

# **TATAU POUNAMU**

## **Ki Te Tai o Poutini**



## **MANAWHENUA ADVISORY GROUP**

**16 April 2015**

**@ 3.00pm WCDHB – Boardroom, Corporate Services**

## **Agenda and Meeting Papers**

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

**TATAU POUNAMU ADVISORY GROUP MEETING**

**Board Room, Corporate Services**

**Thursday 16 April 2015 @ 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**

Thursday 12 April 2015

**3. Carried Forward/Action List Items**

**4. Discussion Items**

- |   |        |
|---|--------|
| ▪ Kathy O'Neil, Planning & Funding CDHB – Draft Disability Plan                 | 3.15pm |
| ▪ Kathleen Gavigan – Mental Health Workstream, Buller Update                    | 4.00pm |
| ▪ Sandy Mclean – <i>To accompany the above discussion with Kathleen Gavigan</i> | TBC    |
| ▪ Mark Newsome, GM Grey/Westland  | 4.30pm |

**REPORTS**

- |  |                                    |
|--|------------------------------------|
| <b>5. Chairs Update – Verbal Report</b>        | Chair                              |
| <b>6. GM Maori Health – Verbal Report</b>      | Gary Coghlan, Maori Health         |
| <b>7. Alliance Update</b>                      | Philip Wheble, Planning & Funding  |
| <b>8. Cancer Screening Update – Paper Only</b> | Peter McIntosh, Planning & Funding |

**INFORMATION ITEMS**

- Tatau Pounamu Meeting Schedule
- Key messages relating to the integrative health system for the West Coast

**ESTIMATED FINISH TIME 5.00pm**



# TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

Member	Disclosure of Interest
<p>Lisa Tumahai (<b>Chair</b>) Te Runanga O Ngati Waewae</p>	<p>Directorships</p> <ul style="list-style-type: none"> <li>Chair - Arahura Holdings Ltd 2005 – currently</li> <li>Chair -Te Waipounamu Maori Heritage Centre 2006 – currently</li> </ul> <p>Committees</p> <ul style="list-style-type: none"> <li>Te Waipounamu Maori Cancer Network Committee 2012 - currently</li> <li>Te Runanga O Ngati Waewae Incorporated Society 2001 – currently</li> <li>Chair – Te Here (subcommittee Te Runanga o Ngai Tahu 2011 - currently)</li> <li>Member Maori Advisory Group to Vice Chancellor Canterbury University 2012 - currently</li> </ul> <p>Trustee</p> <ul style="list-style-type: none"> <li>West Coast PHO 2013 – currently</li> <li>Poutini Waiora – April 2013 - currently</li> <li>Te Runanga O Ngai Tahu - Deputy Kaiwhakahaere (2011 - currently)</li> <li>Te Poari o Kati Waewae Charitable Trust – (2000 – currently)</li> <li>Husband Francois Tumahai.</li> </ul>
<p>Francois Tumahai Te Runanga O Ngati Waewae</p>	<ul style="list-style-type: none"> <li>Chair, Te Runanga o Ngati Waewae</li> <li>Director/Manager Poutini Environmental</li> <li>Director, Arahura Holdings Limited</li> <li>Project Manager, Arahura Marae</li> <li>Project Manager, Ngati Waewae Commercial Area Development</li> <li>Member, Westport North School Advisory Group</li> <li>Member, Hokitika Primary School Advisory Group</li> <li>Member, Buller District Council 2050 Planning Advisory Group</li> <li>Member, Greymouth Community Link Advisory Group</li> <li>Member, West Coast Regional Council Resource Management Committee</li> <li>Member, Poutini Waiora Board</li> <li>Member, Grey District Council Creative NZ Allocation Committee</li> </ul>

Member	Disclosure of Interest
	<ul style="list-style-type: none"> <li>▪ Member, Buller District Council Creative NZ Allocation Committee</li> <li>▪ Trustee, Westland Wilderness</li> <li>▪ Trustee, Te Poari o Kati Waewae Charitable</li> <li>▪ Trustee, Westland Petrel</li> <li>▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre</li> <li>▪ Trustee, West Coast Primary Health Organisation Board</li> <li>▪ Wife is Lisa Tumahai, Chair</li> </ul>
<p>Elinor Stratford West Coast District Health Board representative on Tatau Pounamu</p>	<ul style="list-style-type: none"> <li>▪ Member Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>▪ Chair Victim Support Grey &amp; Westland</li> <li>▪ Committee Member, Active West Coast</li> <li>▪ Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust</li> <li>▪ Committee Member, Abbeyfield Greymouth Incorporated</li> <li>▪ Trustee, Canterbury Neonatal Trust</li> <li>▪ Board Member of the West Coast District Health Board</li> <li>▪ Advisor to the Committee MS Parkinsons</li> <li>▪ Member of the Southern Regional Liasion Group for Arthritis New Zealand</li> </ul>
<p>Gina Robertson Kawatiri</p>	<ul style="list-style-type: none"> <li>▪ Maori Community Representative – Incident Reporting Group, Buller Hospital</li> <li>▪ Buller Maori Representative on the Buller Integrated Family Healthcare Workstream</li> <li>▪ North School Iwi Representative, Board of Trustee</li> </ul>
<p>Wayne Secker Mawhera</p>	<ul style="list-style-type: none"> <li>▪ Trustee, WL &amp; HM Secker Family Trust</li> <li>▪ Member, Greymouth Waitangi Day Picnic Committee</li> </ul>
<p>Paul Madgwick Te Runanga o Makaawhio</p>	<ul style="list-style-type: none"> <li>▪ Chairman, Te Runanga o Makaawhio</li> <li>▪ Editor - Greymouth Star, Hokitika Guardian, West Coast Messenger.</li> <li>▪ Board member, Poutini Waiora</li> </ul>
<p>Susan Wallace Te Runanga o Makaawhio</p>	<ul style="list-style-type: none"> <li>• Tumuaki, Te Runanga o Makaawhio</li> <li>• Member, of the West Coast District Health Board</li> <li>• Member, Te Runanga o Makaawhio</li> <li>• Member, Te Runanga o Ngati Wae Wae</li> <li>• Director, Kati Mahaki ki Makaawhio Ltd</li> </ul>

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

# 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 12 March 2015 @ 3.00pm

- PRESENT:** Lisa Tumahai, Te Rūnanga O Ngāti Waewae (Chair)  
Francois Tumahai, Te Rūnanga O Ngāti Waewae  
Susan Wallace, Te Runanga O Makaawhio (*dialled in from 3.33pm*)  
Gina Robertson, Maori Community, Buller
- IN ATTENDANCE:** Gary Coghlan, General Manager Māori Health, West Coast DHB  
Kylie Parkin, Portfolio Manager Maori Health  
Philip Wheble, Planning & Funding Manager (Acting Mark Newsome)  
Karyn Bousfield, Director of Nursing
- APOLOGIES:** Paul Madgwick, Te Runanga O Makaawhio  
Michael Frampton, Programme Director  
Elinor Stratford, West Coast DHB Representative  
Mark Newsome, General Manager Grey/Westland  
Wayne Secker, Maori Community, Mawhera
- MINUTE TAKER:** Megan Tahapeehi, Maori Health

### WELCOME / KARAKIA

### AGENDA / APOLOGIES

#### 1. DISCLOSURES OF INTEREST

Any updates through to Megan

#### 2. MINUTES OF THE LAST MEETING

**Moved:** Gina Robertson      **Second:** Francois Tumahai

**Carried**

*Resolutiion moved to start meeting before Susan Wallace dials into the meeting.*

#### 3. Carried forward/Action List Items

#### No. 4 – Tatau Pounamu Terms of Reference & MOU

The Chair met with Peter Ballantyne and Michael Frampton. They discussed how we move forward the TOR and MOU review process. Meeting to be organised between the Chairs (DHB + 2x Rununga Chairs & Lisa to disuccus MOU and the TOR to flow after that meeting. There were no issues but they wanted to assure alignment of the two documents.

A discussion was also had about the role of this board as a recognised advisory board and what is the status of this group. This will come up through the review process. Currently Tatau Pounamu are treated similar to a statutory committee. The Chair noted that it was a positive meeting.

Kay to make contact with the chairs to arrange meeting time.

**ACTION: Megan to liase with Kay.**

#### **No. 4 – Maori Representative Appointment Requests**

CVs have been forwarded to Tatau Pounamu for consideration and approval for the Heart & Respiratory, and Child & Youth working groups.

**Approved: Heart & Respiratory Appointment of Joanne Bently was approved to represent.**

**Moved: Francois Tumahai                      Carried: Gina Robertson**

Child & Youth appointments – carried over to next meeting.

Maternity Quality & Safety – What is the process for nominating a proxy. Current person is unavailable to attend all meetings.

**ACTION: A discussion is to be had with Poutini Waiora about another representative for Maternity Quality & Safety.**

**ACTION: A schedule of all representatives to be provided at the next meeting.**

The discussion was had about the importance of having feedback from leaders of the groups to see how active our representative is.

Discussion also raised around Pacific Representation. GM Maori advised that it is a difficult audience to target.

#### **4. Whanau Ora**

Carried over in agenda.

#### **7. Cancer Screening**

Peter McIntosh update is provided in the actions register. Carried over to next meeting

#### **9. DNA**

Carried over next meeting.

#### **10. Health Services for Westland**

Recurring discussion item regarding health services in Hokitika. Were advised that a GP has been recruited at the last Tatau Pounamu meeting however this was in the South Westland not Hokitika.

There was also a discussion related to an approach from members of the Bruce Bay Community regarding service provision and where they fit into the Westland Services. More information is to be provided on this matter.



## 11. Rangatahi

Carried Over

### A G E N D A

#### GM Maori Health Report

Whanau Ora – discussion occurred about the positive work being done in the Buller. . Te Putatitanga are looking at the Buller as a pilot.

The Chair is interested in the monitoring of this initiative.. We need to ensure that all the resources being invested into this initiative are positive and beneficial to all and ensure the right opportunities are driven by the Buller community and not by others.

It was also noted that the Mana Tamariki Mana Mokopuna o Te Tai o Poutini initiative needs to be well aware of and linked into this work. Awareness of the flow-on of service delivery services and what are the full activities etc

*Susan Wallace dialled in at 3.33pm*

#### Maori Health Plan Update

- Primary Maori Cessation Rate – improving but still not at target, the Maori Cessation group are looking at strategies for improving access for Maori to primary cessation services.
- Positive note -West Coast Breast Screening is leading the country in terms of access to services for Maori women 91.5%.
- CVD – tracking in the right direction.
- Green Prescription – Seeing some movement.
- Focus also needs to put on diabetes and breast feeding to improve rates

There was no further discussion. Really good results. The Chair noted Cessation Rate.

#### Alliance Update

Workstream Progress Report – Specific to Maori Health

#### *Red Highlights*

- Older Person Health Workstream – RED (Engage Maori in multidisciplinary teams)  
**What is helping to progress this?** – This is ensuring that the kaupapapa maori health team from Poutini Waiora attend the MDT meetings. Attendance has been sporadic from the Maori Health teams inside Poutini Waiora.. The Chair asked if any Maori are working within older person health? It was advised that Dicky Dewes is a Needs Assessor for the Complex Clinical Care network.. This is a work in progress.

**ACTION: GM Maori Health to provide an update on the systems and processes by way of seeking updates from the key departments who are responsible for these services.**

**ACTION: Approach Moya Beech-Harrison about Poutini Waiora representation.**

- Child & Youth Workstream - ? the Narrative needs to change around Mana Mokopuna project. Reading as delayed and at risk is not correct. It is actually underway and we are seeing some good results. Chair asked if that could be addressed. The narrative needs to better reflect the progress.

**ACTION: Kylie Parkin to talk with Jenni Stephenson around amending this narrative.**

Mana tamariki work can start to be feed into the workstreams, some good work starting to happen.

### **Alliance Update Report**

Report was taken as read. All workstreams currently going through the annual planning process. Close to completion for the first round.

There are a couple of activities particularly around pharmacy, they are going to conduct a design lab both for community and hospital.

The Chair enquired about the Buller Workstream and asked Gina Robertson, who is the Buller representative, how they were going. There were pharmacy issues that have been ironed out. Have no concerns at all. Going well.

### **Maori Health Plan**

This is a continuation of last years plan with a few areas that are a little more targeted. The Chair asked about the draft annual plan. Philip advised it is currently with the Ministry for the first round of feedback and again is a variation to last years plan.

The chair asked that we have a workshop to go through the annual plan and maori health plan at the next Tatau Pounamu meeting.

Timeframe would probably need to happen after first feedback from the Ministry in April.

**ACTION: Focus the next Tatau Pounamu meeting on providing feedback to the various plans that make up the annual plan. It would be preferable to do this as a group to see how the Maori priorities are threaded through to the annual plan.**

Narrative at the front of the Annual Plan, the General Manager Maori asked if they were in agreeance if he started working on this and liase with Tatau Pounamu throughout.

**ACTION: General Manager Maori to have a draft introduction to the Maori Health plan for the April meeting.**

### **Additional**

#### **Kaupapa Maori Nurses**

There was a discussion about the secondment of kaupapa Maori nurses. Karyn Bousfield, Director of Nursing advised that some robust conversations need to be had in order to lift the core clinical focus of these roles. A senior Clinical Nurse Specialist would be best suited and there is a need to talk about secondment and also how do we make these sustainable roles that will make a difference. Ensuring that all the right systems and processes are in place to enable good people to stay in these roles.

**ACTION: Gary to organise a meeting between Kaihautu of Poutini Waiora and the DON to begin planning for secondments to Kaupapa Maori Nurse positions.**

#### **Draft Workstream Plan updates**

The 2015/2016 draft workstream plans will make up the bulk of the 2015/2016 Annual Plan. The first draft has been provided to the Ministry and Tatau Pounamu – we will look at these in detail along with the Maori Health Plan at the Planning hui in April.

**ACTION: Megan to provide the most recent versions of the workstream workplans to Tatau Pounamu along with the latest Maori Health Plan updates for discussion at the April Meeting.**

Gina Robertson – Requested paper copies.

**ACTION: Philip Wheble to also provide a copy of the 5 key messages relating to the integrative health system for the West Coast.**

## MATTERS ARISING MARCH MEETING 2015

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
4	12 March 2015	<b>Amendments for Tatau Pounamu Terms of Reference &amp; Renewal of Memorandum of Understanding</b> A meeting took place between the Tatau Pounamu Chair, the Board Chair and Michael Frampton. It was agreed that a meeting will be arranged along with the Chairs of Te Rununga O Ngati Waewae and Te Rununga O Makaawhio to proceed with the approval and sign off of the MoU and TOR.	Chair  Kay Jenkins	April Meeting
4	12 March 2015	<b>Maori Representative Appointment Requests</b> A database of current representatives and the key workstream groups will be provided at the next meeting.	Megan Tahapeehi	April Meeting
5	12 March 2015	<b>Whanau Ora</b>	On going discussion.	April Meeting
7	29 January 2015	<b>Cancer Screening</b> Peter McIntosh to provide update to Tatau Pounamu around moves by the Ministry of Health to introduce prostate screening programme. Peter to source information about West Coast prostate cancer rates.	Peter McIntosh <b>Prostate Screening</b> The Ministry of Health does not have any current plans to introduce a universal national screening programme for prostate cancer. The Ministry have, however, embarked on a review of referral, surveillance and management guidance documents for prostate cancer, with feedback from clinicians around the country closing on 20 February 2015. This feedback is to be reviewed and incorporated into the final guidance documents as appropriate.	April Meeting

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
			<b>Prostate Cancer Rates for West Coast</b> We requested data on the latest prostate cancer and other cancer rates for the West Coast region in comparison to national rates from the Ministry of Health, via the Southern Cancer Network, in December 2014. At the time of compiling this report, we are still waiting of the supply of the information. We have made several follow up requests for the data in the interim. We are hopeful that information might be made available to us before the next meeting.	
9	4 December 2014	<b>DNA Update</b> Julie Lucas will look to provide an update at the June meeting.	General Manager, Maori	<b>June Meeting</b>
10.	12 March 2015	<b>Health Services for Westland District</b> Ongoing discussions	Chair, Tatau Pounamu	<b>April Meeting</b>
11.	12 March 2015	<b>Rangatahi</b> Ongoing discussions	Chair, Tatau Pounamu	<b>April Meeting</b>

## DISCUSSION ITEMS

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

**SOURCE:**   **Chair**

**DATE:**       **16 March 2015**

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Report Status – For:      Decision ☐            Noting ☒            Information ☐

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### **1. ORIGIN OF THE REPORT**

The verbal and in person updates from the following:

- Kathy O’Neil, Planning and Funding Manager Canterbury DHB will be presenting the Draft Disability Plan
- Kathleen Gavigan, Manager Buller Health will be talking about the Mental Health Workstream in the Buller region.
- Mark Newsome, General Manager Grey/Westland will provide an update.

### **2. RECOMMENDATION**

That the Tatau Pounamu Advisory Group notes the updates.

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

**SOURCE:**   **Chair**

**DATE:**       **16 March 2015**

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Report Status – For:      Decision ☐            Noting ☒            Information ☐

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**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 UPDATE

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

**SOURCE:**     **General Manager, Maori Health**

**DATE:**          **16 April 2015**

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



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

**SOURCE:** Planning & Funding  
Alliance Leadership Team

**DATE:** 16 April 2015

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

- ALT have reviewed the workstream workplans for the 15/16 year and have gone back to the workstreams to provide more evidence of integration between the plans.
- ALT have defined 5 key priorities and have been reviewing the plans with these in mind. The priorities/questions to answer are:
  - Improve access to the health care home. What are you as a workstream going to do to contribute to that goal?
  - What one system level change will be made this year, and how will this be measured?
  - How will you increase Māori access and outcomes?
  - How will rural populations receive better care?
  - What IT initiative and which workforce initiative will this workstream work on?
- ALT have noted lack of progress across three workstreams; Grey IFHS, Older Persons Health and Mental Health and are looking to see increased mitigation relating to these areas.
- ALT have seen the Workforce plan for 15/16 and would like to see the workforce profile broken down further into professional groups.

- ALT were pleased to see the encouraging feedback from both primary and secondary care regarding the effectiveness of HealthPathways as a clinical tool.
- **Mental Health Workstream**
  - The workstream is focused on Buller where the model of service delivery within the IFHS has been developed. Incorporating the current Community MH Team into the wider IFHS health team needs to include a review of current caseloads to determine whether additional FTE is required to provide crisis resolution locally. NGOs are working on developing their own hub of support services so that there is no duplication and resources can flex according to support needs. Their inclusion in routine care planning meetings is critical to achieving positive outcomes.
- **Health of Older Persons**
  - Buller stakeholder engagement was completed in March 2015 and recommendations are now being formulated from that process.
  - The business case for the Integrated Falls Prevention/Fracture Liaison Service (FLS) approach was completed and approved. This includes a redistribution of staff to support this approach. This will help advance progress with falls prevention and fracture liaison services.
- **Grey/Westland & Buller Family Health Services (IFHS)**
  - A project specialist will be assisting a team with the Grey / Westland IFHS workstream to progress on identifying at risk people within our enrolled population.
  - This quarter the workstream is focussing on: the development of a future model of unplanned primary care in Greymouth; the development of a Grey “huddle” to improve communication across all services; and, developing the business model for the three practices in the new IFHC building.
- **Healthy West Coast**
  - HWC have been working on development of the three year strategic plan around Tobacco Control for West Coast District, the first draft of which has now been submitted to MoH in line with new national timeframes.
  - Work has begun to develop a DHB Alcohol Harm Reduction Strategy.
  - Following the implementation of Patient Dashboard in November, good progress is being made towards achieving the primary health targets (Better Help for Smokers to Quit & More Heart & Diabetes Checks) in Q3.
- **Child and Youth**
  - The Community Oral health Service is now being supported by a Practice Manager (with further support from the Service Manager) from CDHB and a new administrator will be commencing in Q4.
  - Discussions have commenced with the final school where the fixed clinic is to be decommissioned and the plan for inclusion of dental facilities in the Grey IFHC have now been approved by the Partnership Group.

- The increased Paediatric Specialist FTE is assisting with throughput of Gateway Health Assessments.
- The Mana Tamariki-Mokopuna project is again moving forward with 20-30 young Māori mums recruited to the project group. These mums will set the direction for the project and define how the project will run. They will meet together on 17th April to begin this process. The project still has two years to run and therefore outcomes/findings will begin to emerge in 15/16.
- Results of the Secret Shopper project have been collated and will be distributed to services soon. The results will be presented at the Annual "Collaborative" Hui in April.
- Work has begun to follow up on the Girl of Concern report which was published earlier in the year. The report's findings and recommendations are being prepared for wider distribution to the community with an accompanying call to action to seek input from stakeholders.
- **Pharmacy**
  - Expressions of Interest for a community pharmacy provider, Grey Hospital and IFHC closed on 2 April 2015. A selection panel is scheduled to meet in early April with recommendations and decisions expected by mid-April.
  - A pharmacy design lab process led by the Business Development Unit, Canterbury and West Coast DHBs has started with the hospital pharmacy and a current state assessment completed in March. A draft design lab plan based on the current state assessment is expected in early April for further discussion with the hospital pharmacy staff. The developed design process for the facility is currently underway. The scope of the hospital pharmacy design lab may include all the components required for the final design with further developments perhaps not necessary. This will be confirmed following engagement with the hospital pharmacy and facility planning teams. The community pharmacy design lab will follow the selection of a community pharmacy provider.

**Report prepared by:**

Jenni Stephenson, Planning & Funding

**Report approved for release by:**

Carolyn Gullery, General Manager Planning & Funding

# CEUpdate

8 September 2014



**In the last 12 months, we've made some tremendous progress toward bringing to life the single, integrated West Coast health system that our communities want and deserve. What this also means is that through our collective efforts, we're closer than we've been for the longest time to delivering care that is both clinically and financially sustainable.**

It's in this context that I want to focus this week on five key priority areas that will make a huge difference to the performance of our health system over the next 12 months. They're priorities which - if we all get behind them in our own part of the system - will continue to take us closer toward our vision for a safe, sustainable, integrated and viable health care system for the Coast.

**1. We need to be making most efficient use of our resources.**

This is about making sure that we're using the right resources for the right reasons and in the most effective and efficient way. It's about minimising waste, and about reducing unnecessary duplication and variation. It requires all of us to remember that we have permission to ask questions, to challenge the things we might observe around us, and to suggest new and different ways of working.

In addition to the collective effort that's required from all of us, there are some specific projects that we're focused on right now. These include a piece of work to reduce the proportion of our outpatient and surgical services for which patients Do Not Attend. Another project is looking at improving how we use our theatre space and resources, and a

further piece of work is focused on improving our discharge processes.

If you have any views and ideas about how - in your particular part of our health system - we could make better use of our resources, I really encourage you to speak to your manager in the first instance. We're really keen to hear from you.

**2. We need to ensure that we're delivering our services in the right ways.**

This priority area is tightly connected to the first priority above, but is more specifically about how we ensure that - if we're outsourcing services or having services delivered off the Coast, that this really makes sense. One of the areas that we're specifically exploring is about whether there's some care that we currently deliver in Canterbury that we might be able to deliver on the Coast. ENT surgery is one particular service of focus right now; we've delivered ENT surgery on the Coast before. We're keen to explore whether we should and could bring it back so fewer Coasters have to travel and we're making best use of our resources, both on the Coast and in Canterbury.

**3. We need to continue our work to build the capacity of primary care and community-delivered services.**

In the last year, real effort has been made to stabilise these services and improve access. There are range of ways that we know we're on the right track, including that we've brought the average wait time for a routine GP appointment down from nearly six days to an average of around a day or so, right across the Coast. We now need to build on the platform of the last year or so, continuing to deliver the transformational change in primary and community services that enables



people to stay as well as possible, as close to home as possible, for as long as they can.

**4. We need to accelerate our preparations for working differently in new facilities.**

We've been successful in securing the commitment of the government for new facilities in both Grey and Westport. These new facilities are going to enable us to work in new, more connected and more efficient ways. They're also going to enable us to fully bring to life the model of care work that so many of you have been involved with recently. What's now really important is that on the back of the confidence we have that new facilities really are coming, we accelerate the thinking and the work already underway.

**5. We need to continue to bring to life our workforce innovations across the nursing, medical and allied health professions.**

In the last 12 months, we've continued to innovate across the workforce. Nursing is exploring how it might continue to innovate and work differently in the new environment;

*continued overleaf...*



# CEUpdate

8 September 2014



...continued from overleaf

we've completed a review of allied health, we're implementing a leadership framework and we're recruiting an Associate Director; and in medicine, we're really focused on continuing to recruit Rural Hospital Medicine doctors, and stabilising our workforce across general practice and hospital services. This work remains a top priority for the year ahead.

I'll end where I began. Delivering on these priorities will make a huge difference to how our health system performs over the next 12 months and beyond. They're at the heart of our vision for a system that puts patients at the centre, and which keeps them as well as possible, for as long as possible, close to home. All of us have a role to play, each and every day, in bringing these priorities to life.

Take care.

**David Meates**  
CEO

## What's on in the community?

If you're involved with something you want your colleagues to know about, send information to [communications@westcoastdhb.health.nz](mailto:communications@westcoastdhb.health.nz).

[Click here](#) to find out more.

## Get Ready Get Thru week

**22-28 September**

Come check out the display in the Grey Hospital foyer!



**HealthPathways**WEST COAST



**HealthPathways is continually being updated with new content localised for the West Coast. To keep up with the latest changes, make sure you subscribe to monthly updates:**

[://wc.healthpathways.org.nz/13454.htm](http://wc.healthpathways.org.nz/13454.htm)

**Contact the West Coast Coordinator for the username and password to access the HealthPathways West Coast site (03) 768 1305.**

If anyone would like to submit West Coast resources to be included in HealthPathways, or would like to get involved in reviewing or localising the pathways contact Marie West, West Coast HealthPathways Coordinator, Phone DDI: 03 768 1305 Fax: 03 768 6184, [wc@healthpathways.org.nz](mailto:wc@healthpathways.org.nz)

# CEUpdate

8 September 2014



## The lowdown on the latest from the Policy front

**Pharmacy Manager Nick Leach has just posted the National Medical Warning System Policy on the DHB intranet.**

The aim of the policy is to outline the process to signal that a medical warning exists that could impact on the treatment or care of a patient, especially in an emergency situation.

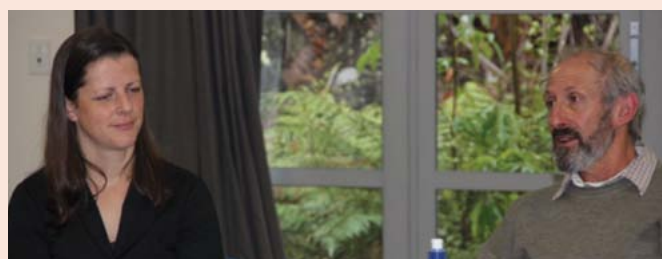
The policy deals with recording through the inpatient management system either nationally or locally the likes of allergies, multi-drug resistant organisms, child protection concerns, difficult intubation and other medical concerns.

Staff authorised to access the National Medical Warning System are listed in the policy, along with the process for registering warnings.

Nick says if anyone has any other information that should be formulated into a medication-related policy, she is happy to supply a template.



Reefton DHB staff who took part in a team-building day recently, using the FISH philosophy. [Click here](http://www.charthouse.com) to read more on the FISH philosophy (www.charthouse.com).



At a recent South Westland staff meeting, Martin London talked about the great work being done by Practice Manager Celia Tymons (left).



## Bouquets

*I am writing this letter to officially thank your team of district health nurses for the wonderful care we have received over the past two months as my son recovered from an operation.*

*We have had many dealings with the health system over the past 20 years, but had never had to rely on the district health nurses until recently. We have been so impressed with the professionalism, reliability and care taken by the whole team.*

*Due to their diligence, my son has healed quicker than expected, with no complications. It is certainly reassuring to know that we have such great continuity of nursing care in Westport.*

## Texting while driving?

Besides being illegal it's very dangerous. Check out this [link](#) for a timely reminder or search YouTube for **Volkswagen – Eyes on the road.**





# CEUpdate

8 September 2014



## Raviraj Raveendran

### What does your job involve?

As an anaesthetist I am part of the perioperative team. It covers pre-operative clinics, theatre lists, Critical Care Unit care, pre and post op assessment and care, epidurals for obstetric patients and on call duties. I'm also involved in trauma management, airway management and invasive monitoring for haemodynamically unstable patients at emergency department.

### What do you love about what you do?

It is a challenging specialty. You see the result of your interventions immediately. It is satisfying when you relieve someone's pain. And it is team work.



### Why did you choose to work in this field?

The dynamic nature of the work, which allows you to do some techniques and procedures. In day-to-day practice, we apply the basic medical sciences.

### Who inspires you?

I have been influenced by my anaesthetic & surgical colleagues. Every day I am learning something from someone. It keeps changing my practice. My kids are my main inspiration in my life.

### The last book you read was?

I am not a good reader. But I love to watch historical documentaries. The latest one was Secrets of Archimedes.

### Your ultimate Sunday would involve?

I love to have a scenic drive with my family, playing with the kids in a park. Would like to spend some time on photography.

### Your favourite food and music is?

I like spicy foods and like listening to instrumental music rather than songs.



**What special days are this week?**

**Wednesday 10 September  
World Suicide  
Prevention Day.**

[Click here](#) to find out more.

# CEUpdate

8 September 2014



## Competition Alert!!!!

### *Suggest a Name and WIN!!!*

**We need YOUR creative thinking caps on to help us find a name for the new Electronic Incident Management System that will soon be in operation across the South Island.**



What's more, pick the winner and you could win a delicious food hamper to share with your team for morning or afternoon tea!

We know that our staff are the organisation's eyes and ears when it comes to identifying patient safety issues, and that important information comes from reporting incidents or hearing from patients about what did or did not go well.

We rely on this information to make changes to improve the care we provide.

The new system will help make it as easy as possible to report and enter this valuable data.

It will help staff to easily share clinical learnings from outcome reviews, and support the consistent reporting, management and data collection.

To find out more about RL 6 visit [www.rlsolutions.com](http://www.rlsolutions.com). All entries to be by email to [Fiona.prattley@siapo.health.nz](mailto:Fiona.prattley@siapo.health.nz) by 16 September 2014, subject: RL6 naming competition.

So get your thinking caps on and win!!!

**Stoptober**  
The 31 day stop smoking challenge

**Stopping smoking starts 1st October**  
**SIGN UP AT**  
**[stoptobernz.co.nz](http://stoptobernz.co.nz)**



Jesse Beynon (4) and mum Kylie Parkin, Portfolio Manager Maori Health, check out the Daffodil Day selection in the foyer of Grey Hospital last week, helped by Mary Foster of the Paroa Women's Institute.





## One minute ... Over the Hill

### Over the Hill with Nancy Stewart

**A Rotary Foundation Scholarship brought Planning and Funding Project Specialist, Nancy Stewart, from Rock Hill South Carolina, to Christchurch in the late 1980s.**

Nancy and her older brother grew up surrounded by a close extended family, including a number of older relatives.

"My grandparents died when I was a baby but I had lots of great aunts and uncles. Their wisdom and sense of humour was very much valued in our family," says Nancy.

"Knowing those positive family role models instilled a strong sense that age is no barrier. I am passionate about older persons' health and though I have recently changed from an Older Persons' Health Portfolio Manager to a Projects role, I am pleased to be part of facilitating a conversation in the Buller community about Older Persons' Health."

Nancy did all her early schooling in Rock Hill, graduating from Winthrop University with a Bachelor of Arts in Psychology and English.

"In my application for the Rotary Scholarship, New Zealand was one of my preferred places to study and winning that provided the exciting opportunity to come to Christchurch where I completed a Masters in English at Canterbury University and experienced first-hand that New Zealand is a great place to live."

After her degree Nancy worked in behaviour support for people with



intellectual disabilities at IHC and then Healthlink South. She completed an MBA through Massey University and moved to the former Southern Regional Health Authority in 1996 as a Consumer Relations Co-ordinator. Following that she became Project Manager for the Templeton Centre deinstitutionalisation.

From there mental health project management beckoned and Nancy worked for the Health Funding Authority on projects to ensure improved access to newer antipsychotic drugs and reviewing models of community mental health care.

When the HFA disbanded in 2001 Nancy had a brief stint at the Ministry of Health as Senior Quality Improvement Co-ordinator, Mental Health. She

moved from there to CDHB where she had a role as Community Engagement Manager and then Mental Health contracts manager.

Nancy left for two years during which she managed an aged residential care service. She returned to the CDHB in 2008 and worked as Older Persons' Service Portfolio Manager until her recent change of role.

On the West Coast Nancy works with a team to run a community engagement process about older persons' health in Buller, visiting about once a fortnight from Christchurch. She enjoys working with groups of people towards a common goal.

"It sounds like such a cliché but I really like people. I enjoy hearing their ideas and seeing them be passionate about a positive purpose. I am also comfortable being in a room where people have a range of different views and like seeing groups and individuals figure a way through that, with or without the facilitator's help to do so."

Outside of work, family and friends are important, including Beryl, the family's West Highland white terrier. Nancy enjoys walking and biking, plays guitar and sings and enjoys many kinds of music.

## *Be part of the conversation:* **BULLER OLDER PERSONS' HEALTH**



What older persons' health services will **YOU** want one day? How do **YOU** think we should deliver services to the older members of our community? What do **YOU** think is most important for helping older people live well at home?

Visit [www.westcoastdhb.health.nz/bulleroph](http://www.westcoastdhb.health.nz/bulleroph) to read more about the Buller Older Persons' Health conversations and fill in our online survey to give us your ideas about future health services for our older population.

Come to our second community meeting to hear ideas from the Stakeholder Group that has been set up to discuss options for older persons' health in Buller.

**Club Buller *\*\*NEW VENUE\*\****

**44 Queen St, Westport**

**3pm – 4.30pm and 7pm – 8.30pm**

**Thursday 18 September**

and let us know what you think.

For more information,  
phone 0800 789 001 or email  
[bulleroph@westcoastdhb.health.nz](mailto:bulleroph@westcoastdhb.health.nz)

## Buller Older Persons' Health Staff Focus Group

On 1 August, Michael Frampton led a staff meeting around Buller Older Persons' Health and suggested that a staff focus group be set up to identify the range of options and choices for the ways in which older persons' health services, including aged residential care services, are organised into the future.

There are a number of constraints/areas that we need to bear in mind during this journey:

- the poor state of repair of our Kynnersley and Dunsford facilities;
- the fact that no further government funding is available for Buller aged care facilities;
- O'Connor Home capacity expansion and what this means for the community;
- the current lack of retirement options in Buller that are available in other parts of the country; and
- the desire that people have to remain in their homes for as long as they can.

We have begun an open conversation with staff and the community. **It's important you understand that no decisions have been made.** We genuinely want to understand all views on how best to care for and support Buller's older population in the coming years and we know, that as the people who actually deliver care, staff have a vital contribution to make.

**There will be a series of three meetings over a six week period. We encourage you to come along to as many of these meetings as you are able to. These meetings will be held in:**

**Buller Health Training Room, Buller Hospital**

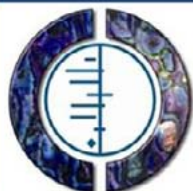
**9.30am and 3.30pm**

**on**

**Wednesday 17 September**

**Thursday 2 October**

For further information and to register your interest, please contact Paulina Baird  
on [bullerhop@westcoastdhd.health.nz](mailto:bullerhop@westcoastdhd.health.nz) or by phoning 0800 789 001



Industry influence in healthcare and research: does it matter?

Monday 24th, November 2014

Grafton Campus, University of Auckland, Auckland

## Industry influence in healthcare and research: does it matter? Keynote Speaker: Professor Lisa Bero



Lisa A. Bero, PhD is Chair of Medicines Use and Health Outcomes in the Faculty of Pharmacy and Charles Perkins Centre, the University of Sydney. Prof. Bero is a pharmacologist who studies how science is translated into clinical practice and health policy, including the study of how a variety of biases influence the integrity of the research.

Her international activities include member and chair of the World Health Organization (WHO) Essential Medicines Committee, member of the Pan American Health Organization (PAHO) Advisory Committee on Health Research, chair of the PAHO Strategic Fund Selection Committee, associate editor of Tobacco Control, editor of the Effective Practice and Organization of Care Cochrane group, director of the World Health Organization Collaborating Centre on Pharmaceutical Research and Science Policy. Prof. Bero also serves on several committees related to evidence and decisions, such as the Institute of Medicine Committee on Conflict of Interest in Medical Research, Education and Practice and the National Academy of Science Committee to review the Environmental Protection Agency Integrated Risk Information System Process and was an elected member of the Cochrane Collaboration Steering Group for 12 years and was appointed Co-Chair in 2013. Visit the symposium's webpage to find out more <http://nz.cochrane.org/symposium>

### Symposium Programme Monday November 24th 2014

1:00 - 1:05	Prof Cindy Farquhar - Welcome and introduction
1:05 - 2:00	Prof Lisa Bero – Taming the beast: managing conflicts of interest in research
2:00 - 2:20	Peter Griffin – ProPublica and Sunshine Act- International perspective
2:20 - 2:40	Cindy Farquhar – Why NZ needs a sunshine act?
2:40 - 3:00	Prof Chris Bullen – Clinical trials and industry: a perspective from NIHL
3:00 - 3:30	Afternoon Tea
3:30 - 3:50	Prof Shaun Hendy – Can we trust our scientists
3:50 - 4:10	Dr Sarah Hetrick – Cochrane antidepressant review the role of industry in the research
4:10 - 4:30	Dr Vanessa Jordan – Cochrane Tamiflu review and the All Trials campaign
4:30 - 5:00	Nikki MacDonald interviewing Dr Mark Jeffery, Dr David Menkes, Dr Mark Webster, Dr Don Mackie and Dr Stewart Jessamine
	Panel interview with clinicians and policy makers about industry funding
5:00 - 5:15	Final thoughts – Lisa Bero
5:15 - 6:00	Drinks and conversation

This is an afternoon symposium which is open to all free of charge. You must however register to attend and spaces are limited. Please contact Ursula [u.foley@auckland.ac.nz](mailto:u.foley@auckland.ac.nz) to register your interest or visit the symposium web page for more information.



THE UNIVERSITY  
OF AUCKLAND  
FACULTY OF MEDICAL  
AND HEALTH SCIENCES



# CEUpdate

8 September 2014



West Coast

DISTRICT HEALTH BOARD

TE POARI HAUORAA ROHE O TAI POUTINI

**It's NOT CHILD'S PLAY**

Keep kids off ATV's and quad bikes  
Always wear a helmet  
And complete a training course

**Remember:** it's easier to change a bad habit than bury a loved one

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

# TATAU POUNAMU MANAWHENUA ADVISORY GROUP 2015 MEETING SCHEDULE

DATE	TIME	VENUE
Thursday 29 January 2015	3.00 – 5.00pm	Kahurangi Room, Mental Health
Thursday 12 March 2015	3.00 – 5.00pm	Kahurangi Room, Mental Health
Thursday 16 April 2015	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 18 June 2015	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 20 August 2015	3.00 – 5.00pm	Kahurangi Room, Mental Health
Thursday 22 October 2015	3.00 – 5.00pm	Kahurangi Room, Mental Health
Thursday 3 December 2015	3.00 – 5.00pm	Kahurangi Room, Mental Health

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