

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

23 October 2014

@ 3.00pm WCDHB – “The Cave” Mental Health Services

Agenda and Meeting Papers

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

TATAU POUNAMU ADVISORY GROUP MEETING
To be held at Mental Health Services, The Cave Meeting Room
Thursday 23 October 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

11 September 2014

3. Carried Forward/Action List Items

4. Discussion Items

- Whanau Ora
- Rangatahi Programme/Future/Other Programmes of this nature
- Maori Representative Appointment Updates
- Julie Lucas – DNA Programme Update 3.45pm
- Mark Newsome General Manager Grey/Westland Health Services 4.00pm
- Memorandum of Understanding Update – Elinor Stratford
- NGO Maori Health Plans – Gary Coghlan
- NGO Training Issues- Gary Coghlan
- Workstream Reporting Update – Philip Wheble 4.20pm

REPORTS

- | | |
|---|---|
| 5. Chairs Update – Verbal Report | Chair |
| 6. GM Maori Health Report | General Manager Maori Health |
| 7. Maori Health Plan Update | Portfolio Manager, Kylie Parkin |
| 8. Alliance Update | Philip Wheble, Planning & Funding Manager |

INFORMATION ITEMS

- Tatau Pounamu Meeting Schedule
- Rangatahai Visit – Images of some visits
- Pregnancy & Parenting Education (PPE)

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 Runanga 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 @ West Coast DHB, Greymouth, on Thursday 11 September 2014 @ 3.00pm

PRESENT: Lisa Tumahai, Te Rūnanga O Ngāti Waewae (Chair)
Elinor Stratford, West Coast DHB Representative **Arrived after CPHAC (3.20pm)**
Francois Tumahai, Te Rūnanga O Ngāti Waewae
Susan Wallace, Te Runanga O Makaawhio **Arrived after CPHAC (3.20pm)**
Wayne Secker, Maori Community, Mawhera
Paul Madgwick, Te Runanga O Makaawhio
Gina Robertson, Maori Community, Buller

IN ATTENDANCE: Kylie Parkin, Portfolio Manager Maori Health
Mark Newsome, General Manager Grey/Westland (Acting Michael Frampton)
Philip Wheble – Team Leader, Planning & Funding, West Coast DHB

MINUTE TAKER: Megan Tahapehi, Maori Health

APOLOGIES: Gary Coghlan, General Manager Māori Health, West Coast DHB

WELCOME / KARAKIA

AGENDA / APOLOGIES

1. DISCLOSURES OF INTEREST

2. MINUTES OF THE LAST MEETING -

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

Moved: François Tumahai

Second: Paul Madgwick

Carried.

3. Carried forward/Action List Items

No. 4 – Tatau Pounamu Terms of Reference

Continue to use current version and the MOU will be an ongoing agenda item. We will discuss this when Mark Newsome (Acting for Michael Frampton) comes to join us as pathway forward to getting this process approved by the end of the year.

Whanau Ora

Ongoing work. Kylie Parkin is continuing to provide information

No. 5 – Chairs Report to Board

These have been provided to the last 2 board meetings however they are retrospective as Tatau Pounamu meeting dates do not align to the 2014 Board meetings. Next years dates will hope to more closely align.

No. 7 – Cancer Screening

Carried over to next meeting. Peter McIntosh to be invited to next meeting for update.

No. 8 – Draft Appointments Policy

Approved and copy provided to the Board for update at their next meeting.

No. 9 – Maori Representatives Appointment Process

Appointments have been made for the Runanga vacancies to HAC & CPHAC.

Tatau Pounamu welcomed Gina Robertson to her first attended meeting since her appointment in June. All present gave brief introductions to Gina.

4. Discussion Items

Maori Representative Appointment Update

The following Runanga appointments were confirmed.

Hospital Advisory Committee (HAC)

Richard Wallace has been reappointed by Te Runaka o Makaawhio to the Hospital Advisory Committee

Recommendation

To reappoint Richard Wallace for a further term to the Hospital Advisory Committee.

Moved: Chair

Carried: Francois Tumahai

Abstained: Susan Wallace (daughter)

Community Public Health Advisory Committee (CPHAC)/Disability Support Advisory Committee (DSAC)

Joseph Mason has been appointed by Te Runaka o Ngati_waewae to the Community Public Health Advisory Committee/ Disability Support Advisory Committee

Recommendation

To appoint Joseph Mason to the CPHAC/DSAC committee

Moved: Paul Madgwick

Second: Susan Wallace

Carried

It was also raised that we need to ensure there are no conflicts of interest with regards to Joseph Mason's appointment and his role within Community Public Health. It was not likely that there would be, however this has been noted.

The other outstanding appointments for ALT (Alliance Leadership Team) and Mental Health Workstreams still remain. The chair advised that we should not rush into the ALT appointment to ensure we get the right person with regards to the clinical requirement. Stella Ward will provide updates to these meetings until such time as an appointment is made.

ACTION: Megan to follow up the ALT update

Mental Health Workstream – The Chair is still getting correspondence from Sandy regarding this work.

It was agreed to advertise. Alliance Leadership Team (ALT) & Mental Health Workstream vacancies.

ACTION: Advertisements placed in papers Megan

Whanau Ora – Defining its context within DHB/Annual Plan

Kylie Parkin provided an update to the work started. A member asked and wanted a reminder of what is in the plan regarding Whanau Ora. Kylie responded that the MHP objectives are largely focused around supporting the collectives “the hub” and this is driven by the Ministry.

The GM’s Maori, Tumu Whakarae have been developing a national DHB Whanau Ora policy framework that could act as a mechanism to advance the delivery of whanau ora. This paper was tabled for information.

The Chair advised that what we want to achieve is a shared understanding of what we define Whanau ora to be. And align to the principals of Better Sooner more Convenient.

Action: Kylie to provide the Whanau Ora collective and BSMC diagrams

General Manager Grey/Westland Update (Acting for Michael Frampton)

Mark Newsome was present for the meeting on behalf of Michael Frampton who was on leave. Mark introduced himself to Tatau Pounamu and provided a brief background to his working history. Mark also provided the following updates for the meeting.

Updates

Facilities Update

1. Architects/Developers have been reengaged for the facilities update. The previous workstreams will continue to be involved in this stage of the process.
2. Good clinical engagement
3. Between now and Christmas is much work to be done, also tidying up issues that remained unresolved from last process.
4. Work continues on design process.
5. The Buller facilities is important work. Good progress being and links with Grey

Alliance Update

1. A lot going on within the various workstreams. There are two new workstreams - rural level alliance – this has come out of developing funding of rural practices and looking at the model of funding and the other new one is the mental health workstream, which has been formed to oversee implementation of the recommendations from the mental health review.

Workforce

1. Continues to be challenging in a number of areas. Locums in particular
2. Nursing continue to be consistent
3. General practice and in particular GP’s – average wait time around two days
4. Hospital services - we still have challenges recruiting senior medical officers in specific areas. Currently filled by locums. Problems within general surgery.
5. Rural hospital medical workforce are generalist (like ED physicians) specifically trained to work in rural areas and currently the people we have employed they have worked as E D doctors, however their scope has been used across other areas recently and looking at expanding into general medicine.
6. Looking at a transalpine model of care, With a partnership with CDHB
7. Allied Health - OT and Physio Therapy – vacancies that are impacting on service delivery. Continuing to recruit and work with Canterbury to help with recruitment

Other

1. Executive management team have five priorities to work from:

- Transforming Primary Care
- Inpatient Reconfiguration
- Resource Optimisation
- Workforce Innovations
- Delivering Services in the Right Way

The chair asked for some further update around Buller. Mark replied and said that the RFP's (Request for Proposals) are in and being assessed. Work around Older Person's Health and discussions with the community. The Reefton community has also been engaged about local health services. Community conversations with key stakeholder groups are coming up. The chair asked if there were Maori going to these meetings and who they were?

ACTION: More work needed to find Maori community members to participate in various health committees and forums.

The Chair raised the MOU and the need to review and update at this meeting. The Chair requested to know who will be participating in this review on behalf of the Board and asked that this happen in tandem with the Tatau Pounamu meetings rather than have separate meetings. This will be an ongoing agenda item until there is more commitment from the WCDHB board.

ACTION: Chairs report to board advising of key representative for MOU sign off.

Planning & Funding, Team Leader

Philip Wheble, Planning and Funding Team Leader attended the meeting. He introduced himself to the group and provided further updates about Workstreams/Alliance plans and new reporting processes for the workstreams.

Draft Appointments Policy

The draft appointments policy was finalised with the amended changes accepted. A copy would be included in the Chairs update to the WCDHB Board at the next meeting in September.

Moved: Francois Tumahai
Carried

Second: Paul Madgwick

Additional discussion items to agenda

Mileage Reimbursement for Tatau Pounamu Member Attendance

A discussion regarding mileage reimbursement.

ACTION: Mileage reimbursement forms to be completed

5. Chairs Update to the Board

Update to include:

- Maori Appointments to Committee/Boards
- Appointments Policy

- Whanau ora
- Memorandum of Understanding

6. General Manager Report Update

Taken as read.

DNA's (Do not attends)

A member requested clarity around the reason for the Maori health team being involved in phoning patients who did not attend outpatient clinics (DNA)'s. Kylie explained that a high level strategy to reduce the number of DNA's is being developed and implemented and Maori health are involved in that work. The Hospital Kaiawhina as part of her brief does phone those Maori patients who did not attend outpatient clinics to try to ascertain the reason why and ensure that follow up has occurred. This work will be ongoing.

ACTION: DNA Report for next meeting

Rangatahi Placement

Tatau Pounamu members were enthusiastic about this upcoming placement and asked for a copy of the programme.

ACTION: Megan to provide copy of the programme

7. Workstream/Alliance Update

Philip Wheble spoke to this report and explained the new reporting system. The Chair asked about Grey/Westland – Profile of risk for West Coast population? Is this going to identify the needs of our community? ANSWER – This will identify the indicators and then look at the history and see if there are some common indicators. Focused on long term conditions with an emphasis on the long term conditions programme.

A member also enquired about the Maori Smoking Cessation plan. Kylie explained that this was still being developed as an action within the Healthy West Coast workstream and that when the first draft was ready it would go to the workstream and a copy can be provided to Tatau Pounamu.

A member asked what PPE stood for Kylie explained that it was Pregnancy and Parenting Education and that the plan was being developed as part of the recommendations from the Maternity and Quality Safety review. A small group have been involved in this work that was being led by Alison Young, CDHB Project Manager Planning and Funding. It was noted that this is an important area for Maori and that the right people need to be involved.

ACTION: Tatau Pounamu would like to be well informed re this.

A member was interested in the Smoking Cessation Rates – Kylie explained that the Ministry target is all about asking the question, providing advice and if appropriate referring to cessation services. Therefore we report on ABC provided in secondary and ABC provided in primary care. Within the Maori Cessation plan we will be asking for more data on actual quit attempts. The data provided on this will be provided at the next quarterly meeting

There was further discussion about reporting requirements, Philip Wheble led this saying that if the group are happy with the Alliance Leadership Team reporting then something similar could be provided to Tatau Pounamu.

What they are looking at is giving clarity on process against the various activities and whether they are at risk or behind target and what the strategy is for reducing the risk. These reports will be provided every 3 weeks with the Alliance Support Group summary every 6 weeks.

A member thought that this reporting will provide Tatau Pounamu with greater information and updates and will provide the opportunity to identify the key areas for Maori

The integrated reporting will now be provided into the future. Kylie please review this section

General Business

Rebuild general discussions

Discussion about the hospital re build and the Westland IFHC

ACTION: Contact Carol Atmore who is leading the Westland IFHC work for an update or to be invited to the next meeting.

Meeting finished at 5.00pm

MATTERS ARISING SEPTEMBER MEETING 2014

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
4	11 September 2014	Amendments for Tatau Pounamu Terms of Reference & Renewal of Memorandum of Understanding The Chair expressed that it would be beneficial to have a Board representative at our meetings who has the ability to go through the approval process at this meeting for the TOR and renewal of the MOU. It is the best opportunity given that both Rununga are also present at this meeting.	Chair Mark Newsome who was acting for Michael Frampton at this meeting advised that he would raise this on Michaels return. The Chairs update to the Board at the September meeting also commented on the need to have Board representation for the approval and renewal of the TOR & MOU.	October Meeting
4	11 September 2014	Draft Appointments Policy The Draft Appointments Policy was formally approved. Confirmation of this approval was provided in the Chair's update to the Board for their September meeting.	Chair	October Meeting
4	11 September 2014	Maori Representative Appointment Requests Confirmation of new appointments were agreed for representatives onto the Hospital Advisory Committee (HAC) & CPHAC. These appointments are within the Rununga. The remaining vacant appointments for the Alliance Leadership Team (ALT) and the Mental Health Workstream are still ongoing. It was discussed that we need to advertise wider again in the newspapers.	The Chair provided an update of the confirmed appointments in her update report to the Board for September Megan Tahapeehi to arrange for newspaper advertising across the whole West Coast region.	October Meeting October Meeting
5		Whanau Ora Tatau Pounamu agreed at this meeting that it would be a worthwhile exercise to review both the Ministry of Health and	Portfolio Manager, Maori Health	October Meeting

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
		<p>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.</p> <p>The chair talked about Te Puhitahitanga, South Island Commissioning Agency Whanau Ora document</p>	Chair to provide a copy to Portfolio Manager	October Meeting
7	11 September 2014	<p>Cancer Screening</p> <p>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.</p>	Portfolio Manager	November Meeting
8	11 September 2014	<p>Buller Workstream – Maori Representative</p> <p>Require confirmation of the Buller representative.</p>	General Manager, Maori	October Meeting
9	11 September 2014	<p>DNA Update</p> <p>There was a discussion around a process of follow up for a patient with regards to a reminder about an upcoming appointment. This then formed a discussion around the current DNA project that is underway and lead by Julie Lucas. A copy of the draft project will be provided at the next meeting.</p>	General Manager, Maori	October Meeting

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **23 October 2014**

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

1. ORIGIN OF THE REPORT

The discussion items listed for the current Tatau Pounamu meeting.

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes the discussion items in the report.

- Whanau Ora
- Rangatahi Programme/Future/Other Programmes of this nature
- Maori Representative Appointment Updates
- Julie Lucas – DNA Programme Update
- Mark Newsome General Manager Grey/Westland Health Services
- Memorandum of Understanding Update – Elinor Stratford
- NGO Maori Health Plans – Gary Coghlan
- NGO Training Issues- Gary Coghlan
- Workstream Reporting Update – Philip Wheble

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **23 October 2014**

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.

A verbal update will be given at the meeting.

GENERAL MANAGER MAORI HEALTH REPORT

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: General Manager Maori Health

DATE: 23 October 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

Rangatahi Work Placement

A group of eight West Coast rangatahi interested in health as a career visited the West Coast District Health Board and other key health services on the West Coast in September. This was part of an inaugural work placement programme called Kia Ora Hauora. The purpose of this programme is to promote health as a viable career for our rangatahi. The number of Maori in the health workforce is still very low; roughly 4% of the total health and disability workforce in the South Island is Maori. This is much lower than the percentage of Maori living in Te Wai Pounamu overall.

Kia ora Hauora is a Ministry of Health funded initiative and is led by Tumu Whakarae, General Managers of Maori Health. It was organised by the Maori Health Team at WCDHB with assistance from Mokowhiti, who are contracted to support all DHB's in the South Island to promote Maori workforce development,

The programme was available to year 12/13 students from Greymouth High, Westland High, John Paul II and older students from Te Tai Poutini Polytechnic. The Buller region will be a key focus next time.

The students experienced a wide range of health services, there were a number of very good presentations from staff working in many areas such as theatre, maternity, paediatrics, pharmacy, occupational therapy, social work, nursing, mental health, smoke free, health promotion, nutrition, Poutini Waiora and a visit to the Westland Medical Centre. This provided the students with some great insights into the health system and how it all works from a local level especially. It was encouraging to hear some of the rangatahi comment that they would like to return home to Tai Poutini after completing their tertiary education to work within health and disability. We will continue to provide support to these students into the future.

Mana Mokopuna Tamariki

The Project Advisory group has been identified and established and the Project Coordinator /Admin support is now in place. The next stage is to engage with the Focus group and begin the 'understanding needs' part of the project.

Whare Oranga Pai

The model for delivery of this programme is still under development. Kylie Parkin is working with Alayna Watene and Community Public Health to develop the activity component of the model which will work alongside the Appetite for Life nutrition programme.

Te Herenga Hauora – South Island Regional Maori General Managers

Te Rau Puawai

Te Rau Puawai is a partnership between Health Workforce NZ and Massey University that aims to increase the professionalism of the Maori mental health workforce by supporting those interested employees through study. Te Rau Puawai has had an 89% pass rate since 1999. Significant contributions are made towards fees and any costs associated with travel. Further support is provided by;

- Access to support tutors and an academic mentor
- Peer support
- Cultural support
- Needs based workshops

There is an opportunity for the DHBs to work closely with Te Rau Puawai to identify those Maori employees that may want to pursue study and to link them in to this opportunity.

He Oranga Pounamu - Whanau ora

Robyn Wallace Chief Executive of He Oranga Pounamu and Maania Farrar Waka Ora Programme Manager. He Oranga Pounamu met with Te Herenga Hauora South Island Maori General Manager's. They were writing feedback from the GMs on how to ensure that open communication is occurring as they move into the next phase of the Whanau Ora Programmes of Action. Waka Ora are currently reviewing current provision of the programme and identifying where best practice has already occurred. Maania will continue to have these discussions with each of the South Island General Managers/Directors Maori Health.

TO: Chair and Members
Tatau Pounamu

SOURCE: [Maori Health]

DATE: 01 Oct 2014

Report Status – For: Decision Noting ☐ Information ☒

1. ORIGIN OF THE REPORT

[Note for report author: consider - is this a standing report and regular agenda item, is it generated through a request from the Board/ Committee, strategic direction or ministry requirement – why was the report written e.g. through which committees or groups has the report been presented/endorsed. It is not the Executive Summary.]

2. RECOMMENDATION

[Note for report author: The recommendation of a Decision Paper is to be in such a form that the Committee will vote for or against, i.e. the actual resolution for the Committee to pass. The recommendation needs to state if the recommendation needs to be forwarded to the West Coast DHB for the Board's approval. For a Noting Paper the usual recommendation will be That the Hospital Advisory Committee note the paper. An Information Paper does not contain a recommendation]

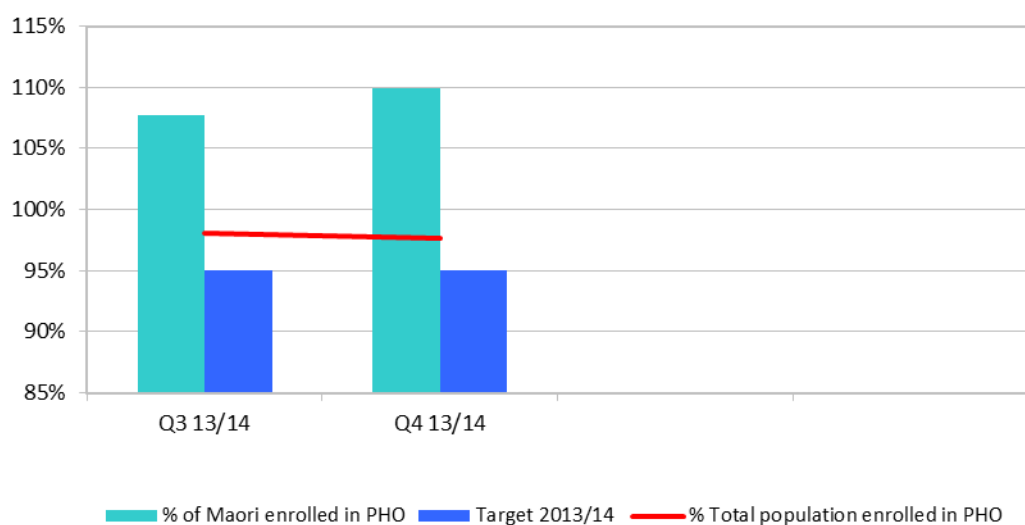
3. SUMMARY

Maori Health Quarterly Report – Q4, 2013/14

Access to care

Percentage of Maori enrolled in the PHO

PHO enrolment using 2013 Census population data



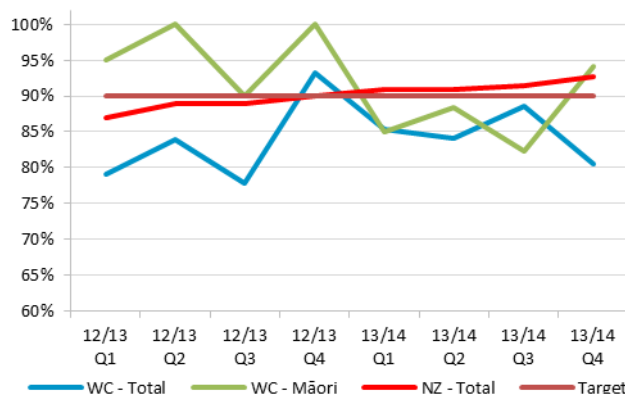
* 2006 census population was used as the denominator.

ACHIEVEMENTS/ISSUES OF NOTE

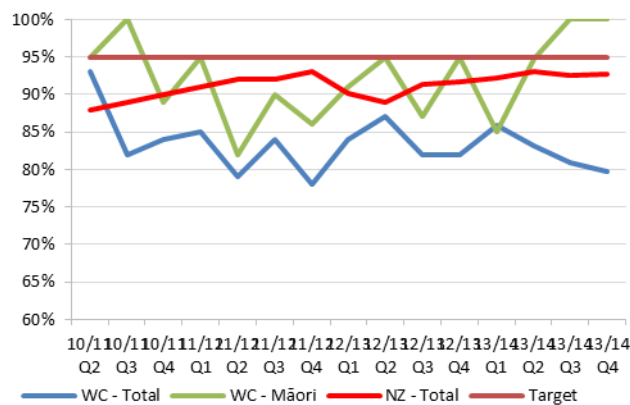
Enrolment in PHO: Using the 2013 population census figures 101% of Maori were enrolled with the PHO as at June 31 2014. 3205 Maori were enrolled in quarter 4 compared to 3140 in quarter 3. The Census data shows total Maori population is 3171.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



Eight-month-old immunisation: 88% of Maori babies have been immunised on time at 8 months of age in quarter 4 – 71 babies out of 81 eligible. This is compared to 93% of non-Maori babies where 215 from 230 eligible babies have been immunised.

Two-year-old immunisation: 96% of Maori 2 year olds have been immunised on time in Quarter 4 – 63 from 67 eligible babies. The West Coast DHB's total coverage for Quarter 4 is 82% - 333 from 404 eligible children and 91% of non-Maori 2 year olds have been immunised on time.

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 Well Child service providers to refer children for immunisation; and
- Improving the enrolment process at birth

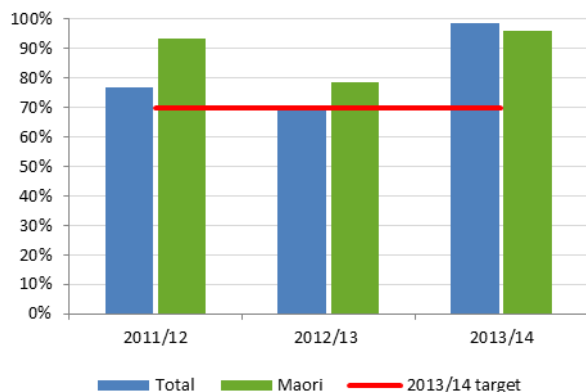
Breastfeeding: Breastfeeding results for the 12/13 year were released by the MoH during this reporting period. It is important to note that unfortunately the DHB is unable to present a full picture of breastfeeding results this year and it is Plunket services only. Poutini Waiora and the WCDHB also provide WCTO services, but due to national data issues with Plunket data the three data sources cannot be accurately combined as they have been in the previous years.

Breastfeeding Support: The community lactation consultancy and breastfeeding advocate have seen 6 Maori clients and provided 28 contacts for breastfeeding support. Over the 2013/2014 year there have been 5 new Mum4 Mum peer support graduates who are Maori and over the past 7 years there have been 37 Maori mums graduate as Mum4Mums. A review is currently being done of the Mum4 Mum service. A West Coast Priority Plan for Breastfeeding 2014-2016 is under development.

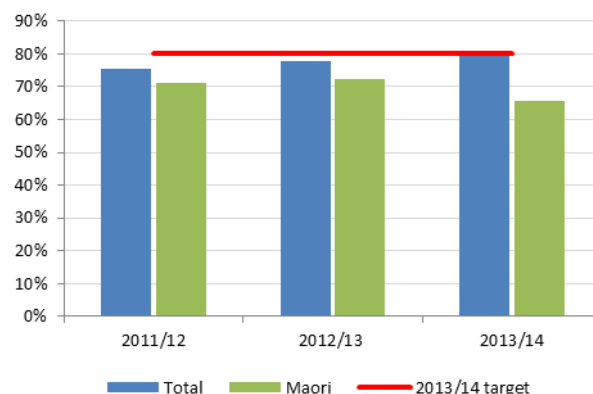
Newborn Enrolment: The Newborn enrolment form will now include a section where new Mums can consent to being contacted by a Lactation Consultant within a week of birth. The lactation consultant will then be able to determine whether additional breastfeeding support is required. This service can be provided in the home or clinic.

More Heart & Diabetes checks

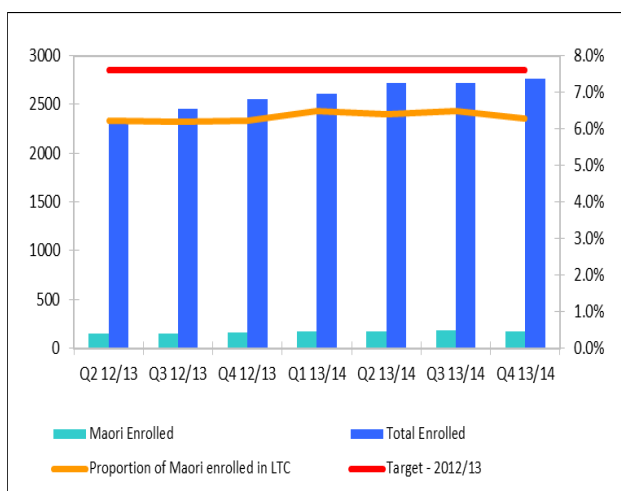
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year



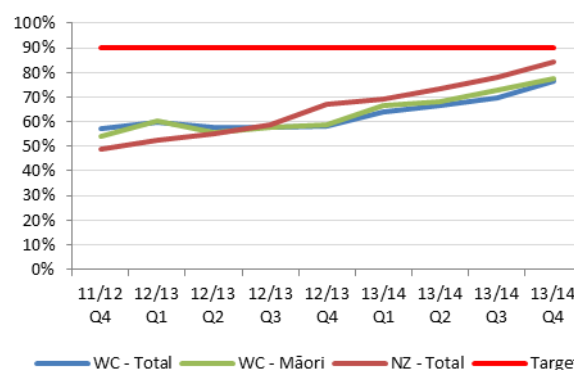
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Number of people enrolled in the Long Term Condition Programme



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



Diabetes: Maori still continue to show a good rate of access to Diabetes Annual Reviews however management of their diabetes could be improved. 93% of Maori with diabetes have had Retinal Exams, 68% show HBA1c levels at or below 8.0, 75% are non-smokers and 64% are on statins.

CVD Health Target

'More heart and diabetes checks' will measure the number of completed cardiovascular Risk Assessments (CVRA) for all eligible persons within the last five years (which includes a diabetes check). The national goal is 90% since 1 July 2013.

Practice teams continue to actively identify and invite eligible people to nurse-led clinics to have their cardiovascular risk assessed, with a special focus on high-need people who haven't been screened.

A total of 63 Maori have had their CVRA check in Q4. Maori make up 7.9% of completed CVRAs this quarter. By comparison, Maori make up 9.6% (994) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years).

As reported previously, performance against the More Heart and Diabetes Checks Health Target continues to steadily increase with 76.6% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years, as at Quarter 4. Data for quarter 1 is expected later this month.

The smoking profile for CVRAs completed this quarter for Maori is 62% not smoking compared with other ethnicities screened not smoking 75%.

We would expect to see an increase in the number of CVRAs for Maori when the newly appointed Kaupapa

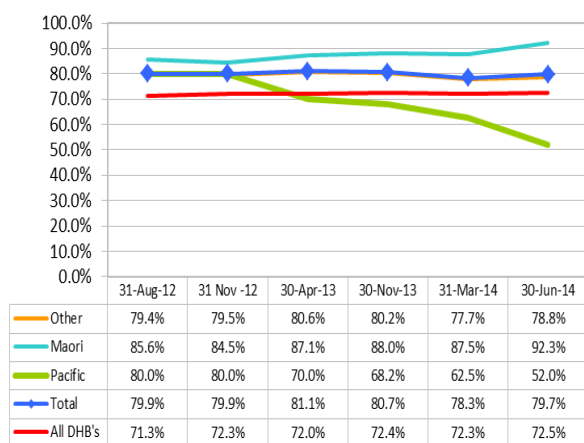
Maori Nurses recently appointed in the Grey and Westland districts are working to full capacity.

Green Prescription: Quarter 4 data shows 8 referrals to the Green Prescription programme in the Grey district for Maori and only 1 referral in the Buller district. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

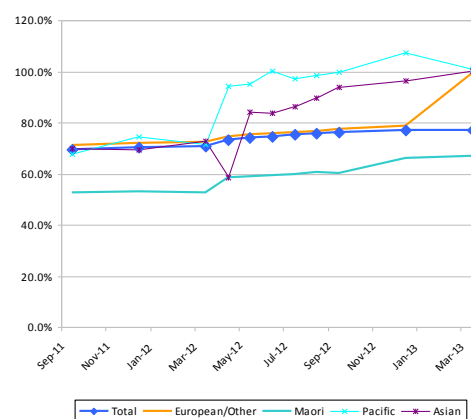
Long Term Condition Management (LTC): 174 Maori are enrolled in the Long Term Conditions programme as at June 31 2014. Year to date Maori enrolment makes up 6.2% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 6.2% of the enrolled population at the primary practices aged 45 years and above. Collaboration with Poutini Waiora to integrate services to support Maori identified as having LTCs is occurring however this has been slow due to 2 Kaupapa Maori Nurses leaving. There is on-going work within practices to identify eligible people and increase enrolments in level 2 and level 3.

Cancer

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



Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years ending Dec 2013



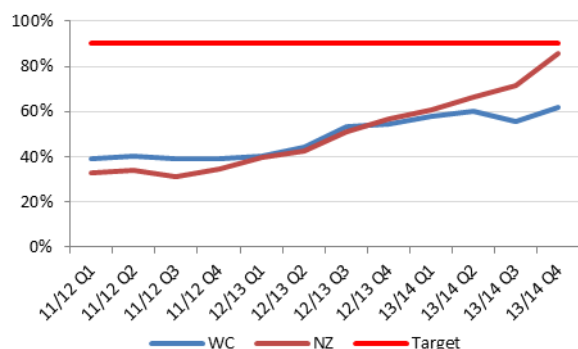
ACHIEVEMENTS/ISSUES OF NOTE

Breast Cancer Screening: Approximate 79.7% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending 30 June 2014. The coverage for eligible Maori women (92.3%) is higher compared to all other ethnicities on the West Coast. The West Coast DHB is the lead DHB for this target across all other DHBs nationwide with the next closest being Nelson Marlborough with 86.4% of eligible Maori women being screened.

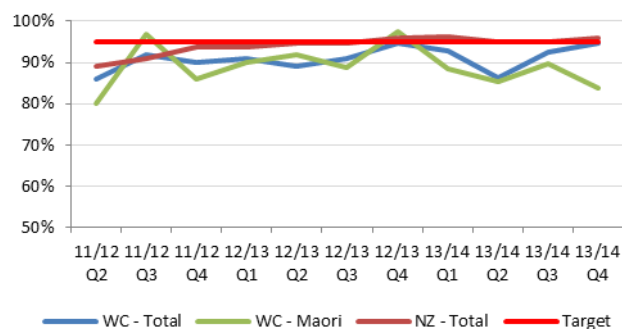
Cervical cancer screening: At the end of June 2014, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 72.8%. The coverage rate for eligible Maori women is at 71% an increase from last quarter and a sustained increase from June 2012. The process for cervical screening is being embedded into the practices with overdue priority lists regularly being forwarded through to the Maori cervical screening. Additionally to this the Maori cervical screener is working very closely with Poutini Waiora to locate those hardest to reach and holding community clinics.

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: Results for Quarter 4 2013/14 show 62% of Maori have attended general practice and have been offered advice and support to quit, this is an increase from 58% last quarter this is compared to 59% of other New Zealand European.

There is a comprehensive plan in place to improve this target. Joe Mason Aukati Kai Paipa Smoking Cessation Co-ordinator is working with Poutini Waiora to streamline the pathway for whanau into this service. Additionally through the Healthy West Coast Workstream a plan is being developed that will give recommendations on the prioritisation of Maori access to all smoking cessation services. As part of this plan Joe Mason the Aukati Kai Paipa smoking cessation practitioner has been provided with a practice list of Maori from High Street Medical Centre who are recorded as smokers but had not yet been offered ABC. Of those that Joe has cold called he has had a great success rate of approximately 30% who are now on the AKP smoking cessation programme.

Aukati Kai Paipa: For the quarter March to June 2014 the AKP service is working with 44 clients, 11 who identify as Maori with a 33.3% validated abstinence rate at 3 months. The Aukati Kai Paipa cessation adviser is working more closely with practices and Poutini Waiora which is resulting in increased referrals to the service.

PHO Coast Quit Programme: For the quarter April to June 2014 7.7% (11) Maori accessed the Coastquit cessation service and 53 Maori have accessed the service year to date. This service has a poor access rate for Maori and this is one issue that we are aiming to address in the Maori Cessation plan.

The Maori Smoking Cessation plan is currently under development.

Secondary Smokefree Health Target: As previously reported, West Coast DHB staff provided 94.6% of hospitalised smokers with smoking cessation advice and support –just meeting the 95% target in Quarter 4. Data for quarter 1 is expected later this month.

4. DISCUSSION

[Note for the report author: the body of the report – consider issues such as, background, implications, ministry requirements, financial costs, options, recommended actions, consultation and communication plans, cultural and disability issues, impact on other divisions, technology requirements, legal and policy issues, risk and mitigation strategies etc]

5. CONCLUSION

[Note for the report author: *outline the way forward/ options*]

6. **APPENDICES**

Report prepared by: Kylie Parkin, Maori Health

Report approved for release by: Gary Coghlan, General Manager Maori Health

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

SOURCE: Planning & Funding
Alliance Leadership Team

DATE: 23 October 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 a standing agenda item, highlighting the progress made by the West Coast Alliance.

2. RECOMMENDATION

That the Committee;

- i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

▪ Alliance Leadership Team

- The Chair of ALT continues to work with Tatau Pounamu to identify the appropriate person to provide Maori Health expertise to the Leadership Team. This has been noted by Mana Whenua of the Canterbury Alliance who have offered support to the West Coast Chair as necessary.

▪ Mental Health Workstream

- The development of models of care for Buller by the Mental Health Work-stream is progressing well. Local NGO's, staff, consumers and family members met with the work-stream and their contributions have informed the model as well as highlighting priorities for action.
- Provision of after hours crisis resolution in Westport is closely aligned to work on a single point of entry. Taking an integrated approach to building capacity in this area necessitates a focus on the workforce as a whole, its deployment and reconfiguration

▪ Complex Clinical Care Network (CCCN)

- Public engagement is continuing, seeking community feedback about the future of Older Person Health in Buller.
- The workstream have completed a review of the Interdisciplinary meetings, which are key to facilitating the CCCN. Changes have been implemented to ensure these better support patients with complex needs. Work has also been done to engage better with Maori kaimahi in these meetings.

▪ **Grey/Westland & Buller Family Health Services (IFHS)**

- The results of the risk profiling and stratification process will be available for analysis in early October. These results will inform the two IFHS workstreams regarding the design of future services to meet the needs of those most at risk.
- A one day workshop is planned involving Buller staff. It will focus on gaining agreement regarding service configurations that reflect right person, right place, right time. This is a critical path for the case coordination project and the mental health work-stream as well as the single point of entry project.
- The single point of entry work-group (part of the Buller IFHS workstream) is proposing a move away from a triage model that prioritises on the basis of acuity which queues people and requires some to wait. Instead the group are exploring the potential of the model observed during the Midland's visit where people are placed in the right place and appropriate clinicians come to them. This would require clear pathways to be fully developed and will include clinicians from Grey and possibly CDHB.

▪ **Healthy West Coast**

- The Quality Improvement teams in each of the West Coast primary care practices now have champions identified for both Smokefree and CVD Health Targets. These champions will continue to raise awareness of the targets and work with the PHO to achieve them.
- Practice specific smokefree procedures have been developed and distributed. These are designed to clarify the role of each part of the practice team in reaching and maintaining the primary care Health Targets.
- An installation date has been set for Patient Dashboard during November. This IT tool will support capture of a number of preventative interventions including CVD Risk Assessment and the Smoking ABC intervention.
- A snapshot audit of Maternity Services Booking forms has given a baseline result of 96% pregnant smokers being offered support to quit at the time of booking with a midwife. Baseline smoking prevalence was 25% and referral rate to cessation services was 23%.
- 87% (14/16) of current WCDHB midwives have now received Smokefree training specifically relating to providing advice, support and/or treatment for pregnant smokers. The remaining two midwives will be offered this training at the next available opportunity.

▪ **Child and Youth**

- As a result of reduced numbers of children taking up the opportunity for a B4 School Check in July and August the B4SC team are trialling a more direct approach in making initial contact with parents of children due for checks.
- The latest version of the Breastfeeding Priority Plan has been reviewed by the HWC workstream and feedback from this group will be incorporated into a final version.
- The project plan has been finalised for reviewing and amending Pregnancy & Parenting Education provision on the Coast. A small workgroup has been formed to carry out these actions.
- The Youth Health Action Group are developing a project around seeking Youth Consumer advice regarding key services through a Secret Shopper survey. This is likely to seek feedback from Youth about experiences in primary care as well as hospital services such as Emergency and Sexual Health.

▪ **Pharmacy**

- Buller pharmacy has engaged with the Buller Medical Centre to provide Pharmacy2GP services and are now being encouraged to participate at monthly meetings. This will increase to more regular participation when the intern pharmacist qualifies in early 2015. This is the remaining outstanding community pharmacy to work in this way.
- Community pharmacists in Greymouth are now linking into CCCN MDT meetings to provide input for complex patients. Local arrangements are continuing to allow this to also happen in Hokitika.
- More detailed planning on pharmacy services for the Greymouth IFHC is progressing with both Greymouth pharmacies.

Report prepared by:

Jenni Stephenson, Planning & Funding

Report approved for release by:

Stella Ward, Chair, Alliance Leadership Team

TATAU POUNAMU MANAWHENUA ADVISORY GROUP 2014 MEETING SCHEDULE

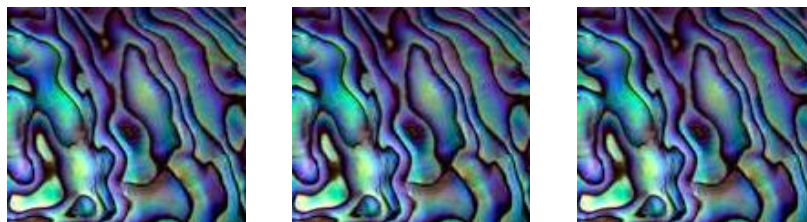
DATE	TIME	VENUE
Thursday 20 February 2014	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 11 April 2014	3.00 – 5.00pm	Poutini Waioara, Hokitika
Thursday 26 June 2014	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 24 July 2014	3.00 – 5.00pm	Kahurangi Room, Mental Health
Thursday 11 September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

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

West Coast DHB's project plan to implement:

Pregnancy and Parenting Education

with a special focus on improving attendance of Māori, Pacific and younger women



Purpose for this document

West Coast and Canterbury DHBs are working together on some key areas of the maternity journey that have been identified as opportunities for improvement as part of their Maternity Quality and Safety Programme for 2013/14.

The purpose of this document is to:

- Explain how Pregnancy and Parenting Education (PPE) fits into the bigger maternity picture for West Coast and Canterbury DHBs.
- Outline a plan to improve PPE for all pregnant women¹ on the West Coast; and specifically those pregnant for the first time, Māori, Pacific and young women.

West Coast Team Members/Stakeholders

Name	Position
Chris Davey	Charge Midwife, WCDHB
Vicki Piner	Quality Coordinator, Grey Hospital
Cath Giles	Committee member, Greymouth Parents Centre
Stacey McEvedy	President, Greymouth Parents Centre
Robyne Bryant	WCTO nurse, Poutini Waiora
Raewyn Johnson	PPE Educator & Lactation Consultant, Buller, WCDHB
Kylie Parkin	Māori portfolio manager, WCDHB
Claire Robertson	Project Manager, Planning and Funding, WCDHB
Lesa Freeman	Maternity Quality and Safety Programme Coordinator, CDHB & WCDHB
Alison Young	Project Manager Planning and Funding, CDHB
Erin Turley	Parents Centre Educator

Work programme

Team members/stakeholders met in Greymouth on 18 March 2014 to consider the current service and how it could be improved to provide a better service for women on the West Coast, what the challenges are, and what we need to do to reach the goals we established.

Both DHBs have the same long term outcomes. We want:

- Healthy babies that grow into healthy children
- Improved social, emotional and mental health and wellbeing of mothers, fathers/partners and families.
- Improved health status of our communities.

Both DHBs have the same goals, and these align to the new Ministry of Health (MOH) National Pregnancy and Parenting Information and Education (PPIE) Tier Two Service Specification. The goals we have agreed on for this work will ensure that we meet the requirements identified in this specification.

¹ When we talk about 'women' in this document we are talking about pregnant women and are including partners/ family/whānau as well, but for ease of reading we will not include them each time. We will state clearly if it includes or excludes a specific group.

Each DHB will have a unique set of activities to support them reach the medium and long term outcomes.

Alison Young, Project Manager at Planning and Funding, has been delegated the task of leading this work for both DHBs, but the decision making will be the product of each DHB's team members.

We are now ready to formally commence implementing the actions identified in this document.

The implementation group will be:

Name	Position
	PPE provider WCDHB
Stacey McEvedy	PPE provider NGO
Lesa Freeman	Maternity Quality Team
Kylie Parkin	Māori representative
Alison Young	Project Manager, Planning and Funding

This group will:

- Prioritise activities
- Break the activities into bite sized pieces
- Set timeframes around each activity
- Identify the person to lead implementation of each activity through to completion
- Link back to stakeholders individually, or as a group when further input is required.

Our population

The 2013 census showed that our resident population has increased since 2006 to 32,145, with an increasingly elderly population.

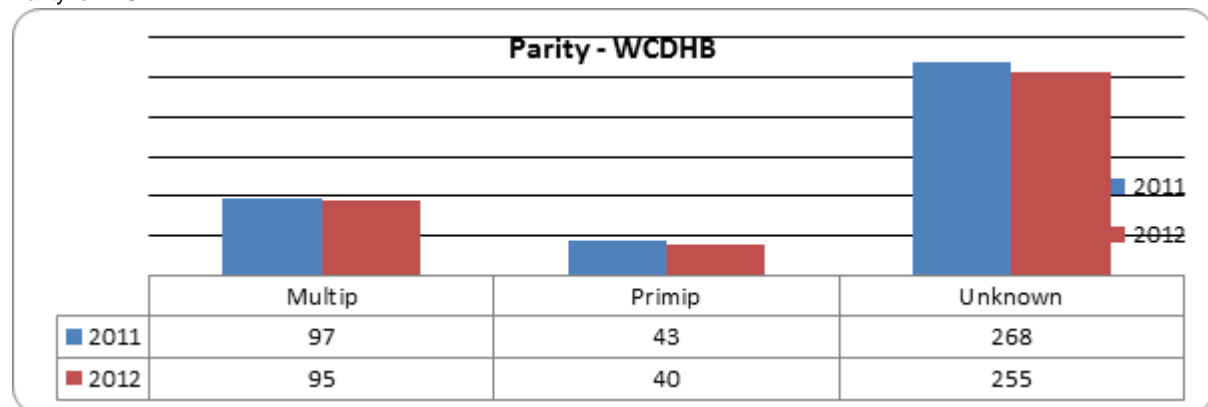
There has been a decrease in the number of children 0-14 years old. This is in line with a decreased number of families with dependent children in the region.

The population has become more ethnically diverse with greater proportions of Māori, Pacific and Asian ethnicities than in 2006. Our Māori population is younger, with 42% aged 0-19 years compared to 24.8% of the total West Coast 0-19 year population.

Where do the first time mothers live?

Data relating to first time mothers is not precise, but our estimates are that it is 30% of the total births.

Parity for WCDHB



Maternal Deprivation range 2011 and 2012 – WCDHB

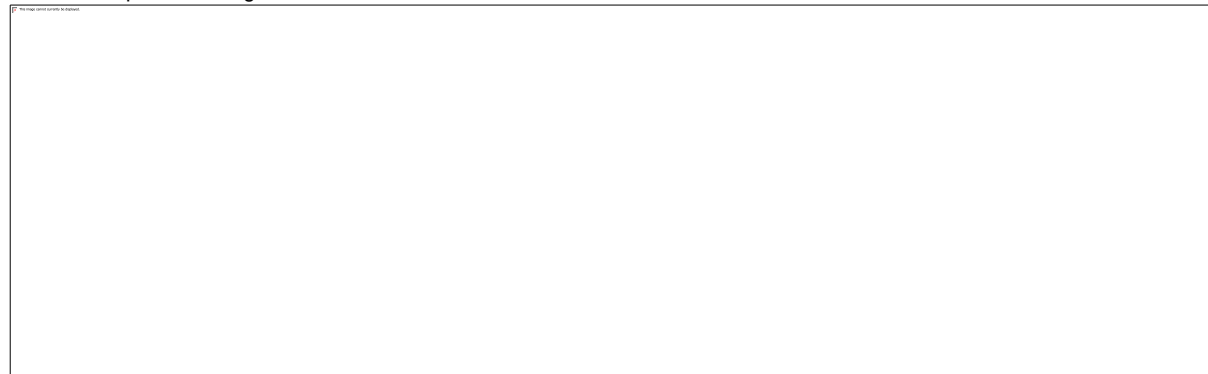
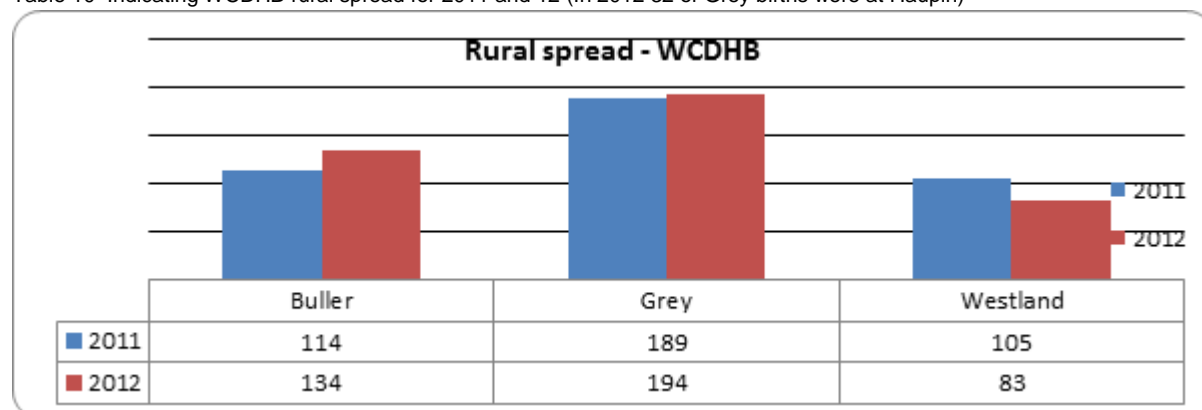
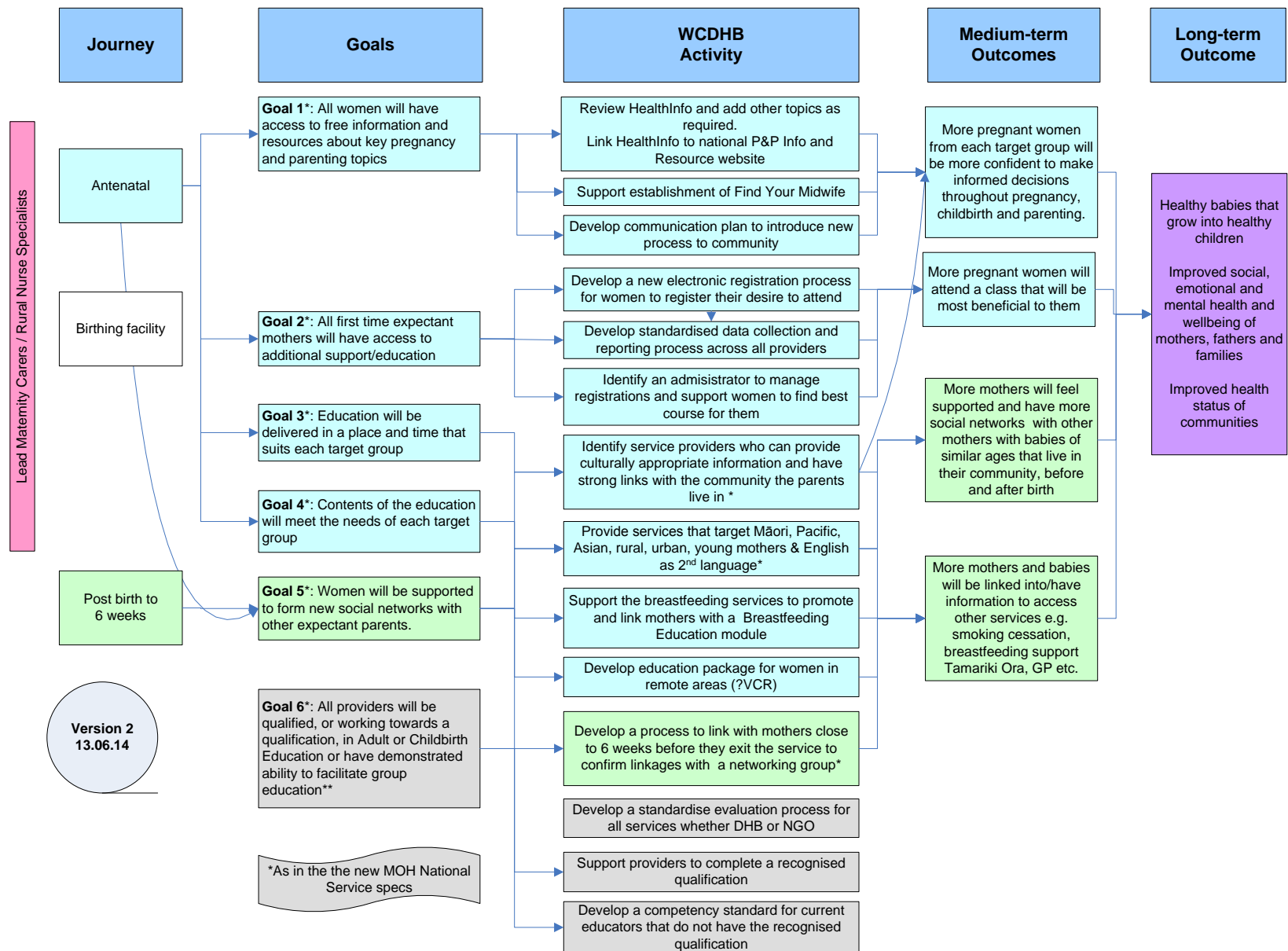


Table 10 Indicating WCDHB rural spread for 2011 and 12 (In 2012 32 of Grey births were at Haupiri)





Goal 1

All women will have access to free information and resources about key pregnancy and parenting topics.

Why have we set this goal?

The new PPIE service specifications have two service components:

- The information component requires all expectant and new parents to be provided with information and resources about key pregnancy and parenting topics.
- The education service component requires PPE to be primarily focused on additional support/education for first time expectant parents for high priority groups within each DHB region.

What is the current situation?

Our DHB is in a similar situation to most other DHBs. Providers select and distribute hard copy information sheets and pamphlets that they prefer. Pamphlets go out of date quickly and the information or services may have changed since it went to print. Many pamphlets are sponsored by commercial companies. Pamphlets are photocopied often, so over time lose their impact.

Two electronic information services have been established on the West Coast in the past year:

- Health Info. This site contains information for consumers. It has been established in Canterbury, but is accessible by West Coast consumers as the majority of information is not region specific. Tailoring it to incorporate West Coast information is still in the planning stages.
- HealthPathways. This site is for all health providers. It has a wide range of medical, health, mental health and social conditions. It provides diagnostic information, management guidelines and referral processes to follow to ensure that each client's journey through the health system is managed by an agreed set of processes that result in a quality service.

There are agreed processes for information being posted on these sites. New information is being added continually. It is easy to access and saves keeping quantities of hard copy. People can be sure that what they print off or refer people to is up to date.

Our new WCDHB website's maternity pages were launched on 09 July 2014. The maternity section is comprehensive. It covers:

- How to access a midwife
- Pregnancy, childbirth and the newborn
- Our WCDHB services
- Our facilities
- Antenatal services (including PPE)
- Keeping healthy while pregnant
- Breastfeeding services

There is a wide range of information under each of those headings.

www.westcoastdnhb.health.nz

The New Zealand College of Midwives has established a national 'Find Your Midwife' web site. This enables women or health providers to identify a midwife in their area, learn a little bit about them and their midwifery philosophy, and then check whether they are available for new clients when the woman requires. All self-employed midwives are on the website. Hospital employed midwives are linked to Chris Davey, the Charge Midwife at Grey Base Hospital.

The MOH has developed a national Pregnancy and Parenting Information and Resources website that can be accessed by consumers and health providers.

<https://www.healthed.govt.nz/resource/your-pregnancy%C5%8D-hap%C5%ABtanga>

What activities do we need to do to ensure that all mothers and health providers use and promote these sites as the main source of information?

Activity	Leader	Completion date
Work with, HealthPathway Project Manager to review current information on HealthPathway and HealthInfo to ensure it covers all topics required. Promote the distribution of HealthInfo cards to women to support them using this site at home. Establish a link to MOH website	Lesa Freeman	Ongoing
Establish 'Find a Midwife'	Lesa Freeman	Completed
Establish maternity section of WCDHB's new website	Lesa Freeman	Completed
Include PPE information and registration process on DHB website	Lesa Freeman	01.02.15
Develop communication plan that covers NGOs as well as DHB staff to promote the sites again.	Lesa Freeman	01.03.15
Promote the MOH website with mothers and health providers.		

How will we know when we have reached this goal?

We will know when we have reached this goal when we have:

- Increased number of West Coast hits on:
 - HealthInfo and HealthPathways for maternity related information.
 - WCDHB website's maternity section.
 - MOH's national Pregnancy and Parenting website.
 - 'Find Your Midwife' website.

Goal 2

All first time expectant mothers will have access to additional support/education.

Why have we set this goal?

It is a long time since we reviewed the PPE current services and provider curriculums to consider whether they are meeting the needs of women who will be new mothers, or women who are pregnant with a different set of health or social circumstances to their previous pregnancy.

We are unclear what *additional* support /education we need to provide to ensure their needs are met.

What is the current situation?

We have two formal PPE providers on the West Coast:

- **Parents Centre:** CDHB Planning and Funding, on behalf of all but one South Island DHBs, contracts with Parents Centre NZ for the delivery of PPE. Greymouth is allocated three courses per year. Greymouth's Parents Centre struggles to fill its classes resulting in only two classes being completed last year. The Parents Centre curriculum is used.
- **West Coast DHB**
 - **Grey Hospital:** Hospital permanent employed midwives provide PPE in Greymouth. They do this over and above their role on the ward. Another provides it in Hokitika as part of a casual contract with the DHB. Women believe that they have to ring McBrearty Ward to book a PPE class, which results in most attending a hospital provided class; however, they are informed about any Parent Centre courses if one is going to occur at a time that suits the woman. There is a standard curriculum for these classes. Classes run with a minimum of three women.
 - **Buller Hospital:** PPE is delivered by a Registered Nurse who is also the Community Lactation Consultant. She is employed casually and delivers courses as required.
 - **South Westland:** Rural Nurse Specialists provide antenatal and post natal care. Their service is more aligned to LMC care than specific Pregnancy and Parenting Education.
 - Maternity Web Pages now have a schedule of all West Coast PPE classes.

Lead Maternity Carers (LMC) are the main education providers for women throughout their maternity journey. They provide a one on one service and are able to consider each woman's unique needs and support them over this time. This is part of their MOH Section 88 Maternity Service Delivery, so education via this service is excluded from the PPIE service specifications.

Our challenge on the West Coast is the geographical spread and the isolated location of some women. This makes the standard format of PPE a challenge to deliver to those who live outside Westport, Greymouth and Hokitika.

Current data is of varied quality, resulting in inability for it to be analysed to give us an overview of the current situation.

What activities do we need to do to ensure that all women and health providers know how to access PPE services?

Activity	Leader	Completion date
Develop a new registration <u>process</u> (Ideally this will be electronic) for women to register their desire to attend.	Stacey McEvedy	01.02.14
Develop a new <u>Registration Form</u> that collects standardised information to identify women who may benefit from attending a class that is most likely to meet their needs as well as to enable us to collect high quality data to enable analysis of the service.		
Identify an administrator to manage registrations and communication between mothers and providers.		
Communicate with all WCDHB health providers and relevant community groups to promote the new process for registration.	Lesa Freeman	01.03.15
Provide a link to registration on the WCDHB website		
Include the registration process and link to forms on HealthInfo and HealthPathway.	Stacey McEvedy	01.02.15

How will we know when we have reached this goal?

We will know that we have reached this goal when:

- We have an electronic registration process being used by at least 80% women.
- We have a range of options for women living in remote locations to link with other women for support and networking that continues after their babies are born.
- We have a range of PPE packages that meet the needs of specific groups, including Māori and Pacific. (and women are attending)
- We have less than one call a day to McBrearty asking to book into a PPE course.
- We have electronic formats and media available to broaden access to information and meet the needs of women who live in rural and remote areas.

Goal 3

Education will be delivered in a place and time that suits each target group.

Why have we set this goal?

We are aware that there is very little variation between PPE courses, so there is minimal opportunity for the needs of specific groups to be met.

Women in rural and remote areas may not be able to attend. Their feeling of isolation could compound if they have not formed linkages with other mothers in their area.

What is the current situation?

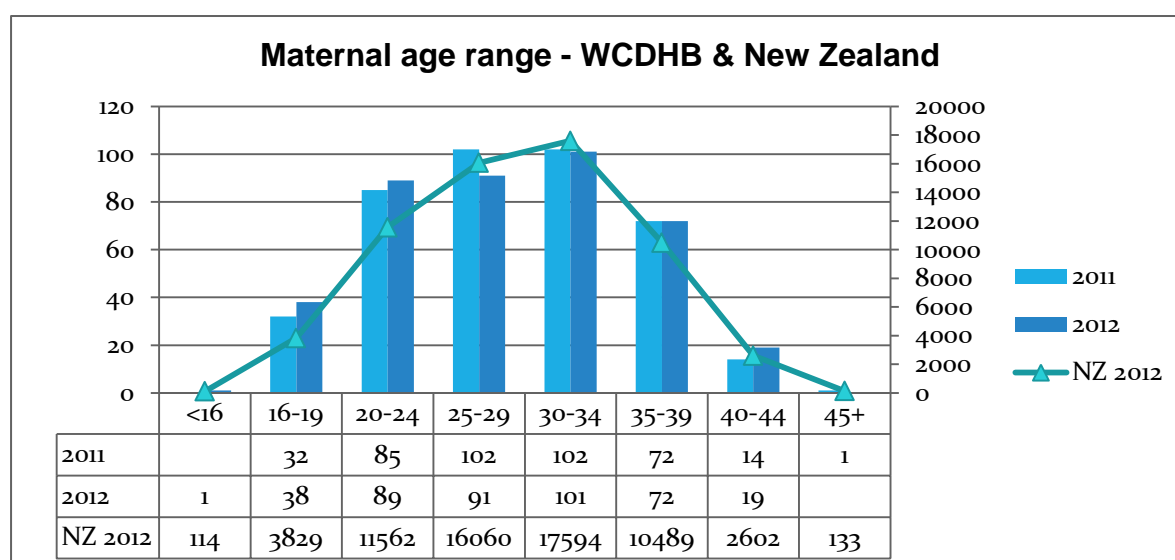
LMCs are the main education providers for child bearing women. They provide one on one care and are able to consider each woman's unique needs. This is done via their Section 88 contract.

Parents Centre provides data to the DHB for NHI, referrer, age, ethnicity, gravida and total number of hours each woman attends the 12 hour that make up the PPE course. This year they have provided weekly courses as well as a weekend course.

Poutini Waioara provides one on one education for young pregnant Māori women.

We know the ethnicity and ages of most women who delivered in 2012:

Ethnicity	Number
Asian	18
European	295
Māori	67
Pacific	8
Other	2



One of our challenges is volume of scale. Providing a variety of courses to meet women's needs could result in more courses being required and only few women attending each course.

Most courses are run on a weekly basis. This means that information best delivered early in the pregnancy miss the opportunity. E.g. healthy eating, exercise and weight, stopping smoking, mental health, buying and budgeting for baby coming etc.

From 01.07.12 to 30.06.13 PPE courses were provided:

Location	Provider	Day of week	Time of session	Number of courses	Total mothers
Greymouth	WCDHB (Grey)	Wednesday		4 in 2013	35
Greymouth	Parent Centre		Evenings and/or Weekends	3	update
Reefton	WCDHB (Grey)			1	?
Hokitika	WCDHB (Grey)	When needed		2	?
Westport	WCDHB (Buller)	Wednesday, but other days and weekends when required.	6.30-8.30pm	4 (one was a young mum only class)	29

What activities do we need to do to ensure that education is delivered in places and at times that suit target groups?

Activity	Leader	Completion date
Review the current courses and identify what their points of difference are. If there are none then establish some. i.e. Different session times/times of day/ days of week /in the community etc.	Stacey McEvedy	01.11.14
Develop a reporting template for all providers to use that ensures there is standardised, high quality electronically suitable for recording in NNPAAC.	Alison Young	01.11.14
Complete an analysis of where the women live by location, ethnicity and parity and age to understand where each target groups lives, how old they are and how many in each group.	Alison Young	Completed
Identify the isolated areas where an alternate/remote PPE course may be required and the logistics delivery in these areas. E.g. VCR, or a roving facilitator that provides PPE in women's homes if there are issues of accessing mainstream courses.	Alison Young	Completed
Develop a standardised course evaluation that enables us to consider if the time and place meets their needs.	Lesa Freeman	01.02.15
Commence first module early in pregnancy to introduce topics that will promote healthy living during whole pregnancy	Stacey McEvedy	01.01.15

How will we know when we have reached this goal?

We will know that we have reached this goal when:

- We have high quality data being recorded and reported electronically into the National Non-Admitted Patient Collection (NNPAC) from all providers so we have evidence of service delivery and an understanding of the women we are reaching.
- We know where women live, whether they are from one of the target groups and whether or not they are completing the PPE course they commenced.
- The data from the new C&WCDHB 'We Care About Your Care: Maternity Services Feedback forms show that women are satisfied with the Pregnancy and Parenting Education they received.

Goal 4

Contents of PPE meet the needs of each target group.

Why have we set this goal?

We are unclear what is being delivered in the current courses.

As far as we know the content of the various courses has not been evaluated by a Māori or Pacific woman /provider to assess whether or not the course contains information and education in a manner that will support them through the antenatal, birth and post natal period.

Most providers ask women to complete a PPE course evaluation, but each provider's evaluation form is different. We do not have enough consistency in the current feedback processes to understand the ages or ethnicities of those providing feedback?

What is the current situation?

Women are allocated according to vacancies in the next course rather than because of their age group or cultural needs.

Parents Centre educators develop their own curriculum based on the requirements of the MOH service specification. This enables them to make changes to meet the needs of the course participants and location.

The Buller PPE educator provided one course for four young women aged 18-21 years. (1x Māori 3x NZ European) Food was provided and was a draw card for women and their partners. The course was adjusted to meet their needs during pregnancy as well as supporting them to integrate into mother and baby services as well as social support services in the community.

The Well Child Tamariki Ora nurse from Poutini Waioara provides one on one pregnancy and parenting education for young Māori women in an informal manner.

Other providers, such as rural nurse specialists deliver one on one education in an informal manner; especially to Māori women and women living in isolated areas. This is similar to LMCs education and external to the PPE.

WCDHB employed providers follow an agreed curriculum.

Tapuaki PPE is a new programme established in Auckland by TAHA through Pacific Grant Fund from MOH. TAHA is keen to support Tapuaki PPE across New Zealand. We have yet to establish how we can tap into this resource to support West Coast Pacific women.

Tapuaki website <http://www.tapuaki.org.nz> has information for women to help them stay safe and healthy during their pregnancy and to care for baby when it arrives. There is information on what they and their partner and/or family can do to ensure mother and baby are healthy, find links to different services and resources such as videos, and read stories written by other parents about their experiences in Tala (story) Tapuaki.

Information is written in Samoan, Tongan, Cook Island Niuean Tuvalu, Fiji, Tokelau and Kiribati languages.

What activities do we need to do to ensure that PPE content meets the needs of specific target groups?

Activity	Leader	Completion date
Consider a process for assessing individual Maori women's needs and linking them into an appropriate service.	Kylie Parkin	01.02.15
Consider a process for assessing individual Pacific women's needs and linking them into an appropriate service.	Alison Young	01.02.15
Link with TAHA's Tapuaki PPE for Pacific women to investigate how we could tap into this service to support Pacific women on the West Coast.	Alison Young	01.02.15
Establish a process for when one on one or very small classes would be best for mother and family/whānau.	Kylie Parkin	01.04.15

How will we know when we have reached this goal?

- We have a variety of PPE courses, including one on one or small group courses when required for Māori, Pacific and young women.
- We have some courses being delivered via VCR or other electronic format to enable rural women to participate and get to know other women /families living in isolated areas.
- 90% of all first time mothers from each target group have attended a PPE course.

Goal 5

Women will be supported to form new social networks with other expectant parents

Why have we set this goal?

For many new mothers being at home alone (with their baby) during the day will be a new position. Once the initial excitement of the birth, and family and friends go back to their regular life, some mothers can feel alone with the responsibility of their new baby. They will be tired, and can have doubts and confusion about whether they are doing the right thing or how to seek advice. While most new mothers will adjust to this, others will need additional support.

Establishing a network of local mothers, especially those with babies of similar age, provides an opportunity for peer support, social activities suitable for mothers and babies and someone to chat about general issues to do with their new role. Getting mothers and fathers linked into these groups before the birth of their baby provides a great opportunity to develop these relationships.

The new national PPIE service specifications place higher emphasis on supporting women until six weeks post birth.

What is the current situation?

There are a variety of support and social groups for mothers with babies. This list names a few.

Parents Centre provides social networks and a variety of educational courses that support mothers with getting to know other mothers from before birth and then continuing on for up to years after the birth. Many mothers stay involved until their youngest child starts school. Fathers are involved also.

BABES in Arms (Babies and Breastfeeding Education and Support) groups meet in a variety of community locations throughout the West Coast for a chat and support.

SPACE is a Play Centre initiative for babies 0-1 year

Presbyterian Support provides support for young mothers 15-18 years

REAP in Westport facilitates:

- Oasis and Kids'n'coffee twice a week.
- International Playgroup is held weekly
- Music Morning is held weekly

Plunket has Mother and Pepe groups

Poutini Waiora has a contract to provide non-clinical Mother and Pepe support to whanau.

What activities do we need to do to ensure that all mothers and health providers know about these community any support groups for pregnant women and new mothers?

Activity	Leader	Completion date
Continually update HealthPathways/HealthInfo/website	?	Ongoing
At PPE, inform women of or introduce to options available in their community.	?	Ongoing
Provide last PPE module after baby is born and in a	?	01.01.15

community support venue.		
--------------------------	--	--

How will we know when we have reached this goal?

We will know when we have reached this goal when:

- All providers are delivering their last module after the baby is born
- 80% of new mothers have links with a community organisation related to babies/families.

Goal 6

All providers will be qualified, or working towards a qualification, in Adult or Childbirth Education or have demonstrated ability to facilitate adult group education.

Why have we set this goal?

This is a requirement in the new MOH National Service Specifications. Appendix 2: Competencies for Pregnancy and Parenting educators/facilitators.

What is the current situation?

We have done a stocktake of current providers

Name	Location	Provider	Qualification	Comment
Sandy Goyles	Greymouth	Parents Centre	CBE	
Erin Turley	Greymouth	Parents Centre	CBE	
Anna McInroe	Greymouth Hokitika	DHB	R Midwife	This group will either need to work towards qualification or demonstrate ability to facilitate adult group education.
Robyne Bryant	Hokitika	Poutini Waiora Casual WCDHB	R Midwife	
Raewyn Johnson	Westport	DHB	R Nurse	

What activities do we need to do to ensure that our educators meet the MOH requirements?

Activity	Leader	Completion date
Establish a register of the qualifications of all PPE educators whether NGOs or WCDHB employed.	Alison	Completed
Work with CDHB to develop an assessment process to approve educators that have no adult or childbirth education qualifications. This will be based on Service Specs Appendix 2: Competencies for P&P educators/facilitators.	Alison	01.11.14
Document study application processes and funding for LMCs or nurses employed by the DHB who wish to work towards a recognised adult or childbirth education qualification.	Alison	01.11.14
Review current WCDHB employment contracts to consider whether they need to be updated to encompass the new education requirements.	Alison	01.11.14

How will we know when we have reached this goal?

We will know when we have reached this goal when:

- All educators will either:
 - Have a Diploma in Childbirth Education or Certificate in Adult Education OR
 - Be working toward a qualification OR
 - Have been assessed and approved to deliver PPE.
- We have an up to date register of all people qualified to teach PPE.

West Coast DHB Rangatahi Visit

September 17/18/19 2014



0563: **From Lee to your left:** Lee Luke (Kia ora Hauora-Mokowhiti) Kaylee Thomson: Grey High School, Danni Stoop: Grey High School, Ruby Mahuika: Grey High School



0569: **From the Male nurse to your right:** Katie Robinson: Westland High, Tameka Gallon: Westland High School, Daniel Burgess: John Paul II, Paige Kirby: Westland High School







