

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

25 June 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

Kahurangi Room, Mental Health Services

Thursday 25 June 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

12 March 2015

3. Carried Forward/Action List Items

4. Discussion Items/Presentations/Presenters

- | | |
|--|--------|
| ▪ Cheryl Brunton, Community Public Health – CPHAC/DSAC Report Update | 3.30pm |
| ▪ Kurt McLachlan & Gabrielle Baker – Ministry of Health, Te Kete Hauora – Update on Iwi Governance | 4.00pm |
| ▪ Mark Newsome, General Manager – Grey/Westland Update | 4.30pm |

REPORTS

- | | |
|-------------------------------------|-----------------------------------|
| 5. Chairs Update – Verbal Report | Chair |
| 6. GM Maori Health – Report | Gary Coghlan, Maori Health |
| 7. Maori Health Plan 2015/16 Update | Kylie Parkin, Maori Health |
| Quarter 3 Report Update | Kylie Parkin, Maori Health |
| 8. Alliance Update | Philip Wheble, Planning & Funding |

INFORMATION ITEMS

- Tatau Pounamu Meeting Schedule
- Board Meeting Schedule
- Grey/Westland Progress Report
- WCDHB Population Profile
- Realignment of Tobacco Control Services

ESTIMATED FINISH TIME 5.00pm

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 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 ▪ Chair Victim Support Grey & Westland ▪ Committee Member, Active West Coast ▪ Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust ▪ Committee Member, Abbeyfield Greymouth Incorporated ▪ Trustee, Canterbury Neonatal Trust ▪ Board Member of the West Coast District Health Board ▪ Member of the Southern Regional Liasion Group for Arthritis New Zealand
<p>Gina Robertson Kawatiri</p>	<ul style="list-style-type: none"> ▪ Maori Community Representative – Incident Reporting Group, Buller Hospital ▪ Buller Maori Representative on the Buller Integrated Family Healthcare Workstream ▪ North School Iwi Representative, Board of Trustee
<p>Wayne Secker Mawhera</p>	<ul style="list-style-type: none"> ▪ Trustee, WL & HM Secker Family Trust ▪ Member, Greymouth Waitangi Day Picnic Committee
<p>Paul Madgwick 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 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, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board

Member	Disclosure of Interest
	<ul style="list-style-type: none"> • 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 Corporate Services, Board Room @ West Coast DHB, Greymouth, on Thursday 16 April 2015 @ 3.00pm

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

WELCOME / KARAKIA

AGENDA / APOLOGIES

1. DISCLOSURES OF INTEREST

Elinor Stratford – Remove Advisor to Committee of Parkinson's.

ACTION: Megan

2. MINUTES OF THE LAST MEETING

Moved: François Tumahai **Second:** Lisa Tumahai

Carried

No 10. ACTION: Follow this up with Susan. Paul Madgwick requested clarification.

Alliance Update: Older Person Health has this been raised with Poutini Waiora – Moya Beech Harrison?

This particular work stream has still to meet.

3. Carried forward/Action List Items

No. 5 – Whanau Ora

ACTION: Chair of Tatau Pounamu to follow up.

No. 4 – Tatau Pounamu MOU

It was agreed to move the 18 June 2015 meeting to the 25 June 2015 (the day before Board meeting on 26 June) to allow for Michael Frampton and Peter Ballantyne to be in attendance for a discussion around the Memorandum of Understanding.

ACTION: Megan to work with Kay Jenkins and Kelly Balloch to secure a meeting time.

No. 4 – Maori Representative Appointment Requests

CV's were provided to all in attendance for the appointment of an appropriate representative to the Child & Youth Workstreams.

A member commented that there could still be a wider network of representatives. Suggested that we continue to source the wider network

ACTION: Carried over to the next meeting.

The Chair also advised that she would make contact with the current Maori representatives to see how they are getting on.

ACTION: Megan to provide the Chair with email contacts

There are still vacancies for representatives onto the following workstreams:

- Local Cancer Network
- Diabetes
- VIP

ACTION: An email advert to be circulated out wider seeking interest for the above key workstreams.

Te Rito the GM Maori advised that he would follow up this group and confirm the Maori membership.

7. Cancer Screening – Carried Over

ACTION: Carried to next Meeting.

8. Annual Plan

ACTION: Gary talked to Dr Rhys Jones regarding prostate cancer screening.

9. DNA Carried over next meeting.

Julie Lucas to be invited to the June meeting for an update on DNA and discharge planning.

10. Health Services for Westland

11. Rangatahi

Carried over next meeting

A G E N D A

Draft Disability Plan – Kathy O’Neil

Kathy spoke to the draft disability plan. She undertakes this work for both DHBs. Currently working on the draft.

It is anticipated that forums will be coming together in early May with the community. Kathy valued the advice from Maori. It was suggested she consult with Poutini Waiora.

The following suggestions were made by members:

1. Point 5-8, advised that some of the language could be more inclusive. Needs to be expanded to include younger ages and Asian populations.
2. When asked regarding feedback in Canterbury Kathy said feedback from Maori was very positive.
3. There is potential to have under each of the goals more of a might be appropriate for Maori throughout the document.
4. Whanau ora needs more emphasis in the draft plan.
5. Section 9. Information – The loss of disability information, there is currently a gap in service. A new website is expected to go up for the West Coast. There will be some very important information for the public on the website.

ACTIONS:

- Tatau Pounamu will review
- Poutini Waiora to be consulted
- Ensure community are involved in a process of review
- Include the Buller Region

Buller Workstream Update

Kathleen Gavigan – Update on Buller Workstream Dialed in at 4.25pm

Kathleen spoke about key areas of service integration across Buller Health. She thought it was positive having Poutini Waiora on site to ensure access for Maori. Some good work occurring in the area of case co ordination and around understanding who are falling between the gaps. Created a daily MDT this is called the “huddle” this is to identify people who require more wrap around services. Poutini Waiora participates in this on a daily basis the huddle is working well. Poutini Waiora involvement is valuable.

Crisis Resolution is another area the team is working on and one area of work is in the after hour’s area. Services need to be more flexible to meet the needs of patients. It was identified in the workstreams that more could be done in the Alcohol and Drug area to improve services to Maori.

Next month there is a hui with MH NGOs and Poutini Waiora to see how to better support needs of people with mental health conditions. And also focussing on access to physical health services and proposing to the PHO that mental health be included in the long terms conditions programme.

In the coming year Buller is focusing on what are the health inequities in our area and Kathleen will be working with Gary and Community Public health using the (HEAT) Health Inequalities Assessment Tool to provide training to staff.

There was a brief discussion regarding Maori mental health and the possibilities about how Maori mental health might work in the future. The general consensus is it must be closer to the community. Collaboration amongst NGO providers such as PACT, TE ARA MAHI (Workforce development) and Richmond Fellowship with Poutini Waioara was discussed

Work continues on 24/7 coverage in the Buller.

GM Maori Health Verbal Update

Gary Coghlan, GM Maori Health provided a verbal update on:

1. Poutini Waioara – Secondment opportunity for a nurse into the Maori provider was progressing
2. Tumu Whakarae – Talked about the accelerated Maori health plans and what each DHB is doing in terms of their Maori health indicators, comparing results and trends also understanding areas of best practice are occurring.
3. Continues to work closely with Poutini Waioara and in particular the Kaihautu, General Manager of that organisation.
4. Discharge Planning – This was discussed and will continue for discussion at the next Tatau Pounamu hui.

Alliance Update

Currently going through the annual planning cycle. Older Persons – Business case around providing more resource to CCCN, Liaison service this has been approved and will be in action soon.

General Updates

Access to GP Services for Westland Region – it continues to remain a priority issue. The choice of medical centres to access medical care in Hokitika still remains an issue. Currently just the one service operating with two GP's.

Hokitika Resthome – A member asked what the plans were in relation to the rest home in Hokitika

ACTION: Philip Wheble will advise at the next meeting

MATTERS ARISING MARCH MEETING 2015

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
4	16 April 2015	Amendments for Tatau Pounamu Terms of Reference & Renewal of Memorandum of Understanding 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.	A meeting with Board Chair, Michael Frampton, Tatau Pounamu Chair and Rununga Chairs is scheduled for Thursday 25 June at 2pm.	June Meeting
4	16 April 2015	Maori Representative Appointment Requests The Child & Youth list of representatives to be extended wider in terms of potential applicants. The current list of names provided will be carried over to be considered with any new interests.	Megan Tahapeehi	June Meeting
5	16 April 2015	Whanau Ora	On going discussion.	June Meeting
7	29 January 2015	Cancer Screening 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 Prostate Screening 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.	June Meeting

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
			Prostate Cancer Rates for West Coast 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	DNA Update Julie Lucas will look to provide an update at the June meeting.	General Manager, Maori	June Meeting
10.	16 April 2015	Health Services for Westland District Ongoing discussions The 16 April meeting minutes also talked about a discussion relating to an approach from members of the Bruce Bay community regarding service provision and where they fit into the Westland Services. More information to be provided on this matter.	Susan Wallace	June Meeting

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
11.	16 April 2015	Rangatahi Ongoing discussions	Chair, Tatau Pounamu	June Meeting

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **25 June 2015**

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The verbal and in person updates from the following:

- Cheryl Brunton, Community Public Health – CPHAC/DSAC Report Update
- Kurt McLachlan & Gabrielle Baker – Ministry of Health, Te Kete Hauora – Iwi Governance
- Mark Newsome, Grey/Westland Update

2. RECOMMENDATION

That theTatau Pounamu Advisory Group notes the updates.

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **25 June 2015**

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.

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: General Manager Maori Health

DATE: 25 June 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 provided to Tatau Pounamu Manawhenua Advisory Group as a regular update.

2. RECOMMENDATION

That the Tatau Pounamu Manawhenua Advisory Group notes the report.

3. SUMMARY

Kia ora Hauora Work Placement Programme

Last year the West Coast Work Placement Programme was run in September and had 7 Year 12 and 13 students attend. The programme was run over 3 days with students having access to many different careers within the Health sector including, Social work, Maori Health Provider, Laboratory, Occupational Therapy, Corporate management, PHO, General Practice, Community Public Health.

From the 7 who participated in the programme 5 have gone on to CPIT to begin their study in nursing, 1 is at Dunedin doing the Tu Kahika programme and 1 is at Tai Poutini polytechnic doing the pre-health sciences programme.

Planning is underway for this year's programme which will be run in September.

Maori Health Plan

The second draft of the Maori Health Plan has been submitted to the Ministry. There will be one more round of feedback in June before it is finalised.

Cultural Competency - Te Rau Matatini

The Kaitiaki Ahurea NZQA Level 2 programme is a training programme designed for and delivered to non-Māori working in Public Health. Te Rau Matatini will be delivering the course on the West Coast in September and October.

The course is appropriate for beginning public health practitioners as well as experienced practitioners wanting to further develop their cultural competencies. The intention of the learning includes the application of these principles to everyday practice within a public health role when working with Māori communities.

New national monitoring tool aims to accelerate Māori health improvement

A new web-based monitoring tool seeks to speed up Māori health gains by increasing access to health performance information. The *Māori Health Plan Monitoring Tool*, was launched on Thursday 11 June, by Bay of Plenty District Health Board (BOPDHB) as the brainchild of Dr George Gray. “All DHBs must now have a mandatory Māori Health Plan,” said Dr Gray. “Those plans indicate what each DHB is going to do to progress performance against a set of 16 health indicators relating to Māori. Until now DHBs have had a number of mechanisms, of varying quality, which checked ongoing performance against those indicators. Standardising the DHB’s approach to monitoring is a gap that this tool fits.

The monitoring tool works on a similar basis to the Ministry of Health’s quarterly Health Targets, which give greater visibility and accountability to how a DHB is performing. Similarly, Māori health information on all 20 DHBs will include performance trends, rankings against other DHBs, disparities between Māori and non-Māori, as well as links to seminars on ‘best practice’ by the nation’s top performers. Graphs are colour-coded to show how a DHB is performing against each of the 16 health indicators. The tool is updated every 24 hours with the latest available Ministry of Health data.

On the West Coast we have been producing Maori health plan dashboard reports for some time now, however it will be a real advantage for us to look at what is occurring in other DHBs to compare results and seek out examples of best practice when relevant.

We intend to report this information to CPHAC, Tatau Pounamu, HAC and the WCDHB. In addition all these reports are available on the internet and intranet.

Maori Crown Relationship Instrument

The Ministry is currently undertaking a project to evaluate the effectiveness of DHB iwi relationships.

The criterion which each DHB will be analysed against is derived from the Māori Crown Relationship Instrument, created by the Ministry of Justice and Te Puni Kōkiri.

The Ministry will be visiting each DHB in the coming months to discuss the relationships each DHB currently has with iwi. They will be visiting the WCDHB on 25 June for a discussion with local iwi and some DHB personnel. In addition they have completed a short desktop exercise prior to these visits.

Kaiarahi for Maori Mental Health

Mal Robson has been appointed Manager for the Maori Mental Health team he has extensive experience in Maori mental health and has previously held senior positions within Capital and Coast DHB and NGO’S. Mal and his partner Jackie who is now working in the Quality team were welcomed with a Mihi Whakatau on 25 June at Whakaruruhau - the Whanau house; there was an excellent turn out by staff for this welcome.

Poutini Waiora Planning Day

We were invited to participate in a planning day for Poutini Waiora on 4 June. This was a very successful day with integration being a key theme throughout the planning.

Whanau ora Westport /Kawatiri

Te Putahitanga the South Island Whanau ora Commissioning Agency heard feedback at a December hui about gaps in services and in some cases a lack of opportunities for the Maori community in the Buller. It has taken awhile but im pleased to write that on the 3 June a project team engaged by Putahitanga gave feedback to the community. They presented a project plan titled SEED “Social Economic and Environment Development” which was well received. There will be four stages to the project, firstly research and workshops the 2nd stage is the establishment of a Community plan and Community Development Association. Another important aspect of this work is sourcing investment for these new projects.

Prostrate Cancer

After the last Tatau Pounamu I followed up with Dr Rhys Jones who is a Senior Lecturer, Te Kupenga Hauora Māori University of Auckland. He told me that at this point there is not the evidence that prostate cancer screening is beneficial. There are a large number of criteria that need to be met before a screening programme can be put into place, In the case of breast cancer and cervical cancer screening this has already occurred. That’s not the case for prostate cancer. Until this is done there is the possibility that any intervention could do more harm than good if it were not developed properly.

He pointed out that one of the key issues around prostate cancer is the disparity between Māori and non-Māori outcomes. This is largely about differential access to and quality of health care. So there are things we should be doing to improve prostate cancer outcomes and to reduce inequities, but a national screening programme is not the answer.

Maori Provider Development Scheme (MPDS)

After a robust process the Ministry have approved a substantial amount of funding (27,500) through the Maori Provider Development Scheme to Poutini Waioira to assist them in the following areas;

- Information Technology
- Infrastructure Support
- Workforce Development
- Quality, Best Practice

The activities attached to these four areas will align with the key 3 Year priorities in the Organisational Development Plan developed by Arahia Pathfinders in 2014.

TO: Chair and Members
FROM: Portfolio Manager, Maori Health
DATE: 25 June 2015

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Tatau Pounamu Manawhenua Advisory Group notes the report.

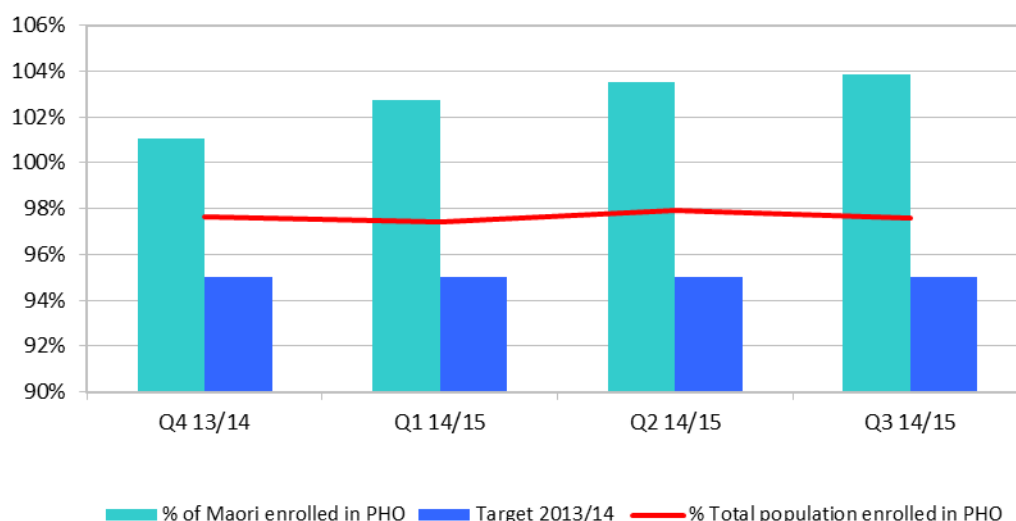
3. SUMMARY

Maori Health Quarterly Report – Q3, 2014/15

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.

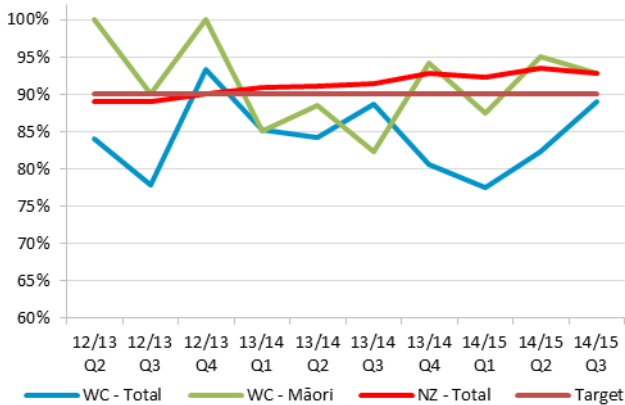
ACHIEVEMENTS/ISSUES OF NOTE

Enrolment in PHO: Using the 2013 population census figures 104% of Maori were enrolled with the PHO as at 31 March 2015. 3293 Maori were enrolled in quarter 3 compared to 3283 in quarter 2 and increase of 10 and an increase of 35 since Quarter 1.

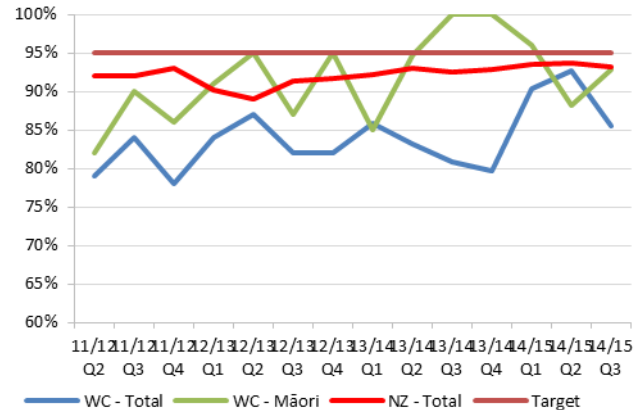
The Census data shows total Maori population is 3171.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



More Heart & Diabetes checks

Eight-month-old immunisation: 93% of Maori babies have been immunised on time at 8 months of age in quarter 3 – 13 babies out of 14 eligible for this quarter meaning only 1 Maori baby is not immunised on time. This is compared to 89% of non-Maori babies where 89 from 100 eligible babies have been immunised.

Two-year-old immunisation: 93% of Maori 2 year olds have been immunised on time in Quarter 3 – 28 from 26 eligible babies. This is compared to 93% NZ European babies - 53 from 57 eligible babies

Although not meeting target, we are pleased to have increased coverage by 7% during Quarter 3, vaccinating 89% of our eligible population. Opt-off & declines decreased this quarter at a combined total of 10%—an 8% drop on the previous quarter which is reflected in our improved results. 99% of the reachable population were immunised with only one child overdue at their milestone age.

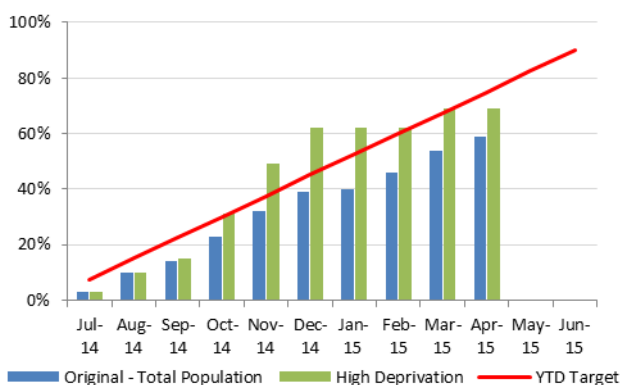
Breastfeeding Support: The community lactation consultancy and breastfeeding advocate have made 55 contacts including 47 face to face (home visits/clinic) to provide breastfeeding support. There have been 6 Maori clients in Quarter 3. Of the 55 newborn contacts, 5 required further follow up for lactation support.

Mum 4 Mums

There have been 12 Mum for Mums trained as at 31 March 2015. Only 1 has been Maori however we have been devising strategies for improving this number which include working alongside Mums engaged in Mana Tamariki Mana Mokopuna.

Newborn Enrolment: The Newborn enrolment form and process is now embedded into services. This ensures timely enrolment to 5 services; Community Oral Health service, National Immunisation Register, General Practice, Breastfeeding Support, Well Child/Tamariki ora service.

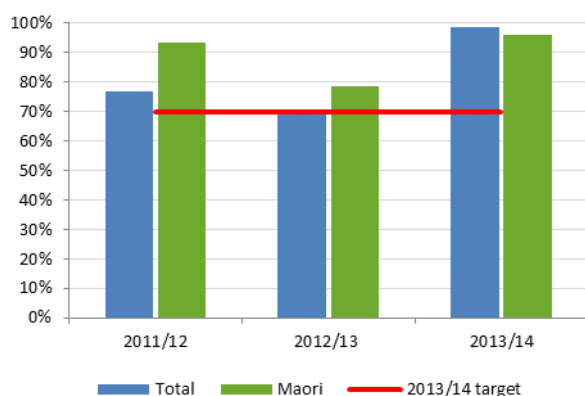
B4 School Check coverage



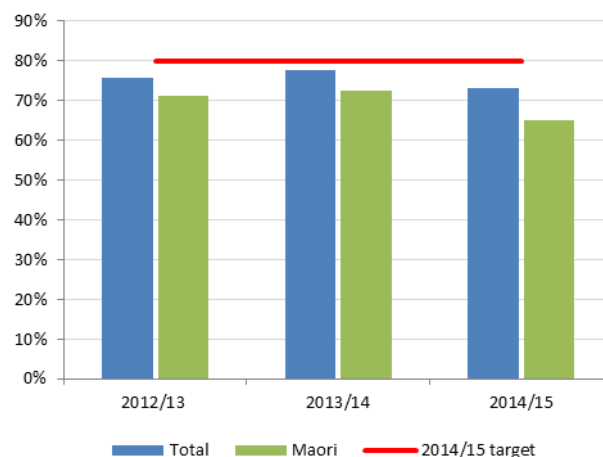
B4 School Check coverage: B4 School Check coverage is struggling to meet target again during April—having delivered 59% coverage against our 75% YTD target. Previously highlighted issues continue to affect progress with the service promoting extra clinic dates. The service now has an active social media presence and is connecting with other groups across the Coast in an effort to more directly target whanau with eligible children.

More Heart & Diabetes checks

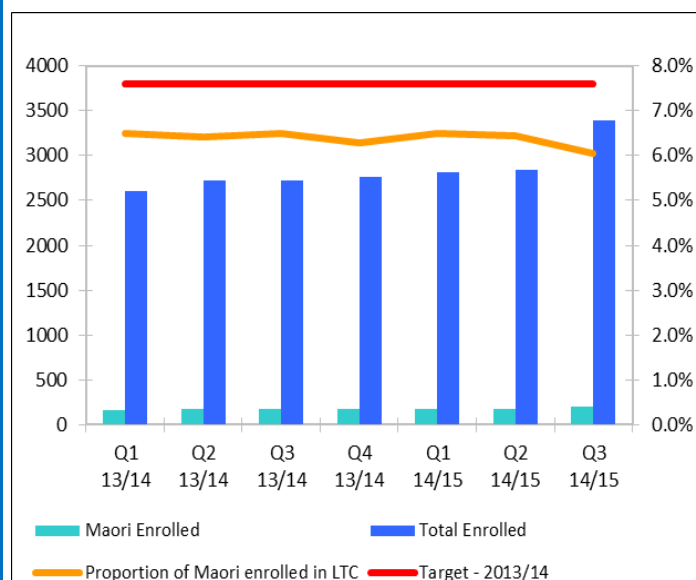
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year



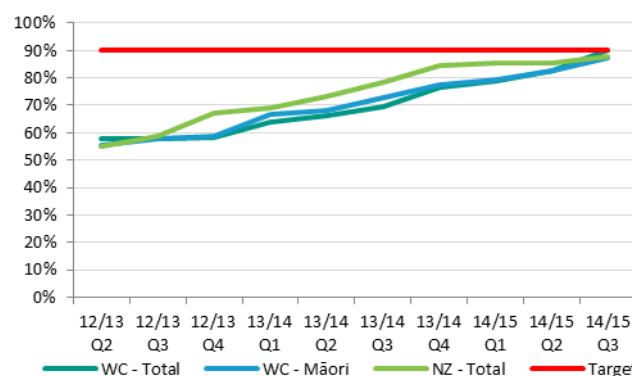
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Number of people enrolled in the Long Term Condition Programme



More Heart and Diabetes Checks 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. 74 Maori have participated in a Diabetes Annual Review. 84% of Maori with diabetes have had Retinal Exams, 64% show HBA1c levels at or below 8.0, 60% are non-smokers and 48% are on statins.

CVD Health Target

Performance increased 7.6% this quarter, meeting the target for the first time with a result of 90.3%. We are very pleased to have met target for the first time, attributing our success to the install of patient dashboard as well as long standing best practice initiatives.

Maori make up 8% of CVRAs this quarter. By comparison, Maori make up 9.8% (1019) 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). 87% of those eligible have been screened: this includes 84% of eligible males and 91% of eligible females.

The smoking profile for CVRAs completed this quarter for Maori is 68% not smoking compared with other ethnicities screened not smoking 80%.

In achieving this result, there have been a record number of patients having had their reviews (1040 during the 12-

month period); with a number of additional patients having been identified with poor control and now needing closer follow up. Among those patients provided with a diabetes annual review during the 12 months to March 2015, the number with good management of their diabetes has slipped back to 73%. Maori rates for the period slipped to 65%. We are endeavouring to encourage closer use of the Diabetes Nurse Specialist care expertise within general practice to turn this around).

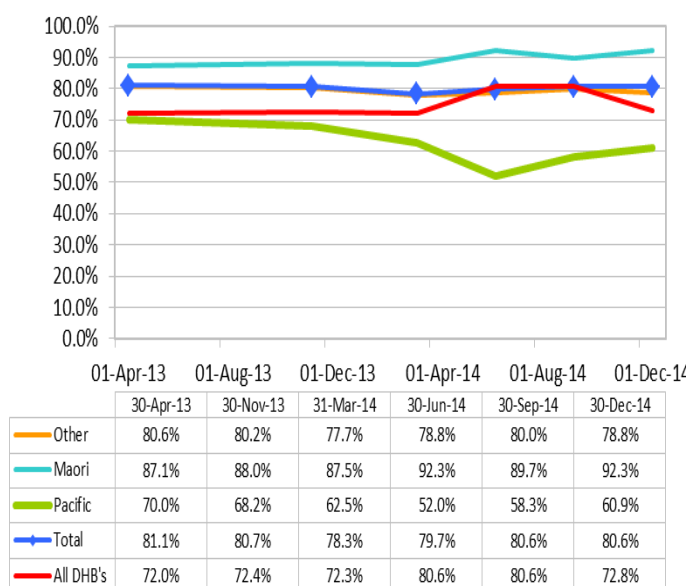
Green Prescription: Quarter 3 data shows from 36 total referrals to the Green Prescription programme in the Grey/Westland district 5 were for Maori, 29 total referrals were made in the Buller district with 4 being for Maori. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

Long Term Condition Management (LTC): 205 Maori are enrolled in the Long Term Conditions programme as at March 31 2015. For quarter 3 Maori enrolments makes up 6% 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.

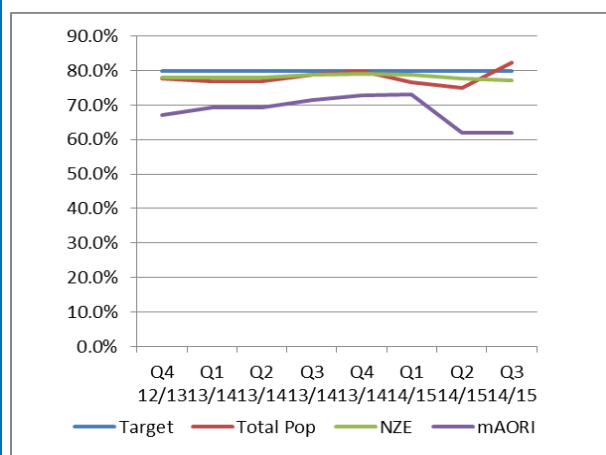
The increase in enrolments in this quarter is attributed to an increase in LTC activity in practices and an update to the Patient Dashboard that now includes LTC alerts.

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



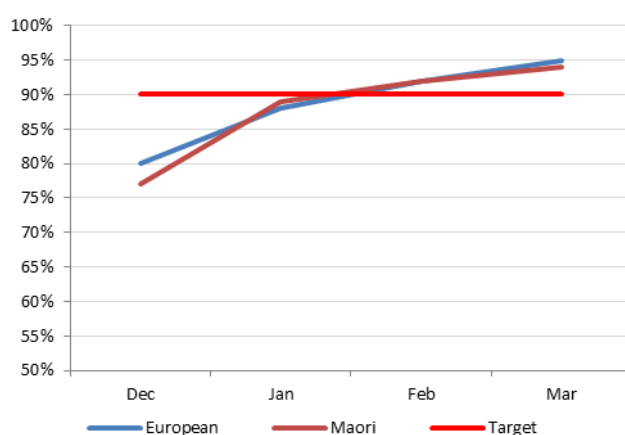
ACHIEVEMENTS/ISSUES OF NOTE

Breast Cancer Screening: Approximate 81.87% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending March 2015. The coverage for eligible Maori women (94.7%) continues to be 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 South Canterbury with 86.6% of eligible Maori women being screened.

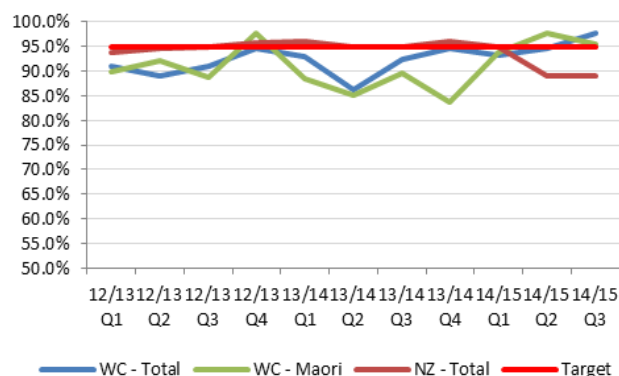
Cervical cancer screening: At the end of March 2015, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 61.9%.

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: Smokers attending primary care given advice and help to quit

Performance improved 15.7% during Quarter 3, meeting and exceeding target with a result of 94%. We are very pleased to have met target for the first time, attributing our success to the install of patient dashboard as well as long standing best practice initiatives. For Maori the result has been that 711 from 730 (97.4)% of registered Maori smokers have been provided with Brief Advice and Cessation support.

Aukati Kai Paipa: For the half year from July 1 to Dec 31 2014 the AKP service has worked with 47 new clients, 25 who identify as Maori with a 39% 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 Jan - March 2015 .10.7% (20) Maori accessed the Coastquit cessation service an increase from last quarter of 5. 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.

Secondary Smokefree Health Target: Secondary care better help for smokers to quit health target:

During Quarter 3, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support –meeting the Secondary Care Better Help for Smokers to Quit Health Target. 43/45 Maori patients were provided with smoking cessation advice.

Report prepared by:

Kylie Parkin, Maori Health

Report approved for release by:

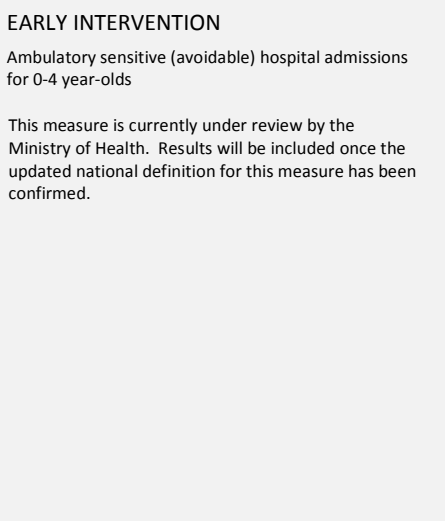
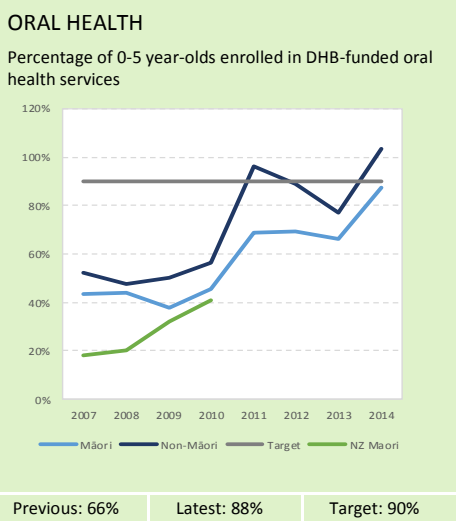
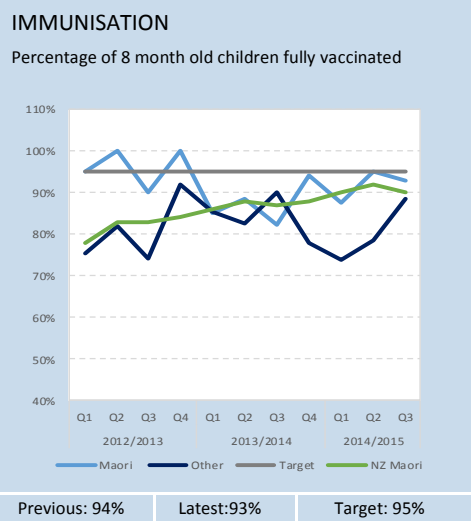
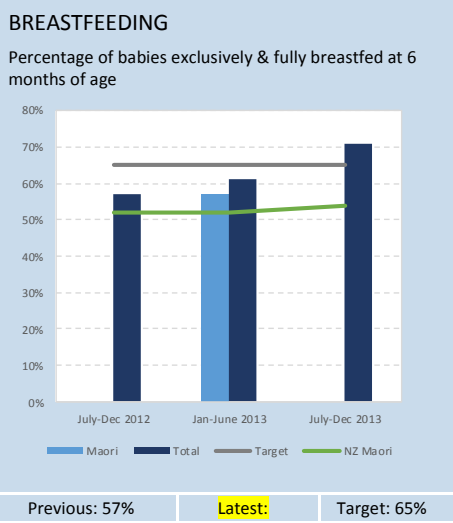
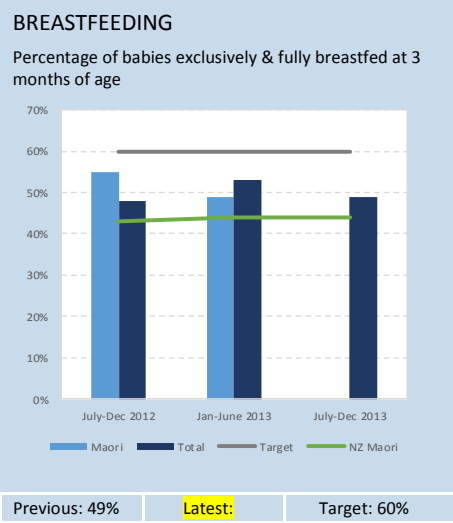
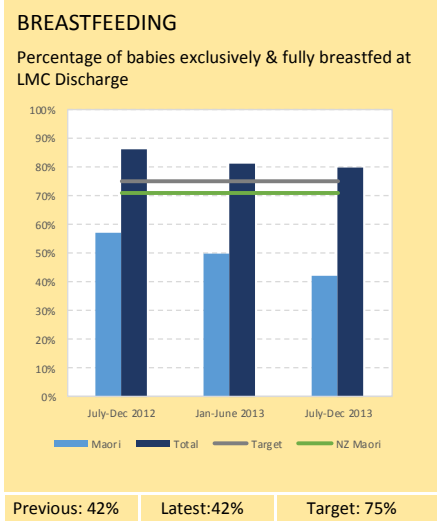
Gary Coghlan, General Manager Maori Health

West Coast Māori Health Action Plan Dashboard Report
June 2015

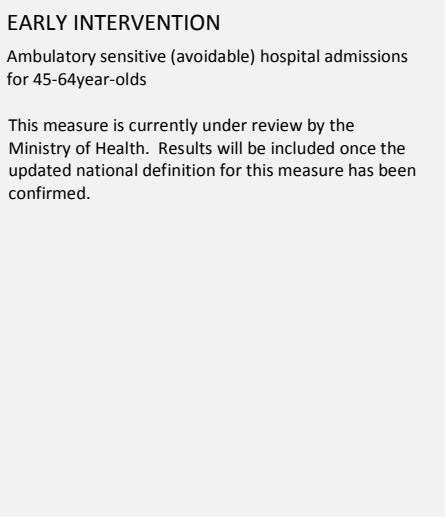
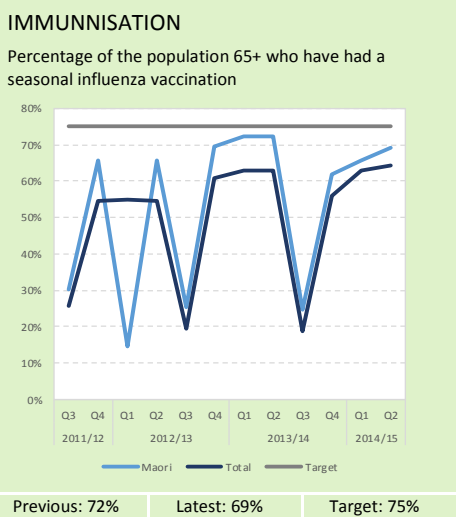
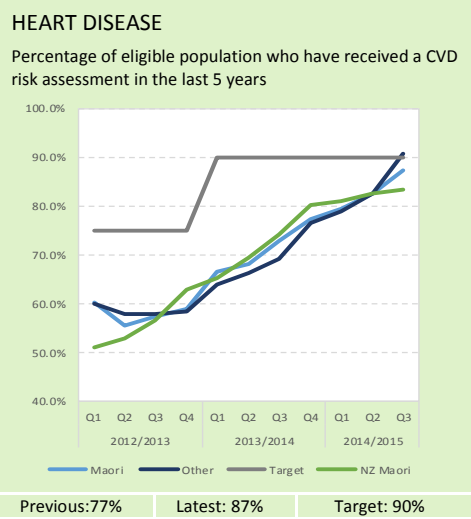
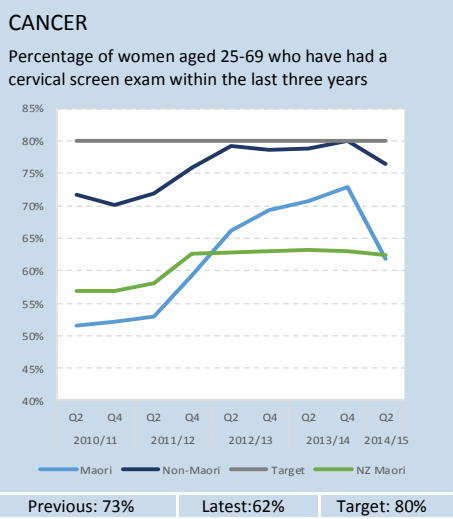
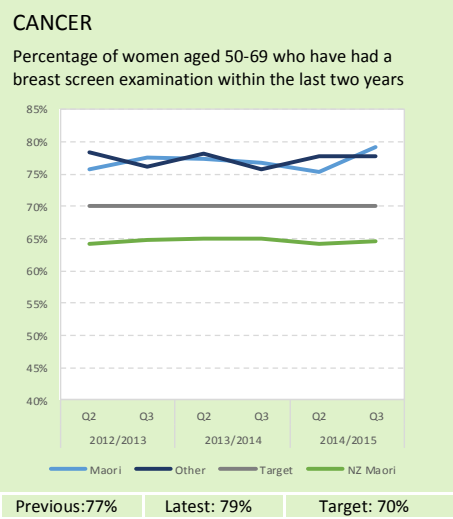
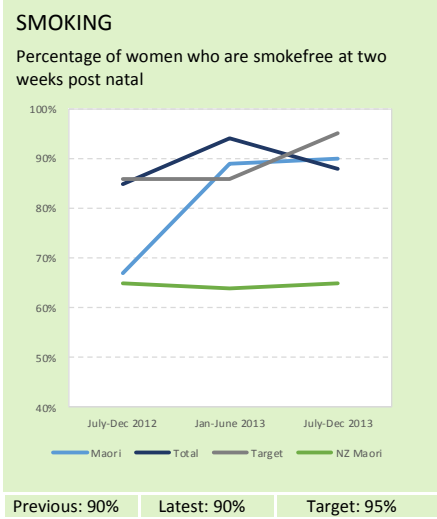


On Track
Mixed Progress
Requires Monitoring

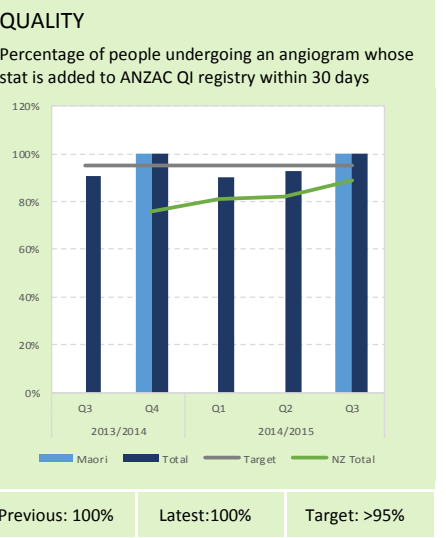
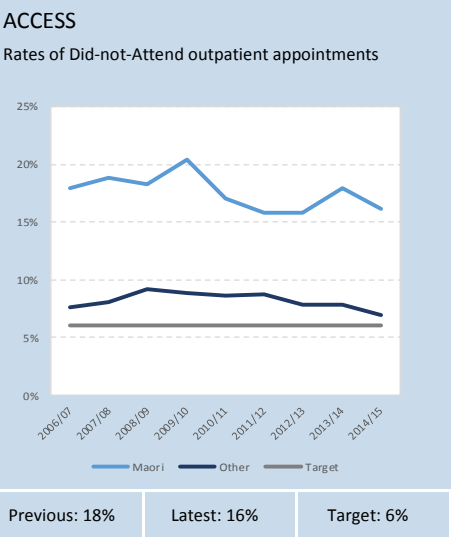
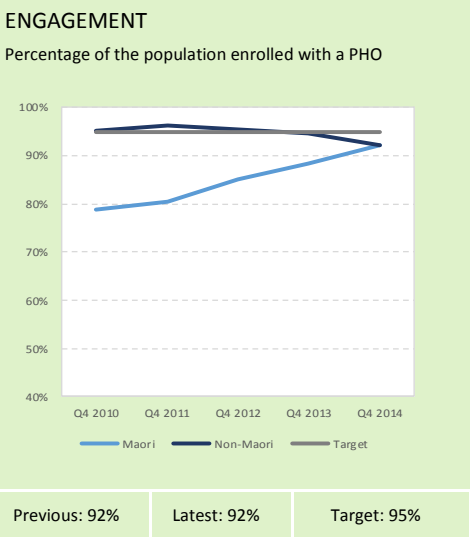
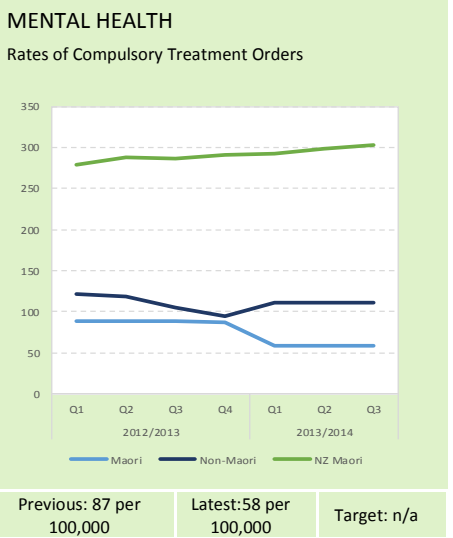
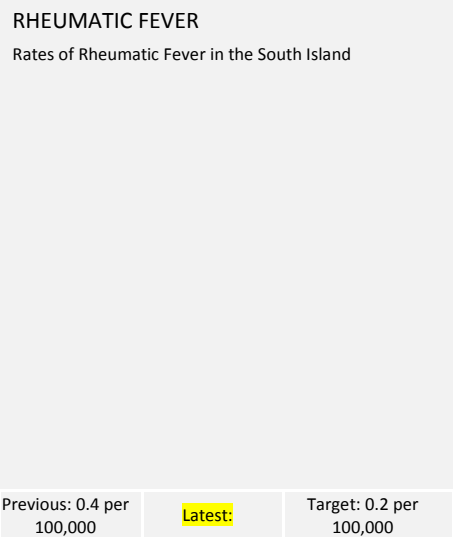
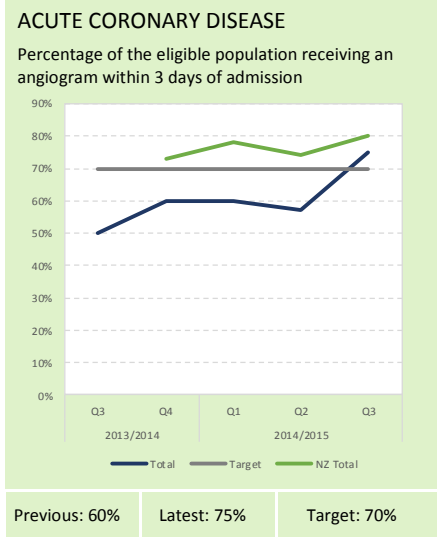
Tamariki Health and Wellbeing



Adult Health and Wellbeing



Adult Health and Wellbeing



Disclaimer: The DHB has made every effort to ensure that the information presented in this dashboard report is accurate but as much of the data comes from third parties the DHB makes no guarantee of its accuracy or completeness. The information contained in this report is intended to support the monitoring of progress and trends and is not intended to be used for the purpose of commercial decision making — the DHB accepts no liability in this regard. If you identify any errors in this report please contact the Planning and Funding Division of the DHB so that they can be rectified.

TO: Chair and Members
Tatau Pounamu

SOURCE: Alliance Leadership Team

DATE: 25 June 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 Board;
i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

Alliance Leadership Team

- The Annual Plan and Maori Health Action Plan are currently under review by the Alliance for endorsement. The PHO Board, as the Alliance partner with West Coast DHB, will also review and endorse the plans.

Mental Health Workstream

- Buller is the main focus with implementation of a new way of working expected to commence from 1 July. Across the wider system, NGOs are discussing ways they can work more effectively together to increase the range of available options.

Health of Older Persons

- Work continues with upskilling home-based support providers to enable them to deliver the restorative model of care along with the supported discharge model. Additional Allied Health FTE has now been advertised. Allied Health expertise is a crucial part of supported discharge services to inform goal setting and guide client rehabilitation and recovery. Our goal is to develop one team of support workers who will be trained to a higher NZQA framework level.
- The business case for the Integrated Falls Prevention/Fracture Liaison Service (FLS) approach was completed and approved, including a reallocation 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)

- The Grey / Westland workstream is working on alignment between the three practices for urgent and acute care processes in preparation for when the practices come together under the new IFHC.
- South Westland are working with Healthcare Medical Limited (HML) to develop a new way of working, using HML both after hours and during hours for appointment booking.
- Buller Medical is moving to a two team approach to improve continuity of care with a planned implementation 1 July.
- The operation of the team huddle has been reviewed as it has now been in place for almost 6 months. It is working effectively and only minor adjustments to process have been made to assist systematic case coordination.
- A proposal for a locality based Community Mental Health team in Buller was completed in February and has been endorsed by the Mental Health Workstream. Implementation planning is underway.
- Discussions have been held with St John about frequent presenters to services in Buller. Further analysis is required to identify this group and their needs.

Healthy West Coast

- Work is underway to begin the request for proposal (RFP) process for improved provision of pregnancy and parenting education.
- The workstream is now receiving regular reports on alcohol-related admissions at Greymouth ED.
- Feedback has been received regarding the draft Tobacco Control Plan which will be updated for final submission by the end of May.
- The review of the Mum4Mum service has now been completed and the report is being reviewed by the workstream prior to wider distribution.

Child and Youth

- The B4 School Check Coordinator has developed and launched a Facebook page to better promote clinic days and engage with families who are eligible for a check.
- The Mana Tamariki-Mokopuna group is flourishing with the young women involved starting to develop ideas about the areas they wish to learn more about and provide feedback on.

- Results of the Secret Shopper project have been collated and distributed to services. The key areas for improvement included increased awareness of privacy and confidentiality in areas where conversations may be overheard. The results were presented at the Annual 'Collaborative' Hui in April.
- 'Youth Friendliness' training has been arranged for June and will be open to all staff across the Health system to highlight the themes raised by young consumers and discuss options for addressing these in a practical way.
- Work has begun to follow up on the Girl of Concern report which was published earlier in the year. The reports findings and recommendations are being prepared for wider distribution to the community with an accompanying call to action to seek input from all stakeholders.

Pharmacy

- Registrations of Interest for a community pharmacy provider for Grey Hospital and the Integrated Family Health Centre have been considered by the selection panel.
- A current state report on the hospital pharmacy is in draft and expected to be completed in early May. The design lab plan is being put together, including both hospital and IFHC community pharmacies in the planning.

Report prepared by:	Jenni Stephenson, Planning & Funding
Report approved for release by:	Stella Ward, Chair, Alliance Leadership Team

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 25 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**

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2015

DATE	MEETING	TIME	VENUE
Thursday 29 January 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 29 January 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 29 January 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 February 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 12 March 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 March 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 March 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 27 March 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 April 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 April 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 April 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 May 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 4 June 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 4 June 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 4 June 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 26 June 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 July 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 July 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 July 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 7 August 2015	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 10 September 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 September 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 September 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 25 September 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 22 October 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 October 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 October 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 6 November 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 3 December 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 3 December 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 3 December 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 December 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.

Realignment of tobacco control services

With the Smokefree Aotearoa 2025 goal fast approaching, the Ministry and the tobacco control sector need to respond better to the needs of people who smoke.

In 2013 the Ministry commissioned [a review, conducted by SHORE/Whariki Research at Massey University](#), to determine whether changes were needed to achieve the Smokefree Aotearoa 2025 goal. The review indicated that it is unlikely the goal will be achieved if we continue with a business as usual approach.

A [2014 study published in the New Zealand Medical Journal](#) also clearly indicated that more needs to be done, particularly among priority populations, to achieve the 2025 goal.

The Ministry's own analysis and feedback from stakeholders confirms the view that while ongoing Government legislative levers such as taxation have a role to play, cessation and advocacy services are critical in supporting smokers to quit and ensuring public participation in the services. There have also been significant changes in the tobacco control environment over the past 15 years and since many contracts were put in place.

We now need to realign services to ensure that they:

- make the most of their contribution to a comprehensive set of tobacco control measures designed to reduce smoking rates in order to achieve the Smokefree Aotearoa 2025 goal
- build on the findings and opportunities outlined in the Review of Tobacco Control Services 2014
- achieve the relevant expectations outlined in the New Zealand Guidelines for Helping People to Stop Smoking, 2014.

The Ministry will be running engagement and procurement processes to design and purchase a suite of new tobacco control services. New services will commence from 1 July 2016 and will include health promotion/leadership and advocacy along with smoking cessation treatment services.

All face-to-face stop smoking services and all national health promotion and advocacy services for tobacco control, purchased by the Ministry of Health, will be part of this reassessment.

That means that for the West Coast the Aukati Kai Paipa service will be part of the realignment process. A group of people from the WCDHB, WCPHO and CPH attended the Ministry workshop to give input into a proposed changed model of care that would inform the Ministry tender process and will continue to work together on the proposal. It is the intention of the Ministry to have the procurement process underway very quickly with new services commencing from 1 July 2016.

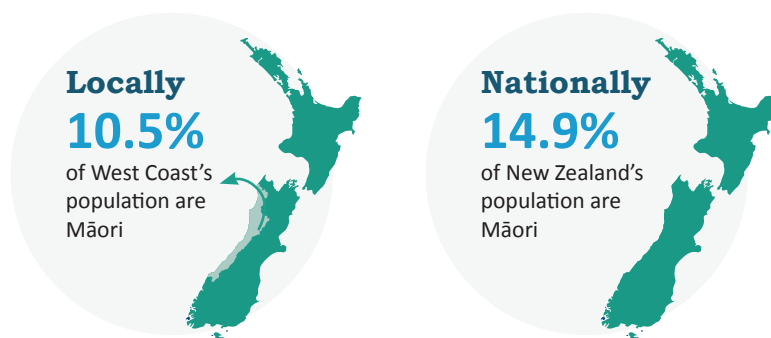
West Coast DHB's MĀORI POPULATION

The graphs and figures on these pages present key data from the 2013 Census.

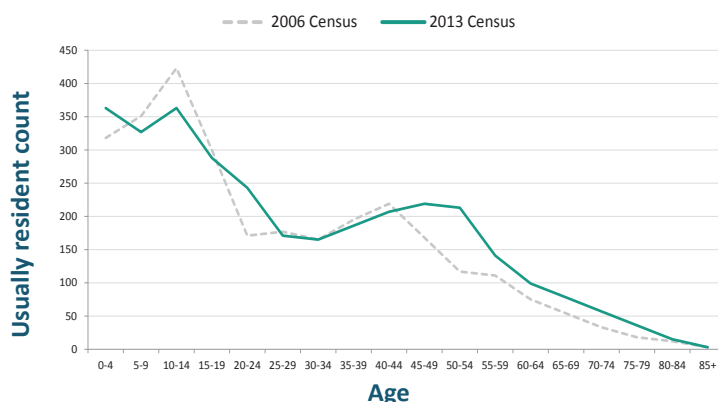
Socioeconomic deprivation, employment, income, qualifications, home ownership, household crowding, and cigarette smoking all affect people's health and are often referred to as 'broader determinants of health'. Collectively, these determinants have a greater impact on the health of a population than the health system itself.

Māori generally have poorer health status than non-Māori. This health inequity can be partly attributed to the differences in access or exposure to the broader determinants of health illustrated in this document. Monitoring these differences is the first step towards addressing them.

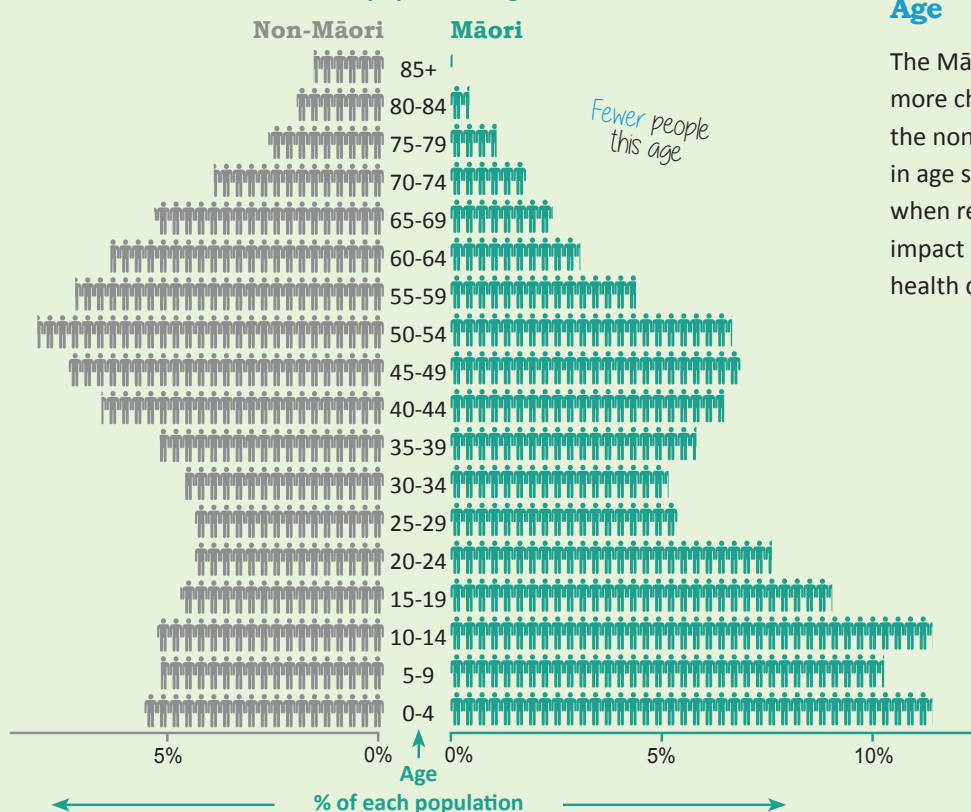
West Coast DHB has a Māori Health Action Plan and a Public Health Plan, which are companion documents to the Annual Plan. These documents set out key actions and performance measures to improve population health and reduce inequities, including work to influence the broader determinants of health.



West Coast DHB Māori usually resident count
2006 & 2013



West Coast DHB population age structure



Age

The Māori population has proportionately more children and fewer older people than the non-Māori population. This difference in age structure needs to be considered when reading this document, as age has an impact on population-based measures of health determinants.



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

West Coast DHB's MĀORI POPULATION

Smoking

Smoking is the single biggest preventable cause of illness and death in New Zealand. While rates are slowly decreasing, there is a long way to go before New Zealand achieves the 2025 smoke free goal (less than 5% smokers).

34.2%

of Māori smoke regularly¹



Māori

19.2%

of non-Māori smoke regularly¹

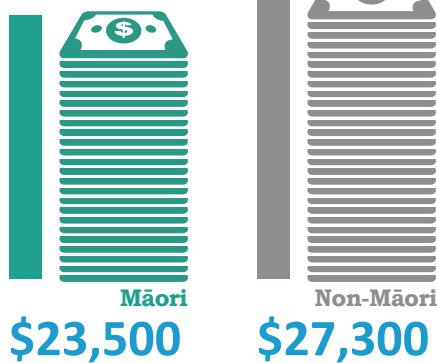


Non-Māori

Nationally, 32.7% of Māori and 12.6% of non-Māori smoke regularly¹

Income

Median income for Māori is several thousand dollars less than for non-Māori.^{1,2}



Nationally, median income for Māori is \$22,500 and for non-Māori is \$29,400^{1,2}

¹ Aged 15 years and over.

² Median income is generally a better measure than average income because income data is heavily skewed; a small number of people have very high incomes compared to the majority. Therefore median income gives a better idea of the majority of people's actual income.

³ The New Zealand Deprivation Index uses census data on personal and household income, employment, qualifications, home ownership, single parent families, household crowding, and access to a car and the internet at home, to attribute a deprivation level to small geographical areas, on a scale from 1 (least deprived), to 10 (most deprived).

⁴ Taking into account the number of bedrooms, couples, single adults and the age and gender of children.

⁵ Aged 20 years and over.

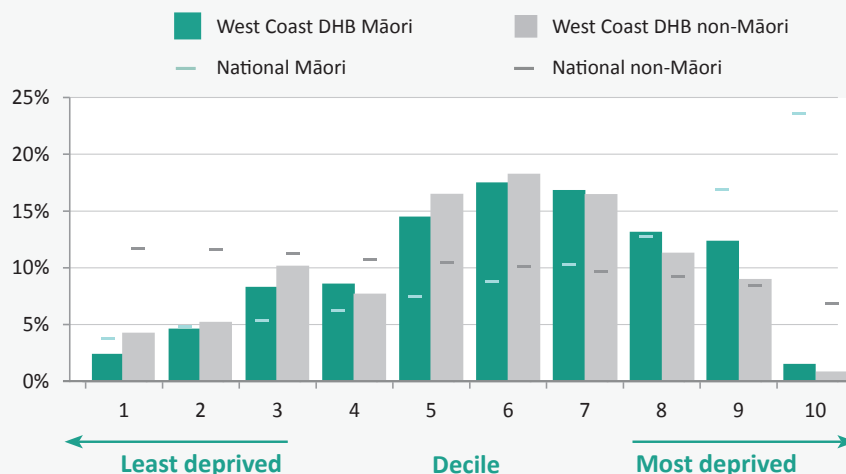
Data source: Statistics New Zealand.

The 'Not Elsewhere Included' ethnicity category (5.4%) was excluded from all calculations.

Deprivation

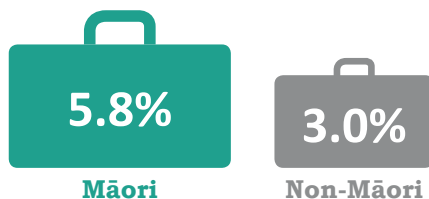
Māori are more likely to live in deprived³ areas than non-Māori. 61.5% of West Coast Māori live in deciles 6-10 compared to 56.0% of West Coast non-Māori.

West Coast DHB & National NZDep2013 distribution



Unemployment

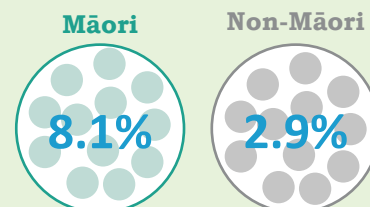
The Māori unemployment rate is nearly two times that of non-Māori.¹



Nationally, the unemployment rate for Māori is 10.4% and for non-Māori is 4.0%¹

Household crowding

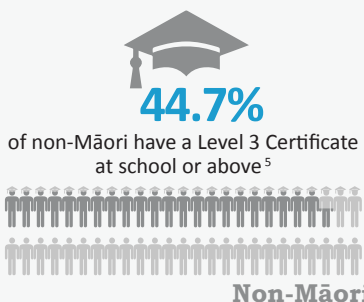
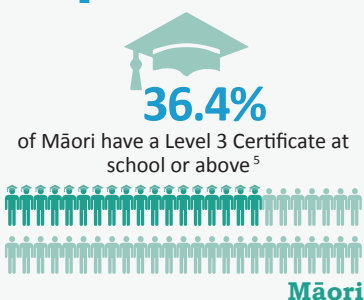
Living in a crowded house is proven to increase the risk of catching and spreading serious infectious diseases.⁴



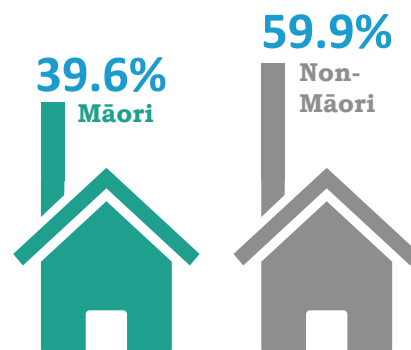
Māori are nearly three times as likely to live in a crowded house.

Nationally, 20.0% of Māori and 7.9% of non-Māori live in crowded homes

School qualifications



Nationally, 41.6% of Māori and 61.4% of non-Māori have a Level 3 certificate or above⁵



Home ownership

Rates of home ownership have been falling in NZ since 1991. Māori are less likely to own, or partly own, their homes than non-Māori.¹

Nationally, 28.2% of Māori and 53.3% of non-Māori own, or partly own, their homes¹