TATAU POUNAMU
Ki Te Tai o Poutini

MANAWHENUA ADVISORY GROUP

7 March 2013

Agenda and Meeting Papers

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

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

Member	Disclosure of Interest
Ben Hutana (Chair) Te Runanga O Ngati Waewae	▪ Member, Westland REAP Board ▪ Member, Rata Te Awhina Trust Board ▪ Department of Conservation Roopu – Kaitiaki Roopu ▪ Alternate for Te Runanga O Ngai Tahu
Richard Wallace Te Runanga O Makaawhio	▪ Upoko Te Runanga O Makaawhio ▪ Trustee, Kati Mahaki ki Makaawhio Limited ▪ Honorary Member, Maori Womens Welfare League ▪ Kaumatua Te Runanga O Aotearoa NZNO ▪ Employee West Coast District Health Board, Maori Mental Health ▪ Wife is employee of West Coast District Health Board ▪ Trustee, West Coast Primary Health Organisation Board of Trustees ▪ Daughter is a board member on West Coast and Canterbury District Health Boards ▪ Daughter is the Chair of Rata Te Awhina Trust Board ▪ Kaumatua, West Coast District Health Board ▪ Kaumatua Advisor for Iwi and Maori Multi Employment Collective Agreement ▪ Kaumatua, Health Promotion Forum Aotearoa ▪ Member Maori Reference Group New Zealand Asthma Foundation
Marie Mahuika-Forsyth Te Runanga O Makaawhio	▪ Member, Combined Community Public Health Advisory Committee (CPHAC) / Disability Support Advisory Committee (DSAC) ▪ Executive Member Te Runanga O Makaawhio
Francois Tumahai Te Runanga O Ngati Waewae	▪ Chair, Te Runanga o Ngati Waewae ▪ Director/Manager Poutini Environmental ▪ Director, Arahura Holdings Limited ▪ Project Manager, Arahura Marae ▪ Project Manager, Ngati Waewae Commercial Area Development ▪ Member, Westport North School Advisory Group ▪ Member, Hokitika Primary School Advisory Group ▪ Member, Buller District Council 2050 Planning Advisory Group

Member	Disclosure of Interest
	▪ Member, Greymouth Community Link Advisory Group ▪ Member, West Coast Regional Council Resource Management Committee ▪ Member, Rata Te Awhina Trust Board ▪ Member, Grey District Council Creative NZ Allocation Committee ▪ Member, Buller District Council Creative NZ Allocation Committee ▪ Trustee, Westland Wilderness ▪ Trustee, Te Poari o Kati Waewae Charitable ▪ Trustee, Westland Petrel ▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre ▪ Trustee, West Coast Primary Health Organisation Board
Elinor Stratford West Coast District Health Board representative on Tatau Pounamu	▪ Member Clinical Governance Committee, West Coast Primary Health Organisation ▪ Committee Member, Active West Coast ▪ Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust ▪ Deputy Chair of Victim Support, Greymouth ▪ Committee Member, Abbeyfield Greymouth Incorporated ▪ Trustee, Canterbury Neonatal Trust ▪ Board Member of the West Coast District Health Board ▪ Committee Member, CARE ▪ Committee Member MS Parkinsons ▪ Convenor, Southern Region Stroke Conference, West Coast, October 2012
Sharon Marsh Nga Maata Waka o Kawatiri	▪ Member/Secretary, Kawatiri Maori Women's Welfare League ▪ Kaiawhina, Rata Te Awhina Trust ▪ Member, Granity School Board of Trustees ▪ Member, Buller Budget Advisory Service
Wayne Secker Nga Maata Waka o Mawhera	▪ Trustee, WL & HM Secker Family Trust ▪ Member, Greymouth Waitangi Day Picnic Committee

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING held in the Board Room Corporate Office, Grey Base Hospital, on Thursday 24 January 2013 held at Corporate Office at 3.31pm

PRESENT: Ben Hutana (Chair), Te Rūnanga O Ngāti Waewae
Wayne Secker, Maori Community
Elinor Stratford, West Coast DHB Representative on Tatau Pounamu
Marie Mahuika-Forsyth, Te Rūnanga O Makaawhio
Richard Wallace, Te Rūnanga O Makaawhio

IN ATTENDANCE: Gary Coghlan, General Manager Māori Health, West Coast DHB
Peter Ballantyne, Acting Board Chair, West Coast DHB
Carolyn Gullery, General Manager Planning & Funding, Canterbury/West Coast DHBs
Claire Robertson, HEHA and Smoke free Services Manager, West Coast DHB

MINUTE TAKER: George Atfield, Administrator Maori Health

APOLOGIES: Francois Tumahai, Te Rūnanga O Ngāti Waewae
Sharon Marsh, Maori Community Westport

WELCOME

The Chair welcomed everyone to the meeting and said the opening karakia. Carolyn Gullery, GM Planning and Funding, Canterbury DHB and West Coast DHB was welcomed to the meeting.

1. AGENDA / APOLOGIES

Apologies were received from Francois Tumahai and Sharon Marsh.

Motion: THAT the apologies are accepted.

Moved: Elinor Stratford Seconded: Wayne Secker

2. DISCLOSURES OF INTEREST

No amendments required.

Motion: THAT Disclosures of Interest were a true and accurate record.

Moved: Wayne Secker **Second:** Elinor Stratford

3. MINUTES OF THE LAST MEETING - THURSDAY 24 JANUARY 2013

Motion: THAT the Minutes of Thursday 24 January 2013 they were accepted as a true and accurate record.

Moved: Marie Mahuika-Forsyth **Second:** Elinor Stratford

4. MATTERS ARISING

4.1 DHB Maori plan and Annual Plan - Work is underway for the first draft of the Maori Health Plan with this draft due 15th March to the Ministry of Health.

4.2 Tatau Pounamu Distribution - Ongoing

4.3 PHO - The Committee were advised that Committee members Richard Wallace and Francois Tumahai are on the PHO Board. The committee were advised that the PHO develop quarterly reports and Richard Wallace advised he will ensure that Tatau Pounamu are on the distribution list.

4.4 Chairs Report – Supply Feedback from other Committees - Elinor followed up as requested and advised that Tatau Pounamu is not a statutory committee of the Board which means that board reports that can be supplied to Tatau Pounamu are limited to public included information only. Therefore any Tatau Pounamu committee members who are also members of other committees can include an update of public information to Tatau Pounamu. It was agreed that if there is any items of interest a one page bullet points report that is currently provided to the Board can be included in the Information only section or alternatively a verbal update can be provided.

5. CHAIRS UPDATE

The Chair commented that this year he would like the Committee to look at relevant policies and procedures with a view to having some input from Tatau Pounamu in relation to some DHB appointments and Whare Whakaruruhau.

He also commented that much information had been gathered in relation to Maori health planning and services to Maori he suggested that a short workshop be held to enable discussions to take place regarding the relevance of this information to the West Coast. The General Manager, Maori Health will provide information which will be circulated prior to the workshop.

Action: Chair & General Manager Maori Health

The Chair advised that he has reviewed the Terms of reference for Tatau Pounamu and would like to bring to the committee's attention clause 4.1.3 members of Tai Poutini Runanga. It makes reference that nominating bodies should pay an elected representative on Tatau Pounamu if they do not reside in Te Tai o Poutini to get to and from their home to the meeting venue. The Chair wanted members to be mindful of our budget and to think about mileage.

An update was provided on Rata Te Awhina. The new Executive Officer has settled in and is doing well but she has some challenges, she is working on new approaches for the organisation. The two positions at Westport have closed, the Maori Health Navigator and the Kaupapa Maori nurse position. Interviews are soon to take place for the Maori Health Navigator. The Kaupapa Maori Nurse position will unfortunately need to be re-advertised. These positions are employees of Rata and will be working within the Better, sooner, more convenient healthcare system. A question was raised the two positions whether this is new funding from the DHB. The committee were advised that Rata is funding these positions within existing budgets.

6. GENERAL MANAGER MAORI HEALTH REPORT

The GM Maori Health report covers Maori Health indicators for the past 5 years and the progress to date. Robson Lumukana was acknowledged for his good work he has collated and supplied.

The GM Maori Health discussed the health indictors and provided a verbal update as to the interpreted data.

Immunisation

There has been a steady increase since 2008/2009 due to Outreach programmes, private practices, and the PHO. All staff have done a great job.

Carolyn Gullery left the meeting at 4.16pm

PHO enrolment
There is a strong improvement with a good increase from 2005-2006. The statistics show that Maori are accessing services more. Within the statistics it is unclear whether people move away from the region whether they remove their enrolment from the region.

Oral Health
There is a big improvement of carries free for over 4 year period. The dental service has worked hard to raise awareness and encourage preschool enrolments and this is reflected in the increase in pre school enrolments. The carries free definition includes the teeth that are decayed, missing or filled. Any individual child that may have one or more of the carries listed. Statistics show that there was an average of 3.10 in 2007 to 1.88 in 2011 which means an improvement; these statistics reflect fewer children now have carries. This overall reduction is a result of proactive initiatives, such as mobile caravans, projects targeting Maori, Plunket have handed out toothpaste/brushes and a regular service in schools.

Breastfeeding
The 6 week breastfeeding is just under the target of 81% at 75%. Work continues with the Maori provider and other groups, such as the PHO, Plunket, Well Child and Rata.

The 6 months breastfeeding target is slightly under target but still remains positive.

Lactation
Mothers accessing lactation consultancy for Maori is very low but it is anticipated that Maori mothers would utilise the services of Rata rather than the DHBs lactation consultants.

Long term conditions enrolment
According to the PHO annual report Maori currently make up 6.2% for 2011/12 and the population of 45+ years is only 5.3%. This is an area that as a team needs to be focussed on as this is the prime age group for long term conditions. With the appointment of Kaupapa Maori nurses it is hoped that statistics will improve by having more Maori enrolled in the longer term conditions programme.

It is also expected that Diabetes trends will benefit with the appointment of Kaupapa Maori nurses to assist with managing diabetes.

A cervical screening update document was tabled and read. There is an increase in a short period of time, this can be due to both data collection improvement and a concerted effort to improve statistics but we are still off the national target. Strategies to address these statistics are underway and Rata Te Awhina are also undertaking a more proactive role. The Committee were advised that Whare Oranga pai have a register with 48 Wahine Maori on it and it would be worth the various services including the DHB and Whare Oranga Pai working closely to address cervical screening rates for Maori women.

A committee member said that this discussion was great. This committee has reinforced its value by this discussion and identifying steps to improve and consider opportunities to improve a service.

Peter Ballantyne left the meeting at 4.44 pm

People hospitalised
There is a lot of work being done by a number of groups with regards to smoking cessation but as there is a high incidence of Maori smoking so more work needs to occur. Some committee members felt that health promotion needs to occur at the beginning, with the GP as this is where the largest audience is for reinforcing the message for not smoking.

7. HEHA SMOKEFREE SERVICES UPDATE

A committee member asked the question about the contestable funding for HEHA querying whether this the funding that was going to be available for community or whether it is different funding? The General Manager contacted the HEHA Manager to join the meeting to clarify.

Claire joined the meeting at 5.05pm

The HEHA Manager joined the meeting and briefed the committee about the Ministry of Health proposal as outlined within the HEHA report. She explained that the funding was directed at bigger projects $30k+ and not targeting small Community projects. The contestable funding is targeted at a regionalised approach rather than the smaller community approach and has very specific requirements. The timeframe for submitting proposals is a tight deadline and currently there is a core group of four people South Island wide working on submitting a proposal, with Wayne Turp representing the West Coast and Canterbury. An idea for a proposal is to review a mothers pregnancy care -for example mothers gaining unnecessary weight whilst pregnant is recognised as a risk factor for obesity in mother and baby, as well as perhaps looking at implementing a child obesity risk predicting tool. This is discussed at a higher Management level and therefore the HEHA Manager could not elaborate on progress.

Further clarification was sought whether the anticipated contestable funding for Whare Oranga pai is available, for nutrition / physical activity? They were advised that essentially this is now the direction the Minister has made this funding available.

8. WHARE WHAKARURUHAU POLICY

The committee were advised that the General Manager of Maori Health received correspondence from Te Runanga of Makaawhio advising that they have received concerns about the use of the Whanau Facility and would like this item to be discussed at Tatau Pounamu. The letter was timely as the Whanau facility procedure is due for renewal in January 2013. Te Ruananga O Makaawhio was advised that this item had been placed on the agenda.

He advised the group of some possible suggestions for improvement for their consideration e.g. review the Steering Group membership, include Marae style type of accommodation in all wording within all documentation, review the cost as the current price does not cover depreciation, cleaning costs etc. Other feedback received was look at greater Maori involvement and some improvement in the written documentation was required.

As the meeting time had at this stage become limited, it was decided that the Minute Secretary would send out the suggestions and ideas from each committee member would be forwarded back to the Minute Secretary. This item will be deferred to the next Tatau Pounamu meeting on 7 March 2013.

There being no further business the meeting closed at 5.42pm.

MATTERS ARISING FEBRUARY 2013

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

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1.	11 October 2012	**TATAU POUNAMU DISTRIBUTION** Ensure the Chair of Makaawhio receives Tatau Pounamu papers.	Minute Secretary	Ongoing
2.	11 October 2012	**PHO** Make a request to the PHO that Tatau Pounamu receive PHO quarterly reports and that an invitation is extended to the PHO to attend future meetings.	Chair	Ongoing
3.	24 January 2013	**MAORI HEALTH SERVICES / PLANNING** Host a workshop to discuss Maori Health planning and services to Maori.	Chair GM Maori Health	4. Chairs Update • 7 March 2013

CHAIR'S UPDATE

TO: **Members**
Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **25 February 2013**

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

1. ORIGIN OF THE REPORT

The verbal update.

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes the report.

An oral update will be given at the meeting.

MAORI HEALTH REPORT

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

TO: **Chair and Members**
Tatau Pounamu Advisory Group

SOURCE: **General Manager Maori Health**

DATE: **25 February 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to Tatau Pounamu Manawhenua Advisory Group as a regular update.

2. RECOMMENDATION

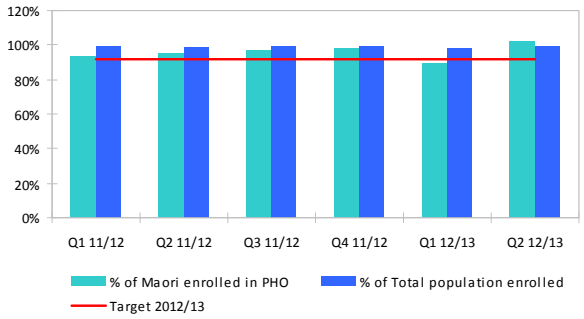
That the Tatau Pounamu Manawhenua Advisory Group notes the report.

3. SUMMARY

Maori Health Quarterly Report – Q2, 2012/13

Access to care

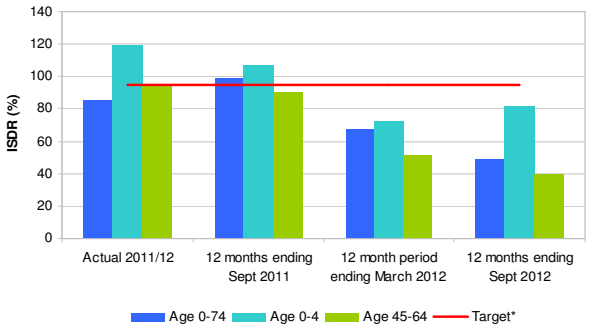
Percentage of Maori enrolled in the PHO



2006 census population was used as the denominator.

Ambulatory Sensitive Hospitalisation

Ambulatory Sensitive Hospitalisation – Indirect Standardised discharge ration (ISDR)

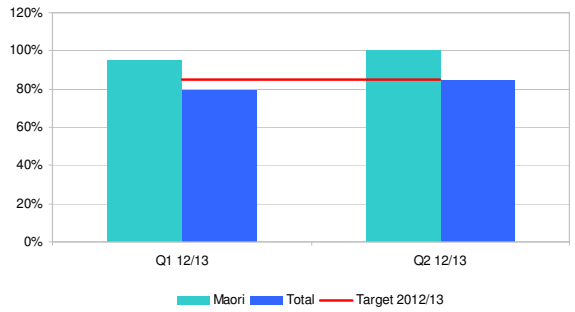


ACHIEVEMENTS/ISSUES OF NOTE

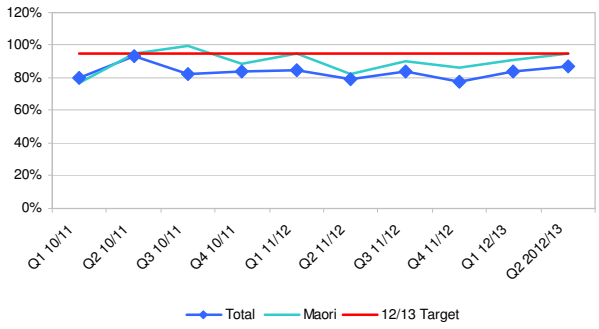
Enrolment in PHO: In quarter 2 of 2012/13 2989 Maori were enrolled with the PHO, 384 more than in quarter 1, 2012/13

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



ACHIEVEMENTS/ISSUES OF NOTE

Eight-month-old immunisation: ***Eight-month-old immunisation:*** West Coast DHB is on track to achieve the health target of 85% coverage, with overall coverage for Quarter 2 at 84%. Of significance, Māori coverage increased five percentage points to 100% (noting that the total number of children is 12) and deprivation 9 and 10 coverage increased eight percentage points to 93%.

Two-year-old immunisation: The West Coast DHB's coverage for Quarter 2 is 87% - an increase of 3% from the previous quarter. The Quarter 2 result is the highest since Quarter 3 2010/11 and indicates the continuous effort of primary care and Outreach Immunisation Services to achieve the highest possible coverage. Coverage for Māori two-year-olds has increased five percentage points to 95%. While the decline rate has decreased in Quarter 2, the high combined decline and opt-off rate of 12.5% (compared with 14.1% in Quarter 1) continues to impact the West Coast DHB's coverage for the two-year-old target. It is important to note that 99% (99/100) of West Coast two-year-olds who had not declined immunisation or opted off the National Immunisation Register (NIR) were fully immunised at the end of Quarter 2.

Work to improve immunisation coverage for both eight-month-olds and two-year-olds includes:

- A process timeline for all practices to use as guidance to ensure timely immunisation by eight months of age;
- NIR Administrator working with a key contact in each practice to identify children due, pending or overdue;
- Timely referral to Outreach Services;
- Collaboration with other WellChild service providers to refer children for immunisation; and
- Improving the enrolment process at birth.

There is ongoing collaboration with Canterbury DHB around NIR and ways to identify unvaccinated children.

Oral Health: Interim data from the School Dental Service for the 2012 calendar year indicates that 56% of all five-year-olds were caries-free (no holes or fillings), which is a decrease of 5% from the 2011 result. However, the Māori caries-free rate has improved by 4% to 51% in 2012. The mean DMFT (decayed, missing and filled tooth) rate for Year 8 students has increased to 1.48 (1.39 in 2011) overall and 2.04 for Māori (1.88 in 2011). To assist in addressing this, a person has been employed for the next six months to work with the School Dental Service to promote oral health.

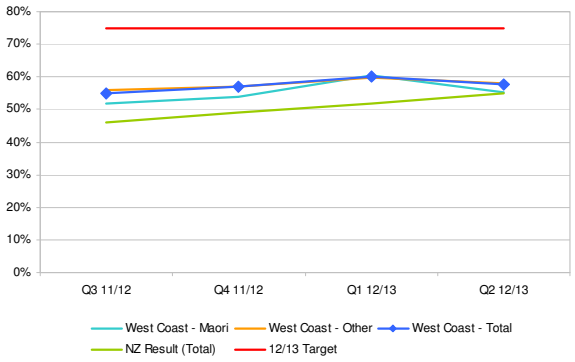
Mum4Mum: At the end of Q4, 2011/12, a total of 22 mothers were trained as Mum4Mums of which 22% (5) are Maori. The target for 2012/13 is to have 6 Maori Mum4Mum graduates.

Lactation consultancy contacts and services: At the end of quarter 1 2012/13, there were 124 contacts in total, including 35 Maori, 2 Pacific and 86 Other ethnicities. Contacts were in homes, maternity ward, phone, Face book, e-mail and text messages about breastfeeding related issues.

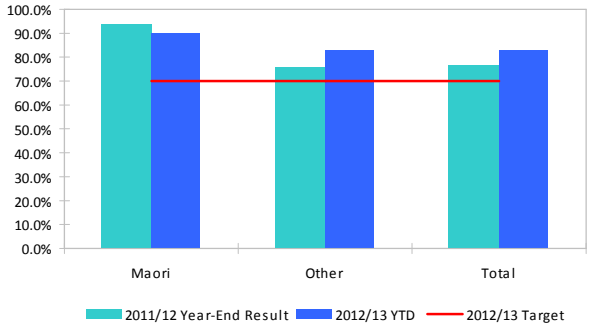
In addition, six (6) Maori mothers undertook lactation consultation at the PHO in Q1, 2012/13. The target is to have 25 mothers with Maori babies referred to lactation support and specialist advice consultants in 2012/13.

Cardiovascular and Diabetes

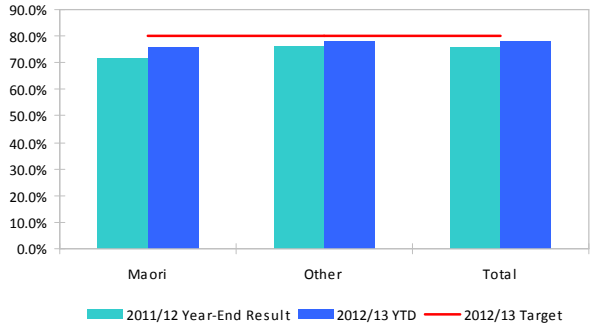
CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



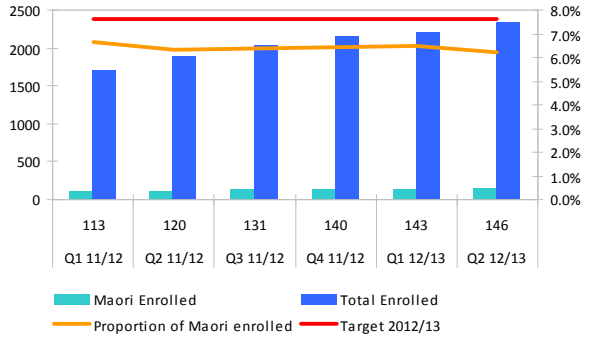
Diabetes Detection: % of people estimated to have diabetes who have had their annual check during the current year



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



Number and proportion of Maori enrolled in Long Term Condition (LTC) Management Programme



ACHIEVEMENTS/ISSUES OF NOTE

CVD Health Target: West Coast results have continued to improve and make progress towards meeting the Cardiovascular Disease (CVD) Health Target for more heart and diabetes checks. The percentage of enrolled people in the PHO within the eligible population who have had a CVD risk recorded in the last 5 years at the end of September is up compared to the end of June quarter. Results for our Māori population rose from 54.3% in June to 60.1% in September, with 'other' populations (excluding Pacific) up from 57.0% to 60.0%, and the total population up from 56.7% to 59.8% over the same periods. Our progressive implementation targets are 68% by December 2012; and 75% by 30 June 2013.

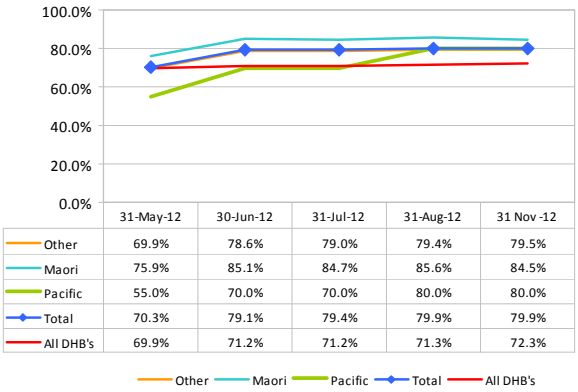
Diabetes care: The number of people accessing free annual diabetes checks remains above target for the three month period to 30 September 2012, with 285 people having had checks during the quarter. This equates to 87% coverage for the quarterly period, based *pro rata* on the revised 2012/13 estimates of the West Coast population expected to have diabetes.

The percentage of eligible Maori accessing free annual diabetes review is 24% above the target (70%) with 77% of them having good diabetes management for the three month period to 30th September 2012.

Long Term Condition Management (LTC): Maori enrolment makes up 6.2% (143) of all enrolment in the LTC programme. For comparison Maori make up 5.3% of the enrolled population at the primary practices aged 45 years and above.

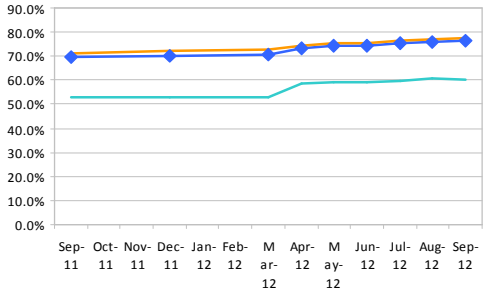
Cancer

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



	31-May-12	30-Jun-12	31-Jul-12	31-Aug-12	31 Nov -12
Other	69.9%	78.6%	79.0%	79.4%	79.5%
Maori	75.9%	85.1%	84.7%	85.6%	84.5%
Pacific	55.0%	70.0%	70.0%	80.0%	80.0%
Total	70.3%	79.1%	79.4%	79.9%	79.9%
All DHB's	69.9%	71.2%	71.2%	71.3%	72.3%

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



	Sep-11	Dec-11	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Total	69.6%	70.3%	70.8%	73.4%	74.1%	74.5%	75.3%	75.8%	76.3%
European/Other	71.3%	72.0%	72.5%	74.4%	75.2%	75.6%	76.4%	76.8%	77.3%
Maori	52.6%	53.0%	52.7%	58.5%	59.1%	59.3%	59.8%	60.5%	60.1%

ACHIEVEMENTS/ISSUES OF NOTE

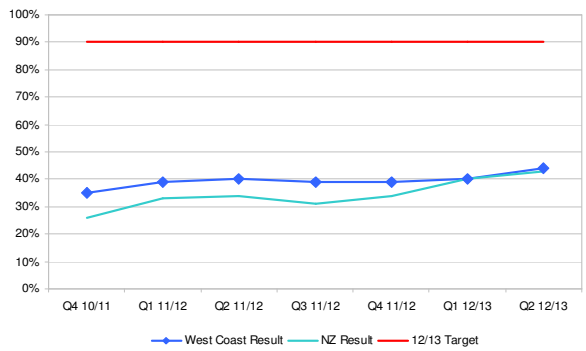
Breast Cancer Screening: Approximately 80% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the 24 month period ending 30th November 2012 – an increase of 1% from the previous 24 month period ending 30th June 2012. The coverage for eligible Maori women (84.5%) is higher compared to other ethnicities on the West Coast.

Cervical cancer screening: At the end of September 2012, the three year coverage rate for cervical screening on the West Coast has increased to 76% which is an increase of approximately 3% from the three year period ending 30th June 2012. The coverage rate for Maori eligible women is at 60%. There is a Maori Screener who is working closely with the PHO and practices to improve the utilisation of this service for Maori eligible women.

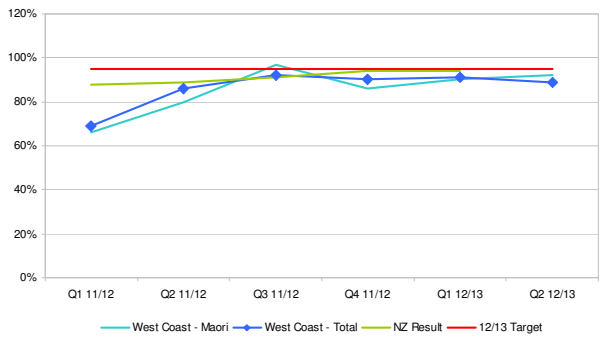
Navigation services: The Health Navigator Services among other things provides additional support for LTC patients and their whanau with complex social needs; improve access to health care and support services for patients and support the primary practices in caring for LTC. At the end of Q1, 2012/13, 27 Maori patients were referred to the Health Navigator services. The target for 2012/13 is to have 50 Maori patients supported to access navigation services.

Smoking cessation

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



Secondary Smokefree Health Target: Hospitalised smokers given quit advice & help



ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target: The PHO is employing a suitably trained person to support practice teams across the Coast to improve Brief Advice coding and to link patients to cessation via their practice's own Coast Quit provider (or other cessation services available on the West Coast). The purpose is to help

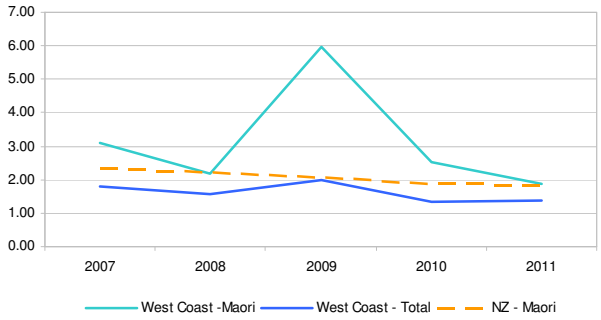
close the gap between As and Bs, and improve the Primary Smokefree Tobacco Target.

Secondary Smokefree Health Target: West Coast's performance has increased to 91% in Quarter 1, but is still just short of the Health Target of 95%. Performance reached 94% in both July and August; however, the September result was only 86%, affecting the overall Quarter 1 result. This was primarily due to two previously high-performing areas not achieving the target. A meeting with senior management (General Manager of Hospital Services, Director of Nursing and Nurse Manager) was held to discuss the September results and how clinical leaders could support and endorse ABC implementation. The Smokefree Services Coordinator will be meeting with the clinical coders weekly, will speak at the upcoming Senior Nurses meeting and will follow up on the initial meetings held with the two clinical managers following September's result to see what support the Smokefree staff can give them, including ongoing support for the new Smokefree Champion.

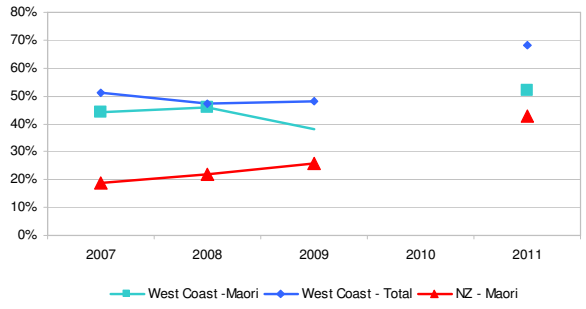
Oral Health

Percentage of Five Year Olds who are Caries-Free

Year 8 - Decayed (D); Missing (M); Filled (F); Teeth (T)



Pre-school enrolment



ACHIEVEMENTS/ISSUES OF NOTE

Note: You will find that the data provided by the MOH shows 45% of Maori, and 54% of WC Total caries the DHB in the 2010/11 Annual Report free in 2010. This is different to the figures provided by
The results reported in 2010/11 Annual Report and widely used in the WCDHB reports shows 38% for Maori and 52% for Total - caries free.

Certificate in Hauora Maori

Three Rata Te Awhina Trust workers have commenced study towards a Certificate in Hauora Maori. They have attended the first of three hui and upon successful completion will receive a Level 4 Certificate in Hauora Maori.

Rata Te Awhina Kaiarataki position

Interviews were held for the Rata Te Awhina Trust Kaiarataki position in the Buller. An offer has been made to one of the interviewees and we are waiting on their acceptance of the role.

Nga Manukura o Apopo: Clinical Leadership Programme

The Nga Manukura o Apopo Clinical Leadership Programme is being offered for Maori Nurses and Midwives. This programme is due to be held in Christchurch in April 2013. We have three participants enrolled in this course one from the DHB and two from primary care.

Maori Health Plan

The first draft is being prepared and will be presented to Tatau Pounamu for the Thursday 7 March.

TATAU POUNAMU ADVISORY GROUP
HEHA SMOKEFREE SERVICES UPDATE

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

TO: **Chair and Members**
Tatau Pounamu Advisory Group

SOURCE: **HEHA Smokefree, Planning and Funding**

DATE: **27 February 2013**

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

1. ORIGIN OF THE REPORT

Healthy Lifestyles & Smokefree Update is a regular agenda item.

2. SUMMARY

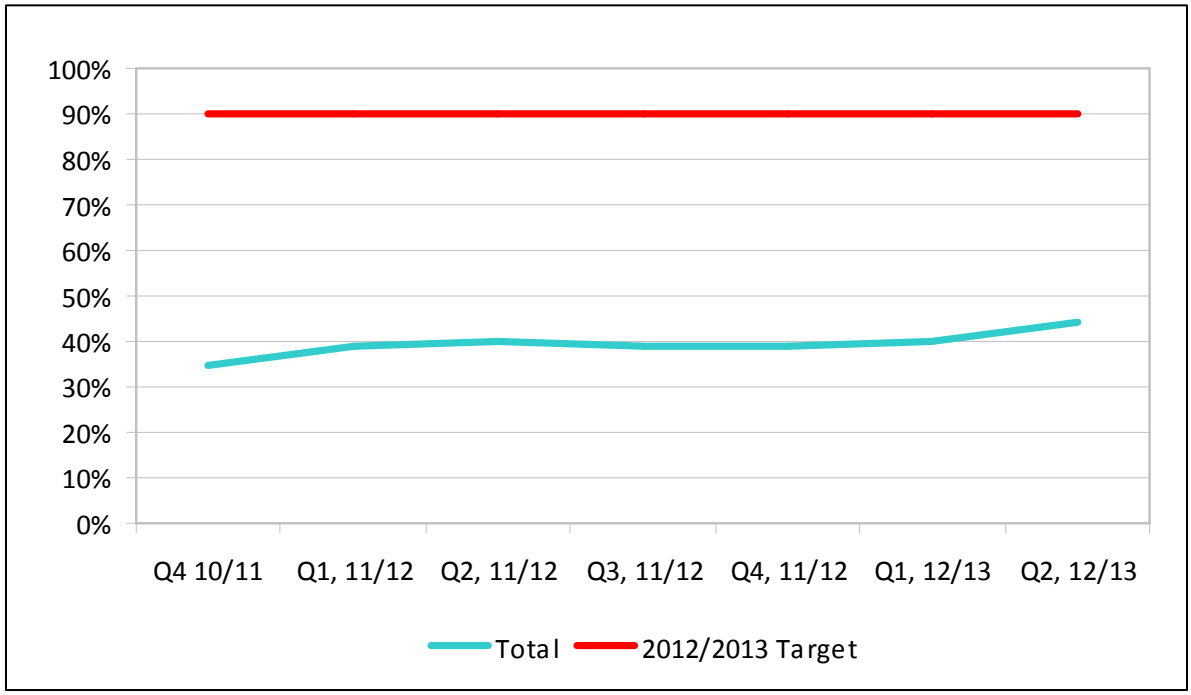
The report includes an update on:

- Smokefree Health Targets – Primary and Secondary
- Healthy Lifestyles – Healthy West Coast Health Promotion Hui

3. DISCUSSION

Smokefree

Primary Smokefree Health Target: 90% of smokers attending primary care given advice & help to quit



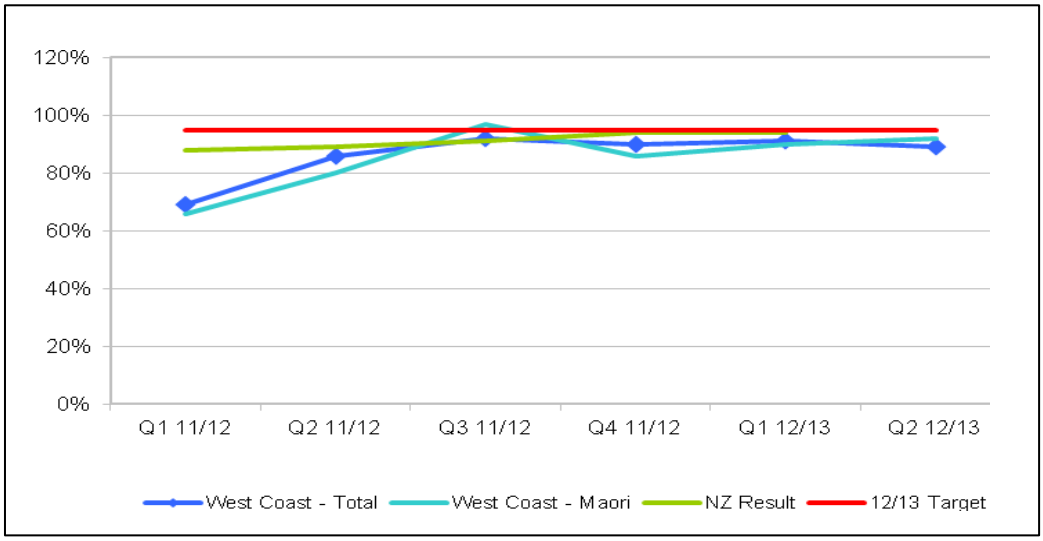
Quarter 2 Results:

- **Maori: 47%**
- Total: 44%

In Quarter 2, the total West Coast result increased 4% to 44% and the result for Maori was slightly higher at 47%. During this quarter, new activities were implemented that particularly focused on improving the accuracy of data capture, which has been identified as a barrier at practice level. HealthStat is now installed and operating in all the practices, and has created new opportunities for more frequent and practice-specific feedback about the ABC health target. The Clinical Audit Tool is not yet in place, but it is hoped that this will be implemented before the end of Quarter 3.

The PHO has employed suitably trained people to support practices to code the Brief Advice and to link patients to local cessation services. To date, work has commenced with two practices, resulting in a boost in ABC coding.

Secondary Smokefree Health Target: 95% of hospitalised smokers given advice & help to quit



Quarter 2 result

- **Maori 92% (24/26)**
- Total 89% (242/273)

Performance against the secondary care smokefree health target slipped slightly to 89% for total population of hospitalised smokers having received help and advice to quit in Quarter 2. Performance for

Smokefree staff has been working with clinical nurse managers (CNMs) to provide leadership to their staff to lift performance to gain the last few percentage points to reach the 95% target. This includes working with coders to pick up files where ABC has not been delivered to a patient who smokes and providing this information back to the CNMs. This enables CNMs to review all 'missed' patients, pinpoint any gaps at ward/unit level and address them for the following month. This is key to achieving the target, as a single 'missed' ABC contributes to more that 1% off the target.

Healthy Lifestyles

Healthy West Coast Health Promotion Hui

During this reporting period a Health Promotion Hui was held for staff who work in health promotion under the Healthy West Coast organisations (Community & Public Health, Rata Te Awhina Trust, PHO and WCDHB), 30 participants took part. The objectives of the day included; kotahitanga – working together/sharing/understanding/learning, enhancing collaboration, and putting value on our staff and the work

they are doing to improve the health of the community. Feedback through the evaluations was positive with many grateful for the opportunity to attend and work with their peers and commenting they would like more opportunities to do so in the future. The evaluations will be pulled together and the day formally reviewed by the Healthy West Coast Governance Group at the upcoming meeting in March.

WHARE WHAKARURUHAU– POLICY REVIEW

TO: **Members**
Tatau Pounamu Advisory Group

SOURCE: **GM Maori Health**

DATE: **25 February 2013**

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

1. ORIGIN OF THE REPORT

This report is provided to Tatau Pounamu Manawhenua Advisory Group.

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group reviews the attached policy which is up for renewal in January 2013.

That comments supplied by Tatau Pounamu members on the Use of Whanau/Family Facility Procedure to be reviewed and discussed further.

3. APPENDICES

Appendix 1: Use of the Whanau / Family Policy Procedure
Appendix 2: Whakaruru Whanau / Family House Accommodation form for Admitting Office
Appendix 3: Whakaruru Whanau / Family House Accommodation Agreement
Appendix 4: Whakaruru Whanau / Family House Booklet

	Use Of Whanau/Family Facility Procedure	Procedure Number *CHC-PG-0061*	Version Nos: **4**

1. Purpose

This Procedure outlines the process associated with the use of the West Coast District Health Board (WCDHB) Whanau/Family Facility located at Grey Base Hospital.

2. Application

This Procedure is to be followed by all staff throughout WCDHB, and all other users of the Whanau/Family Facility.

3. Definitions

There are no definitions associated with this Procedure.

4. Responsibilities

For the purposes of this Procedure:

All ***Whanua/Family and Support Persons*** are required to ensure they abide by the requirements of this Procedure.

The ***Admitting Office*** is responsible for all bookings for the use of the Whanau/Family Facility.

The ***Kai Arahi*** and ***Operations Support Co-ordinator*** are jointly responsible for the operation of the Whanau/Family Facility.

5. Resources Required

This Procedure requires:

6. Process

1.00 Introduction

1.01 The WCDHB will operate a Whanau/Family Facility for the purposes of:

i) providing short term accommodation to whanau/family and support people of Grey Base Hospital patients who want to be close to their whanau/family member;
ii) providing accommodation for patients requiring accommodation during treatment.
iii) providing an environment that is affordable and culturally safe.

1.02 The Whanau/Family Facility is to be run on Tikanga Maori practices that must be upheld at all times.

1.03 Guests of the Whanau/Family Facility under the age of 16 must be accompanied by an adult. This is to ensure appropriate support and supervision.

1.04 Due to fire and health and safety regulations occupancy of the Whanau/Family Facility is limited. Therefore there may be occasions when whanau/family and support people are asked to voluntarily reduce their numbers.

1.05 The Whanau/Family Facility is available to all whanau/family and support people of inpatients of Grey Base Hospital on a first come, first served basis.

1.06 Whanau/Family and/or support persons may use the Whanau/Family Facility for short-term periods of up to 7 nights whilst their Whanau/family member is an inpatient. Upon discharge of the patient from Grey Hospital, the whanau/family are required to vacate the Facility. This is to ensures the availability of the Facility for other whanau/family support of inpatients.

1.07 The Whanau/Family Facility is smoke free and alcohol free.

2.00 Costs

2.01 A cost of $20.00 per adult for the first night and then $10.00 per adult per night for subsequent nights is to be charged.

2.02 Children under the age of 14 years are to stay free.

2.03 A $10.00 deposit for the key is also charged and will be refunded on the return of the key. Deposits are to be paid in advance.

2.04 Payment is to be made in cash at the time of the stay as no credit will be given or invoices issued.

2.05 Where MOH Travel and Accommodation assistance is available, the rate will be amended to reflect the available funding.

3.00 Accessing The Whanau/Family Facility

3.01 The Admitting Office is responsible for all bookings for the use of the Whanau/Family Facility.

3.02 A request for accommodation is to be made as soon as a need is identified to the Admitting Office. The request is to include the name of patient, which ward and how many support people they have with them and/or arrival time.

3.03 If the Whanau/Family Facility is already booked, the Admitting Office is to contact the Ward Social Worker for alternative arrangements to be made.

3.04 The Admitting Officer will given written information regarding the operation and the use of the Whanau/Family Facility to all occupants at the time the booking is made. This will include information on emergency procedures.

3.05 The whanau/family will be asked to sign a WCDHB Whanau/Family Facility Agreement. Form. A copy is to be given to the whanau/family and a copy sent to the Maori Health Unit.

3.06 The Corporate Office Receptionist is to collect payment from the whanau/family staying in the facility, issue a receipt and banks the money into the WCDHB Operating Account.

4.00 Operation Of The Whanau/Family Facility

4.01 The Maori Health Unit will make daily checks of the Whanua/Family Facility to ensure the safety and well-being of the occupants.

4.02 The Ward Social Worker will also make daily contact with the whanau/family in the Wards.

4.03 Linen will be provided by the Hospital Laundry.

4.04 The daily household tasks are the immediate ongoing responsibility of the occupants of the Whanau/Family Facility. Cleaning material and a vacuum will be provided.

4.05 The Admitting Office will advise OCS (who will be responsible for cleaning of the Whanua/Family Facility) when the key has been returned at the end of each stay so that cleaning of the Facility can be carried out.

4.06 WCDHB security contactors will make checks on the Facility at night.

4.07 An inventory of all items in the Whanau/Family Facility is continually updated and checked by the Maori Health Unit for monthly reporting purposes.

4.08 A monthly report of the numbers of people staying in the Whanau/Family Facility is to be recorded and reported (to EMT) by the Maori Health Unit.

4.09 Any purchases for the Whanau/Family Facility need to be approved by the Kai Arahi or Operations Support Co-ordinator.

4.10 If any of the equipment in the Whanau/Family Facility needs to be repaired, the Kai Arahi or Operations Support Co-ordinator will give direction for the repairs to be carried out. (As per the *WCDHB Repairs and Maintenance Procedure*)

4.11 If there is any doubt, confusion or concerns about the operation of the Whanau/Family Facility, the Kai Arahi or Social Work Department should be consulted.

4.12 Whanau/Family and/or support persons who use the Whanau/Family Facility are required to:

i) keep noise levels to a minimum;
ii) not damage or permit damage to occur to the Facility;
iii) not use the Facility for any unlawful purposes;
iv) leave the Facility clean and tidy and clear of rubbish and possessions when they vacate the Facility;
v) not exceed the limit set by the WCDHB on the number of occupants of the Facility;
vi) ensure that all of their personal items are covered by their own personal insurance policies.

4.13 Failure to comply with the requirements of this Procedure will result in whanau/family and support people being asked to leave the Whanau/Family Facility.

7. Precautions And Considerations

- ➔ The Whanau/Family Facility is to be run on Tikanga Maori practices that must be upheld at all times.
- ➔ Payment for use of the Whanau/Family Facility is to be made in cash at the time of the stay
- ➔ The whanau/family will be asked to sign a WCDHB Whanau/Family Facility Agreement. Form.
- ➔ Failure to comply with the requirements of this Procedure will result in whanau/family and support people being asked to leave the Whanau/Family Facility.

8. References

There are no references associated with this Procedure.

9. Related Documents

WCDHB Repairs and Maintenance Procedure.

Revision History	**Version:**	4
	Developed By:	Whanua/Family Facility Steering Group
	Authorised By:	Chief Executive Officer
	Date Authorised:	March 2004
	Date Last Reviewed:	January 2011
	Date Of Next Review:	January 2013

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

WHAKARURU
WHANAU / FAMILY HOUSE
ACCOMMODATION

To: Admitting Office
Grey Hospital
PO Box 387
Greymouth

PHONE: **03 768 0499 ext 2886** **FAX:** **03-768 2699**

DATE: _____

I/We would like to request accommodation for:

No. Adults		**No. Children** (14yrs & younger)	

Contact Phone No. _____

Contact Details for Accommodation Request:

_____ _____ _____
Surname First Name Relationship to Patient

Address: _____

_____

New Family / Returning Family

From: _____ Until: _____

_____/_____/_200__ _____/_____/_200__
Up to 7 days only

Patient Details:

Surname: _____ First Name: _____

Ward: _____

Charges: The Whanau/Family facility does require payment of an accommodation fee to assist in covering cleaning costs, linen etc. These charges are:

- $10.00 per night per adult (15 years +) each night.
- Children 14 years and younger stay free.
- $10.00 deposit for the key – this will be refunded on the return of the key.
- Where Ministry of Health travel and accommodation assistance is available, the rate will be amended to reflect the funding available.

Payment needs to be made at the time of the stay.

Note: Please note, this form does not guarantee a booking.
Confirmation of your booking should be made 24 hours before arrival date.

Hospital Use Only: *Date Form Received: _____ Received by: _____*

Requestee Notified of Availability/Non-Availability: Yes / No

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

WHAKARURU
WHANAU / FAMILY HOUSE
ACCOMMODATION

This Agreement is between the West Coast District Health Board and the patient support/whanau/family detailed in this document.

The West Coast District Health Board agrees:

- To provide accommodation, if available, in the Whanau/Family House for a period of up to seven days in order to provide support for an inpatient at Grey Hospital.
- That sharing of the Whanau/Family House will only be requested if there is an urgent need and the whanau/family in residence agree.
- To provide clean linen and towels when you enter the Whanau/Family House.
- To receipt all monies.
- To assist the whanau/family to answer any questions and assist when and if possible, using appropriate support mechanisms.

The whanau/family agree:

- To nominate a whanau/family member to represent the whanau/family and to be responsible for accommodation matters, fire regulation compliance and whanau/family contact.
- That all persons staying in the Whanau/Family House are noted below. This is to assist with your security and fire regulations. This list must remain updated throughout the stay.
- To respect any other users of the house.
- To ensure all people under 16 years old are accompanied and supervised by an adult while using these facilities.
- That the Whanau/Family House is kept clean and tidy at all times.
- That full payment in cash, cheque, EFTPOS or credit card is made to the Corporate Office during normal business hours before leaving the facility. After-hours payment should be made to the main reception area in the hospital and can only be accepted there by cash or cheque.
- The key must be returned to the main reception area at Grey Hospital before you leave. This enables other people to be able to use the facility without inconvenience.

Whanau/Family House Contact Details:

Key Contact Person: _____

Address: _____

_____

_____

Contact Phone No: _____

Please list the names of all staying in the Whanau/Family House:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Dated and Signed by Whanau/Family Key Contact Person:

_____ _____

Date Signed

Dated and Signed by West Coast District Health Board Representative:

_____ _____

Date Signed

Date In: _____ Date Out: _____

Please ensure both sides of this form are completed.

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

WHAKARURU
(To Shelter)
WHANAU / FAMILY HOUSE

Grey Hospital
Greymouth

Accommodation for whanau / family supporting loved ones in hospital.

Haeremai Naumai Haeremai
Welcome

Welcome To The Whanau/Family House

This house is open style accommodation with one bedroom with two single beds, two couch beds and four mattresses. It is available to people to enable them to support a whanau/family member as a patient in Grey Hospital. Whanau/family can stay for up to seven nights in the Whanau/Family House.

Eligibility to stay in the Whanau/Family House is on a first come, first served basis, and at the discretion of the Grey Hospital management. Guests of the whanau/family under the age of 16 must be accompanied by an adult.

The Whanau/Family House is seen as a community within the hospital. We ask that whanau/family uphold the mana of the Whanau/Family House and care for it with us. The Whanau/Family House and outside areas are auahi kore/smokefree, as well as drug and alcohol free and we ask that you respect this. We also request that you remove shoes before entering the house.

The Whanau/Family House is situated at the far north end of the hospital between Parfitt Ward and the Corporate Office. Limited parking is available in the vicinity of the building. The Whanau/Family House is fully equipped, with its own kitchen, laundry, two bathrooms, dining area and a shared living area with television. It is also accessible by wheelchair.

All bedding, sheets, towels and tea towels are supplied and washed. Whanau/family require only to buy their food, wash their clothes and keep the Whanau/Family House clean and tidy.

The Whanau/Family Facility is within walking distance of the New World Supermarket.

The Social Work Department will support the whanau/family during their stay in the Whanau/Family House when requested. Assistance will also be given to whanau/family with applications for travel and accommodation costs. Families should request the name of the social worker for the ward their family member is a patient in.

Charges

The Whanau/Family House does require payment of an accommodation fee to assist in covering cleaning costs, linen etc. These charges are:

- $10.00 per night each adult (15 years and older).
- Children 14 years and younger stay free.
- $10.00 deposit for the key – this will be refunded on the return of the key.
- Where Ministry of Health travel and accommodation assistance is available, the rate will be amended to reflect the funding available.

Payment needs to be made at the time of the stay – invoices are not sent.

If you will have difficulty paying this please contact the Social Work Department. We will endeavour to assist where possible.

How to Pay

Full payment in cash, cheque, EFTPOS or credit card should be made to the Corporate Office (the building beside the Whanau/Family House) during normal business hours before you leave the facility.

After-hours payment should be made to the Admitting Office at the main reception in the hospital and can only be accepted there by cash or cheque.

The key must be returned to the Admitting Office at Grey Hospital before you leave. This enables other people to be able to use the facility without inconvenience.

Checking In

Please report to the main reception desk at the hospital on arrival.

To allow us time to clean the house between families, you are unable to check into the house until 3.00pm.

You will be asked to complete an agreement for the use of the facility. This includes paying a **key deposit of $10.00**. This is refundable on return of the key.

Checking Out

- ***Check out time is by 11.00am*** – this allows us time to clean and restock the facility before the next occupants.
- Please leave the Whanau/Family House clean and tidy
- Strip all linen off the beds and place in the linen bag in the bathroom.
- Return any mattresses to the cupboard.
- Cleaning materials are in the laundry cabinet. Remember to wipe out the microwave and oven if you have used these.
- Empty household rubbish bins into the large outside rubbish bin (by the kitchen door). Ensure the household bins are clean and dry.
- If any items need repairing or are missing, let the Admitting Office know when you return the key. Also please note any damage.

If you leave without returning the key, please post it to:

Admitting Office
Grey Hospital
PO Box 387
Greymouth

We will then send you a refund of the $10.00 key deposit.

Facilities Available

- All basic linen is provided, including bedding and towels.

- Whanau/families can cook their own meals in the fully equipped kitchen, or arrange meals via the hospital cafeteria.

- There are two bathroom facilities – one is suitable for disabled persons which has a wet area shower.

- In addition to the two single beds, two couches in the lounge fold out into beds. Please take care opening these. There are four mattresses available in the storage cupboard, along with a Port-a-Cot.

- The telephone has a toll bar. This phone is an extension number of the Grey Hospital system. The main hospital number is ***(03) 769 7400 then extension 2867***. The operator is available for assistance 24 hours and can be contacted by dialling 0. Coin and card phones are available in the hospital. To dial an external local number you need to preface the number by dialling 1 for an outside line.

- There is a washing machine available, along with drying racks.

- Smoke detectors and a sprinkler system are installed. The facility, like all West Coast District Health Board sites is auahi/smokefree.

- Heating can be personally adjusted for comfort levels via the radiator controls or thermostats in lounge and bedroom areas.

Some Basic Rules While Staying At The Whanau/Family House

- Please remove shoes prior to entering the house, but ensure you place all footwear inside at night.
- Use mattress and pillow protectors on any mattresses or couch beds you use.
- No smoking, drugs or alcohol allowed in the house or outside areas.
- Children must not be left unsupervised in or outside the house.
- Please avoid eating in the lounge area, and use placemats to protect the table surface.
- Report breakages and any repairs or maintenance needed to the Admitting Office.
- Noise should be kept to a minimum.

- The house is to be kept clean and tidy at all times. Daily household tasks are the immediate ongoing responsibility of the occupants.
- Space is limited in the Whanau/Family House. Due to the physical structure, fire, health and safety regulations, **a maximum of 10 people** may reside in the house at any one time. If more than this are present, whanau/family may be asked to voluntarily reduce their numbers. Failure to comply with this may result in the occupants being asked to leave the house.
- If your behaviour is believed to be unacceptable, or you do not abide by the rules of the Whanau/Family House you may be asked to leave.
- Please ensure you make yourself and your whanau/family familiar with the Emergency Evacuation Plan displayed in the house.

Where To Find Things

- **Additional Linen**
  In the white cupboard in the laundry or in the storage cupboard between bathroom and bedroom.
- **Mattresses / Additional Pillows**
  In the storage cupboard between bathroom and bedroom.
- **Ironing Board**
  In the hot water cupboard between the two bathrooms.
- **Laundry Racks**
  Between the washing machine and tub.

Security / Safety

- Please ensure that you lock the Whanau/Family House when you are either absent or vacate it. The hospital cannot be responsible for any personal items that may go missing.

- You will be able to enter the hospital via the covered walkway from around 7.00am until approximately 7.00pm each night. Any entry after that will have to be made via the hospital main entrance.

- Make sure you are aware of how many people are staying with your group and that you have an up-to-date list of their names. You should take this with you in the event of an emergency.

- The hospital has security checks undertaken at night – these will include someone checking around the outside of the Whanau/Family House.

Emergency Services Information

Personal/Family Medical Emergency While in the Whanau/Family Facility

Dial 777 on the phone. This is a call immediately answered by the telephone operator who will endeavour to assist with appropriate help immediately.

Earthquake

Take shelter as you would at your own home in doorways, under tables etc. Please ensure you can account for all family members staying in the house.

Fire

- If the fire is in the Whanau/Family House you should break the glass and activate the alarm located in either the kitchen or laundry areas.
- Dial 777 on the phone and tell the operator where the fire/smoke is.
- Leave the building immediately, shutting all doors/windows if possible.
- Assemble in the car park outside the Corporate Office building.
- Ensure all family members in the house are accounted for.
- Either the Fire Service or West Coast DHB on-call tradesperson will attend and advise regarding re-entry.
- ***DO NOT*** re-enter the building until you are given the all clear.

Handy Telephone Numbers

To make local calls dial 1 for an outside line first

Grey Hospital Main Number:	(03) 769 7400
Whanau/Family Facility	Extension 2867
Grey Hospital Telephone Operator:	Dial 0
Morice Ward	Dial 2822
Critical Care Unit	Dial 2739
Hannan Ward	Dial 2824
Parfitt Ward	Dial 2782
Barclay Ward	Dial 2821
McBrearty Ward	Dial 2803
Manaakitanga Inpatient Unit	Dial 2515
Maori Health Unit (Te Hauora Maori)	Dial 2631 or 2802

DRAFT MAORI HEALTH PLAN 2013-14

TO: **Chair and Members**
Tatau Pounamu Advisory Group

SOURCE: **General Manager Maori Health**

DATE: **25 February 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is still being compiled at the time of preparation of the Tatau Pounamu papers.

The first draft of the Maori Health Plan 2013-14 will be provided to Tatau Pounamu Manawhenua Advisory Group prior to the meeting.

TATAU POUNAMU MANAWHENUA ADVISORY COMMITTEE AGENDA

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

TATAU POUNAMU ADVISORY GROUP MEETING
To be held in the Boardroom, Corporate Office, West Coast DHB
Thursday 7 March 2013 commencing at 3.30 pm

KARAKIA			**3.30 pm**
ADMINISTRATION			
	Apologies		
1.	**Interest Register** Update Interest Register and Declaration of Interest on items to be covered during the meeting.		
2.	**Confirmation of the Minutes of the Previous Meeting** 24 January 2013		
3.	**Carried Forward/Action List Items**		
REPORTS			**3.45 pm**
4.	**Chair's Update - Oral Report**	Ben Hutana, Chair	
5.	**GM Maori Health Report**	Gary Coghlan, General Manager Maori Health	
6.	**HEHA Smokefree Report**	Claire Robertson, HEHA and Smokefree Service Development Manager	
7.	**Policies and Procedure Review** • **Use of Whanau / Family Facility**	Gary Coghlan, General Manager Maori Health	
8.	**Draft Maori Health Plan 2013-2014** ***(Draft of the Maori Health Plan 2013-14 to be supplied to Tatau Pounamu members prior to the meeting)***	Gary Coghlan, General Manager Maori Health	

Information Items

- Tatau Pounamu meeting schedule for 2013
- West Coast DHB Smokefree Position Statement Paper
- Appendix 1 - West Coast DHB Smokefree Position Paper

ESTIMATED FINISH TIME

NEXT MEETING

- Thursday 2 May 2013

TATAU POUNAMU
MANAWHENUA ADVISORY GROUP
2013 MEETING SCHEDULE

DATE	TIME	VENUE
Thursday 24 January 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 7 March 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 2 May 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 6 June 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 11 July 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 22 August 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 10 October 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 28 November 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth

MEETING DATES & TIMES ARE SUBJECT TO CHANGE

SMOKEFREE POSITION STATEMENT

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

SOURCE: **Community and Public Health**

DATE: **8 February 2013**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

This Position Statement on Tobacco Control Sets out the West Coast DHB strategic direction and commitment to a smokefree environment and reduced prevalence of smoking. It is based on the Smokefree Aotearoa 2025 goal, which is a national goal accepted and promoted by the Government and the Ministry of Health. This Position Statement is currently being considered by all South Island DHBs, with the aim of achieving a combined South Island position. It is aligned with the West Coast DHB Tobacco Control Plan.

This Position Statement was recommended for endorsement by the Board by the Community & Public Health and Disability Support Advisory Committee on January 24, 2013 on the condition that it was also endorsed by the other South Island DHBs.

2. RECOMMENDATION

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

i. Endorse the proposed West Coast DHB Position Statement on Tobacco Control on the condition that it is also endorsed by other South Island DHBs.

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3. SUMMARY

- The WCDHB supports the Government's goal of achieving a Smokefree Aotearoa by 2025. This is defined as having a smoking prevalence of 5% or less.

- The WCDHB aims to reduce the tobacco-related harm experienced by people within the West Coast district by achieving the following outcomes:-
  - Children are protected from exposure to tobacco smoke
  - Demand for and supply of tobacco is reduced
  - More current smokers successfully quit

- The WCDHB will implement the following strategies to achieve these outcomes
  - Provide leadership and facilitate implementation of evidence-based Smokefree strategies.
  - Support initiatives which address health inequalities by reducing smoking prevalence in Māori communities and other priority populations
  - Work towards achieving the health target 'Better Help for Smokers to Quit' in primary and secondary care by implementing the ABC Strategy for Smoking Cessation.
  - Be a Smokefree role model in the community by supporting people to quit, reducing smoking initiation and providing a Smokefree environment.

- Support the development of effective relationships with other community organisations to achieve the Smokefree Aotearoa 2025 goal.
- Develop and implement local solutions to achieve these strategies through the WCDHB Tobacco Control Plan.

4. DISCUSSION

Smoking and smoke exposure have been identified as the causes of a wide range of diseases and other adverse health effects. Quitting smoking has immediate and long term benefits, even for those who quit late in life. Exposure to second hand smoke is a public health hazard that can be prevented by making homes, workplaces, vehicles and public places Smokefree.

The WCDHB has shown a long-term interest in addressing smokefree issues and is working actively to achieve the Ministry of Health smokefree targets. Current cessation and smokefree environment activity is well aligned with the proposed strategies outlined above. Approval of the proposed Position Statement will formalise the WCDHB commitment to the Smokefree Aotearoa 2025 goal and contribute to a South Island Alliance position which would have strong strategic impact. No financial cost would be incurred, as work is already being carried out in all the strategic areas described above. The WCDHB would continue its participation in the Smokefree 2025 sub-committee of Smokefree Canterbury, where work is focused on communication and promotion of the goal and a Health in All Policies approach with workplaces and community organisations.

6. APPENDICES

Appendix 1: South Island Position Statement on Tobacco Control

Report prepared by: Community & Public Health

West Coast District Health Board's

SMOKEFREE / AUAHI KORE POSITION STATEMENT

November 2012

This position statement is consistent with those of Nelson Marlborough, South Canterbury's, Canterbury, and Southern District Health Boards (DHB). This position statement has been developed collaboratively by the South Island Public Health Units and represents the South Island DHBs working together to support the South Island to be a place where Smokefree lifestyles are the norm and harm from and exposure to tobacco smoke is minimised.

The purpose of this statement is to describe the commitment of the West Coast DHB to the Government's goal of a Smokefree Aotearoa New Zealand by 2025 and the strategies to achieve this. This goal was determined at a national level in response to the 2011 Māori Affairs Select Committee Inquiry into the tobacco industry and the effects of tobacco on Māori. This position statement is informed by the Smokefree Aotearoa/New Zealand 2025 logic model (Appendix A) and aligns with the West Coast DHB's Tobacco Control Plan.

The West Coast DHB recognises the extensive harm from tobacco use that is experienced by people within the West Coast district and that the burden of this harm is carried disproportionately by some population groups. Tobacco use is a major risk factor for numerous health conditions and is a significant cost to the health system.

WEST COAST DHB POSITION

- West Coast DHB supports the Government's goal of achieving a Smokefree Aotearoa New Zealand by 2025.

- West Coast DHB aims to reduce the tobacco-related harm experienced by people within the West Coast district by actively focussing on these outcomes:
    - Protect children from exposure to tobacco
    - Reduce the demand for and supply of tobacco, and
    - Increase successful quitting.

WEST COAST DHB STRATEGIES

- Provide leadership and facilitate effective implementation of evidence-based strategies to support local populations to be Smokefree.
- Support and prioritise initiatives that address health inequalities by reducing smoking prevalence in Māori communities, and other priority populations including: Pacific People, pregnant women and their whānau, children, mental health consumers, rural populations and economically disadvantaged people.
- Work towards achieving the health target 'Better Help for Smokers to Quit' in primary and secondary care by implementing the ABC Strategy[1] for Smoking Cessation.
- Be a Smokefree role model in the community by reducing smoking initiation, supporting people to quit smoking and providing a Smokefree environment.
- Support the development of strong relationships with other community organisations to achieve the Smokefree Aotearoa 2025 goal.
- Develop and implement local solutions to achieve these strategies through its Tobacco Control Plan.

[1] The New Zealand Smoking Cessation Guidelines (Ministry of Health 2007) recommend that all health care workers use the three step ABC tool. The first step is to **A**sk about smoking status, then give **B**rief advice to stop smoking and finally to provide evidence-based **C**essation support or referral to a smoking cessation service.

SUPPORTING EVIDENCE

Preamble

The harmful effects of smoking on health are well documented. Smoking has been identified as a cause of a wide range of diseases and other adverse health effects. These include a range of cancers and cardiovascular diseases, respiratory diseases, fetal deaths and stillbirths, pregnancy complications and other reproductive effects, cataracts, peptic ulcer disease, low bone density and fractures and diminished health status and morbidity (Doll et al 2004; US Surgeon General 2004). In New Zealand smoking is a primary risk factor in one in four of all cancer deaths (Smoke Free Coalition/Te Ohu Auahi Kore undated). Quitting smoking has immediate and long term benefits, even for those who quit late in life (US National Cancer Institute 2011).

Environmental tobacco smoke (passive smoking or second hand smoke) is also well established as having adverse health effects. It increases the risk and frequency of serious respiratory problems in children, such as asthma attacks, lower respiratory tract infections, and increases middle ear infections. Inhaling second-hand smoke may cause lung cancer and coronary heart disease in non-smoking adults (US Surgeon General 2006). New Zealand studies of never smokers living with smokers showed that they had an excess risk of mortality from heart disease and cerebrovascular disease (Hill et al 2004). According to the Smokefree Coalition around 350 New Zealanders die from the effects of others' smoking each year (Smokefree Coalition/Te Ohu Auahi Kore undated). Exposure to second hand smoke is a public health hazard that can be prevented by making homes, workplaces, vehicles and public places completely Smoke free (US Surgeon General 2006).

Smoking in New Zealand

- In 2009 smoking data in New Zealand showed that one in five (21%) adults aged 15-64 years were current smokers, with 19.2% of adults smoking daily (Ministry of Health 2010). A current smoker is someone who has smoked more than 100 cigarettes in their lifetime and at the time of the survey was smoking at least once a month (World Health Organisation 1998).
- Smoking rates in New Zealand continue to decline. The age-standardised prevalence of current smoking in 15-64 year olds fell significantly between 2006 (24.4%) and 2009 (21.8%). There was no difference in the age-standardised prevalence of current smoking between males and females (Ministry of Health 2010).
- Table 1 shows that the prevalence of regular smokers in the South Island DHBs' area is highest in the West Coast DHB area and lowest in the Canterbury DHB area.[2]

[2] Anecdotal evidence suggests that smoking rates may have increased in Canterbury following the earthquakes.

Table 1. Smoking prevalence by South Island District Health Board area, 15+ years (Statistics New Zealand 2006)[3]

	Nelson Marlborough DHB area (%)	West Coast DHB area (%)	Canterbury DHB area (%)	South Canterbury DHB area (%)	Southern DHB area		NZ Total (%)
					Southern DHB - Otago (%)	Southern DHB - Southland (%)	
Prevalence of regular smokers	19.3	25.7	18.8	21.2	19.4	23.8	20.7

Smoking related disparity and health outcomes

- Māori in all age groups had higher smoking prevalence than non-Māori (Ministry of Health 2011a). Ethnicity data in Table 2 show that the prevalence of smoking amongst Māori is double that of the rest of the population (Ministry of Health 2010).

Table 2. Prevalence of current smokers by ethnicity and sex, 15-64 years, 2009 (Ministry of Health 2010)

	Male (%)	Female (%)
Māori	40.2	49.3
Pacific	32.3	28.5
European/other	20.6	18.9
Asian	16.3	4.4

- Smoking related disease is a major cause of health inequality. Health outcomes include a higher incidence of cancer, cardiovascular and respiratory disease and lower life expectancy for Māori compared to the rest of the population (Ministry of Health 2011b; Ministry of Health 2011c).
- The burden of tobacco related harm is experienced disproportionately by some population groups within West Coast district. Smoking prevalence is higher for Māori, Pacific and those living in more deprived areas (Ministry of Health 2010). These priority populations have higher rates of smoking during pregnancy, which poses various health risks to the develop foetus, infant and mother (Alliston 2005).

[3] These figures were taken from the last census (2006) at which time Otago and Southland DHB were separate entities.

Smoking cessation

- The Ministry of Health is committed to a Smokefree New Zealand and has developed the ABC strategy for smoking cessation which is being rolled out in all DHBs. This strategy is supported by the setting of a national health target, 'Better Help for Smokers to Quit'. The 2012/13 target is 95% of patients who smoke and are seen by a health practitioner in a public hospital and 90% of patients who smoke and are seen by a health practitioner in primary care are offered brief advice and support to quit smoking. Within the target a specialised identified group will include progress towards 90% of pregnant women who identify as smoking at the time of confirmation of pregnancy in general practice or booking with a Lead Maternity Carer are offered advice and support to quit (Ministry of Health 2011d).
- Evidence suggests that providing brief advice, particularly by a doctor, significantly increases the rate of quitting (Stead et al 2008) and long term quitting success (Ministry of Health 2011d). The proportion of successful quit attempts is increased by the provision of effective cessation support, such as medications, including Nicotine Replacement Therapy (NRT), and multi-session support including telephone or face-to-face support (Ministry of Health 2011d; Ministry of Health 2007).
- Research shows that one in every 40 smokers will make a quit attempt simply as a result of receiving brief advice (Ministry of Health 2011e).
- Table 3 shows South Island DHBs' secondary care results for the last quarter.

Table 3. Quarter Four (April-June 2012) results for 'Better help for smokers to quit' health target by DHB for secondary care (Ministry of Health 2012)

	South Canterbury DHB	Nelson Marlborough DHB	West Coast DHB	Southern DHB	Canterbury DHB
% of hospitalised smokers given advice to quit	96	96	90	96	90
Ranking (out of 20 DHBs)	9	8	18	7	16

Smokefree workplaces

- Workplace Smokefree policies reduce business costs associated with tobacco consumption. These include absenteeism, lost productivity, time spent on breaks, increased building, health and life insurance costs, potential legal costs and cleaning and maintenance costs (IARC 2009). Introducing workplace Smokefree polices reduces tobacco consumption and smoking prevalence within the affected workforce (Edwards et al undated). For instance, smokers have fewer opportunities to smoke, which reduces levels of consumption and encourages quit attempts (IARC 2009). Cessation support should be provided to support

employees who smoke to quit.

- Usually within a few months of implementing Smokefree policies compliance is high and in most places policies become self-enforcing (IARC 2009). Evidence suggests that compliance may be enhanced by media advocacy and public education campaigns that strengthen social norms before and during policy implementation (Ross 2006; US Surgeon General 2006).
- In 2005, the tangible costs of smoking to the New Zealand economy were NZ$1.7billion. Major components included lost production due to premature mortality or lost production due to smoking-caused morbidity (O'Dea et al 2007).
- A New Zealand cross-sectional survey conducted in 2006 found strong support for Smokefree workplaces. Of 2413 people surveyed 94.3% agreed that people have the right to work in a Smokefree environment and 93.9% agreed that people who work in a non-office environment also have the right to work in a Smokefree environment (Waa and McGough 2006, p.14).

Smokefree role modelling

- Role modelling is an important factor in smoking behaviour (Edwards et al 2012). For example, health professionals who don't smoke may be role models for patients in regards to healthy behaviour. However, medical professionals who smoke may increase public scepticism about the importance of quitting (Smith and Leggat 2007).

Smokefree environments

- The Smoke-free Environments Act 1990 is designed to protect non-smokers against the detrimental effects of other people's smoking. Other aims of the legislation include Smokefree role modelling and promoting a Smokefree lifestyle as the norm (Ministry of Health 2005a; Ministry of Health 2005b).
- There has been an increasing focus on Smokefree outdoor areas, with a large number (see Table 4 for South Island policies) of councils within New Zealand adopting Smokefree outdoor area policies.
- There is some evidence showing that second hand smoke in outdoor areas is harmful. A recent New Zealand study has found that smoking in outdoor areas does increase particulate levels to a level that could potentially cause health hazards (Wilson et al 2011). Evidence also suggests that smoking has a role modelling effect on teenagers: those who smoke are more likely to have been exposed to smoking than those who don't smoke (and exposure is likely to have been from outdoor places) (Alesci et al 2003). Therefore, the focus should be on "role modelling and making Smokefree normal" (Smokefree/Auhai Kore Tool Kit undated).
- The rationale for Smokefree outdoor areas is to reduce the visibility of smoking, especially to children, in order to reduce the uptake of smoking. It also has benefits of decreased litter (CanTobacco undated, Halkett and Thomson 2010).
- Table 4 shows how DHBs have engaged with local authorities to develop Smokefree policies within their communities.

Table 4. South Island councils and Smokefree Outdoor Area policies

Council	Description	Date adopted
Nelson Marlborough DHB		
West Coast DHB		
Buller District Council	All Council-owned parks, playgrounds and sports fields	2011
Grey District Council	All Council-owned parks, playgrounds and sports fields	2011
Westland District Council	All Council-owned parks, playgrounds and sports fields	2011
Canterbury DHB		
Christchurch City Council	All playgrounds, skate parks, stadiums and courts, sports fields and public events	2009
Hurunui District Council	All Council-owned reserves including playgrounds and sportsgrounds	2012
Waimakariri District Council	All Council-owned playgrounds	2012
Selwyn District Council	All playgrounds, parks, sports grounds and Council run or sponsored events	2011
Ashburton District Council	All playgrounds Sports fields in Council-owned parks Skate park	2007 2009 2011
South Canterbury DHB		
Waimate District Council	All playgrounds	2009
Timaru District Council	All playgrounds	2012
Mackenzie District Council	All playgrounds	To be adopted in 2012
Southern DHB		
Dunedin City Council	All playgrounds	To be adopted in 2012
Clutha District Council	All playgrounds, sports fields and council run family events	2012
Queenstown Lakes District Council	All playgrounds and swimming pools	2006
Invercargill City Council	All playgrounds All sports fields, Queens Park aviary and animal reserve	2008 2010
Gore District Council	All playgrounds and parks	Currently under development

- International evidence indicates that the public are generally in favour of restrictions on smoking in "various outdoor settings" and there has been a gradual increase in support for Smokefree public places over time (Thomson, Wilson and Edwards 2009; Klein et al 2007).
- Locally, the New Zealand public are supportive of Smokefree outdoor areas. For example, three quarters (76.4%) of New Zealand adults believed that it was 'not at all' acceptable to smoke at children's outdoor playgrounds (Cancer Society of New Zealand and Health Sponsorship Council 2008). In another study evaluating Upper Hutt's smokefree parks policy, 83% of adult park users thought having a Smokefree parks policy was a good idea (Stevenson et al 2008) and similarly an Dunedin study found that 73% of those surveyed were supportive of making playgrounds Smokefree (Harris et al 2009). People who smoke are generally supportive of Smokefree playgrounds (Thomson et al 2009).
- Community support for Smokefree outdoor areas is an important factor in getting councils to endorse outdoor policies (Halkett and Thomson 2010).

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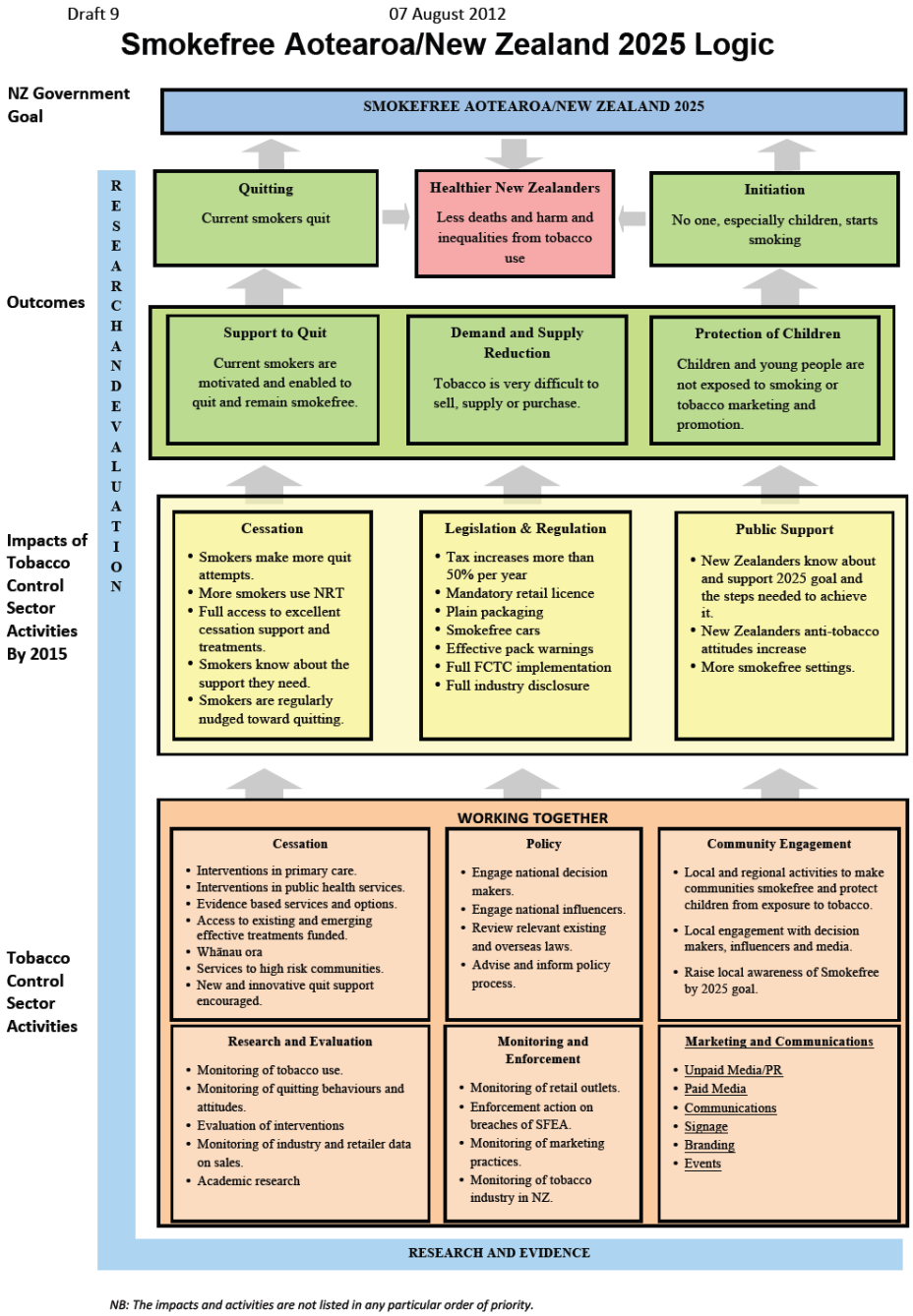
Appendix A – Smokefree Aotearoa/ New Zealand Logic Model 2025



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