision.

## 2. Key Activities

- provide additional support for LTC patients and their whanau with complex social needs;
- improve access to health care for these patients;
- support the Medical Centres and Rural Clinics in caring for these patients;
- improve access to social support services for these patients;
- improve health outcomes;
- enhance patient health literacy and ability to self-care;
- decrease unplanned ED visits and hospital admissions.

## 3. Networking/Education (either with Health Sector or Community)

- Australasian Long Term Conditions Conference - presented;
- MDT meetings attended with one practice, Hokitika area and Greymouth Palliative;
- RNS orientation;
- Leukaemia and Blood Foundation representative visited;
- Cancer Society Support Service Manager visited;
- Red Cross and St John's education sessions;
- visited South Westland clinics;
- orientation 1 Doctor from Westland Medical Centre;
- Te Pokaitahi Hauora Maori 2011 modules completed by Kaiawhina.

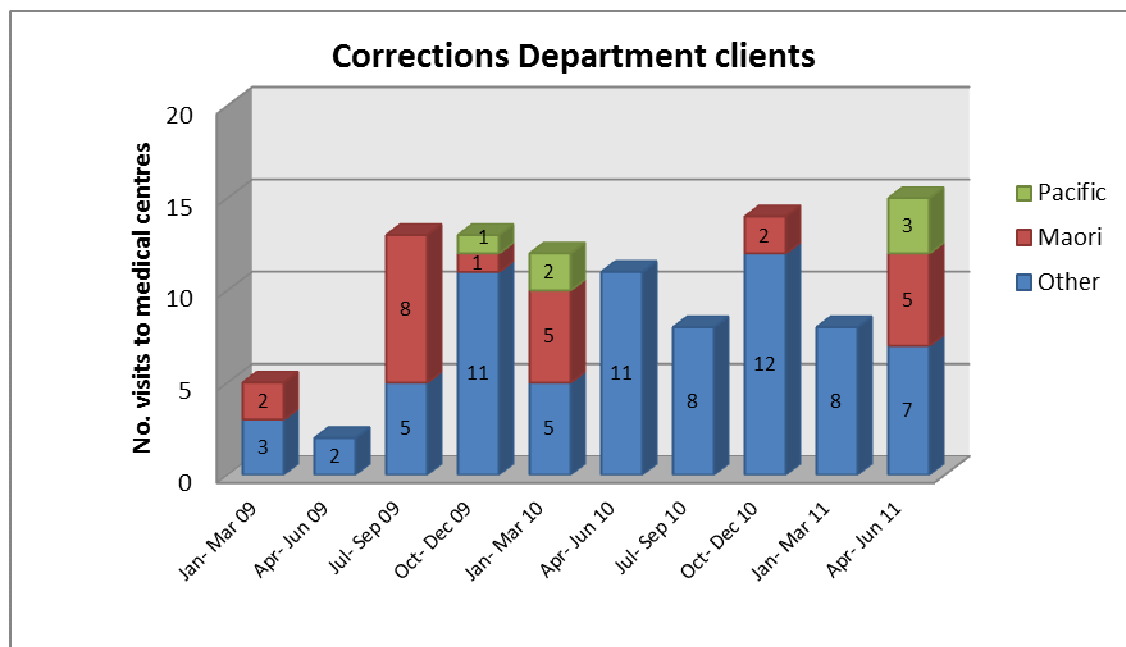
## 4. Issues and Risks

Issues/Risks	Mitigation/Resolution
<ul style="list-style-type: none"> <li>• Increasing utilisation in service with no increase in FTE.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing monitoring case load per team member.</li> </ul>

## 5.8. Health checks for clients of the Corrections Dept.

On target: Yes

### 1. Outcomes/Outputs



There has been an increase in activity this quarter for corrections.

### 2. Key Activities

- Vouchers are issued by community probation service staff to clients requiring free general practice services.

### 3. Networking/Education (either with Health Sector or Community)

- Corrections Department.

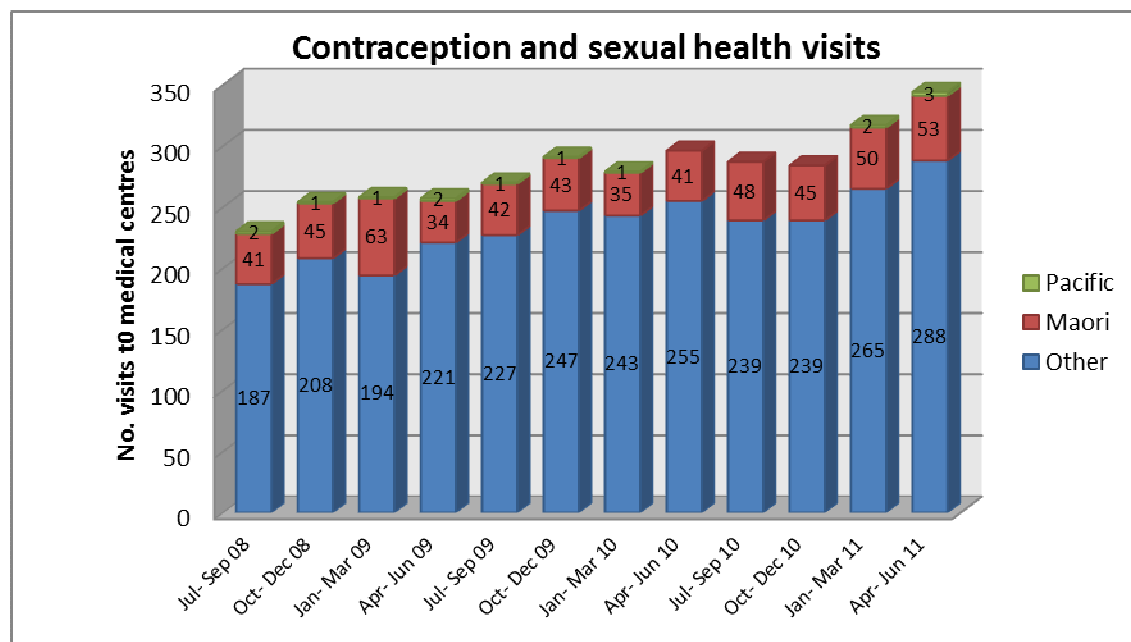
### 4. Issues and Risks

Issues/Risks	Mitigation/Resolution
<ul style="list-style-type: none"> <li>Nil.</li> </ul>	<ul style="list-style-type: none"> <li>Nil.</li> </ul>

## 5.9. Contraception & sexual health visits

On target: Yes

### 1. Outcomes/Outputs



### 2. Key Activities

- pharmacy claims: 27 ECP; 68 script fees;
- 5 Jadelle contraception.

### 3. Networking/Education (either with Health Sector or Community)

- practice teams;
- Clinical Nurse Manager, Cervical Screening/Sexual Health WCDHB;
- PHO Clinical Governance Committee.

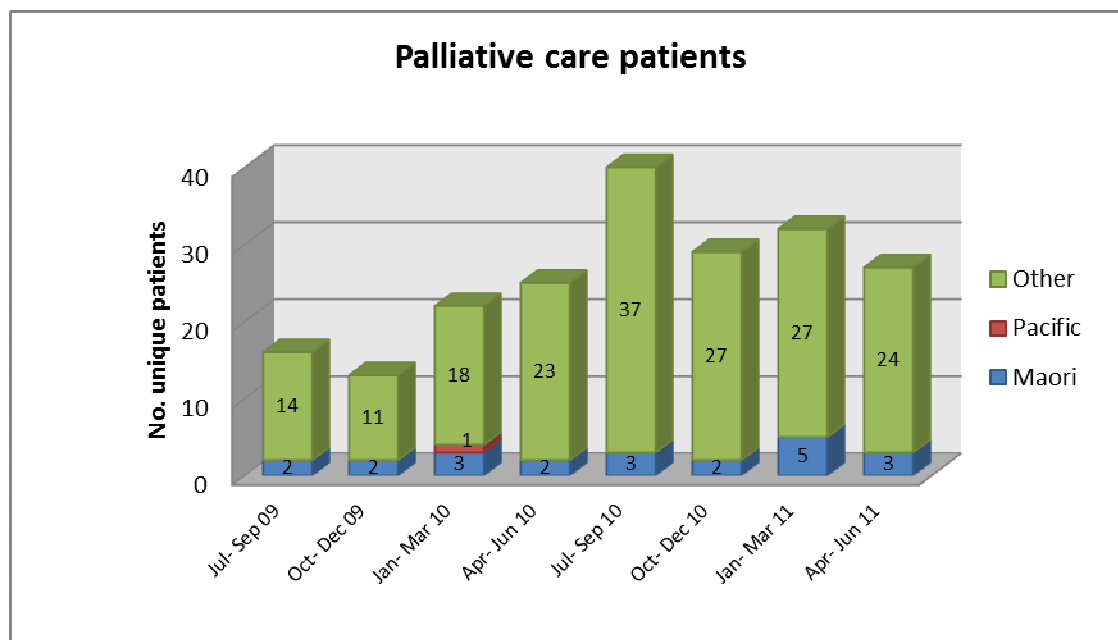
### 4. Issues and Risks

Issues/Risks	Mitigation/Resolution
• Nil.	• Nil.

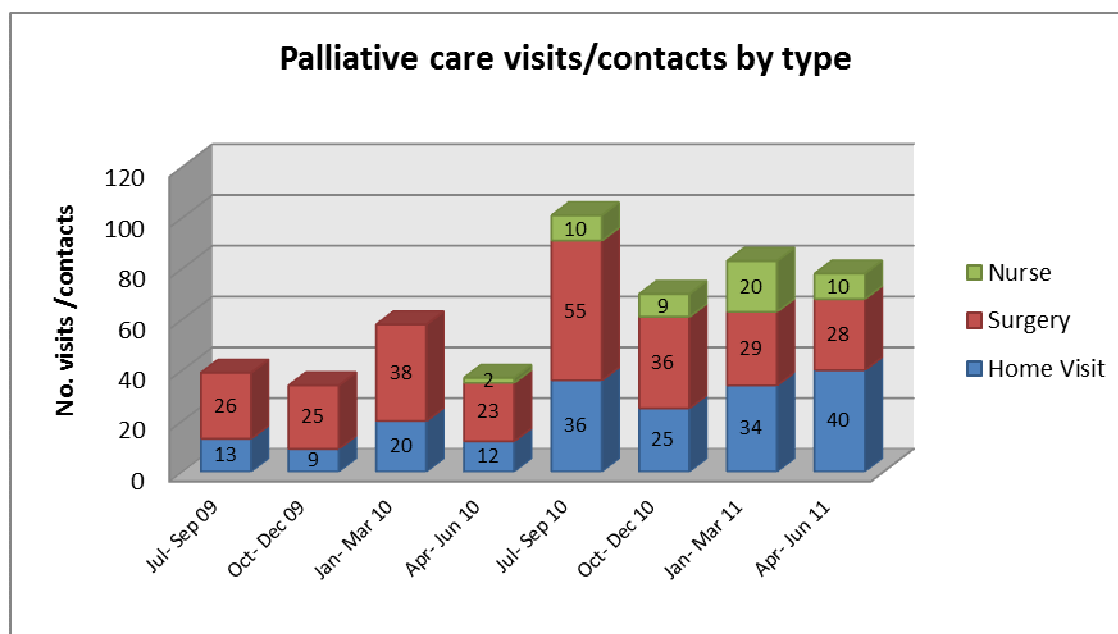
## 5.10. Palliative care

On target: Yes

### 1. Outcomes/Outputs



Programme utilised well by practices and palliative nurse specialists.



The claiming for the nurse virtual visits continues to be well utilised and appreciated.

## 2. Key Activities

- Relieve any potential financial barriers for patients and their whanau in the terminal stage of their illness.
- To reimburse general practitioners for home visits and surgery consultation for palliative care patients.

## 3. Networking/Education (either with Health Sector or Community)

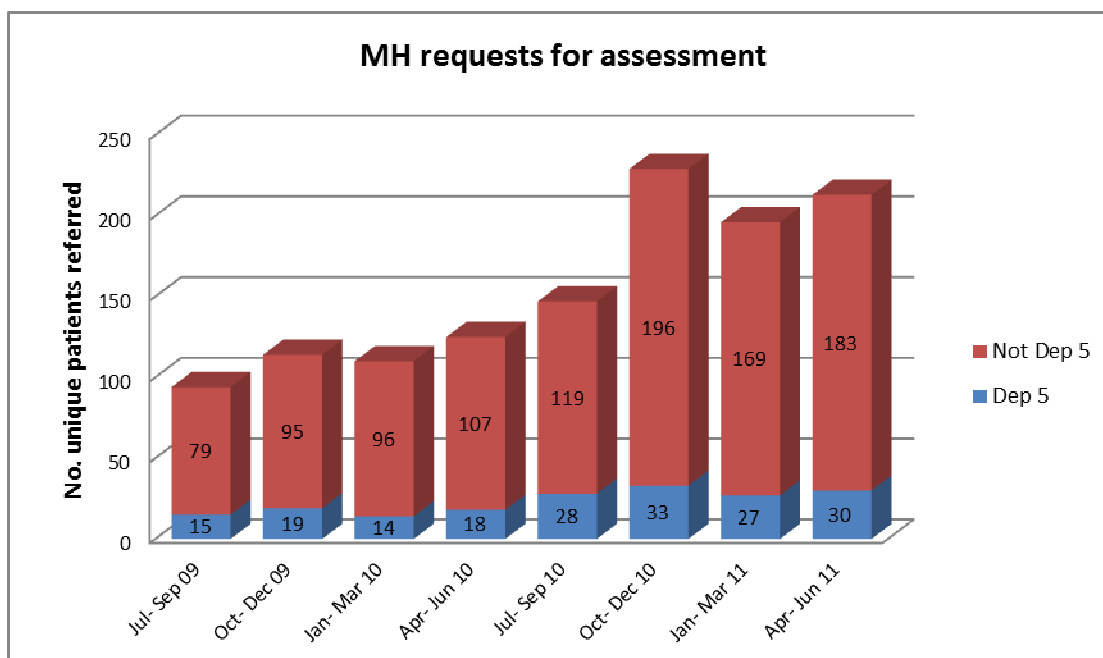
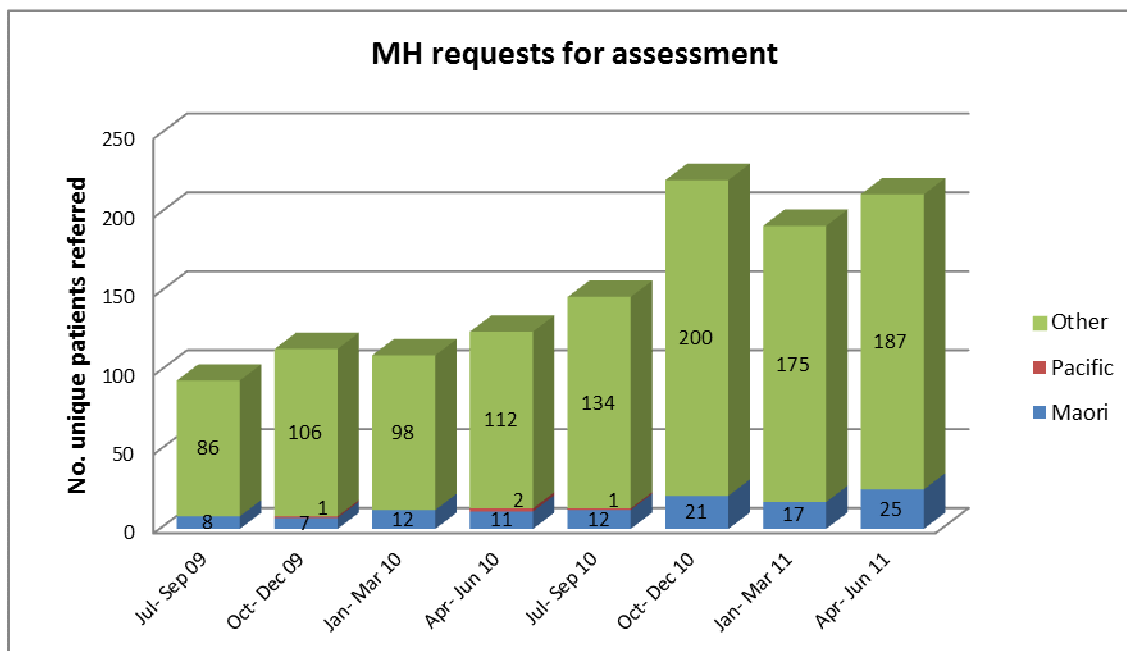
## 4. Issues and Risks

Issues/Risks	Mitigation/Resolution
<ul style="list-style-type: none"><li>• Nil.</li></ul>	<ul style="list-style-type: none"><li>• Nil.</li></ul>

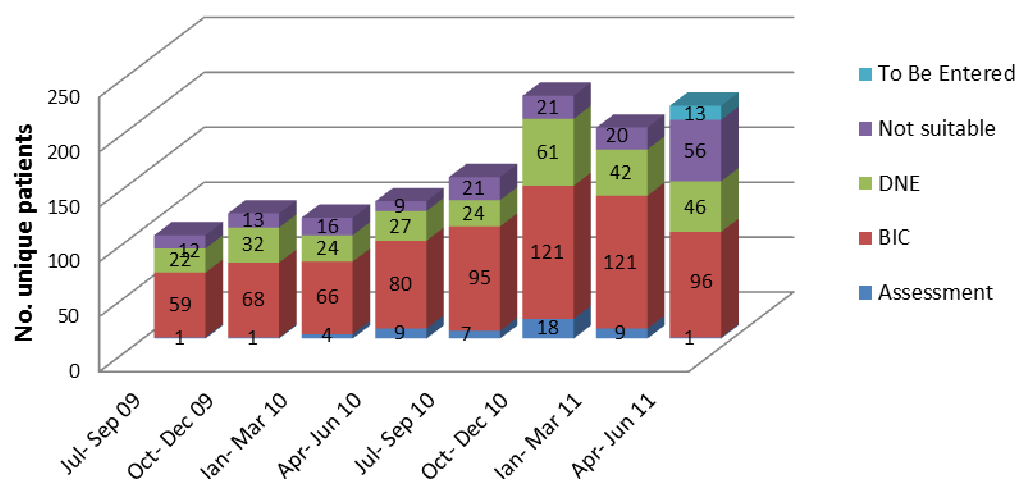
## 5.11. Mental Health services

On target: Yes

### 1. Outcomes/Outputs

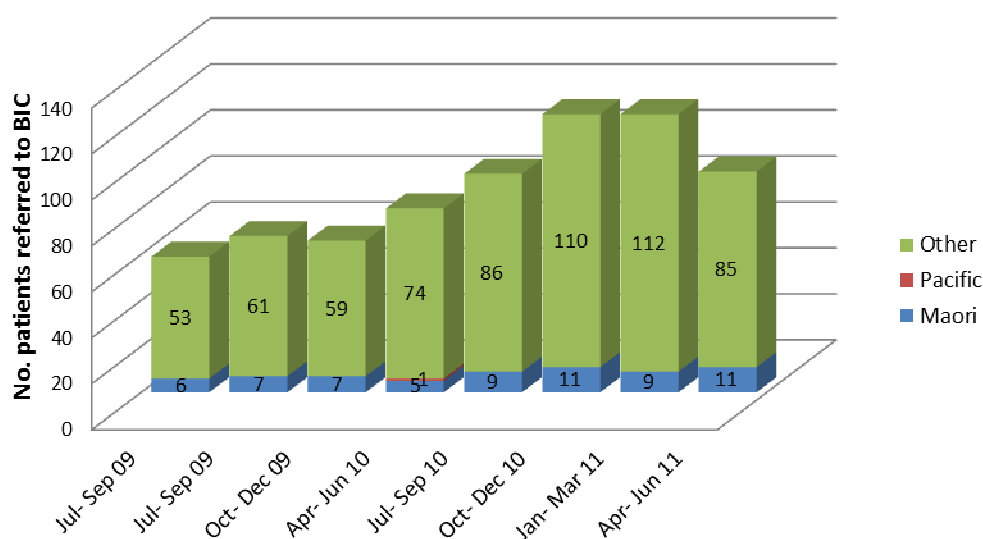


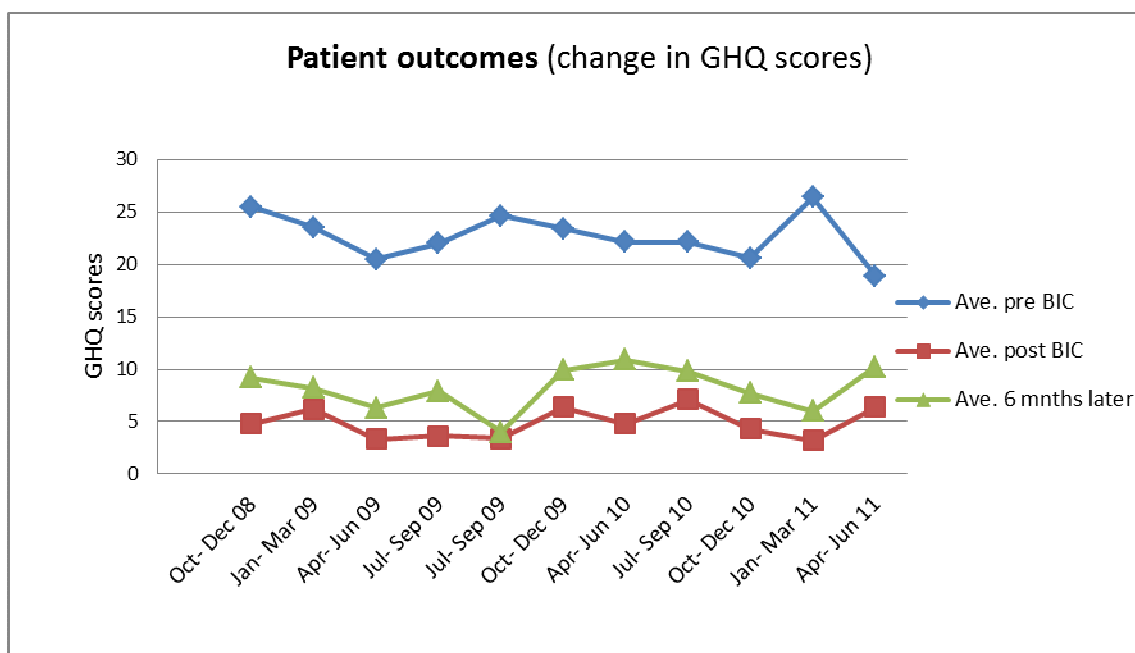
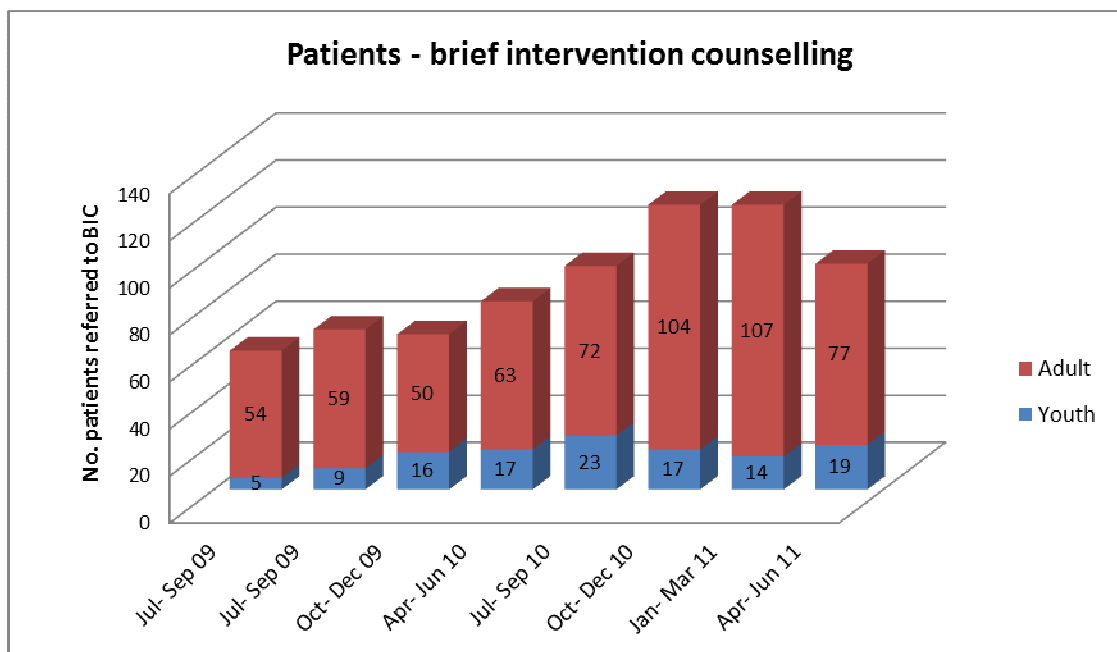
### Treatment pathway upon referral



The expansion of the mental health team has contributed to a slow down in outcome data being recorded, leading to an increase in the "to be entered" category. A strategy has been put in place to reduce this in future quarters.

### Patients - brief intervention counselling (BIC)





The outcomes data indicate that significant changes were made to levels of psychological distress and that these were maintained over time (as measured at six months follow-up after the last counselling session).

## 2. Key Activities

- 213 new requests were processed this quarter, with approximately three quarters being for females (155) and one quarter for males (58).
- For young people aged 14 to 17 years, 27 requests came to the program and these people were seen by one or the other of the two specialists in this area.
- Given the stipulation at the outset of this program that it was not to duplicate existing services, and given the reduced capacity of the team this quarter, wherever possible people are being referred on to the most appropriate existing West Coast service.
- Reduced capacity has come about through the resignation in May of one of the BIC counsellors and the unfortunate fracturing of two ankles by the program team leader.

- Three counsellors (two in Buller district and one in Grey district) were temporarily recruited to help with the workload that had accumulated as a result of the resignation of the counsellor who had provided BIC in those districts. Each of these counsellors were allocated four adults giving a total of 12 people eligible for up to six counselling sessions.
- Two people, students undergoing counsellor training, approached the PHO to work with some clients under supervision. One of these people started this quarter while the other has deferred until later.
- Plans continue for use of a room for assessment and counselling in Buller; Richmond NZ provided a room for counselling in Greymouth when patients are not able to be seen in their own medical centres; South Westland clinics are providing space for counselling by the clinical psychologist who is now part of the PHO mental health team.
- Referrals are now able to be made to Richmond NZ which may help to boost the supports for those with moderate to severe mental health issues.

### 3. Networking/Education (either with Health Sector or Community)

- Ongoing meetings took place with various NGOs to enhance the awareness of and collaboration between the mental health program and other relevant services on the West Coast.
- Team members gave input at a Mental Health Commission Forum, at a collaboration meeting, at meetings to develop a Youth AOD service, plus a variety of other health-related forums.
- Input was also given at various venues, including a meeting with CDHB mental health managers, in relation to the integration of services.
- Several team members participated in training courses and conferences. Plans are being made to introduce the online program 'Beating the Blues' to primary health practitioners.

### 4. Issues and Risks

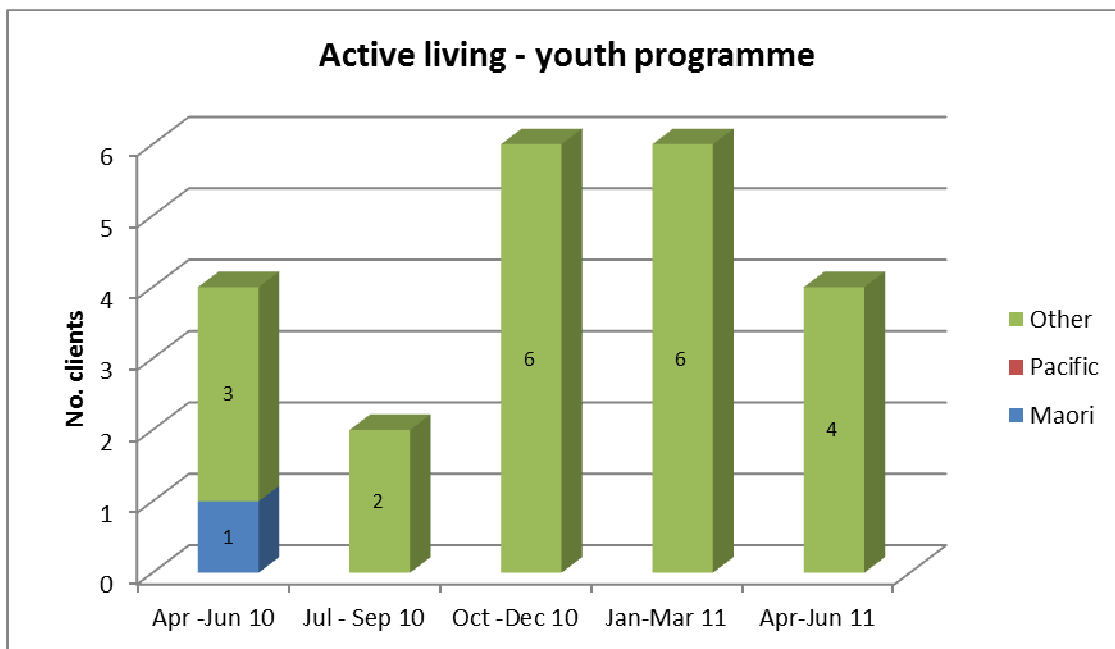
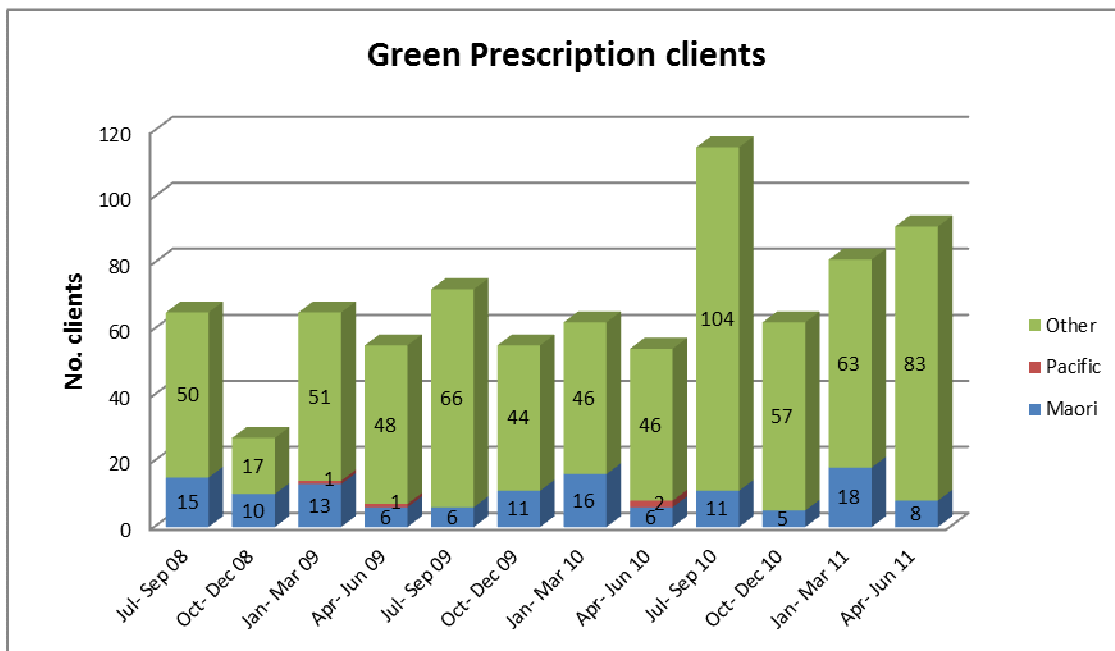
Issues/Risks	Mitigation/Resolution
<ul style="list-style-type: none"> <li>• Nil.</li> </ul>	<ul style="list-style-type: none"> <li>• Nil.</li> </ul>

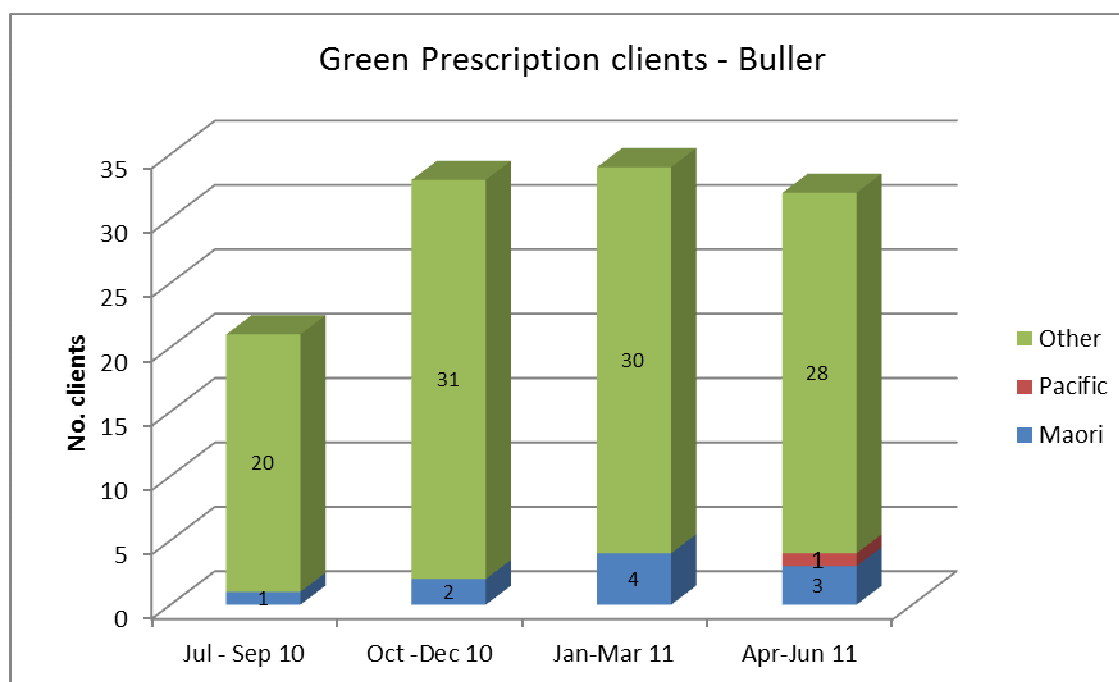
## 6. Keeping People Healthy

### 6.1. Green Prescription (GRx)

On target: Yes

#### 1. Outcomes/Outputs





## 2. Key Activities

- New Heads of Agreement signed with Canterbury West Coast Sports Trust for 2011/2012 numbers;
- Active Youth Programme held Tuesday and Thursday afternoons after school;
- Makaawhio exercise group Hokitika Tuesday mornings;
- PHO gym every Wednesday and Friday mornings and will commence Tuesday afternoons in July;
- initial consults held in Greymouth on Monday mornings and Hokitika on Tuesday;
- follow-up home visits Thursdays and Fridays as required;
- 1 respiratory group every Friday (10 week programmes);
- Tai Chi classes (16 weeks) finished June for Hokitika and Greymouth, this is the final contractual block with ACC;
- Reefton visits (2) for initial consults and follow-ups;
- Arahura activity group at Pa with local iwi initiated.

Buller:

- clinics held every Monday;
- Active YOU Programme (10 weeks) began in May. This enables more numbers to be fitted into the limited day that Green Rx is in Buller;
- Green Rx Zumba class held May 20<sup>th</sup>;
- planning and commencement of a Buller Health staff exercise class.

## 3. Networking/Education (either with Health Sector or Community)

- monthly Green Prescription newsletter;
- weekly team meetings and supervision;
- GRx Area Manager visited 30/05/11;
- Green Rx presentations to: Cardiac club 11/04/11, Mental Health Grey Hospital 19/04/11 and physiotherapy department Grey Hospital 20/4/11;
- attendance at Motivational Interviewing training 2 days in May;
- Children's Day Hokitika participants with a 'Get Active' tent/display.

## 4. Issues and Risks

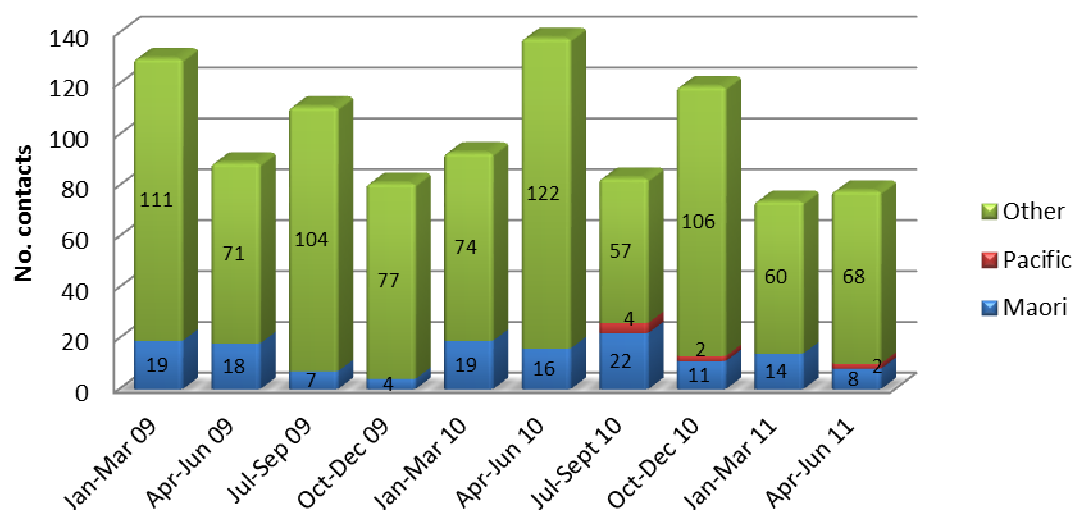
Issues/Risks	Mitigation/Resolution
Nil.	• Nil.

## 6.2. Breastfeeding Support

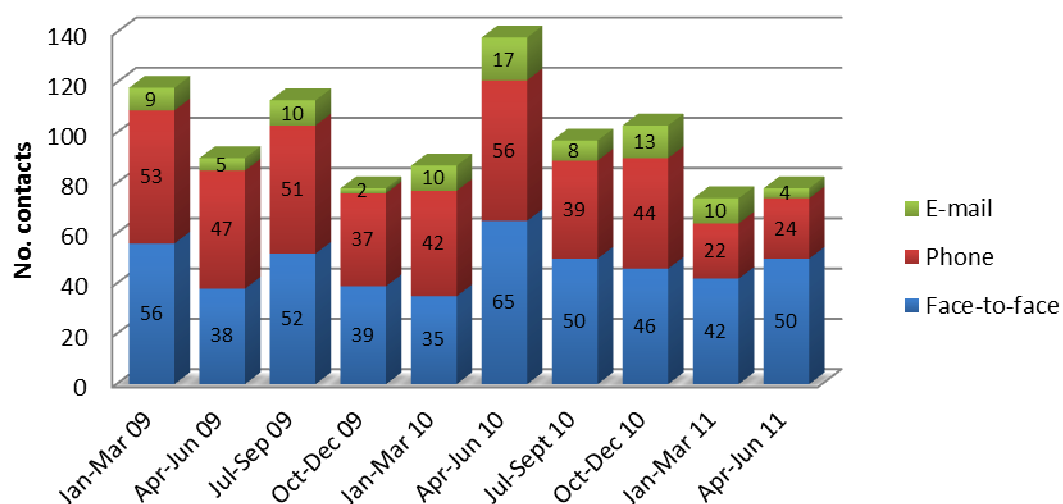
On target: Yes

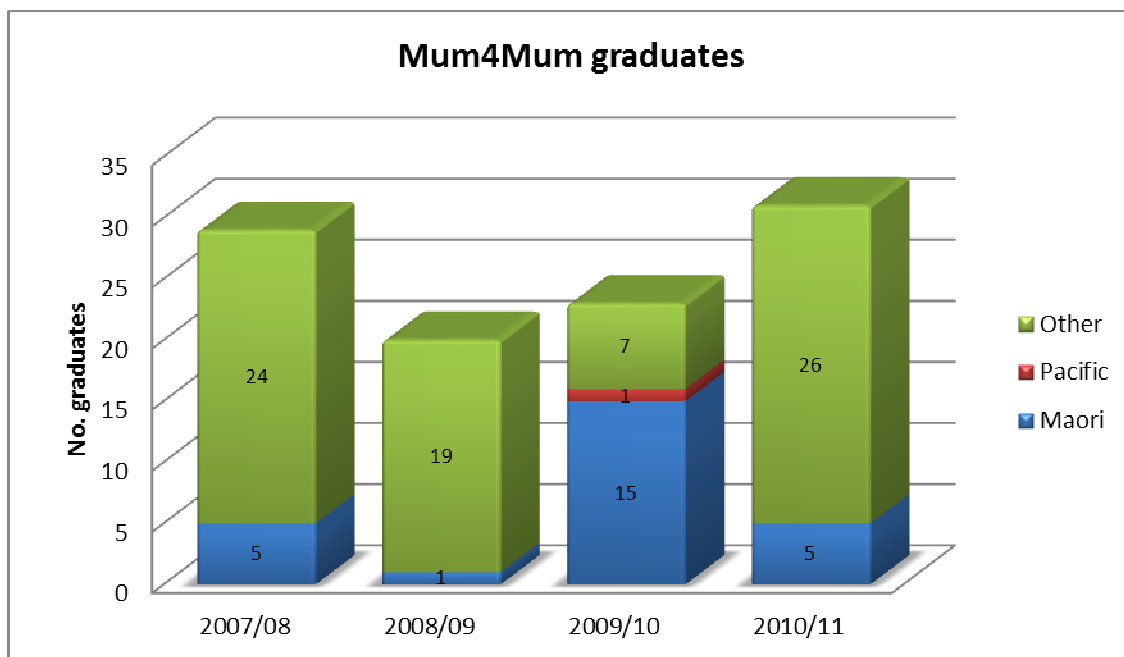
### 1. Outcomes/Outputs

**Lactation consultancy contacts**



**Lactation consultancy contacts by type**





## 2. Key Activities

Commencement of the new Greymouth Breastfeeding Advocate in April 2011.

Lactation consultancy:

- of 24 new and returned clients, 14 were Deprivation 8-10, 7 rural; 6 were under 20 years of age and 1 was an ante-natal women;
- contacts were in homes, maternity ward, phone, Facebook, email, text messaging, other people's houses and on the street and in the supermarket.

Peer Counselling:

- no peer counsellors (Mum4Mum supporters) were trained this quarter;
- Mum4Mums continue to support many women informally at playgroups, play centres, other community settings, on the internet, and within family units;
- Mum4Mums have a presence at ante-natal classes and BABES-in-Arms breastfeeding support and Plunket support groups;
- 11 formal referrals to Mum4Mum Peer Counsellors from Lactation Consultants (LCs);
- continuing education Mum4Mum meetings in Greymouth, Franz Josef, Hokitika, Westport, Reefton and Granity;
- 5 newsletters to Mum4Mums.

## 3. Networking/Education (either with Health Sector or Community)

- ongoing contact with others in maternity and Well Child work, including midwives, Plunket, Rata Te Awhina, Childbirth Educators, and Practice Nurses;
- Ante-natal breastfeeding classes: 3 sessions held in Westport this quarter with 15 women attending. One class held in Fox Glacier with 5 couples attending;
- General Practice team education session held in Reefton;
- the recently established Mum4Mum breastfeeding clinic at Kawatiri Birthing Unit is increasingly popular with the community;
- collaboratively working with DHB breastfeeding co-ordinator on the 'breastfeeding pathway' and the development of a West Coast Breastfeeding Book for all pregnant women and new mothers;
- liaison with South Westland Rural Nurses with provision of information, resources and information folders

- new Mum4Mum card/pamphlet developed and will be distributed from McBrearty ward;
- liaison with 'under 5s' network - Infant Mental Health (CAMHS), Homebuilders, Child Youth & Family and Work & Income;
- breastfeeding news and research newsletter circulated to midwives.;
- Mum4Mum Breastfeeding supporters Westport and Grey/Westland Facebook pages established with good input from the community;
- article about the West Coast Mum4Mum programme sent to Le Leche League;

#### 4. Issues and Risks

Issues/Risks	Mitigation/Resolution
<ul style="list-style-type: none"> <li>• Potential for Lactation consultancy referrals not to be sent due to new BF advocate not an International Board Certified Lactation Consultant (IBCLC)</li> <li>• General Practice team education less than anticipated due to new Breastfeeding advocate commencing).</li> </ul>	<ul style="list-style-type: none"> <li>• Utilisation of IBCLCs based at maternity ward and PHO.</li> <li>• Utilising the Mum4Mum graduates to support LC issues.</li> <li>• Buller LC supporting LC referrals from Greymouth</li> <li>• Peer Support Training organised for August for new advocate.</li> </ul>

## 6.3. Health Promotion Integration

On target: Yes

### 1. Outcomes/Outputs

- 240 recall letters sent out to people eligible for the free influenza vaccine;
- 46 over 65s had flu vaccinations given at 2 community clinics in Greymouth;
- 32 new referrals for Green prescription in Buller, 3 Maori, 1 Pacific and 28 Other ethnicity;
- 35 Men attended the Marist Men's Health evening held April 7<sup>th</sup>;
- 50 Men attended the Westland Milk Products Men's Health event held May 12<sup>th</sup>;
- 6 attended a Living Well with Type 2 Diabetes course held in May in Greymouth, 1 Asian and 5 NZ European.

### 2. Key Activities

- Extensive influenza campaigning throughout this whole quarter with promotion across the whole West Coast including: Messenger newspaper advertising in the 'Winter Warmth' features and Ask a Professional, influenza promotional stickers on all PHO cars, radio marketing on Classic Hits radio. Two community 'drop in' flu clinics were held at the Holy Trinity Church with 46 vaccinations being given.
- Extensive promotion with all practice and pharmacies for Smokefree May 2011. Rotation of 'Give Quitting a Go' pull up banners, promotional material distributed to practices and pharmacies, launching of the new 'smoking during pregnancy' banners displayed in practices, Rata Te Awhina and West Coast businesses, newspaper and radio marketing;
- smoking cessation: continuation of NRT supplies and ordering to practices and pharmacies;
- updating and distribution of Coast Quit resource and NRT order forms
- discussions with Arthritis NZ area Manager regarding types of courses that can be offered for the West Coast next financial year;
- a 'Living Well with Type 2 Diabetes' course was held in Greymouth commencing 27<sup>th</sup> April 2011 over 4 weeks.
- planning for Living Well with Type 2 Diabetes courses (was DSME) for next quarter to be held in Westport;
- planning for health promotion 2011/2012 with Clinical Manager and CEO.

### 3. Networking/Education (either with Health Sector or Community)

- Westland Milk products for Mens Health;
- Marist Rugby Club for Mens Health evening;
- Smokefree Coalition meetings in April and June 2011;
- attended Heart Foundation presentation by Don Brenner;
- Westport Rata Te Awhina visit/meeting;
- practices and pharmacies.

### 4. Issues and Risks

Issues/Risks	Mitigation/Resolution
<ul style="list-style-type: none"><li>• Nil.</li></ul>	<ul style="list-style-type: none"><li>• Nil.</li></ul>

## 7. Workforce and rural support

### 1. Outcomes/ outputs:

**PHO Performance Programme** - latest report is to December 2011 (i.e., this section is identical to that contained in the last quarterly report).

Indicator	Programme Goal	PHO Baseline	PHO	Movement from baseline within data period	PHO Target	PHO target met
Flu Vaccine Coverage - Total Population	≥75	56.45	59.71	3.26	60.00	✗
Flu Vaccine Coverage - High Needs	≥75	60.14	62.25	2.11	62.64	✗
Cervical Cancer Screening Coverage - Total Population	≥75	74.33	74.14	-0.19	74.83	✗
Cervical Cancer Screening Coverage - High Needs	≥75	74.18	71.16	-3.02	74.68	✗
Age Appropriate Vaccinations - 2yr Olds - Total Population	≥85	80.78	84.00	3.22	83.28	✓
Age Appropriate Vaccinations - 2yr Olds - High Needs	≥85	81.99	88.68	6.69	84.49	✓
Breast Cancer Screening Coverage - High Needs	≥70	70.00	74.23	4.23	70.00	✓
Ischaemic CVD Detection - Total Population	≥90	36.33	132.81	96.48	46.33	✓
Ischaemic CVD Detection - High Needs	≥90	41.63	141.40	99.77	51.63	✓
CVD Risk Assessment - Total Population	≥80% after 5 years	44.59	44.88	0.29	52.59	✗
CVD Risk Assessment - High Needs	≥80% after 5 years	46.65	44.03	-2.62	54.65	✗
Diabetes Detection - Total Population	≥90	83.00	87.12	4.12	85.00	✓
Diabetes Detection - High Needs	≥90	89.99	100.33	10.34	90.00	✓
Diabetes Detection and Follow-Up - Total Population	≥80	52.89	56.28	3.39	56.64	✗
Diabetes Detection and Follow-Up - High Needs	≥80	57.68	65.89	8.21	60.18	✓
GP Referred Laboratory Expenditure - Total Population	≤100	46.76	48.64	1.88	≤100	✓
GP Referred Pharmaceutical Expenditure - Total Population	≤100	83.57	74.99	8.58	≤100	✓

Four areas saw the PHO achieving the PHO target compared to the last reporting period, namely age appropriate vaccinations - 2 year olds, for both high needs and total populations, breast screening high needs as well as diabetes detection and follow up for the high needs populations. The main area of concern is cervical cancer screening coverage for both population groups.

### Cornerstone outputs

The Cornerstone status of practices as of 30<sup>th</sup> June 2011 is documented below:

Name of Practice	Progress
Buller Medical	Accredited
Greymouth Medical Centre	Accredited
High Street	Accredited
Rural Academic Practice	In preparation stage - extension until the end of the year.
Karamea	Report on Cornerstone assessment received by practice and they have addressed unmet indicators. Only outstanding items are <i>the major infrastructure and requests for approval to purchase capex items.</i>
Ngakawau	Accredited
Reefton	Are planning to accredit in cycle 2 of Cornerstone.
South Westland	Withdrawn due to Franz Josef building being delayed.
Westland	Re-accredited

The target of five practices accredited with the RNZCGP as of June 2011 has been met. It should be noted that as of July 1<sup>st</sup> 2011 a new version of the RNCGP Standard for General Practice Aiming for Excellence 2011 will be published as Cornerstone moves to cycle 2. As of July funding for Cornerstone will move into a transition phase. Cycle 2 and beyond will be a self funded activity

- The fee will remain at \$4500 (plus GST) until 31 March 2012
- Two funding options will be made available from 1 April 2012:
  - Triennial assessment at a cost of \$7000 (plus GST) - a one off fee every three years;

Or

  - Annual quality improvement activities with a triennial assessment at an annual cost per FTE general practitioner or general registrant.
  - FTE equates to 8/10<sup>th</sup>

Under 2 - \$1250 per year, 3-7 - \$2750 per year or >7 - \$3750 per year.

### Professional development activities this quarter

Topic	Date	Attendees				Totals
		GP	Nurse	PA	Other	
Prescription Kitchen	5/05/2011	2	3			
MS radiology	24/05/2011	2				
Donepezil and dementia	26/05/2011	2	4		8	
<b>Totals for Quarter</b>		<b>6</b>	<b>7</b>		<b>8</b>	<b>23</b>

### Course/conference Leave

Course/conference leave information is reported on six monthly; an update will be provided in the next quarterly report.

## 2. Activities

### Activities to attract students and new grads

What	Progress
Support Matagouri Club and Country Scrubs (Nursing and medical students) to visit the Coast and visit the schools across the region	Ongoing and positive.
Greater participation in career and health expos at the local high schools. Check with DHB HR dept Pull together package of info	This is on-going and a couple of PHO staff recently assisted with a Careers Expo at the High School.
Greater utilization of the incubator project, designed to encourage year 12 and 13 high school students to consider a career in health.	A member of the mental health will be attending an incubator session in August at Grey High.
Provide 24 third year primary care nursing student placements, each 6 weeks duration.	Primary care placements are coordinated with undergraduate providers, usually of 10 weeks duration, while there is capacity for 24 placements usually 4-10 are filled.
Work in partnership with schools of nursing to include a dedicated rural component in the undergraduate training, including participation in guest speaking opportunities.	A visit to NMIT is planned for August 2011
Continue to utilize road shows to nursing schools for recruitment purposes and greater exposure to rural opportunities.	Recruitment continues with ongoing roadshow participation at CPIT and NMIT. Recruitment resources are made available to all other undergraduate providers.
12 3 <sup>rd</sup> yr NZ medical students for one week per year	This is ongoing and there is nothing new to report
Provide 3 rural immersion medical student 5 <sup>th</sup> year placements per year.	Three placements have been provided for 2011, no change.
Provide twelve 5 <sup>th</sup> year NZ medical student placements per year.	8 in 2011, the reduced number is the result of GP capacity issue, no change
Provide NZ 6 <sup>th</sup> year placements as possible.	1 in 2011, no change
Develop opportunities for contact between house surgeons and general practitioners, e.g. take them on a general practice tour as part of their orientation, invite to GP professional development activities and PHO activities, encourage GPs to participate in educational sessions at Grey Base Hospital, e.g. radiology sessions.	This is an ongoing activity and sits across the work of the Organisational Development Team at Canterbury DHB as well as shared interprofessional learning activity within the PHO and DHB.

What	Progress
RMO roadshow to include info about primary care	In addition to the roadshow information, one RMO now rotates through the GP practices providing learning opportunities, no change
Develop a package to be given to all those applying to the RNZCGP to be GP registrars encouraging them to come to the West Coast for their training.	Done.
Provide two full year Rural Hospital Medicine registrars placements per year	For 2011 there is one full year Rural Hospital Medicine Registrar.
1 GPEP 1 placements (scholarships available)	1 GPEP for 2011
Attract four GPEP2 (second and third year registrars) to the West Coast each year, for a full year placement.	Two for 2011.
Provide four nurses with scholarships to complete the NETP Expansion programme in primary care.	Awaiting notification for 2012 funding for NETP Expansion
Provide one placement per year for newly graduated primary care Nurse Practitioners.	Recruitment to commence for nurse practitioner (NP) primary care as the present incumbent is leaving at the end of the year. A NP training programme is under development.
Provide centrally co-ordinated teaching from the WCDHB Rural Learning Centre, with local teachers in each IFHC. Utilise peripheral clinics and health services for work experience for advanced Rural Hospital Medicine registrars and placement for nurse practitioners towards the end of their training.	There have been delays in setting up the Rural Learning Centre. The centre still has no facilities nor a coordinator.
Develop a plan for a teaching and learning faculty for each IFHC	Too soon.
Continue to work with the Clinical Training Agency to develop rural training opportunities for doctors and nurses on the West Coast.	Ongoing.
Promote the uptake of all the above positions by Maori	The number of Māori doctors and nurses working on the West Coast remains an ongoing challenge.
Increase the number of Māori staff utilizing HWNZ funding.	The WCPHO's Maori long term conditions navigator has successfully completed the Certificate in Hauora Māori 2011: Te Pokaitahi Hauora Māori with Mauri Ora Associates.
Providing opportunities for Māori tertiary and high school students and Māori second chance learners by	Two educators breakfasts have been hosted by Mokowhiti Consultancy who manage the contract for the Kia ora Hauora Strategy on behalf of the Ministry

utilizing national initiatives, e.g. nursing and midwifery for Māori and Kia Hauora.	<p>of Health for Te Waipounamu. 1 hui in Greymouth was attended by approx 40 people from schools, TEC, DHB, REAPs and 1 in the Buller where about 25 people attended. The purpose of these hui is to promote the Kia ora Hauora Strategy and additionally identify key people to operationalise it locally.</p> <p>National liaison occurring to bring together resources for support programmes for Maori undergraduates.</p>
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### Recruitment

What	Progress
To provide an effective and efficient recruitment process for all primary health care providers on the West Coast.	A West Coast Recruitment and Retention Strategic Plan has been developed and the Organisational Development Team at Canterbury DHB have been charged with its implementation.

### Retention

What	Progress
<p>Provide generic information and a guide to practices to ensure all new recruits and their families receive the support they need to integrate into the community.</p> <p>One person in each practice, TLA, Maori community is identified who can assist with welcoming new staff and their families to the community as required.</p>	<p>This work is now being led by Organisational Development Team at Canterbury DHB.</p> <p>This team have been provided with key information for new recruits in relation to prescribing in New Zealand as prescribing errors within this group, especially overseas recruits, are causing problems for local pharmacies.</p>
Provide peer mentoring of new staff by a peer in a different IFHC as required. Build on what has been learnt from Kia ora Hauora.	Available.
Annual meeting of supervisors of foreign graduate GPs who are under Medical Council supervision.	Invitations have been sent, nothing new to report.
Support collegial relationships by providing an annual weekend getaway that combines educational and fun activities for clinical staff and their families. Invite house surgeons.	The weekend is planned for 26 <sup>th</sup> & 27 <sup>th</sup> August. All invited speakers have agreed to present and to date 12 staff have registered, many with partners.
As part of the development of new models of care, work with each practice/ IFHC to evaluate current job content and job satisfaction for each current staff member. Review job descriptions with regard to who is the most appropriate person to do each task.	No progress as too soon.

Provide practice workshops that facilitate the development of a team approach.	Importance of team working for the new model of care was discussed at the QI study day in May.
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What	Progress
Provide comprehensive career planning and education to support this.	This is ongoing and being provided for nurses.
Ensure nurses feel supported in their clinical environment and receive training to meet role specific competency requirements.	This is occurring..
Retain Māori workforce by providing a culturally appropriate working environment thus showing a clear demonstration of organizational commitment to Māori workforce and its continuing development.	Focus continues on developing the Maori nursing workforce on the West Coast.

#### Professional development:

What	Progress
Provide monthly professional development evening meetings for GPs, nurses, practice managers, pharmacists and other members of the multi disciplinary team (MDT), with videoconference links.	The disruption to this programme caused by the Canterbury earthquakes is beginning to settle, however, attendance at these sessions has been particularly low.
Provide annual PHO workshops: PHO day, practice management workshops, practice nurse workshops.	The key focus for this year's celebration day is on communication
Share calendar of all educational activities on Coast	System established.
Provide training in the use of standing orders (see Acute Care plan).	The Standing Order training, funding has been taken up by Karamea, Buller, Reefton, High Street and Westland Medical Centres. Funding is available for the 2011-2012 year
Develop guidelines for direct CT access and provide educational sessions to implement them, (see Direct Access to Diagnostics plan.)	Completed, now being put on HealthPathways.
Adapt Canterbury HealthPathways for Coast use and provide educational sessions to implement them (see HealthPathways plan).	Progress in updating pathways to make them Coast applicable is slow. The use of the system is low compared to the use in the Canterbury region. Discussion is now taking place as to the role of Health Pathways within the West Coast.
Provide education about health literacy (see Long Term Conditions plan).	Susan Reid from Workbase, an expert on health literacy is presenting at the WCPHO's celebration day in November.

What	Progress
Link with DHB Māori health team to provide cultural competence and health inequalities training annually.	This is ongoing.
Actively engage Manawhenua to give guidance and support regarding Tikanga Māori protocol appropriate to Te Tai O Poutini rohe.	Letters sent to manawhenua re DHB wanting to korero with them re the future provision of kauapapa Maori services. DHB continues to meet with manwhena via Tatau Pounamu. Tikanga best practice training delivered by a local kaumaatua.
Ongoing implementation and utilization of HWNZ funded cultural supervision for Maori and Pacific staff.	Ongoing.
Fund conference/course leave for all members of team.	Ongoing.
Continued and increasing utilization of PG Nursing HWNZ funded education.	A large cohort of primary care nurses have enrolled in PG education for 2011.
Refinement of cohort learning between medical and nursing teams.	The Director of the Rural Learning Centre has progressed the new training hub concept and managed to get the multidisciplinary view into the Southern version of the Hub.
Career planning and educational support for nurses, including pathways leading to nurse practitioner.	Evidence of career planning is now a core requirement if nurses want to access HWNZ funding.

#### Quality initiatives:

What	Progress
Develop quality improvement and clinical governance systems in every IFHC.	Too soon to do this.
Provide Cornerstone support and co-ordination support to practice quality improvement teams.	See Cornerstone report.
Support practice improvement activities for GPs (MOPS) and nurses (accreditation and expert endorsement).	Ongoing.
Produce practice level PHO Performance Programme reports with peer comparisons.	Ongoing
Provide practice visits by GP and nurse facilitators to review PHO Performance Programme reports and assist in the development of quality improvement plans.	Available as required.
Provide PHO Performance Programme incentive payments according to the percentage of targets met by each practice.	These incentive payments were paid in June
Support pharmacists to provide feedback to GPs on cost effective prescribing.	Ongoing.

What	Progress
Develop active feedback loops so that any concerns about the quality of patient care will be fed back to the health providers concerned in a constructive, educational environment.	The need to progress this needs to be discussed again by the Clinical Governance Committee.
Seek feedback from Māori community to ascertain their view about the quality of patient care for Māori.	Additional hui have been held in the Buller community as we further develop how the IFHC and the implementation of BSMC will roll out in this region. A key component of this being the employment of a Maori nurse and a Kaiawhina for the IFHC.
Develop/adopt a patient survey to measure patient satisfaction with the care they receive at their IFHC	A repeat of this survey is due for circulation in August. The survey as it currently stands is being assessed by a health literacy expert to ensure it is understandable for all.

### 3. Issues and Risks

Issues/Risks	Mitigation/Resolution
Strengthening primary care has become a key strategy for achieving high quality health care, which is accessible, timely, and of good quality, however, with the shift in place of care, there are risks associated with the capacity and capability of the sector to meet the increased demand/expectations as resources are still predominantly acute care sited.	<p>Ensure teams are resourced with additional staff and upskilled appropriately to meet increased demand;</p> <p>Fluid use of staff across the health system to support shift in place of care;</p> <p>Ensure acceptance of staff to new ways of working by their participation in change workshops.</p>

## TATAU POUNAMU CORRESPONDENCE FOR AUGUST 2011

### INWARD CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
13 June 2011	John A. Wheelans, Secretary Mawhera Incorporation 4 <sup>th</sup> Floor, 127 Armagh Street PO Box 13042, Christchurch Ph: (03) 366-7154 Fax: (03) 365-4098 Email: <a href="mailto:mawhera@awh.co.nz">mawhera@awh.co.nz</a>	Māori Health Promoter Community & Public Health PO Box 443 Greymouth Attention: Marie Mahuika-Forsyth	<b>Response to Marie's letter dated 21 March 2011</b> Regarding use of building known as Putahitanga based at Karoro Learning Centre in Greymouth.		

### OUTWARD CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
August 2011	Sharryn Forbes-Panere Tatau Pounamu Secretary	Via Distribution List	<b>Tatau Pounamu Notice of Meeting</b> To be held at Te Tauraka Waka a Maui Marae, Bruce Bay, on the 8 September 2011. Invitation to participate in discussions with West Coast District Health Board members about the health of Māori on Te Tai o Poutini		

## FOR YOUR INFORMATION

Date	Sender	Addressee	Details
No correspondence			

## MINISTRY OF HEALTH CORRESPONDENCE

Date	Sender	Directorate	Addressee	Title
18 July 2011	Teresa Wall Deputy Director-General, Māori Health Ministry of Health 133 Molesworth Street, PO Box 5013 Wellington, New Zealand	Māori Health	David Meates, Chief Executive Officer West Coast District Health Board PO Box 387, Greymouth	<b>Māori Relationship Board Hui</b> Invitation to attend a hui for Māori Relationship Boards to be held at Pipitea Marae, Wellington on Friday 26 August 2011. Purpose of the hui is to discuss the roles and functions of Māori relationship boards in improving the health of Māori in their respective health board areas.
August 2011	Teresa Wall Deputy Director-General, Māori Health Ministry of Health 133 Molesworth Street, PO Box 5013 Wellington, New Zealand	Māori Health	Wayne Turp General Manager Planning and Funding West Coast District Health Board PO Box 387, Greymouth	<b>Results based accountability resources for Māori health providers</b> Resources include a DVD and several books from Mark Friedman on the Fiscal Policies Studies Institute in New Mexico. Other resources are available from the Institute's website: <a href="http://www.resultsaccountability.com">www.resultsaccountability.com</a>

## PUBLICATIONS AND NEWSLETTERS

Date	Sender	Addressee	Title	Issue No
No correspondence				



# **NOTICE OF MEETING**

## **Nau Mai Haere Mai**

Tatau Pounamu ki Te Tai O Poutini invites iwi Māori katoa, management, and staff to participate in interactive discussions with West Coast District Health Board members about the health of Māori on Te Tai o Poutini.

**DATE: 8 September 2011**

**WHERE: Te Tauraka Waka a Maui  
Marae, Bruce Bay  
South Westland**

**TIME: 2.30pm – 4.30pm**

**Please RSVP (no later than Friday 2 September 2011) to:**

Tatau Pounamu Secretary

Sharryn Forbes-Panere

Phone (03) 769 7400 ext 2631

Email [sharryn.forbes@westcoastdhb.health.nz](mailto:sharryn.forbes@westcoastdhb.health.nz)

# PROGRAMME

## Day 1 (early birds - optional)

Time	Wednesday 7 September 2011
	Arrival of visitors and whanau staying overnight
	Kai / Clean Up
	Preparation mahi
	Free time / showers

## Day 2

Time	Thursday 8 September 2011
0730	Breakfast / Clean up
0830	Prep for Powhiri
1000	Mihi Whakatau Ngati Waewae me Korero e Paana te Mamai
1100	Tatau Pounamu meet with Iwi re expectation for next 12 months
1230	Lunch
1300	Korero re afternoon Hui
1400	Powhiri - Welcome West Coast District Health Board
1430 – 1630	Tatau Pounamu, Iwi Hui with Board
1730	Kai
1830	History and Korero Tipuna Whare
1900	Free-time
2000	Whakawhanaungatanga / Korero and Inu waipiro Invitation to stay on the marae

## Day 3

Time	Friday 9 September 2011
0730	Breakfast / Clean up
0830	West Coast District Health Board Hui
1200	Lunch
1230	West Coast District Health Board Hui (continued)
1400	Afternoon Tea Mihi Poroake
1430	Whakamutunga / Closing / Clean up , Hoki ki te Kainga



# The Proprietors of Mawhera Incorporation

13 June 2011

Maori Health Promoter  
Community & Public Health  
PO Box 443  
Greymouth

Attention: Marie Mahuika-Forsyth

Dear Marie

We refer to your letter of 21 March 2011 regarding the use of the building known as Putahitanga which is based at the Karoro Learning Centre in Greymouth.

The Incorporation acknowledges that the building has been gifted to the Grey Main School. Until the Grey Main School relocate the building it is under the control of the Karoro Learning Centre who lease the whole site and all buildings from the Incorporation.

We have spoken to the Karoro Learning Centre who have advised that the building is available to be used at a rate of \$15 per hour. This charge is only to cover the following costs associated with the use of the building and does not include a charge for the building itself :

- Power
- Lighting
- Heating
- Water
- Rates

Yours faithfully

**MAWHERA INCORPORATION**

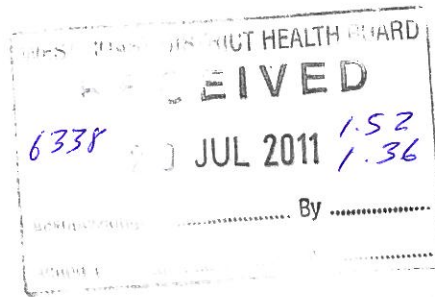
John A Wheelans  
**SECRETARY**

Email: [mawhera@awh.co.nz](mailto:mawhera@awh.co.nz)

N:\PARTNER\AW\Mawhera\Freelord Properties\Grey Junior High\Building.doc

cc: Natalie Win (Chairperson)

4th Floor, 127 Armagh Street, PO Box 13042  
Christchurch, New Zealand  
Phone: (03) 366-7154  
Fax: (03) 365-4098



133 Molesworth St  
PO Box 5013  
Wellington  
New Zealand  
Phone (04) 496 2000  
Fax (04) 496 2340

Ref. No. \_\_\_\_\_

18 July 2011.

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

Tēnā koe David

### Māori Relationship Board Hui

This letter informs you that following discussions between representatives from the Central Regional Māori Advisory Board and the *Associate Minister of Health, Hon Tariana Turia*; the Ministry of Health will be supporting a hui to be held in Wellington on **Friday 26 August 2011 at 9.30am until 3.30pm** for members of District Health Board Māori Relationship Boards.

The purpose of the meeting is to discuss the role and functions of Māori Relationship Boards in improving the health of Māori in their respective district health board areas. The hui agenda is attached for your information.

The Ministry of Health will cover catering, venue and other costs for the hui, with travel arrangement to be met by the members of the Māori Relationship Boards.

Nāku noa, nā



Teresa Wall  
Deputy Director-General, Māori Health

cc Gary Coghlan Chief Executive

## District Health Board's Māori Relationship Board Hui Programme

### Our contribution to improving Māori health in our district health board area

**Date:** 26 August 2011

**Venue:** Pipitea Marae, Thorndon Quay, Wellington

**Time:** 9.30am – 3.30pm

Programme	
9.30am	Powhiri
10.00am	<b>Morning Tea</b>
10.30am	Associate Minister of Health, Hon Tariana Turia
11.00am	Dr Kevin Woods
11.30am	<i>Te Ara Tuatahi – Pathway one Development of whānau, hapū, iwi and Māori Communities</i>
11.50am	<i>Te Ara Tuarua – Pathway Two Maori Participation in the health and disability sector</i>
12.10pm	<i>Te Ara Tuatoru – Pathway Three Effective health and disability services</i>
12.30pm	<i>Te Ara Tuawha – Pathway Four Working Across Sector</i>
12.50 pm	<b>Lunch</b>
1.30pm	3 Break out groups What are our core roles and functions? What has worked well? How can we improve?
2.15pm	Feedback
3.00 pm	Closing remarks
3.30pm	Whakamutunga

August 2011

22 AUG 2011



Ref. No \_\_\_\_\_

Wayne Turp  
General Manager, Funding and Planning  
West Coast District Health Board  
PO Box 387  
GREYMOUTH 7840

Tēnā koe Wayne

**Results based accountability resources for Māori health providers**

As you will be aware, many Māori health providers are participating in two Government priority areas at present – namely the Te Puni Kōkiri-led implementation of Whānau Ora, and the implementation of Better, Sooner, More Convenient Primary Health Care. Participation brings opportunities for providers to further develop their service models.

For the providers who are not participating in either of these areas, opportunities to develop their service models may be more limited. In response to this, I enclose some resources for you to consider using with your Māori health providers.

The resources include a DVD and several books from Mark Friedman of the Fiscal Policy Studies Institute in New Mexico. Other resources are available from the Institute's website ([www.resultsaccountability.com](http://www.resultsaccountability.com)). Mark Friedman has worked extensively with the Ministry of Social Development over the last few years as they have developed their outcomes based approach to contracting.

You may find these resources helpful to use with your Māori health providers, as they focus providers on improving their performance and give you tools that you can use together.

I look forward to hearing your feedback on the resources provided and their usefulness for both yourself and your Māori health providers.

Nāku noa, nā



Teresa Wall  
Deputy Director-General, Māori Health

cc: Gary Coghlan, General Manager, West Coast DHB  
John Hazeldine, Manager DHB Performance, National Health Board

Enc

# **TATAU POUNAMU**

## **Ki te Tai o Poutini**



**MANAWHENUA ADVISORY GROUP**

**ANNUAL PLAN**  
**2009/2010**

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## Introduction

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The Tatau Pounamu Manawhenua Advisory Group is the recognised partner of the West Coast District Health Board (West Coast DHB) through a Memorandum of Understanding. The Memorandum of Understanding is between the West Coast District Health Board and Poutini Ngai Tahu: Te Runanga O Ngati Waewae and Te Runanga O Makaawhio, and sets out the terms and conditions of the relationship including the process for working together, roles and responsibilities operation and resourcing.

A Terms of Reference sets out the functions of Tatau Pounamu, and Tatau Pounamu Strategic Plan aligns with the West Coast DHB Māori Health Plan, He Korowai Oranga 2002 and Whakatataka Tuarua (Ministry of Health National Māori Health Strategy and Action Plan), and the West Coast DHB District Annual Plan (DAP) 2009 - 2010.

These plans set the platform for the regional strategy to improve health outcomes for Māori in the Tai Poutini region. Reducing health inequalities between Māori and non-Māori in Tai Poutini is a priority for WCDHB. The Tatau Pounamu planning process will ensure appropriate participation and engagement of iwi representatives and measures to ensure programmes and initiatives are achieving Māori health gain will be encouraged and supported. Tatau Pounamu will adopt Māori models of health and Whānau Ora as its pathway forward to address inequalities, and Māori health gains in particular.

The health wellbeing and quality of life of the Māori community is paramount. It requires strategies and actions that are Māori driven and inclusive of Māori principles and values. These are based on Te Tiriti o Waitangi principles of partnership, protection and participation. It is however not limited to these principles and therefore dialogue among the community is essential to determine appropriate actions that will lead to improved wellbeing for Māori.

Whānau Ora focuses on the individual's health and wellbeing from, and in the context of whānau, hapu and iwi. It recognises Māori specific models of health and disability as well as traditional healing practices. Associated strategies adopted by WCDHB enhancing Whānau Ora include maintaining community relationships, inter-sectoral relationships and participation in events and activities wherever individuals and whānau assemble.

Tatau Pounamu will ensure that all its work is underpinned by the values, practices and institutions of Tangata Māori, Hapu and Iwi. An important objective is to encourage networking and linkages across the sector. A major focus over the past three years for Tatau Pounamu has been the collaboration with the WCDHB and the development of a Term of Reference and Memorandum of Understanding.

## Objective One: Communication (Internal)

*“To have robust communication mechanisms in place.”*

WHAT CHANGE IS NEEDED?	WHO WITH?	HOW DO WE ACHIEVE RESULTS?	RESULTS	WHO IS RESPONSIBLE FOR THIS TASK?	WHEN IS TASK DUE?
<b>1.1 Improved communication with internal DHB groups</b>	1.1.1 West Coast DHB	<ul style="list-style-type: none"> <li>▪ The Chair and/or Deputy Chair of Tatau Pounamu and West Coast DHB Chair and/or Deputy Chair will meet at least three times per annum (ref MOU pg 4 7.2).</li> <li>▪ The DHB will hold at least one meeting Bi-annually on a Marae (ref MOU pg 5-7.3).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lines of communication between Tatau Pounamu and West Coast District Health Board are transparent and strengthened.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tatau Pounamu Chair &amp; Deputy Chair</li> <li>▪ Tatau Pounamu Chair &amp; Deputy Chair</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review progress at monthly meetings.</li> </ul>
	1.1.2 Tatau Pounamu	<ul style="list-style-type: none"> <li>▪ West Coast DHB Board members shall be invited to attend no less than one Tatau Pounamu meeting per annum.</li> <li>▪ At least one combined training initiative between boards will be organized per annum.</li> </ul>			
	1.1.3 – CPHAC  1.1.4 – DSAC  1.1.5 - HAC	<ul style="list-style-type: none"> <li>▪ Delegated representatives on statutory committees (HAC, CPHAC, DSAC) will fill out a reporting template after each meeting and feed back to Tatau Pounamu as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lines of communication between Tatau Pounamu and Statutory Committees are open and transparent.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Delegated Reps from Tatau Pounamu Committee</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report back to Tatau Pounamu meeting following the Statutory Committee meetings</li> </ul>
	1.1.6 - West Coast Primary Health Organisation (WCPHO)	<ul style="list-style-type: none"> <li>▪ Delegated representatives to other strategy groups or committees will fill out the reporting template and report back to Tatau Pounamu after each meeting as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lines of communication between Tatau Pounamu and WCPHO Committee are open and transparent</li> </ul>	<ul style="list-style-type: none"> <li>▪ Delegated Reps from Tatau Pounamu Committee</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report back to Tatau Pounamu meeting following the WCPHO meeting</li> </ul>

## Objective One: Communication (External)

*“To have robust communication mechanisms in place.”*

WHAT CHANGE IS NEEDED?	WHO WITH?	HOW DO WE ACHIEVE RESULTS?	RESULTS	WHO IS RESPONSIBLE FOR THIS TASK?	WHEN IS TASK DUE?
1.2 Improved communication with external DHB groups	1.2.1 - Te Runanga o Makaawhio 1.2.2 - Te Runanga o Ngati Waewae 1.2.3 - Nga Maata Waka o Kawatiri 1.2.4 - Nga Maata Waka o Mawhera	<ul style="list-style-type: none"> <li>Tatau Pounamu representatives will provide regular reports back to their nominating bodies</li> <li>Tatau Pounamu representatives will provide the Tatau Pounamu group with feedback from their nominating bodies.</li> </ul>	<ul style="list-style-type: none"> <li>Lines of communication between Tatau Pounamu and the respective nominated bodies of external groups are open and transparent</li> </ul>	<ul style="list-style-type: none"> <li>Delegated Reps</li> </ul>	<ul style="list-style-type: none"> <li>TP representatives report back to TP meeting following the nominating bodies meetings</li> </ul>
	1.2.5 - Māori Community & Whānau	<ul style="list-style-type: none"> <li>Three community forums will be initiated per anum with the aim of having dialogue with consumers, whānau, iwi, hapu and Māori providers.</li> </ul>	<ul style="list-style-type: none"> <li>Three forums have been initiated per anum with an open channel of communication with consumers, whānau, hapu, iwi and Māori providers.</li> </ul>	<ul style="list-style-type: none"> <li>Admin, GM Māori &amp; TP Chair</li> </ul>	<ul style="list-style-type: none"> <li>Relevant dates to be advertised prior to the three forums Calendar</li> </ul>
	1.2.6 - West Coast Primary Health Organisation (WCPHO)	<ul style="list-style-type: none"> <li>Tatau Pounamu will request that regular reporting on the WCPHO Māori Strategy is provided to Tatau Pounamu. .</li> </ul>	<ul style="list-style-type: none"> <li>TP request that regular reporting of the WCPHO Māori Strategy has been provided to TP.</li> </ul>	<ul style="list-style-type: none"> <li>Tatau Pounamu Chair</li> </ul>	<ul style="list-style-type: none"> <li>TP Report to TP monthly meetings as regular feedback arises from the WCPHO</li> </ul>
	1.2.7 - West Coast Māori providers	<ul style="list-style-type: none"> <li>Rata Te Awhina Trust Board members and TP will meet at least once a year to discuss Māori health issues and establish good working relationships.</li> </ul>	<ul style="list-style-type: none"> <li>Rata Te Awhina Trust Board members and Tatau Pounamu will have met at least once a year to discuss Māori health issues and establish good working relationships.</li> </ul>	<ul style="list-style-type: none"> <li>Māori Admin &amp; TP Chair</li> </ul>	Tatau Pounamu Chair to report back to Tatau Pounamu group within the next meeting following meeting with Rata Te Awhina Trust Board members.

## Objective Two: Strategic Guidance

*“To provide guidance on Māori needs and contribute to strategies.”*

WHAT CHANGE IS NEEDED?	WHO WITH?	HOW DO WE ACHIEVE RESULTS?	RESULTS	WHO IS RESPONSIBLE FOR THIS TASK?	WHEN IS TASK DUE?
<b>2.1 To provide guidance to WCDHB on Māori health needs and priorities</b>	2.1.1 - Each member will be involved in at least one health strategy group and committee (Chronic Conditions, Cancer, Diabetes)	<ul style="list-style-type: none"> <li>Maori perspective / representation input is given to health strategies group via Tatau Pounamu membership on various committees</li> </ul>	<ul style="list-style-type: none"> <li>Regular feedback and input has been given to health strategies group via Tatau Pounamu membership on various committees</li> </ul>	<ul style="list-style-type: none"> <li>Delegated reps</li> </ul>	<ul style="list-style-type: none"> <li>Delegated reps to report back to the TP meeting following the assigned strategy group committee meeting</li> </ul>
	2.1.2 - Provide direction and advice to West Coast on Māori health issues as part of the DAP planning cycle	<ul style="list-style-type: none"> <li>Timely feedback is given to West Coast DHB on matters that concern district planning and effective consultation processes with local iwi and Māori community groups.</li> </ul>	<ul style="list-style-type: none"> <li>Timely feedback has been acted on via TP members review of the DAP on matters that concern district planning and effective consultation processes with local iwi and Māori community groups</li> </ul>	<ul style="list-style-type: none"> <li>All members</li> </ul>	<ul style="list-style-type: none"> <li>Feed back to TP meeting prior to relevant dates in calendar as to the stages of the DAP review</li> </ul>
<b>2.2 To contribute to strategies for Māori health</b>	2.2.1 - Analysis of significant documents will be provided to Tatau Pounamu where feedback is required	<ul style="list-style-type: none"> <li>The Māori Health Unit will provide Tatau Pounamu with analysis in time to allow feedback when required and on request.</li> </ul>	<ul style="list-style-type: none"> <li>The Māori Health Unit has provided Tatau Pounamu with analysis in time to allow feedback when required and on request.</li> </ul>	<ul style="list-style-type: none"> <li>GM Māori and Portfolio Manager</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>

## Objective Three: Monitoring Māori Health Gain

*“To monitor Māori health gain through the impacts of service delivery.”*

WHAT CHANGE IS NEEDED?	WHO WITH?	HOW DO WE ACHIEVE RESULTS?	RESULTS	WHO IS RESPONSIBLE FOR THIS TASK?	WHEN IS TASK DUE?
<b>3.1</b> <b>To monitor Māori health gains in the district through the impacts of WCDHB health services delivery and investment</b>	3.1.1 - Monitor and evaluate the Māori Health Plan – Te Kaupapa Hauora Māori 2007-2011	<ul style="list-style-type: none"> <li>▪ The Māori Health Unit will provide quarterly reports against the District Annual Plan to Tatau Pounamu</li> <li>▪ Planning and Funding will provide Tatau Pounamu with strategic information and analysis when requested</li> <li>▪ Tatau Pounamu Chair will work with the Māori Health Team to monitor and evaluate the Māori Health Plan – Te Kaupapa Hauora Māori</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Māori Health Unit has provided quarterly reports against the District Annual Plan to Tatau Pounamu</li> <li>▪ Planning and Funding have provided Tatau Pounamu with strategic information and analysis when requested</li> <li>▪ Tatau Pounamu Chair has worked with the Māori Health Unit to monitor and evaluate the Māori Health Plan – Te Kaupapa Hauora Māori</li> </ul>	<ul style="list-style-type: none"> <li>▪ GM Māori &amp; Portfolio Manager</li> <li>▪ Planning &amp; Funding Team &amp; Portfolio Manager</li> <li>▪ Tatau Pounamu Chair &amp; GM Maori</li> </ul>	<ul style="list-style-type: none"> <li>▪ Feedback at the end of each quarterly report to TP committee</li> <li>▪ DAP feedback provided immediately when requested</li> <li>▪ Report provided immediately when completed as requested</li> </ul>
	3.1.2 - Measure performance and responsiveness. 3.1.2.1 - Mainstream services	<ul style="list-style-type: none"> <li>▪ Regular reports to be received from Planning and Funding and disability support divisions of West Coast DHB, including reporting against specific strategy groups:               <ul style="list-style-type: none"> <li>• Local Diabetes Team</li> <li>• Local Cancer Team</li> <li>• Chronic Conditions Strategy Group</li> <li>• Patient Pathway Steering Group</li> <li>• Māori Workforce Strategy</li> <li>• Māori HEHA Steering Group</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Regular reports have been received from Planning and Funding and disability support divisions of West Coast DHB, including reporting against specific strategy groups:</li> </ul>	<ul style="list-style-type: none"> <li>▪ Portfolio Manager &amp; Delegated Reps</li> </ul>	<ul style="list-style-type: none"> <li>▪ Regular feedback to TP monthly meetings as required</li> </ul>

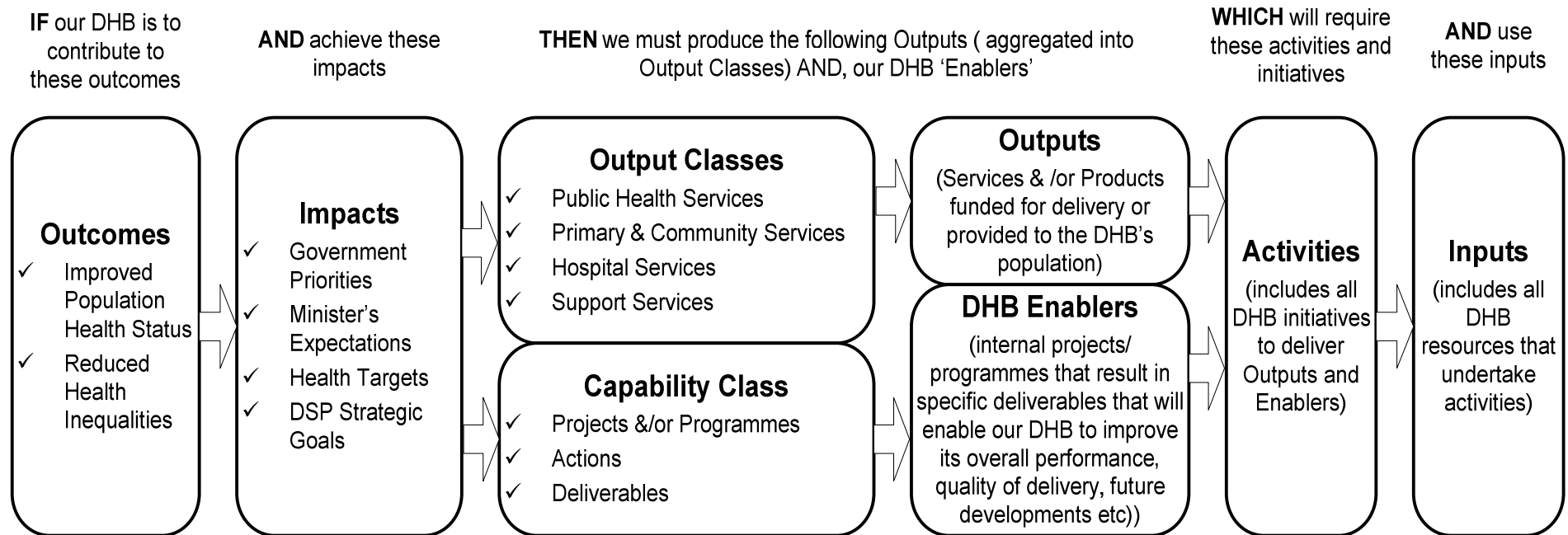
## Objective Four: Guidance on Māori Issues

*“To provide advice on Māori issues at a governance level.”*

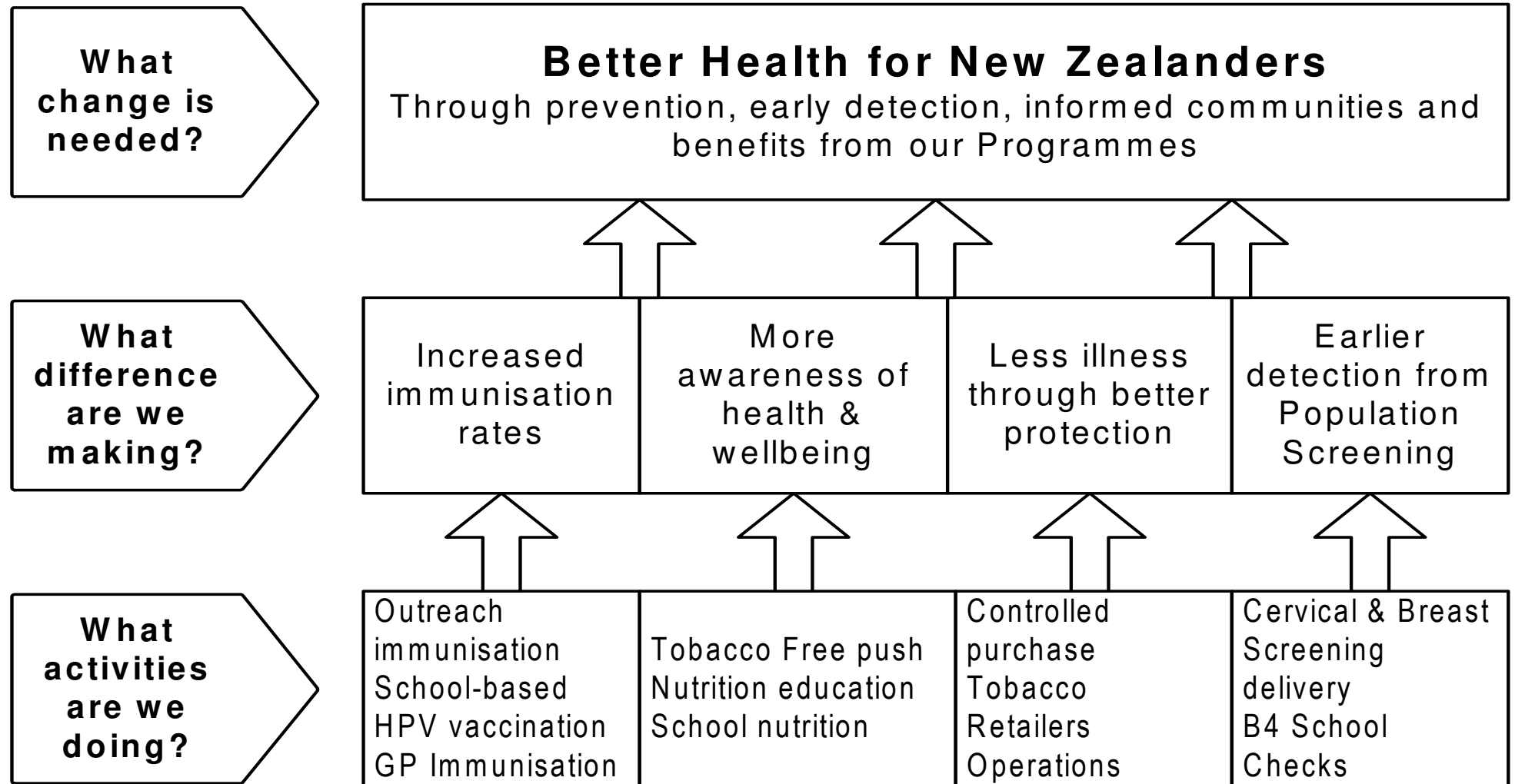
WHAT CHANGE IS NEEDED?	WHO WITH?	HOW DO WE ACHIEVE RESULTS?	RESULTS	WHO IS RESPONSIBLE FOR THIS TASK?	WHEN IS TASK DUE?
<b>4.1</b> To provide expert advice on important Māori issues which are appropriately considered at governance level	4.1.1 - Give advice on matters that are of importance to Māori in Te Tai Poutini	<ul style="list-style-type: none"> <li>▪ The WCDHB receives timely advice.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The WCDHB has received timely advice.</li> </ul>	All members	<ul style="list-style-type: none"> <li>▪ Relevant dialogue is reported to TP as required</li> </ul>
	4.1.2 - Consider and provide advice on specific West Coast District Health Board policies that impact on Māori health and service delivery.	<ul style="list-style-type: none"> <li>▪ Policies impacting Māori health and service delivery are considered and advice given.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Policies impacting Māori health and service delivery have been considered and advice given.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All members</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report to TP in a timely matter as required</li> </ul>

## Appendix 1: Example of how DHB's measure their progress.

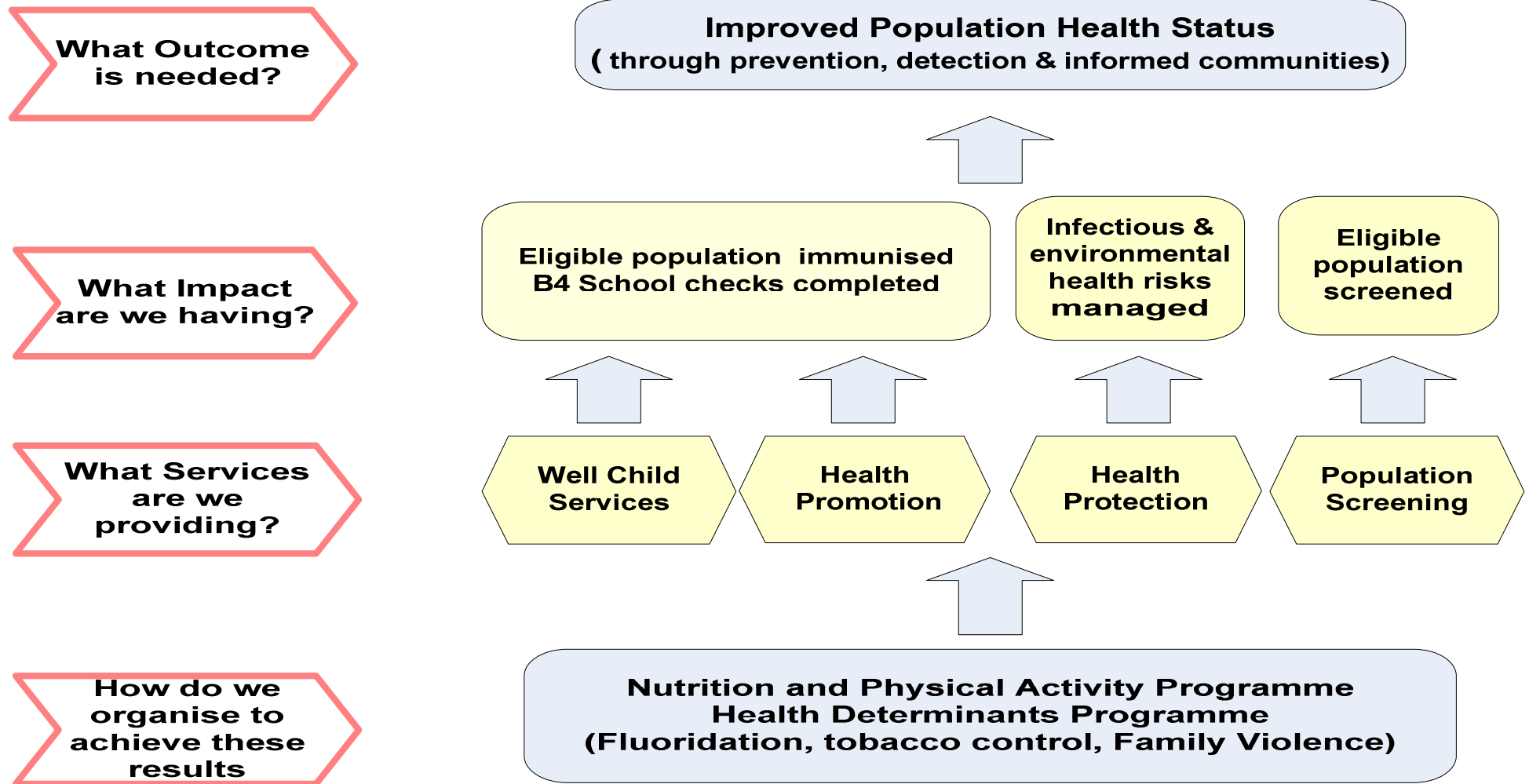
### Our DHB's Intervention Logic



## Appendix 2: Change / Difference / Actions



### Appendix 3: Outcomes / Impacts / Services / Results



\* The above diagrams have been provided by DHBs as working examples

# TATAU POUNAMU MANAWHENUA ADVISORY GROUP MEETING SCHEDULE 2011

DATE	TIME	VENUE
Tue 8 Feb	10am – 3pm	Board Room, Corporate Office, Greymouth
Wed 23 Mar	10.30am – 3pm	Te Runanga O Makaawhio Office, Hokitika
Wed 4 May	10.30am – 3pm	Boardroom, Corporate Office, Greymouth
Wed 15 June	10am – 3pm	Westport Motor Hotel, 207 Palmerston Street, Westport
Thu 14 July	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thu 8 Sep	2.30pm – 4.30pm	Te Tauraka Waka a Maui Marae, Bruce Bay, South Westland
Wed 19 Oct	10am – 3pm	Arahura Pa, Arapura
Thu 17 Nov	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth

**MEETING DATES & TIMES  
ARE SUBJECT TO CHANGE**

\* To Be Confirmed