

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

11 September 2014

@ 3.00pm WCDHB – Kahurangi Room, Mental Health

Agenda and Meeting Papers

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

TATAU POUNAMU ADVISORY GROUP MEETING
To be held at West Coast DHB -Kahurangi Room – Mental Health
Thursday 11 September 2014 @ 3.00 pm

KARAKIA

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

26 July 2014

3. Carried Forward/Action List Items

4. Discussion Items

- Whanau Ora – Defining its context within DHB/Annual Plan
- Draft Appointments Policy Update
- Maori Representative Appointment Updates

REPORTS

5. Chairs Update – Verbal Report

Chair

6. GM Maori Health Report

General Manager Maori Health

7. Memorandum of Understanding Review

General Manager, Maori Health

8. Workstream/Alliance Update

Jenny Stephenson, Planning & Funding

INFORMATION ITEMS

- West Coast Alliance Presentation
- Media articles
- Tatau Pounamu Meeting Schedule

Information items (hard copies will be distributed on day)

ESTIMATED FINISH TIME 5.00pm

NEXT MEETING

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

| Member | Disclosure of Interest |
|--|--|
| <p>Lisa Tumahai (Chair) Te Runanga O Ngati Waewae</p> | <p>Directorships</p> <ul style="list-style-type: none"> Chair - Arahura Holdings Ltd 2005 – currently Chair -Te Waipounamu Maori Heritage Centre 2006 – currently <p>Committees</p> <ul style="list-style-type: none"> Te Waipounamu Maori Cancer Network Committee 2012 - currently Te Runanga O Ngati Waewae Incorporated Society 2001 – currently Chair – Te Here (subcommittee Te Runanga o Ngai Tahu 2011 - currently) Member Maori Advisory Group to Vice Chancellor Canterbury University 2012 - currently <p>Trustee</p> <ul style="list-style-type: none"> West Coast PHO 2013 – currently Poutini Waiora – April 2013 - currently Te Runanga O Ngai Tahu - Deputy Kaiwhakahaere (2011 - currently) Te Poari o Kati Waewae Charitable Trust – (2000 – currently) Husband Francois Tumahai. |
| <p>Francois Tumahai Te Runanga O Ngati Waewae</p> | <ul style="list-style-type: none"> 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, Greymouth Community Link Advisory Group Member, West Coast Regional Council Resource Management Committee Member, Poutini Waiora Board Member, Grey District Council Creative NZ Allocation Committee |

| Member | Disclosure of Interest |
|---|---|
| | <ul style="list-style-type: none"> ▪ 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 ▪ Wife is Lisa Tumahai, Chair |
| <p>Elinor Stratford</p> <p>West Coast District Health Board representative on Tatau Pounamu</p> | <ul style="list-style-type: none"> ▪ 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 ▪ Advisor to the Committee MS Parkinsons ▪ Contracted to Disability Resource Centre ▪ Trustee Queenstown and West Coast Disabilities Resource Centre Charitable Trust ▪ Member of the Southern Regional Liasion Group for Arthritis New Zealand |
| <p>Gina Robertson</p> <p>Nga Maata Waka o Kawatiri</p> | <ul style="list-style-type: none"> ▪ Maori Community Representative – Incident Reporting Group, Buller Hospital ▪ Chairperson North School Whanau Group ▪ North School Iwi Representative, Board of Trustee |
| <p>Wayne Secker</p> <p>Nga Maata Waka o Mawhera</p> | <ul style="list-style-type: none"> ▪ Trustee, WL & HM Secker Family Trust ▪ Member, Greymouth Waitangi Day Picnic Committee |
| <p>Paul Madgwick</p> <p>Te Runanga o Makaawhio</p> | <ul style="list-style-type: none"> ▪ Chairman, Te Rrunanga o Makaawhio ▪ Editor - Greymouth Star, Hokitika Guardian, West Coast Messenger. ▪ Board member, Poutini Waiora |
| <p>Susan Wallace</p> <p>Te Runanga o Makaawhio</p> | <ul style="list-style-type: none"> • Tumuaki, Te Runanga o Makaawhio • Member, of the West Coast District Health Board • Member, Te Runanga o Makaawhio |

| Member | Disclosure of Interest |
|--------|--|
| | <ul style="list-style-type: none"> • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Father employee of West Coast District Health Board • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, Poutini Waioara ▪ Area Representative-Te Waipounamu Maori Womens' Welfare League |

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING Kahurangi Room, Mental Health Services Thursday 24 July 2014 @ 3.00pm

- PRESENT:** Lisa Tumahai, Te Rūnanga O Ngāti Waewae (Chair)
Francois Tumahai, Te Rūnanga O Ngāti Waewae
Wayne Secker, Maori Community, Mawhera
Paul Madgwick, Te Runanga O Makaawhio
- IN ATTENDANCE:** Gary Coghlan, General Manager Māori Health, West Coast DHB
Kylie Parkin, Portfolio Manager Maori Health
Michael Frampton, Programme Director, West Coast DHB
Stella Ward, Allied health Director Canterbury and West Coast DHB
- MINUTE TAKER:** Megan Tahapeehi, Maori Health
- APOLOGIES:** Elinor Stratford, West Coast DHB Representative
Susan Wallace, Te Runanga O Makaawhio
Gina Robertson, Maori Community, Buller
- Polly Ormond – Unable to attend agenda item

WELCOME / KARAKIA

Nga Mate - Toihi McFadyen & Rik Tau

AGENDA / APOLOGIES

1. DISCLOSURES OF INTEREST

No disclosures of interest

2. MINUTES OF THE LAST MEETING - Thursday 26 June 2014

Motion: THAT the minutes be accepted as a true and accurate record

Moved: Francois Tumahai **Second:** Wayne Secker

Carried.

3. Carried forward/Action List Items

No. 4 – Tatau Pounamu Terms of Reference/Memorandum of Understanding

The Chair spoke with Michael Frampton who was aware that the Memorandum of Understanding was due for review. When the MOU is reviewed, this will also be the time to go over and finalise the Terms of Reference. Michael didn't feel this was of priority but did require action by the end of the year. In the meantime Tatau Pounamu will continue to work to the current revised version.

No. 5 – Chairs Report to the Board

It was agreed that this report would be generated every six weeks to the board. It was noted that the report will be retrospective due to the Tatau Pounamu and Board dates not aligning this year. It was noted by the Chair that we will work to ensure they align next year. The Maori Health team will continue to draft the report on behalf of the Tatau Pounamu Chair.

No. 6 – Cervical Screening

For amendment, this should have read *Breast* screening with regards to the mobile unit.

4. Discussion Items

Whanau Ora

The group agreed that it would be a worthwhile exercise to review both the Ministry of Health's – "Better, Sooner More Convenient" and the Whanau ora Commissioning Agencies guiding policy documents on whanau ora. This will provide a good foundation to begin the development of a West Coast DHB overarching principle statement and policy on whanau ora.

Action: Kylie and Gary to start this piece of work

Action: Lisa will send Te Putahitanga, South Island Commissioning Agency whanau ora documentation. For further discussion at the September meeting

Stella Ward – Executive Director Allied Health & Chair Alliance Leadership Team West Coast

The Chair talked about her discussion with Sandy Mclean, Team Leader(Mental Health and Addictions Portfolio Manager, Canterbury) and reiterated to Sandy that Tatau Pounamu are building a pool of representatives ensuring that all people submitted are the right fit for purpose. Her view was that these appointments need to bring value to the workstream roles.

The Chair also explained that putting people forward who are not the right fit does not do justice to the role of Tatau Pounamu. In the interim if a person can not be found to fill the position a representative will be found. It was agreed that the Chair would attend the Mental Health Workstream meetings. This is also attended by the General Manager, Maori Health.

Stella advised that she is aware of the pressures in providing staff for these workstreams and their being no backfill to assist. It was also discussed that if a successful person for ALT was not able to be found then it was important to continue the dialogue and ensure that it doesn't drift and appropriate input is still provided into the alliance leadership process.

Stella advised Tatau Pounamu to think about her role as Chair and to continue to connect with Tatau Pounamu through Stella and other internal DHB key contacts, until an appropriate replacement for ALT is found .

Previously there were two positions represented by Maori on the Alliance Team, Dr Melissa Cragg filled one vacancy for Poutini Waiora and registered nurse, Contessa Popata the other from a Maori and clinical perspective .

ACTION: Stella provided a presentation to the Board and Sub Committees recently that she will provide to Tatau Pounamu.

5. Draft Appointments Policy for Maori Representation for Health Workstreams

Appointments Policy

Tatau Pounamu went through the draft policy document and made the following amendments (See attached)

Moved: Chair recommends that we submit to the DHB Board

Second: Wayne Secker

Extensions Carried: Susan, Elinor, Gina

The Chair briefly discussed the policy with Michael Frampton and he explained that the Board is increasingly moving away from a representative model, it is important to have a unique body of knowledge and skill, the right mix of distinctive contributions. Important to not let machinery get in the way of the outcome.

Michael Frampton explained that he needs the thought and interpretation of this policy. Don't want a complex process of selection. The Chair reiterated that this policy was adapted from a current CDHB model.

ACTION: The Chair to have a discussion about the Appointments Policy with Michael Frampton.

Once agreed and approved the document will then go to the Board and some communications advising of the process and how it will be used, will go out to key networks.

Michael Frampton attended at 4pm and provided the below key updates

Facilities Update

At this point in time the Crown is stepping through an RFP process for Grey base. Currently some important work is being advertised on government tender sites. The District Health Board will have a very strong and robust selection process. The process will occur through August. All appointments will be made by the end of August. There will be staff meetings to talk further about clinical engagement.

There are a number of workstreams clinical and non clinical involved in the design process. Michael expects the next phase of design - prelim, developed, and detailed design will take up to 9 months.

Buller –Expression of interest on Government site (GETS) – for the design/procurement and IFHC in Buller. Earlier to that, the Integrated Family Centre in Buller is currently silent on the future on the future of aged care. The WCDHB will now be meeting with the Buller community and health and disability staff. Friday 1 August there will be a public meeting in Westport with Michael Frampton and CEO David Meates presenting. This is framed about residential care and community views and opinions of older person's health services in Buller. There will be public notices advising of these presentations

A member asked about the cultural aspects of facilities. Key principals have been discussed and have been provided to the architects and the design team. All previous cultural work that has also been supplied.

West Coast Alliance

Some really good work has been happening and making some good progress. Need to continue to drive these changes forward. Improvements are very positive

A member asked about Maori / Non-Maori health equity particularly against health targets Chair commented that it would be good to understand the demographics of the people and what the health statistics are eg; more in Buller with Chronic conditions and understanding more about the community. Really drilling into the

outcomes we are achieving. Where they are in the system? It was discussed that the 2009 Maori Health Profile needs updating. 10.5% is the current Maori population on the West Coast, which has increased by 1% from last year.

4. Additional Agenda Item

Maori Representative Appointment Requests

An email was received from Kay Jenkins, Executive Assistant Governance, Canterbury DHB requesting for new representatives onto the Hospital Advisory Committee (HAC) and CPHAC. Kay initially contacted Susan Wallace to enquire regarding the most appropriate way to deal with Maori representation on Statutory Committees; Susan's response was it would be appropriate for this to be dealt with via Tatau Pounamu.

The appointment of these two requests will be managed by Manuwhenua through the Chair.

Mental Health Workstream

Lisa met with Sandy Mclean and has worked with her previously when Lisa worked for planning and Funding for Canterbury DHB. Sandy is very familiar with kaupapa maori services and has extensive experience in planning and Funding. Lisa will support the Mental health workstream on behalf of Tatau Pounamu for the foreseeable future but she is very comfortable that under Sandy's guidance Maori issues will be prioritised. Lisa also has a background in mental health.

It was agreed and supported by Tatau Pounamu that Lisa attend this Mental Health workstream meetings which are also attended by the General Manager, Maori Health.

MATTERS ARISING APRIL MEETING 2014

| Item No | Meeting Date | Action Item | Action Responsibility | Reporting Status |
|---------|--------------|--|--|--|
| 4 | 24 July 2014 | Amendments for Tatau Pounamu Terms of Reference | Chair | September Meeting |
| | | The Chair spoke with Michael Frampton last week with regards to the Tatau Pounamu Terms of Reference. It was agreed that these are going to be held over until the Memorandum of Understanding has been reviewed <i>(This is due for renewal from the 14 July 2014)</i> | At the July meeting, Michael expressed that there was no great hurry at this stage but was aware that the remaining meetings for the year were few and would be good to get actioned before then. The updated TOR will continue to be used until they are formally approved. | |
| | | Whanau Ora | | |
| | | Tatau Pounamu agreed at this meeting that it would be a worthwhile exercise to review both the Ministry of Health and the Whanau Ora Commissioning Agencies guiding policy documents. This will provide a good foundation to begin the development of a West Coast DHB overarching principal statement and policy on whanau ora. | General Manager Maori & Portfolio Manager | September Meeting |
| | | The chair talked about Te Puhitahitanga, South Island Commissioning Agency Whanau Ora document | Chair to provide a copy to GM Maori & Portfolio Manager | September Meeting |
| 5 | 24 July 2014 | Chairs Report to the Board It was agreed that the Chairs update to WCDHB Board will be written by the Maori Health Department submitted by the Chair of Tatau Pounamu to the regular 6 weekly Board meetings. | Maori Health Department | 6 weekly to the board meetings and retrospective updates |

| Item No | Meeting Date | Action Item | Action Responsibility | Reporting Status |
|---------|--------------|---|--|-------------------|
| 7 | 24 July 2014 | <ul style="list-style-type: none"> Cancer Screening – Data updates, particularly around local targets and Men's Health. Peter McIntosh, Planning and Funding to be approached to come and speak at our next Tatau meeting and also Ana Rolleston has been emailed for information. | | September Meeting |
| | 24 July 2014 | Draft Appointments Policy Chair to have a further discussion with Michael Frampton. Following that some communications will be sent out to the key networks advising of our process of appointment and selection etc | Chair | September Meeting |
| | 24 July 2014 | Maori Representative Appointment Requests An email was received from Kay Jenkins with regards to requesting new representatives for the Hospital Advisory Committee (HAC) & CPHAC. These appointments have previously been managed within the Rununga. | The Chair has taken the lead on this responsibility and networking with key Rununga etc. | September Meeting |



Draft APPOINTMENT POLICY FOR MĀORI REPRESENTATIVES TO Operational Health Committees

1. INTRODUCTION

This draft policy sets out an objective and transparent process for identifying and appointing appropriately skilled and experienced representatives for Māori to West Coast operational health committees.

These appointments will be made on the basis of merit and ~~an~~ the Appointment Panel, Tatau Pounamu, will follow governance best practice.

2. POLICY CONTEXT

The WCDHB Board (WCDHB) is responsible for all public hospital and health care provision across primary, secondary and community services in the West Coast region. Committees across these sectors are responsible for strategic planning through to responsive best practice that meets the needs of patients and the community. The participation of credible, competent Maori representation on these committees is necessary to ensure the Māori community voice is present.

The Māori Community want to ensure that Māori Representatives have the support of the Māori community whom they represent, in conjunction with having the skills, knowledge and experience necessary to positively influence Māori health outcomes.

2.1 DEFINITIONS

WCDHB Operational Committees include a range of committee and not limited to, reference groups, working groups, service development initiatives etc. in which WCDHB has oversight.

“Key Māori Stakeholders” are representative of the Māori community and includes but is not limited to:

- [Iwi](#) - Te Runanga o Ngati Wae Wae and Te Runanga o Makaawhio
- All Maori communities of Te Tai Poutini

“Appointment Panel” is [Tatau Pounamu which is the recognised manawhenua advisory group regarding Māori health for Te Tai o Poutini. The membership is each Papatipu Runanga of Tai Poutini, that being Te Runanga O Ngati Waewae and Te Runanga O Makaawhio and elected Māori community representatives](#)

~~include members drawn from the “Key Māori Stakeholders”, which is convened to fill specific vacancies; ensuring candidates have strong Māori community support. Key Māori Stakeholders, if appropriate, may include the Tatau Pounamu Committee Chair to an appointment panel.~~

“Māori Representatives” are applicants (*Māori whakapapa desirable but not a pre-requisite*) that are able to demonstrate understanding of Tikanga Māori, Māori health issues and the health system.

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APPOINTMENT POLICY FOR MĀORI REPRESENTATIVES

3 POLICY OBJECTIVE

The objective of this policy is to ensure Māori Representatives had the support of the [Mana Whenua and the](#) Māori community whom they represent, in conjunction with having the skills, knowledge and experience necessary to positively influence Māori health outcomes on WCDHB Operational Committees [and associated working groups ie ALT workstreams](#), to which they are appointed to.

The appointment policy formalises the appointment process to secure appropriate representation on the WCDHB operational health committees.

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4 POLICY STATEMENT

4.1 Selection and Appointment of 'Māori Representatives' to WCDHB Operational Committees

4.1.1 ~~A subcommittee of the Key Māori Stakeholders~~ [Tatau Pounamu](#), hereafter called the Appointment Panel, shall be convened to appoint Māori Representatives.

4.1.2 Where an Appointment Panel is responsible for appointing a 'Māori Representative', and has not delegated that responsibility to any other body, nominations for candidates to be appointed as 'Māori Representative(s)' to a WCDHB Operational Committee [and associated working groups](#) will be received via email and/or post at the West Coast DHB, Maori Health Department as the current secretariat provider.

4.1.3 An Appointment Panel will consider matters including the skills, knowledge, experience and interest of the candidates as it relates to the specific committee and decide on the successful candidate.

4.2 People appointed to such WCDHB Operational Committees [and/or working groups](#) are entitled to the remuneration (if any) offered by the committee to which they are appointed.

4.2.1 Where there is a vacancy, the Appointment Panel shall undertake a selection process that will include:

- Requesting curriculum vitae (e.g. through advertising via email to community networks)
- Interviewing and assessing candidates [if required](#)
- Reference checking

4.2.2 The Appointment Panel shall consider candidates' skills, knowledge and experience when making its decisions.

5 ADOPTED BY AND DATE

5.1 Adopted by Tatau Pounamu on XX 2014 recommendation to the WCDHB Executive Management Team on XX 2014 and adopted by WCDHB on XX 2014.

6 REVIEW

6.1 Review every three years or sooner on request.

DRAFT

APPENDIX 1

APPOINTMENT POLICY FOR MĀORI REPRESENTATIVES TO OPERATIONAL HEALTH COMMITTEES

1. ROLES AND RESPONSIBILITIES

- 1.1 To operationalise the Policy there are ~~three~~two key contributors, ~~the Key Māori Stakeholders, the Appointments Panel~~, the Tatau Pounamu Advisory Group ~~and~~ West Coast DHB

~~2. THE ROLE OF THE KEY MĀORI STAKEHOLDERS~~

~~2.1 The role of the Key Māori Stakeholders is to:~~

- ~~• nominate members for an Appointments Panel pool based on experience and skills~~
- ~~• ensure a mix of Appointment Panel members across various disciplines and sectors, such as clinical, community, consumer and cultural~~
- ~~• provide a mechanism for community and cultural advice to an Appointments Panel as required~~
- ~~• supply a personal profile or curriculum vitae of an Appointments Panel nominee.~~

~~2.1.1 The membership of the Key Māori Stakeholders is representative of the Māori community and includes but is not limited to:~~

- ~~• Māori Provider~~
- ~~• Papatipu Runanga~~
- ~~• Māori Community~~

~~3. THE ROLE OF THE APPOINTMENT PANEL~~

~~3.1.2.1~~ The role of the Appointment Panel is to appoint an appropriate person to represent the interests of Māori on WCDHB operational health committees and associated working groups.

~~3.1.12.1.1~~ The Appointment Panel Chair is ~~a WCDHB mandated position that is held by the WCDHB Māori Health General Manager. The Chair is responsible for selecting the Appointment Panel members. The minimum number of Panel members required is three.~~the sitting chair of Tatau Pounamu

~~3.2.2.2~~ The Panel tasks include:

- reviewing and assessing applicant information
- interviewing applicants if required
- utilising specific interview and competency tools provided
- appointing a representative with relevant skills, and demonstrated involvement in the community and experience ~~that has the support of the wider Māori community~~
- notify secretariat of successful applicant within five working days.

Comment [LT1]: We are not going to be able to validate this unless they have supporting letters from stakeholder groups.

APPENDIX 1 cont.

~~4 THE ROLE OF Tatau Pounamu Manawhenua Advisory Group~~

~~4.1.2.3~~ The aim for the Tatau Pounamu Advisory Group is to engage in a culturally appropriate process to ensure that Māori are well represented ~~within operational health committees.~~

~~4.1.1~~ The role of the Tatau Pounamu include:

- ~~• providing Appointments Panel Chair, who will liaise with the secretariat as required~~
- ~~• advising the secretariat that the WCDHB operational health committee is seeking Māori representation and provide all relevant documentation~~
- ~~• advising successful and unsuccessful applicants~~
- ~~• supporting the Key Māori Stakeholders, Appointments Panel and Secretariat in their respective roles~~
- ~~• respond to queries/feedback as required~~
- ~~• providing orientation for the selected Māori representative.~~

~~53 THE ROLE OF THE SECRETARIAT~~

~~53.1~~ Tatau Pounamu ~~General Manager, Maori Executive Director Maori~~ provides the secretariat role.

~~53.1.1~~ The role of the secretariat is to ensure:

- the Key Māori Stakeholders are appropriately engaged
- notifying all key stakeholders, including Māori providers and wider Māori community of a request for Māori representation
- inform Appointments Panel nominees of selection to Appointment Panel
- receiving all relevant documentation from the applicants for secure storage
- notify all key stakeholders, including Māori providers and wider Māori community of successful appointee
- ensure a robust and transparent process is undertaken to appoint a Māori representative to the WCDHB Operational Committees and associated working groups.

~~53.2~~ The function of the secretariat is to assist in facilitating the seamless management of the appointments process. The secretariat tasks include:

- providing key competencies based on vacancy specification
- relevant documentation to assist with candidate assessment and appointment
- receive and collate candidates' curriculum vitae and/or additional supporting information
- complete a due diligence for each candidate, if required

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- facilitate feedback to WCDHB for a response
 - shortlist candidates against key competencies
 - Assemble and distribute an information pack to the Appointments Panel with recommendations for consideration.

DRAFT



Draft APPOINTMENT POLICY FOR MĀORI REPRESENTATIVES TO Operational Health Committees

1. INTRODUCTION

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These appointments will be made on the basis of merit and the Appointment Panel, Tatau Pounamu, will follow governance best practice.

2 POLICY CONTEXT

The WCDHB Board (WCDHB) is responsible for all public hospital and health care provision across primary, secondary and community services in the West Coast region. Committees across these sectors are responsible for strategic planning through to responsive best practice that meets the needs of patients and the community. The participation of credible, competent Maori representation on these committees is necessary to ensure the Māori community voice is present.

The Māori Community want to ensure that Māori Representatives have the support of the Māori community whom they represent, in conjunction with having the skills, knowledge and experience necessary to positively influence Māori health outcomes.

2.1 DEFINITIONS

WCDHB Operational Committees include a range of committee and not limited to, reference groups, working groups, service development initiatives etc. in which WCDHB has oversight.

“Key Māori Stakeholders” are representative of the Māori community and includes but is not limited to:

- Iwi - Te Runanga o Ngati Wae Wae and Te Runanga o Makaawhio
- All Maori communities of Te Tai Poutini

“Appointment Panel” is Tatau Pounamu which is the recognised manawhenua advisory group regarding Māori health for Te Tai o Poutini. The membership is each Papatipu Runanga of Tai Poutini, that being Te Runanga O Ngati Waewae and Te Runanga O Makaawhio and elected Māori community representatives

“Māori Representatives” are applicants (*Māori whakapapa desirable but not a pre-requisite*) that are able to demonstrate understanding of Tikanga Māori, Māori health issues and the health system.

APPOINTMENT POLICY FOR MĀORI REPRESENTATIVES

3 POLICY OBJECTIVE

The objective of this policy is to ensure Māori Representatives had the support of the Mana Whenua and the Māori community whom they represent, in conjunction with having the skills, knowledge and experience necessary to positively influence Māori health outcomes on WCDHB Operational Committees and associated working groups ie ALT workstreams, to which they are appointed to.

The appointment policy formalises the appointment process to secure appropriate representation on the WCDHB operational health committees.

4 POLICY STATEMENT

4.1 Selection and Appointment of 'Māori Representatives' to WCDHB Operational Committees

4.1.1 Tatau Pounamu, hereafter called the Appointment Panel, shall be convened to appoint Māori Representatives.

4.1.2 Where an Appointment Panel is responsible for appointing a 'Māori Representative', and has not delegated that responsibility to any other body, nominations for candidates to be appointed as 'Māori Representative(s)' to a WCDHB Operational Committee and associated working groups will be received via email and/or post at the West Coast DHB, Maori Health Department as the current secretariat provider.

4.1.3 An Appointment Panel will consider matters including the skills, knowledge, experience and interest of the candidates as it relates to the specific committee and decide on the successful candidate.

4.2 People appointed to such WCDHB Operational Committees and/or working groups are entitled to the remuneration (if any) offered by the committee to which they are appointed.

4.2.1 Where there is a vacancy, the Appointment Panel shall undertake a selection process that will include:

- Requesting curriculum vitae (e.g. through advertising via email to community networks)
- Interviewing and assessing candidates if required
- Reference checking

4.2.2 The Appointment Panel shall consider candidates' skills, knowledge and experience when making its decisions.

5 ADOPTED BY AND DATE

5.1 Adopted by Tatau Pounamu on XX 2014 recommendation to the WCDHB Executive Management Team on XX 2014 and adopted by WCDHB on XX 2014.

6 REVIEW

6.1 Review every three years or sooner on request.

DRAFT

APPENDIX 1

APPOINTMENT POLICY FOR MĀORI REPRESENTATIVES TO OPERATIONAL HEALTH COMMITTEES

1. ROLES AND RESPONSIBILITIES

- 1.1 To operationalise the Policy there are two key contributors, , the Tatau Pounamu Advisory Group and West Coast DHB

2 THE ROLE OF THE APPOINTMENT PANEL

- 2.1 The role of the Appointment Panel is to appoint an appropriate person to represent the interests of Māori on WCDHB operational health committees and associated working groups.

- 2.1.1 The Appointment Panel Chair is the sitting chair of Tatau Pounamu

- 2.2 The Panel tasks include:

- reviewing and assessing applicant information
- interviewing applicants if required
- utilising specific interview and competency tools provided
- appointing a representative with relevant skills, and demonstrated involvement in the community and experience
- notify secretariat of successful applicant within five working days.

Comment [LT1]: We are not going to be able to validate this unless they have supporting letters from stakeholder groups.

APPENDIX 1 cont.

- 2.3** Tatau Pounamu Advisory Group is to engage in a culturally appropriate process to ensure that Māori are well represented

3 THE ROLE OF THE SECRETARIAT

- 3.1** General Manager, Maori provides the secretariat role.

- 3.1.1** The role of the secretariat is to ensure:

- the Key Māori Stakeholders are appropriately engaged
- notifying all key stakeholders, including Māori providers and wider Māori community of a request for Māori representation
- inform Appointments Panel nominees of selection to Appointment Panel
- receiving all relevant documentation from the applicants for secure storage
- notify all key stakeholders, including Māori providers and wider Māori community of successful appointee
- ensure a robust and transparent process is undertaken to appoint a Māori representative to the WCDHB Operational Committees and associated working groups.

- 3.2** The function of the secretariat is to assist in facilitating the seamless management of the appointments process. The secretariat tasks include:

- providing key competencies based on vacancy specification
- relevant documentation to assist with candidate assessment and appointment
- receive and collate candidates' curriculum vitae and/or additional supporting information
- complete a due diligence for each candidate, if required
- facilitate feedback to WCDHB for a response
- shortlist candidates against key competencies
- Assemble and distribute an information pack to the Appointments Panel with recommendations for consideration.



WEST COAST DISTRICT HEALTH BOARD

On behalf of

Tatau Pounamu –Te Tai o Poutini, Manawhenua Iwi Relationship Board

MENTAL HEALTH WORKSTREAM & ALLIANCE LEADERSHIP TEAM

The West Coast District Health Board has statutory objectives and functions set out in the New Zealand Public Health and Disability Act 2000. It also has particular objectives to improve, promote and protect the health of people and communities and for reducing health disparities by improving health outcomes for Maori and other population groups. *see Appendix 1: New Zealand Public Health and Disability Act 2000 Section 22(1)(a)-(h).*

There are currently two vacancies for Maori representatives on to the Mental Health Workstream & Alliance Leadership Team of the West Coast DHB.

The Mental Health Workstream has been established in response to the recent Mental Health & Addictions Service Review 2014. The Alliance Leadership Team provide system-level oversight, monitoring of workstreams and ensuring connectedness and a whole of system approach by alliance activities.

Tatau Pounamu, Manawhenua Advisory Group are seeking people who have an interest and passion for improving health outcomes for Maori. One way to help achieve positive health outcomes is to find people who are prepared to give some of their time to participate on these workstreams and committees in working to improve the health of our population. Maori representation and valuable input is something that Tatau Pounamu believes is very important.

If you are interested in being involved in the Mental Health Workstream or Alliance Leadership Team, then please email megan.tahapeehi@westcoastdhb.health.nz for an information pack. If you have any further questions or queries please contact the General Manager, Maori Gary.Coghlan@westcoastdhb.org.nz

These need to be addressed to:

Megan Tahapeehi
Maori Health
West Coast District Health Board
PO Box 387
GREYMOUTH

GENERAL MANAGER MAORI HEALTH REPORT

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: General Manager Maori Health

DATE: 11 September 2014

| | | | | | | |
|----------------------|----------|--------------------------|--------|-------------------------------------|-------------|--------------------------|
| Report Status – For: | Decision | <input type="checkbox"/> | Noting | <input checked="" type="checkbox"/> | Information | <input type="checkbox"/> |
|----------------------|----------|--------------------------|--------|-------------------------------------|-------------|--------------------------|

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That Tatau Pounamu Manawhenua Advisory Group notes the report.

3. SUMMARY

DNA Project

The objective of this work is to increase Outpatient Clinic attendance rates to 95% for Maori and non-Maori. An implementation plan has been developed led by Acting Nurse Manager Clinical Services, Maori Health, Manager of Central Booking Unit and the Emergency Department Manager. The purpose is to reduce the number of DNA for the whole population on the West Coast with a special focus on Maori. Patient non-attendance at outpatient clinics is a significant problem resulting in a waste of resources and patients forgoing medical care which they require. Although the overall 'Did Not Attend' or DNA rate at the West Coast DHB has reduced over recent years, there is certainly scope for improvement, the DNA rates of Maori is about twice that of non-Maori. It is well documented that Maori have poorer health outcomes with significantly higher mortality and morbidity rates than non-Maori. We have prioritised our work on the outpatient clinics below as our data shows that these have the highest DNA rates.

1. General Surgery
2. Gynaecology
3. Orthopaedic
4. Paediatric Medicine
5. Podiatry

Analysis

The patient journey was process mapped. A review of past initiatives was completed to understand what has worked to reduce DNA rates and what has not. Data was extracted from the Patient Management System (IPM) to identify clinics or groups that could be targeted to make change. Also a review of DNA procedure took place and the procedure is being updated. CBU Manager and GM of Maori health has also pulled data to help with analysis. In addition we held a working session with Kuini Puketapu, Lower Hutt DHB Maori health team. Her team have been very involved in working to reduce DNAs in their rohe.

Rangatahi Work Placement – West Coast DHB 17-19 September 2014

A rangatahi/youth work placement programme is being organised in September by the Maori health team with assistance from Mokowhiti consultancy. Kia Ora Hauora is a Ministry of Health funded initiative which is led by Tumu Whakarae - General Managers of Maori Health. This is the first time the work placement programme has been offered on the Tai Poutini and is a fantastic opportunity for our rangatahi. It is available to year 12/13 students who have expressed an interest in health as a career. Work is occurring with secondary schools and Tai Poutini Polytechnic. There has been great interest in the programme which will offer up to twelve placements. The students will receive presentations and visit the following services both within the hospital setting and in the community; Maternity, Social work, Laboratory, Paediatrics, PHO, CPH Westland Medical Centre, Poutini Waioara, Physio and Occupational Therapy.

Discharge Planning

Discharge planning involves many services. Recently representatives from Primary Care, Community, Allied Health, Complex Clinical Care Network (CCCN) and Maori health have agreed to work together to improve discharge planning processes.

The General Manager Maori presented to the working group at the first meeting regarding a model of discharge planning. IDEAL is an international model that has a very strong emphasis on including patient and whanau at the heart of discharge planning process.

- I **Including** the patient, family and partners
- D **Discussing** with the patient and family the situation at home, review of medications, signs of problems, follow-up appointments
- E **Educating** regarding the patient's condition, hospital stay and care; using teach-back method to see how well the information was understood
- A **Assessing**
- L **Listening** and honouring

In general, 20% of patients have an adverse experience within thirty days of discharge. In addition we have also gone through the process of establishing what is currently happening regarding discharge, ascertaining the various strengths and weaknesses and opportunities involved in current discharge planning processes by as many services as possible. This work also interfaces with the various actions within workstreams targeting readmission rates and supported discharge.

West Coast Health Alliance – Workstream workplans

Child and Youth Workstream

Pregnancy and Parenting Education plan with a special focus on improving attendance of Maori, Pacific and younger women has been finalised. There is now a lot of scope to revisit the way in which parenting programmes are delivered for Maori.

The Breastfeeding Implementation Plan has now been developed and finalised.

Healthy West Coast

Maori Smoking Cessation

Progress has been made within the plan in the following areas

- Stoptober – the first stop smoking month in NZ will begin in October
- Joe Mason has been working with practices to phone Maori who have not been offered brief cessation advice
- WERO challenge – the aim is to have several teams ready to go for the March round

- Approached Kaihautu at Poutini Waiora to identify a potential champion within the organisation for cessation, also to identify potential clients for Stoptober and to increase the number of Kaimahi who are trained in ABC (smoking cessation brief advice)
- Incentivisation project has been approved to try to increase the number of pregnant Mums who continue to smoke during pregnancy

Te Whare Oranga Pai

An implementation plan will be developed and approved by Healthy West Coast for Te Whare Oranga Pai to enable a service specification to be developed and a contract offered. This is one-off funding aimed at providing intensive support for Maori who are at risk of poor health outcomes due to inactivity and poor nutrition.

Poutini Waiora

The Organisational restructure for Poutini Waiora with recruitment and reorientation of several positions is well underway. The Kaihautu has been working with the DHB senior nurses to develop a formal clinical support agreement for the Kaupapa Maori Nurses and to identify opportunities that will ensure that levels of clinical proficiency are maintained. In addition, the intention is to develop a more inclusive and supportive structure for the Kaupapa Maori nurses.

Treaty of Waitangi and Maori Health workshop

The Maori health team ran a full day Treaty of Waitangi and Health Inequalities workshop this month. There was a total of eighteen staff with the majority being clinicians from many different services within the hospital. The morning focused on the Treaty of Waitangi from a health context and in the afternoon we shifted focus to health inequity and the use of Inequality Assessment tools. We broke into working groups with each group identifying a service relevant to them and then applying a condensed version of the Health Equity Assessment Tool (HEAT). Feedback has been positive particularly with the focus group session providing a practical context. This training is a key way to improve mainstream awareness and the workshop offers a practical way for participants to consider health equity and awareness of inequality within their jobs.



TATAU POUNAMU KI TE TAI O POUTINI
Manawhenua Advisory Group

Ko ngā mātāpono e whakahaere nei i ngā mahi me ngā tikanga a Te Rūnanga o Ngāti
Waewae raua ko Te Rūnanga o Makaawhio me Te Poari Hauora ki Te Tai Poutini.

MEMORANDUM OF UNDERSTANDING

BETWEEN

**TE RŪNANGA O NGATI WAEWAE
AND TE RŪNANGA O MAKAAWHIO**

AND THE

WEST COAST DISTRICT HEALTH BOARD



Te Rūnanga o Makaawhio

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1 Ngā Mana Parties

“Te Rūnanga O Ngati Waewae raua ko Te Rūnanga O Makaawhio”

“Kia eke a Poutini Ngāi Tahu ki te whakaoranga tonutanga”

”Raise up the wellbeing and restore health of the people of the West Coast”

- 1.1 For the purposes of this relationship Te Rūnanga o Ngati Waewae and Te Rūnanga o Makaawhio agree that together they will comprise Poutini Ngai Tahu and be represented in their relationship with the West Coast District Health Board by Tatau Pounamu Manawhenua Advisory Group.
- 1.2 This Memorandum of Understanding is signed on behalf of Poutini Ngai Tahu by the respective chairs’ of Te Rūnanga o Ngati Waewae and Te Rūnanga o Makaawhio.
- 1.3 This Memorandum of Understanding recognises the special relationship and obligations upon the West Coast District Health Board in exercising its Treaty partnership with Poutini Ngai Tahu, as represented by Te Runanga o Makaawhio and Te Runanga o Ngati Waewae.

“West Coast District Health Board”

“Whānau ora ki te Tai Poutini”

”Health and wellbeing for families of the West Coast”

- 1.4 The West Coast District Health Board has statutory objectives and functions set out in the New Zealand Public Health and Disability Act 2000 and has particular objectives to improve, promote and protect the health of people and communities and for reducing health disparities by improving health outcomes for Maori and other population groups - see Appendix 1: New Zealand Public Health and Disability Act 2000 Section 22(1)(a)-(h).
- 1.5 This Memorandum of Understanding is signed by the chair on behalf of the West Coast District Health Board.
- 1.6 This agreement between the parties does not affect the West Coast District Health Board from ability to interact and enter into relationships with other stakeholders in the region including Māori from other iwi living within the West Coast District Health Board’s region.

2 Te Take Purpose

- 2.1 This document articulates agreed principles to improve health outcomes for Māori consistent with the philosophy of the New Zealand Public Health and Disability Act 2000, and sets the guidelines for an enduring collaborative relationship between the parties.

3 Te Putake

Foundation

- 3.1 The parties acknowledge that the Treaty of Waitangi is a founding document of Aotearoa/ New Zealand and as such lays an important foundation for the relationship between the Crown and Māori. The parties wish to record their agreed understanding of how this Treaty based relationship, focused on health, will improve Māori health outcomes.

4 Ko Ngā Matāpono O Te Nohongā Tahī

Principles of the relationship

The following principles will guide the relationship:

- 4.1 Acknowledgement of the importance of the Treaty of Waitangi (as referred to in clause 3.1);
- 4.2 Acknowledgement of the shared interest of all parties in the development and implementation of policy and legislation in the health sector on behalf of the community;
- 4.3 Commitment to work together within an environment of trust (whakapono) honesty (pono), respect (whakaute), and generosity (manaakitanga) towards each other, recognising and understanding the capabilities and constraints each party brings to the relationship.
- 4.4 Both parties acknowledge their role as guardians and stewards for generations that will follow. It is recognised that each party will have different lines of accountability enabling each party to develop and grow in its own way while recognising and acknowledging difference.
- 4.5 To provide a framework for the parties to work together towards improving Māori health outcomes by:
- a) Efficient use and allocation of resources;
 - b) Effective representation;
 - c) Discussing and reaching agreement on key issues of West Coast District Health Board strategic plans in respect to Māori.
 - d) Acknowledging and respecting the accountabilities of each party in the planning and decision making process.

5 Ko Ngā Tikanga Mo Te Mahi Tahī

Process for working together

- 5.1 The process for all parties working together is outlined in the Tatau Pounamu Terms of Reference (see Appendix 2).

6 Ngā Āhuatanga Me Ngā Kawenga

Roles and responsibilities

- 6.1 The West Coast District Health Board and Tatau Pounamu will work together on activities associated with the planning of health services for Māori in Te Tai Poutini rohe.
- 6.2 The West Coast District Health Board and Tatau Pounamu will take responsibility for the activities listed below:
- 6.2.1 The West Coast District Health Board will:
- a) Involve Tatau Pounamu in matters relating to the strategic development and planning and funding of Māori health initiatives in the Te Tai Poutini rohe;
 - b) Establish and maintain processes to enable Maori to participate in, and contribute to strategies for Maori health improvement
 - c) Continue to foster the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori
 - d) Include Tatau Pounamu in decision making process that may have an impact on Poutini Ngāi Tahu; and
 - e) Feedback information to Tatau Pounamu on matters which may impact on the health of Māori in Te Tai Poutini rohe.
- 6.2.2 Tatau Pounamu will:
- a) Involve West Coast District Health Board in matters relating to the development and planning of Māori health and disability.
 - b) Feedback information to Ngā Rūnanga o Poutini Ngāi Tahu as required;
 - c) Advise West Coast District Health Board on matters which may impact on the health of Māori in Te Tai Poutini rohe;
 - d) Assist West Coast District Health Board to acquire appropriate advice on the correct processes to be used so as to meet Poutini Ngāi Tahu kawa (custom/protocol) and tikanga (rules of conduct).

7 Ngā Hui

Meetings

- 7.1 All meetings shall be consistent with the guidelines as described in the Tatau Pounamu Terms of Reference.
- 7.2 Establish a relationship between the chair Tatau Pounamu and chair and/or deputy chair, West Coast District Health Board through meetings held (three times per annum); the chair and/or deputy chair of the West Coast District Health Board shall be invited to attend no less than one Tatau Pounamu meeting per annum.
- 7.3 Tatau Pounamu will invite the West Coast District Health Board bi-annually to meet on a marae.

8 Nga Rawa

Resourcing

- 8.1 The West Coast District Health Board will provide administrative support resources for this relationship as outlined in the Tatau Pounamu Terms of Reference.
- 8.2 Tatau Pounamu members will be paid meeting fees and actual and reasonable expenses associated with attendance at meetings as stated in the West Coast District Health Board and committee members manual.

9 Ko Ngā Rawa Hei Whakatutuki I Ngā Mahi I Raro I Ngā Ture

Statutory and contractual obligations

- 9.1 The parties acknowledge that this Memorandum of Understanding is not legally enforceable, but that this does not diminish the intention of the parties to meet the expectations and undertakings of this Memorandum of Understanding.

10 Te Mana Kokiri

Authority to speak

- 10.1 The parties agree that they will not make any statement on the other's behalf to any third party without the express authorisation of the other party.

11 Te Noho Matatapu

Confidentiality

- 11.1 The parties agree that unless otherwise required by law, or by mutual agreement, they will keep confidential all information acquired as a result of this agreement.
- 11.2 The parties specifically acknowledge that information relating to or produced by the relationship may be required to be released under the Official Information Act 1982.

12 Tirohanga Hou Me Ngā Whitinga

Review and variation

- 12.1 This Memorandum of Understanding records a commitment to an enduring collaborative relationship. The parties acknowledge that over time the nature and focus of the relationship may evolve to reflect changing circumstances. Therefore, the parties will meet solely for the purpose of reviewing this Memorandum of Understanding in two years, and every three years subsequent for a review of the Memorandum of Understanding to be undertaken;
- 12.2 The parties may at any time amend this agreement

13 Whakataunga Raruraru

Problem resolution

13.1 In the event of any dispute arising out of the subject matter of this Memorandum of Understanding the parties agree to the following process:

- a) In the first instance the chairs of the parties will meet and use their best endeavours to resolve the dispute;
- b) If following a) the dispute is not resolved, the parties will engage in mediation through an agreed process.

14 Term of Memorandum of Understanding

14.1 This Memorandum of Understanding commences upon signing by both parties;

14.2 This Memorandum of Understanding may be terminated by mutual agreement or by either party giving three months notice to the other party.

**TATAU POUNAMU
MANAWHENUA ADVISORY GROUP
2014 MEETING SCHEDULE**

| DATE | TIME | VENUE |
|-----------------------------------|---------------|--------------------------------|
| Thursday 20 February 2014 | 3.00 – 5.00pm | Board Room, Corporate Services |
| Thursday 11 April 2014 | 3.00 – 5.00pm | Poutini Waioara, Hokitika |
| Thursday 26 June 2014 | 3.00 – 5.00pm | Board Room, Corporate Services |
| Thursday 24 July 2014 | 3.00 – 5.00pm | Kahurangi Room, Mental Health |
| Thursday 11 September 2014 | 3.00 – 5.00pm | Kahurangi Room, Mental Health |
| Thursday 23 October 2014 | 3.00 – 5.00pm | Board Room, Corporate Services |
| Thursday 4 December 2014 | 3.00 – 5.00pm | Board Room, Corporate Services |

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



THE WEST COAST HEALTH SYSTEM

– supporting you to be well



West Coast Alliance

July 2014

What is the Alliance?

The partnership of health professionals and providers established to enable collaborative planning and determine appropriate models of care across the whole health system.



Our goal

To provide increasingly integrated and coordinated health services through clinically-led services development and implementation, within a 'best for patient, best for system' framework.

Advisory Groups

Reference Groups

e.g. Maori, Local, Diabetes Team

External consultants

e.g. Legal, change management, policy expertise

Alliance Leadership Team ALT

Selected to lead our alliance and the work that falls within the agreed scope of alliance activities.

- Provide system-level oversight, monitoring of workstreams and ensuring connectedness and a whole of system approach by alliance activities.
- Provide a range of competencies/expertise required to support the alliance to achieve its objectives.

- Medical Primary & Secondary
- Nursing Primary & Secondary
- Allied Health
- Public Health
- Maori Health
- Mental Health
- DHB Planning & Funding

Alliance Support Group ASG

Facilitates, administers & supports the workstreams and leadership team (the 'glue').

- Provide feedback to workstreams and advice to ALT, as well as to their own organisations.
- Allocate resources to operationalise/implement priorities (i.e. Who will do what, how will the costs be managed?)

- WCDHB Programme Director
- GM Grey/Westland
- GM Buller
- PHO Executive Officer
- Te Kaihau Poutini Waiora
- Alliance Programme Coordinator

Programme Office

- Alliance Programme Coordinator
- Project Managers

Workstreams

Propose transformational service improvement, identify areas requiring redesign and innovation.

- Report regularly to ALT
- Feed into annual planning around deliverables

Buller IFHS *Integrated Family Health Service*

Health of Older People

Pharmacy

Mental Health

Child & Youth Health

Public Health/Health Promotion

Grey | Westland IFHS *Integrated Family Health Service*



Priorities for Buller IFHS

- Integrate fragmented health services
 - *Using the health care home model of care, develop a general practice that is effective, efficient, readily accessible and financially sustainable*
- Keep people well and in their own homes for as long as possible
 - *Reduce the reliance on secondary care services by providing proactive community alternatives*
- Assure patient safety
 - *Support a programme of continuous improvement focused on the safety of patients and staff*



Priorities for Health of Older Persons

- Establish a Rapid Response supported discharge service (goal-based)
 - *Prevention of admission for older people*
- Further develop restorative packages of care
 - *Complex Clinical Care Network*
- Develop & expand targeted specialised services to support people to remain independent and in their own home
 - *Zero Harm from Falls, Fracture Liaison, Cognitive Impairment pathway*
- Ensure older people receive timely & comprehensive clinical assessment of need in the community
 - *InterRAI*



Priorities for Pharmacy

- Integrate pharmacy services on the Coast
 - *Pharmacy2GP service, links with CCCN, develop model for co-location in IFHCs*
- Improve sustainability through improving capability & capacity of the workforce
 - *Shared resources across hospital and community, new roles*



Priorities for Mental Health

- Reinststate the Transalpine mental health leadership forum
 - *Lead further development of the Transalpine approach to the delivery of mental health services*
- All providers of MHAS explicitly agree and adopt the system philosophy
 - *Strengths-based recovery approach*
- Develop the stepped continuum of care
 - *Clear & visible expectations and observable changes*
- Clarify locality team structures and their fit with IFHC planning and structures.
 - *Buller 6 months.*
 - *Grey | Westland 12-18 months*



Priorities for Child & Youth

- Implement a collaborative & integrated approach to the delivery of maternity services
 - *Links with Mana Tamariki project and Maternity Quality & Safety programme*
- Implement the National Children's Action Plan
 - *Multidisciplinary cross sector Children's Teams*
- Implement a collaborative & integrated approach to the delivery of child health services
 - *Well Child Tamariki Ora Quality Improvement, Oral Health Review recommendations*
- Implement a collaborative & integrated approach to the delivery of youth health services
 - *Expand the use of Wellness Checks, ensure services are youth-friendly, (use of secret shoppers & one-stop shops etc.)*



Priorities for Healthy West Coast

- Increase the number of successful quit attempts and reduce the smoking prevalence amongst the West Coast population
 - *Focus groups for Maori and pregnant women*
- Improve the early identification of people 'at risk' of diabetes and CVD
 - *Focus on Clinical Leadership*
- Increased support for mothers to breastfeed & to do so for longer periods
 - *Strengthening referral pathways and improving the community capacity for support*
- Reduce the harm caused by alcohol in the West Coast community
 - *Development of Alcohol Strategy & regular reporting of alcohol related presentations*



Priorities for Grey/Westland IFHS

- Improve patient & whanau experience of health care and support services across the West Coast
 - *Improved care coordination, improved communication processes between services*
- Redesign of models of care within general practice
 - *Health Care Home concept and LEAN processes*
- Development of Integrated Family Health Services that support a sustainable and quality health system for the West Coast
 - *Sustainable After-Hours service, joined-up, patient-centred services*

