

# **TATAU POUNAMU**

## **Ki Te Tai o Poutini**



## **MANAWHENUA ADVISORY GROUP**

**11 February 2016**

**@ 3.00pm Board Room, Corporate Services**

## **Agenda and Meeting Papers**

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

# TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

Member	Disclosure of Interest
Lisa Tumahai ( <b>Chair</b> ) Te Runanga O Ngati Waewae	<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 Taumata to Te Putahitanga o te Waipounamu General Partnership Board.</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>
Francois Tumahai Te Runanga O Ngati Waewae	<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>Co-Chair Poutini Waiora Board</li> </ul>

Member	Disclosure of Interest
	<ul style="list-style-type: none"> <li>▪ Member, Grey District Council Creative NZ Allocation Committee</li> <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>▪ 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>▪ Member of the Southern Regional Liasion Group for Arthritis New Zealand</li> <li>▪ President of the NZ Federation of Disability Information Centres</li> </ul>
<p>Gina Duncan 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> <li>▪ Member of MSD Service Provider for Youth</li> <li>▪ Buller Reap Youth Co-ordinator</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> </ul>

Member	Disclosure of Interest
	<ul style="list-style-type: none"> <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> <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>• Co-Chair, Poutini Waiora Board</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 Board Room, Corporate Services Thursday 10 December 2015 @ 3.00pm

**PRESENT:** Lisa Tumahai, Te Runanga O Ngāti Waewae (Chair) – (Dialed in)  
Francois Tumahai, Te Rūnanga O Ngāti Waewae  
Elinor Stratford, West Coast DHB Representative  
Susan Wallace, Te Runanga o Makaawhio (Dialed in 3.45pm)

**IN ATTENDANCE:** Gary Coghlan, General Manager Māori Health  
Kylie Parkin, Maori Health  
Mark Newsome, General Manager Grey/Westland  
Philip Wheble, Manager Planning & Funding  
Dr Amanda Landers, Community Palliative Care Physician  
Dr Cheryl Brunton, Community Public Health (Dialed in)  
Gail McLachlan, Community Public Health (Dialed in)

**APOLOGIES:** Wayne Secker, Maori Community Mawhera  
Paul Madgwick, Te Runanga O Makaawhio  
Gina Robertson, Maori Community Kawatiri

**MINUTE TAKER:** Megan Tahapeehi, Maori Health

**WELCOME / KARAKIA**  
Gary Coghlan

### AGENDA / APOLOGIES

#### 1. DISCLOSURES OF INTEREST

Lisa Tumahai – ADD: Te Taumata to Te Putahitanga o te Waipounamu General partnership board.

Elinor Stratford – ADD: President of the NZ Federation of Disability Information Centres

#### 2. MINUTES OF THE LAST MEETING

**Moved:** Francois Tumahai                      **Second:** Elinor Stratford

**Carried**

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

##### No. 4 – Tatau Pounamu MOU

The memorandum of understanding is being discussed at the upcoming Board Meeting.

Minor changes within the Terms of Reference were accepted. Elinor Stratford would provide this update to the Board at the next meeting on the 11 December.

**Moved:** Francois Tumahai                      **Second:** Elinor Stratford

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

Canterbury & West Coast Maternity Clinical and Safety Governance Committee have requested a community representative that can cover both these groups.

A request has gone out for an interested person. The CV and other appropriate details would be provided for approval at the next meeting in 2016.

#### **Whanau Ora**

Gina Robertson was unable to provide Kawatiri region update as she was not at the meeting. The Chair did talk about the recent Iwi chairs meeting that was held earlier this month and that there was korero with the Minister that focused on Whanau ora and the different contexts that the term is used.

#### **Cancer Screening**

There is a new Annual Planning expectation for 2016/2017 focusing on prostate cancer which is prioritising and planning for the Implementation of the prostate cancer management and referral guidance during 2016/17. This will be actioned through the Local Cancer Team and was developed by the Primary Care Sub-Group of the Prostate Cancer Working Group.

*The key areas are:*

- Giving men better and more equitable access to information about prostate cancer testing and treatment.
- Supporting primary care practitioners to manage men presenting with prostate-related concerns
- Removing barriers that restrict men's access to diagnostic and treatment services
- Giving men consistent care and equitable outcomes across the entire care pathway

The Buller workstream have prioritised this as part of their workstream planning for 2016/17.

Peter McIntosh has provided written information in the past explaining the rationale for not having a screening programme and Lynette Skeates (Urology Nurse) has also been invited to come along for an informal chat to the group at our next meeting.

#### **ACTION: Megan to request an update from Peter McIntosh and invite Lynette Skeates.**

A discussion then proceeded around the recent "Understand the Impact of Cancer for Maori" hui and the next steps from those hui. Kylie Parkin advised that there were over 100 people that attended the 3 different sessions which included excellent clinician turnout with over 10 doctors, several nurses, planning and funders and many public health personnel.

The next phase sits within the Faster Cancer Treatment approved projects. A component of the Nelson/Marlborough project is to extend the Maori Cancer Pathway project to other South Island DHB's – to work with DHBs, the SCN and all other FCT projects to improve the availability of ethnicity-specific data to facilitate confirm and/or monitor issues for Maori. This will essentially be a piece of work that will identify the key issues and opportunities for improvement for Maori in the cancer pathway for our region. Engagement will occur with whanau, providers and networks to confirm patient pathway and experiences and identify issues and opportunities for Maori within our region.

Nelson/Marlborough DHB have been successful in their proposal to implement stage 2 of their project which will allow them to employ a Maori Cancer Nurse Educator. There was some confusion amongst the committee around this process with some members thinking that a Nurse Educator position was to be appointed in our region. Kylie responded saying that at this stage this is not a consideration until the next phase has been completed as above which will show what the service improvements need to be in our region.

Andrea Reilly is our local representative within the Southern Cancer Network and Di Riley regularly meets with the Maori Health Team.

**ACTION:** The Chair requested that someone be invited to the next meeting to talk about Phase 2 of this work. It is important we know who is representing and who will be our voice around this work. Diane Riley has been invited to the first Tatau Pounamu meeting in February

#### **9. DNA and Discharge Planning**

Ongoing

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

Susan Wallace responded to say that there was a meeting held last month and the community are looking to ways of improving health services for Westland. Have not had any other feedback.

#### **11. Rangatahi**

Kia ora Hauora have an annual workplan for the West Coast. There have been questions about the process used for the promotion of the Rangatahi Workplace Programme. There are spaces for no more than 10 at any given time and this is primarily managed by Mokowhiti using their relationships within the High Schools and through iwi. Local input is available through the Maori Health team and Tatau Pounamu have been asked in the past for referrals into the programme.

### **A G E N D A**

#### **4. Dr Amanda Landers – Community Palliative Care Physician**

Dr Landers presented her findings to date. *(Copy of the presentation included)*

Amanda & Danielle Smith from the PHO are working on a survey focused on Palliative care and are very interested in getting cultural support from Tatau Pounamu regarding engagement with Maori whanau. The survey focuses on current provision and if they are culturally appropriate. Amanda asked if there were any other key stakeholders then they should contact Danielle direct.

Gary made a comment about 25% palliative patients in hospital. Variable skills in this area in secondary care.

Amanda asked for feedback around the process for engaging with Maori families and how they best go about getting feedback from families, who is the best person to engage with to ensure that all protocols are being followed. And also how can Tatau Pounamu assist Dr Landers to ensure that the right people are being engaged.

**ACTION:** It was agreed that some written feedback would be provided to Amanda about her presentation. Feedback would be based around a number of the questions asked. I.e; What are the cultural aspects of going onto a Pa or into the home.

#### **Cheryl Brunton/Gail McLachlan – Community Public Health Update**

*The report was taken as read, with the following further updates.*

- Gail McLachlan spoke about the RFP for the realignment of Tobacco Control Services–The initial Registration Of Interest has been complete however the RFP deadline has been delayed further by the Ministry which will shift the timeline out considerably. While the West Coast is well prepared to respond there is concern that the Aukati Kai Paipa contracts will end June 30 and this has meant uncertainty for those in existing roles

- Buller Community Profile – This work has started. Two main parts. Team of analysts at Community Public Health in Christchurch have already pulled down admin data sets ie census, maori health profile etc and are working on this independently. and have just finalised the interview schedule. Part of this stocktake will take place before Christmas/New Year. Hope to have a draft available in early April. Have had some contact with Seed project.

The Chair said this sounds like an exciting piece of work, congratulations!

## **Mark Newsome Grey/Westland Update – General Update**

### ***Hospital Services***

- DNA Rate Decreased. E Texting data will be looked at in the New Year.
- Nursing – Continues to deliver at a high level of patient care. Throughput on wards has been high.
- Medical Staff – The appointment of three medical directors has been approved.
- The administration engagement process has been occurring over the past few months – looking at the current workforce and opportunities for improvements.
- Hannan Ward – being utilised for cancer therapy again.
- Associate Director of Allied Health has resigned due to family reasons. Currently in the recruitment process for her replacement.

### ***Mental Health***

- Permanent clinical director position is out for appointment.
- The Mental Health Review – Steering Committee (Talk with Mark). Keeping to the outcomes of the review which is focused on moving as much of the MH services back into the community. Workplan is expected to be out in January.

### ***Primary Care***

- Issues in Buller with access to GP's. This is changing on a daily basis. Have recruited a permanent GP to the region today.
- South Westland – two GPs have resigned. Medical coverage by locums is there, but working to recruit for permanent GPs.

### ***Facilities***

- Blessing of the site will be taking place tomorrow.
- Buller – business case went to capital committee last week. We are hopeful it will be a positive response around the Integrated Health Centre.

## **GM Maori Health Update**

Report taken as read.

Discussed briefly the breastfeeding rates. This came out as one of the key priorities at the Maori Health planning meeting and there will be an increased focus on this within the annual planning process.

Annual Planning for 2016/17 has started. We are yet to receive the planning package from the Ministry of Health. Indications are that there are not going to be any huge changes. The one off session with our alliance partners and Tatau Pounamu to identify the Maori priorities has been feed back to the key workstreams who will include these within their plans.

Addressing Maori health inequity is one of 5 priorities leading the planning process. The other 4 are;

- Providing an integrated cohesive system
- Moving more services into the community
- Providing sustainable care across our rural communities
- Maximising IT as an enabler

As with previous years the plan will be to ensure that the workstreams are including priority targeted actions within their workplans to address Maori health inequity as prescribed within the Ministry planning template. These actions will largely feed into the Maori Health plan with one or two local priorities. This process ensures that the Maori Health Plan is being led by workstreams and other key delivery teams and is not just the responsibility of the Maori health team.

**ACTION: An update on the planning process and timeframes with guidelines will be distributed.**

#### **Alliance Workstream Updates**

Taken as read

#### **Meeting Schedules for 2016**

The dates need to be confirmed for the 2016 year. It is hoped that these meetings can align to the Board dates where possible.

**ACTION: Megan to send out dates for confirmation of availability.**

*Meeting finished at 4.30pm*

## MATTERS ARISING DECEMBER MEETING 2015

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
4	10 December 2015	<b>Amendments for Tatau Pounamu Terms of Reference &amp; Renewal of Memorandum of Understanding</b> The MOU was discussed at the Board Meeting on the 11 December 2015. .		<b>February Meeting</b>
4	10 December 2015	<b>Maori Representative Appointment Requests</b> A request for a Maternity Quality & Safety Maori Representative was submitted by Karen Bousfield, Director of Nursing. Request for potential applicants was submitted to all Tatau Pounamu members.	Awaiting formalised requested paperwork to be provided.	<b>New Year</b>
5	10 December 2015	<b>Whanau Ora</b> On going discussion.	Chair	<b>February Meeting</b>
7	10 December 2015	<b>Cancer Screening</b> An update from the Local Southern Cancer Network will be provided.	Di Riley will be invited to a meeting in the New Year	<b>February Meeting</b>
9	10 December 2015	<b>DNA Update</b> Julie Lucas will look to provide further update in the New Year	General Manager, Maori	<b>2016 Meeting</b>
10.	10 December 2015	<b>Health Services for Westland District</b> Ongoing discussions  A member advised that there has been further contact from the South Westland Community. Susan Wallace has met with the General Manager from WCDHB and has had a meeting in Franz Joseph. They are organising a local hui with the community, potentially at the end of July. This is ongoing and	Susan Wallace	<b>February Meeting</b>

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
		taken to the community for discussion to see if they can address.		
11.	10 December 2015	<b>Rangatahi</b> Ongoing discussions	Chair, Tatau Pounamu	<b>New Year</b>

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

**SOURCE:**   **Chair**

**DATE:**       **11 February 2016**

---

Report Status – For:      Decision ☐            Noting ☒            Information ☐

---

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

The verbal and in person updates from the following:

- Southern Cancer Network Update – Di Riley
- Community Public Health Update – Dr Cheryl Brunton & Claire Robertson
- Suicide Prevention Plan Update – Dr Cheryl Brunton
- Alliance/Workstream Updates – Philip Wheble
- Grey/Westland Update – Philip Wheble

### **2. RECOMMENDATION**

That Tatau Pounamu Advisory Group notes the updates.



## CHAIR'S UPDATE

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

**SOURCE:**   **Chair**

**DATE:**       **11 February 2016**

---

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 Manawhenua Advisory Group

**SOURCE:** General Manager, Maori Health

**DATE:** 11 February 2016

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

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Tatau Pounamu Manawhenua Advisory Group notes this report  
 i notes the General Manager Maori Health Update

### **The Maori Health Action Plan**

The Maori Health Action Plan first draft is currently being developed and will follow the same format as the other plans under development as part of the planning cycle. The National priorities remain very similar to last year with an Asthma indicator being added and all three CVD indicators removed. The oral health target now sits under the regional priorities and has been increased to 95% of pre schoolers enrolled in the community dental service.

The expectations are largely focused on child and youth health and prevention services with breastfeeding, smoking, screening rates, immunisation and oral health indicators continuing to have prominence in the Plan.

The development of the Maori Health Action Plan will be led by the General Manager and Portfolio Manager for Maori Health, in conjunction with the PHO and Poutini Waioara. The final Plan will also be completed with advice and input from Tatau Pounamu who has had a planning session to identify local priorities. These priorities are Oral health, healthy environments with a focus on nutrition and physical activity and targeted strategies to improve Maori uptake to primary smoking cessation programmes. It was also agreed that there will be a continued focus on a targeted approach to improve Maori engagement across all Long Term Conditions clinical programmes.

### **Maori Mental Health Services**

Since June 2015, the manager has undertaken a review of the Maori Mental health service to assess its ability to deliver appropriate cultural support to tangata whaiora and their whānau, and to the wider mental health services across the rohe. A fuller report will be provided at a later date, specifically outlining issues of concern but more importantly identifying service development needs to ensure that the improvement of Health Outcomes for the Māori population within Te Tai O Poutini have been achieved through service quality and responsiveness.

To this aim Maori Mental Health has undertaken to:

- implement a referral form for services to enable MMH to track and monitor all referrals to the service
- Currently reviewing the Service Provision Framework (SPF) Including all documentation relevant to the service for alignment with the broader MH services
- Reviewing documentation against Health and Disability Quality standards.

- Developing relationships with Primary Mental Health services/organisations to ensure that through collaboration the ability to access MMH services is increased

MMH has also regretfully accepted the resignation of Richard Wallace as the Kaumātua for not only MMH but for the West Coast DHB, and wish him well in his future endeavours.

## **Improving Maori Cancer Outcomes – Faster Cancer Treatment**

**Aim: Improving equity along the cancer pathway, for all patients across the South Island, and support the 62-day FCT target by promoting and facilitating early and consistent engagement of Maori with cancer services.**

The next phase of this initiative will be to extend the Nelson Marlborough Cancer Pathway project to other South Island DHBs. The Southern Cancer Network will be the lead agency for this piece of work and will link very closely with the NMDHB and each of the South Island DHBs who are participating. SCN have started the contracting process and aim to have someone in place to begin this work by early March. The West Coast DHB are well placed to be the first DHB for this to occur as a next step to a series of hui held last year where the findings from NMDHB was presented to several audiences. We are in close contact with the Southern Cancer Network and NMDHB and are well prepared for this initiative to start.

There will be a period of extensive consultation on the West Coast to identify the most appropriate processes to follow and to gain agreement on how we identify and engage with key stakeholders – consumers, providers and networks with the aim of mapping the pathway and identifying issues for Maori that contribute to delays in accessing treatment with resulting inequity in outcomes.

## **Poutini Waioira**

The Kaihautu of Poutini Waioira has resigned and the Board are now in the process of recruiting to this position. Moya Beech-Harrison has been in the role of Kaihautu for almost a year and has contributed a great deal during her time, she will leave the organisation and its staff well positioned and supported to continue with the work. A lot has been achieved in integrating the Maori Health teams into the practices and delivering clinics in community settings in collaboration with our health partners. Moya has committed to staying on as Kaihautu until a suitable person is in place.

## **West Coast Pregnancy and Parenting Programme**

Plunket successfully tendered for the new Pregnancy and Parenting programme (PPE) and is in the process of negotiating a contract for services with the WCDHB. Plunket has a long history of supporting parents through a range of services from Well Child Tamariki Ora to community parenting courses. The PPE contract has a strong strategic alignment to Plunket's vision around equity of access especially for first time parents, Maori and Pacific and young teenage parents. The team presenting the proposal throughout the RFP process conveyed a genuine and strong intent on getting it right for Maori and were well aware of the lack of engagement from Maori on Te Tai Poutini. I have met with Linda Hill who is the Plunket lead for this project and we will work with a small focus group of Mana Tamariki Mana Mokopuna Mums and Kaumatua to allow them to be involved and in fact at the forefront of designing a model that will work for them. Some of the information that Plunket want to gain from them is;

- Early pregnancy information/support (what did they get – what did they need
- Access options for information and enrolment for classes
- When they feel it would be best to attend classes
- Preferred group size
- Ideal class delivery model/s

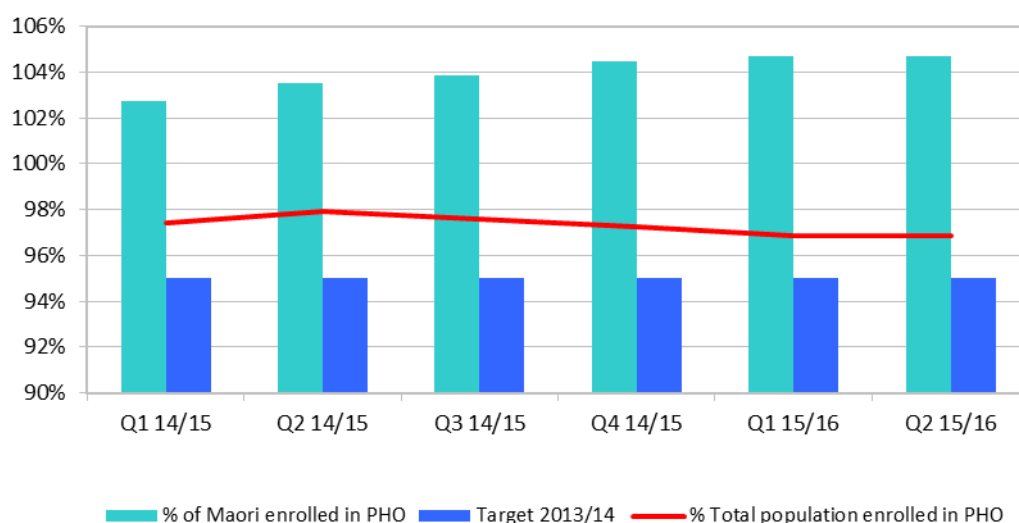
- Venue/location needs
- Environment
- Facilitator
- Facilitation style
- The best aspects of their experiences
- The worse aspects of their experiences
- “Wish list’ ideas – i.e. even if it sounds too grand, what would that be?

# Maori Health Quarterly Report – Q2, 2015/16

## 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.

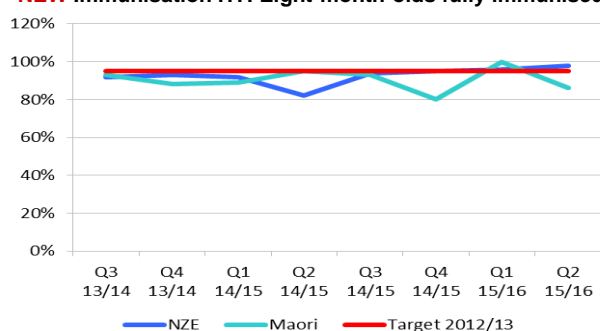
## ACHIEVEMENTS/ISSUES OF NOTE

**Enrolment in PHO:** Using the 2013 population census figures 104% of Maori were enrolled with the PHO as at 30 December 2015. 3319 Maori were enrolled in quarter 1 compared to 3312 in quarter 3 an increase of 07 and an increase from 3205 (107) from end of June 2014.

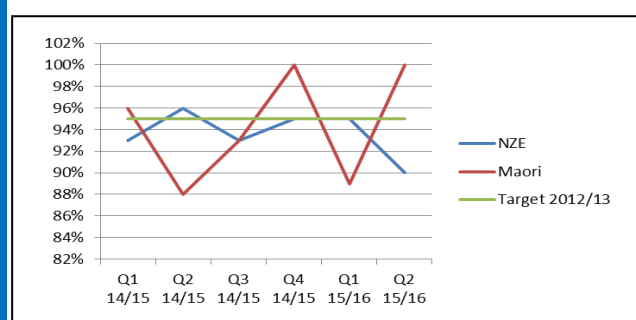
The Census data shows total Maori population is 3171.

## Child, Youth and Maternity

### NEW Immunisation HT: Eight-month-olds fully immunised



### Immunisation: Two-year-olds fully immunised

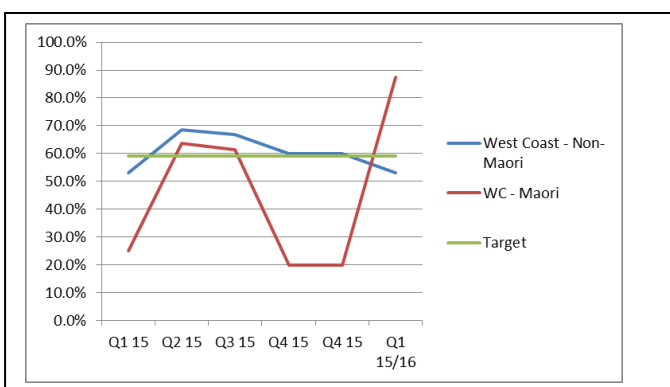
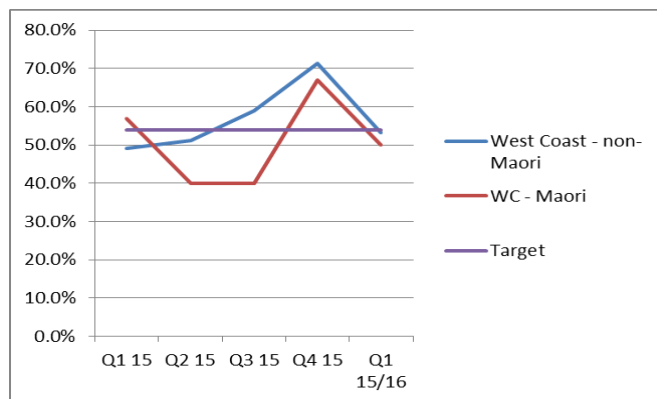


**Eight-month-old immunisation:** 86% of Maori babies have been immunised on time at 8 months of age in quarter 2 - 19 babies out of 22 eligible for this quarter. This is compared 98% of non-Maori babies - 44 out of 45 eligible babies fully immunised at the 8 months milestone.

**Two-year-old immunisation:** 100% of Maori 2 year olds have been immunised on time in Quarter 2 - 19 from 19 eligible babies. This is compared to 90% NZ European babies - 46 from 51 eligible babies.

Excellent results for Maori with 100% of 2 year olds immunised on time in Quarter 2.

## Percentage of West Coast babies fully/exclusively breastfed at 3 months and at 6 months



**Breastfeeding Support:** At the end of Quarter 1 Maori are still 11% away from reaching the 6 week target of 68% and 4% from achieving the 3 monthly target of 54% for exclusive breastfeeding rates. On the positive side we have jumped from the bottom of the country to the top with 87% of Maori babies receiving some breastmilk at 6 months of age compared to 69% non-Maori.

The community lactation consultancy and breastfeeding advocates continue to be in contact with all new-born's Mums through the Newborn enrolment process. Of 60 new born enrolment service contacts, 13 required further follow-up for lactation support. There have been 58 new and return advocacy clients, including 9 Maori and 49 other.

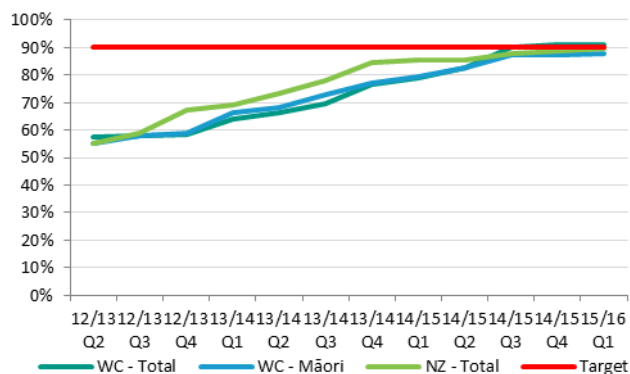
Progress has been made with the Mum4Mum course for Maori with a number showing interest in attending the 9 wee programme. The first course is scheduled for the end of February and will be held in Greymouth. The Mum4Mums visit the maternity ward daily to offer any support for Mum's with breastfeeding and are available for ongoing support and advice when they are back home.

## MINISTRY BREASTFEEDING TARGET

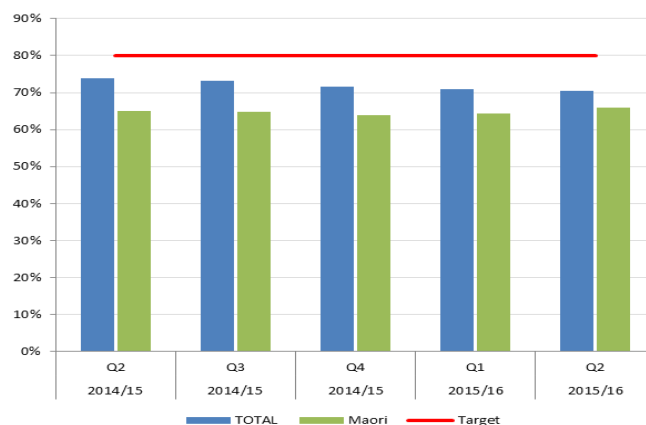
TARGET	MAORI	NON MAORI
68 % 6 weeks	57	73
54 % 3 months	50	53
59 % 6 months	87	69

## More Heart & Diabetes checks

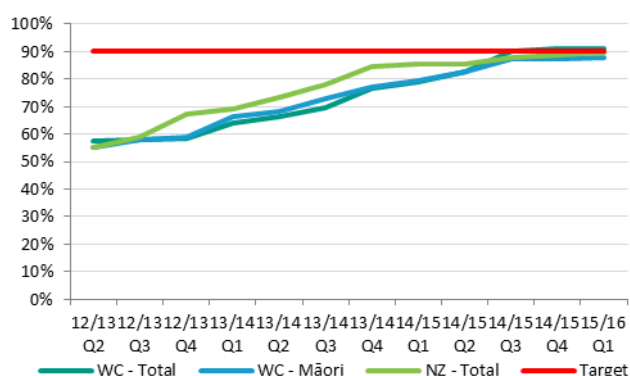
**Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year**



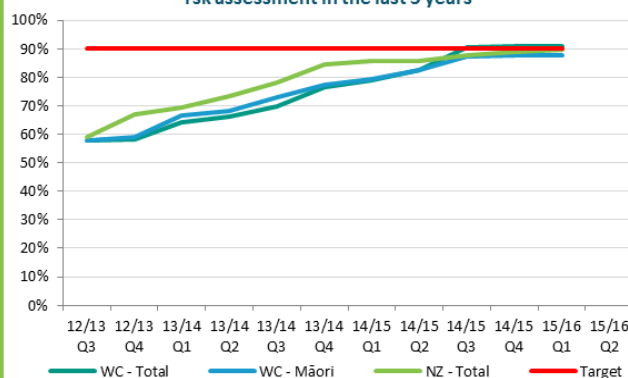
**Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check**



### More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



### CVD health target: Eligible 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. 37 Maori have participated in a Diabetes Annual Review year to date at the end of quarter 2 which is an increase of 10 from last quarter. 87% of Maori with diabetes have had Retinal Exams, again a 10% increase on last quarter and 70% show HbA1c levels at or below 80, 74% are non-smokers and 61% are on statins. : As reported previously, performance against achieving good management of diabetes decreased during the rolling twelve months to December 2015. Among those who had their annual review, 64% of the estimated diabetic population had satisfactory or better management of their diabetes against the 80% target. Maori results also decreased at 30%. This is measured by the clinical indicator of HbA1c  $\leq 64$ mmols/mol.

## CVD Health Target

West Coast general practices have maintained coverage this quarter, with 90% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years. Maori make up 10% of CVRAs this quarter a jump from 5.7% in the last quarter. By comparison, Maori make up 10% (1034) 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). 88% of those eligible have been screened: this includes 85% of eligible males and 91% of eligible females.

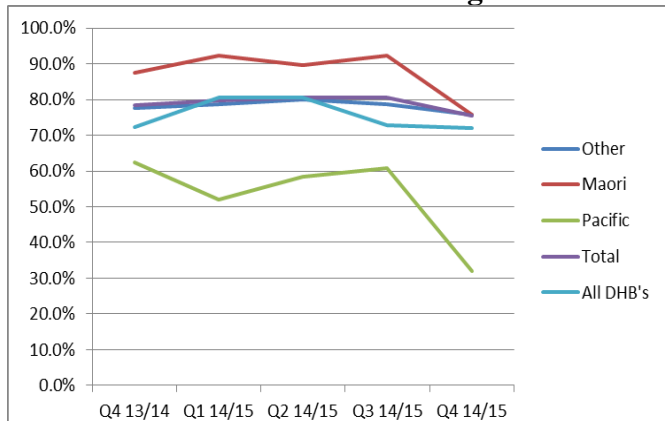
The smoking profile for CVRAs completed this quarter for Maori is 51% not smoking compared with other ethnicities screened not smoking 80%.

**Green Prescription:** Quarter 2 data shows from 122 referrals to the Green Prescription programme in the Grey/Westland district 10 were for Maori, 30 total referrals were made in the Buller district with 7 (30%) being for Maori a pleasing increase of 6.. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

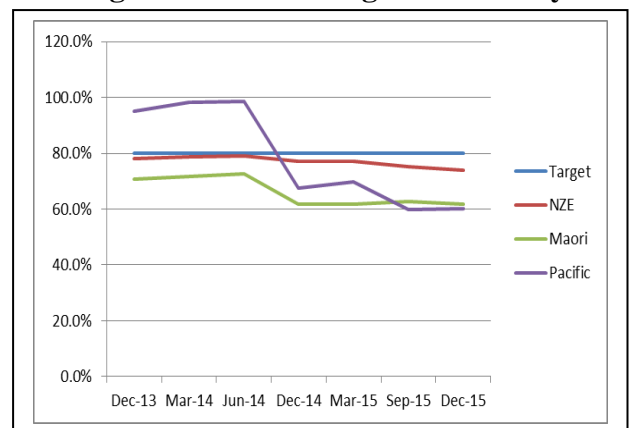
**Long Term Condition Management (LTC):** 236 Maori are enrolled in the Long Term Conditions programme as at December 30 2015 which remains the same as in quarter 1, Maori enrolments makes up 6.3% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 6.3% of the enrolled population at the primary practices aged 45 years and above.

## Cancer

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



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



### ACHIEVEMENTS/ISSUES OF NOTE

**Breast Cancer Screening:** Approximate 75.3% of NZE women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending September 2015. The coverage for eligible Maori women has dropped to 74.6 however still continues to be higher compared to all other DHBs and is above target.

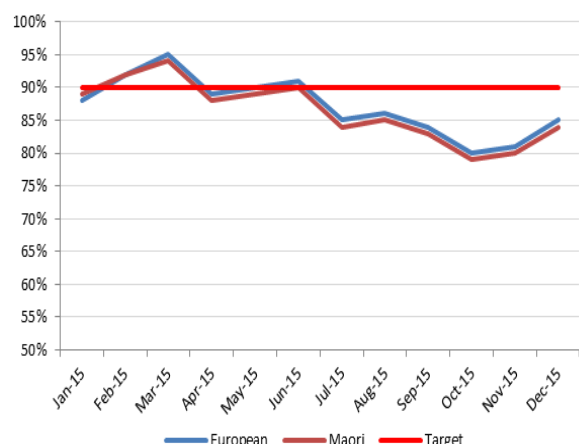
**Cervical cancer screening:** At the end of December 2015, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 61.7%. The result for Pacific women was 60.2 and for New Zealand European is 74%.

**Table 1: NCSP coverage (%) in the three years ending 31 December 2015 by ethnicity, women aged 25–69 years, West Coast District Health Board**

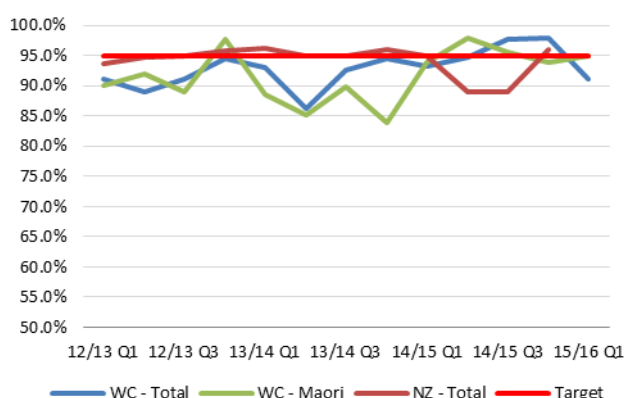
Ethnicity	Population	Women screened in last 3 years	3-year coverage	Additional screens to reach 80% target*
Māori	847	523	61.7%	155
Pacific	75	45	60.2%	15
Asian	343	182	53.1%	92
European/Other	7,439	5,506	74.0%	446
<b>Total</b>	<b>8,704</b>	<b>6,256</b>	<b>71.9%</b>	<b>707</b>

## 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

As at Dec 2015 85% of Maori who are enrolled in primary care have been provided with advice and help to quit compared to 84% non-Maori. The target is 90%. Of those Maori who have been in hospital 95% have been provided with advice and help to quit compared to 90% non-Maori.

## ACCESS TO CESSATION SERVICES

**Aukati Kai Paipa:** 56 referrals have been made to the service YTD with 32 self referrals, 18 from hospital services and 6 from other workplaces. 54 are currently enrolled on the programme with 29 Maori and 22 non-Maori, 1 Chinese and 1 other. 2 of these are hapu. Validated abstinence at 4 weeks is 19 (29%) and validated abstinence at 3 months is 19 (29%)

**PHO Coast Quit Programme:** For the quarter Sept to Dec 2015 .94% (10) Maori accessed the Coastquit cessation service. There have been 28 (12%) Maori access the Coast quit year to date from July 1 2015.

### Spirometry Clinics for Maori

During this quarter the WCPHO and Poutini Waiora continued with the joint project to provide screening spirometry tests for all consenting Maori smokers and ex-smokers 45+ years old. This was extended to Greymouth and Hokitika in December of this quarter. Spirometry clinics will continue to be a focus with a high number of Maori still eligible for these clinics and the Kaupapa Maori Nurses will continue to work in partnership with the DHB Nurse Specialists, AKP and the PHO to deliver more clinics over the next year. The challenge now is to continue follow up, support and monitor those who require it as a result of engagement into other services such as Green Prescription, Smoking Cessation, and Long Term Conditions etc.

There were 4 clinics held this quarter with a total of 35 people attending. 32 Maori and 3 other, 74% female (26) and 26% male (9). There were 14 current smokers all given brief advice to quit, with 6 being provided with cessation support to quit. Other interventions provided were: 2 referrals for cervical screens, 2 referrals for breast screening and 3 CVRA's. 4 people were referred for GP follow up and 4 tetanus vaccination appointments made.



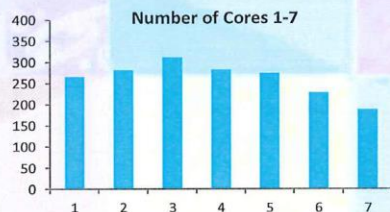
#### By ethnicity and NZDep

Maori	47	14.3%
Pacific	6	1.8%
NZDep9-10	96	29.3%

\* Enrolment measured as contact received by 12 months

### Core Contacts

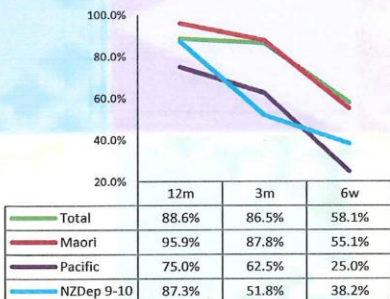
1,836 delivered to 942 children



#### Core Contacts per new baby

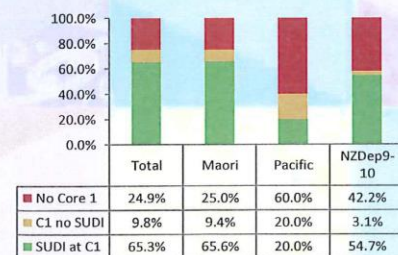
Total	5.6	Maori	5.8
NZDep9-10	3.4	Pacific	6.8

### Enrolment by age



### Sudden Unexpected Death in Infancy

#### Information provision at Core 1



## Well Child Tamariki Ora

July 2014 to June 2015

West Coast DHB



### Oral Health

#### Referral rates at Cores 5-7

Maori, Pacific and NZDep9-10 are all  $\pm 1\%$



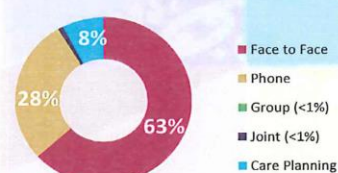
#### By ethnicity and NZDep

Maori	2	4.8%
Pacific	2	4.8%
NZDep9-10	14	33.3%

\* Received no WCTO contacts by 12 months

### Additional Contacts

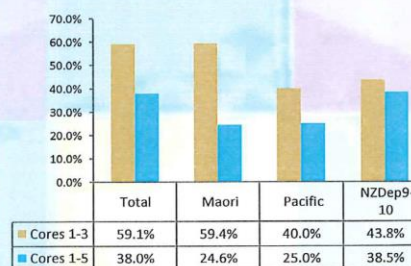
1,539 delivered to 597 children



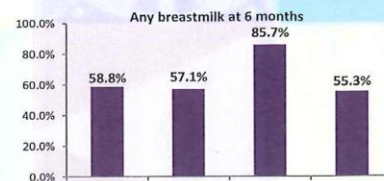
#### Additional Contact Coverage

63.4%\* receive additional contacts  
(Maori 66.7%, Pacific 42.9%, NZDep9-10 90.4%)  
\* of enrolled children

### Completeness of Core Contacts



### Breastfeeding





## Well Child Tamariki Ora

July 2014 to June 2015  
New Zealand Total

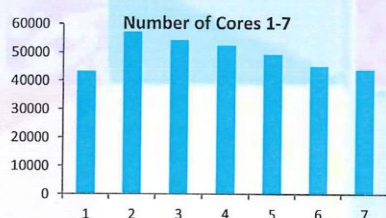
### By ethnicity and NZDep

Maori	11,964	20.8%
Pacific	5,575	9.7%
NZDep9-10	15,374	26.8%

\* Enrolment measured as contact received by 12 months

### Core Contacts

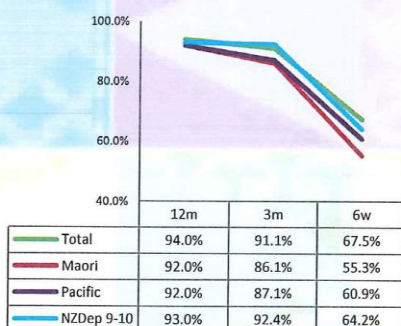
348,250 delivered to 189,716 children



### Core Contacts per new baby

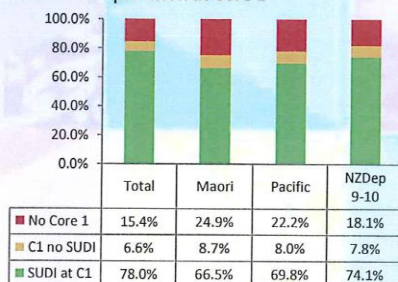
Total	6.1	Maori	5.7
NZDep9-10	6.1	Pacific	5.8

### Enrolment by age



### Sudden Unexpected Death in Infancy

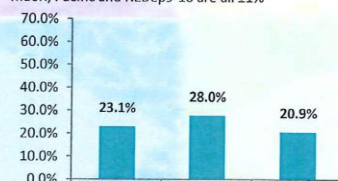
#### Information provision at Core 1



### Oral Health

#### Referral rates at Cores 5-7

Maori, Pacific and NZDep9-10 are all  $\pm 1\%$



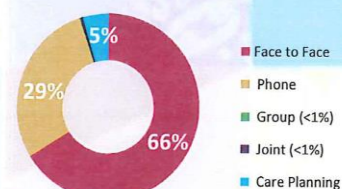
### By ethnicity and NZDep

Maori	1,039	28.4%
Pacific	484	13.2%
NZDep9-10	1,150	31.4%

\* Received no WCTO contacts by 12 months

### Additional Contacts

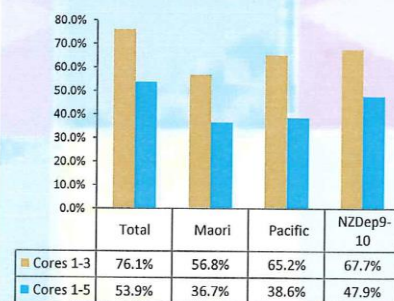
393,113 delivered to 153,132 children



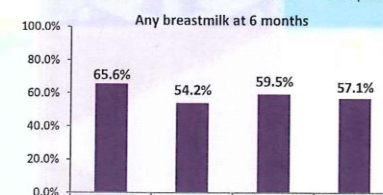
### Additional Contact Coverage

80.7%# receive additional contacts  
(Maori 84.1%, Pacific 88.7%, NZDep9-10 85.2%)  
# of enrolled children

### Completeness of Core Contacts



### Breastfeeding



# **REPORT to Tatau Pounamu COMMUNITY AND PUBLIC HEALTH (CPH)**

**January 2016**

## **Health Promoting Schools (HPS)**

During late November and early December 2015 the HPS School Community Health and Wellbeing Review Tool was completed with seven schools across the West Coast. Two of these schools are new or have requested a return to HPS involvement. The review tool is a useful way for schools to provide evidence of self-review and progress in terms of health and wellbeing in their school community. The discussions held with principals and staff were robust, and planning for HPS involvement in 2016 central to these discussions. It is positive to see schools valuing and being committed to the health and education partnership.

Teacher Led Innovation Fund. In 2015 nine local schools were successful in their application to MoE's teacher led innovation fund. The purpose of this is fund to support teachers to develop ways to improve learning, particularly for Maori, Pasifika, those that have special learning education needs, and other minority students. HPS is involved in this kaupapa, with three of the nine schools being HPS schools.

## **Community Nutrition**

CPH has recently met with some key contacts in Westport and have will be running an Appetite for Life course with the Number "37" clients starting in February. We are also developing some strategies to streamline our referral process and the overall experience of Appetite for Life.

CPH has been continuing work with Early Childhood Centres to support the development of healthy kai policies. Recently we visited Kids First, in Franz Josef. This was a valuable visit, with six parents and one teacher attending the healthy eating workshop. It is encouraging to see that the centre is proactive in ensuring healthy kai is available. Since opening, there has been a "no packets" approach and encourages healthy beverages by ensuring each child has a drink bottle filled up with water available at all times.

## **MoH Tobacco Realignment**

Following the submission of a Registration of Interest, Community & Public Health were successful in the next stage of the MoH Tobacco Realignment – Regional/Local Stop Smoking Services process. This process follows the announcement that the Aukati Kaipapa service will no longer be funded past 30 June 2016. CPH has been invited to submit a Request for Proposal (RFP). A working group representing a number of local organisations and knowledge with smoking cessation and Maori health are currently working on the RFP to propose a smoking cessation model they believe will work best on the West Coast.

## **Healthy Food and Beverage Environments Policy**

Over the last six-months, DHBs and the MoH have been working together to strengthen DHB Healthy Food & Beverage guidelines and attempt national alignment across the sector. This has included the development and agreement of high level principles, under which individual DHBs detailed policies will be developed. The principles are based substantially on the new *Eating and*

*Activity Guidelines for New Zealand Adults.* WCDHB EMT endorsed a principles based document on the 23 December 2015 and work will continue on the detailed policy, with the expectation that this will be completed by 30 June 2015.

## Alcohol Licensing

CPH briefed a group of students at Tai Poutini Poly Technic in Greymouth. A presentation has been developed by CPH that focuses on the responsibilities of a Duty Manager including:

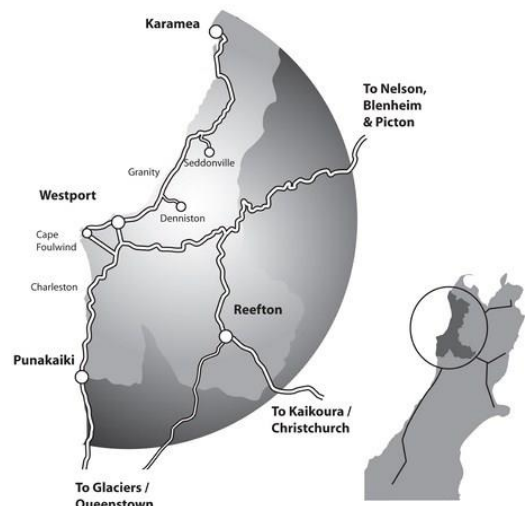
- The provision of free water, non alcohol drinks and low alcohol drinks
- The provision of safe alternative transport options
- Denying intoxicated people entry into licences premises and not allowing people to become intoxicated on a licensed premise.
- The provision of substantial food items available at all times of the licence
- Denying service to any person under the age of 18 and requesting identification from any person that looks under 25 years of age
- The keeping of a 'log book' and suggestions of information to be recorded in the log book
- Ethical issues e.g. what would they do if a young vulnerable looking intoxicated person arrives at their licensed premises alone.

CPH attended a Grey District Council meeting and made submissions on behalf of the Medical Officer of Health regarding the implementation of a Local Alcohol Policy in Grey District. The submissions were well received by Council and CPH has been asked to gather further evidence on the harm caused to the community relating to the Sale and Supply of Alcohol Act 2012 'default national maximum trading hours' 8.00am until 4.00am the following day.

In January CPH conducted monitoring at the Kumara Races, Kumara Racecourse Westland District and licensed premises in Westland District and Grey District within a 50km radius of Kumara Racecourse.

## Buller Community Profile

A number of interviews have been held with local health and social service providers in the Buller to gather information for the Buller Community Profile. There has been a very positive response from all of those involved so far and some very valuable information gathered. Pete Howard, the Community Development Facilitator based at Buller REAP and Karen Hamilton, Tessa Hunter and Sue Neilson from Community & Public Health are involved with the interview process. The aim is to have the bulk of the interviews completed by the end of February.



# TATAU POUNAMU MANAWHENUA ADVISORY GROUP 2016 MEETING SCHEDULE

DATE	TIME	VENUE
Thursday 11 February 2016	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 31 March 2016	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 12 May 2016	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 23 June 2016	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 11 August 2016	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 13 October 2016	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 8 December 2016	3.00 – 5.00pm	Board Room, Corporate Services

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

## WEST COAST DHB – MEETING SCHEDULE

### JANUARY – DECEMBER 2016

DATE	MEETING	TIME	VENUE
Thursday 28 January 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 January 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 January 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 February 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 10 March 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 March 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 March 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 1 April 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 April 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 April 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 April 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 May 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 June 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 June 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 June 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 June 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 July 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 July 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 July 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 August 2016	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 8 September 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 September 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 September 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 September 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 October 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 October 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 October 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 4 November 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 1 December 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 December 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 December 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 9 December 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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

## 2016/17 Planning Timetable

### West Coast DHB

☆ Indicates dates when things are due in.

KEY PLANNING MILESTONES	LEAD	KEY DATES	
Planning Discussions Begin	MOH	October	✓
Draft Planning Package Released	MOH	30 October	✓
MHT Planning Hui – Key Messages Agreed	MHT	12 October	✓
ALT Planning Workshop – Key Messages Agreed	APO	12 October	✓
Circulation of Alliance Guidelines for Work Plan Review and Planning	APO	12 October	✓
National Planning Meeting Wellington	MOH	13 November	✓
WEST COAST ANNIVERSARY DAY		30 November	
Planning Package Released	MOH	4 December	
Circulation of National Expectations, Guidelines and Templates	ACT	7 December	
Board Planning Part II – Endorsement of Planning Process & Key Dates	ACT	11 December	Paper due 1 Dec
PHOs Receive Draft National Expectations, Guidelines and Templates	ACT	10 December	Paper due 3 Dec
ALT Leads receives National Expectations, Guidelines & Templates	ACT	10 December	Circulated by Email
EMT Endorse Planning Process and Note DRAFT Expectations	ACT	16 December	Paper due 14 Dec
CHRISTMAS BREAK		24 December	
NEW YEARS BREAK		4 January	
Draft Alliance work plans due to the Alliance Programme Office	ALL	22 January	
Draft (non-Alliance) work plans due with Accountability Team	ALL	22 January	
WAITANGI DAY		8 February	
Draft Alliance Work Plans Due with Accountability Team	APO	9 February	
Local Maori Health Plan Indicators Identified to Accountability Team	MHT	9 February	
Board Planning Part III - Endorsement of Direction and Key Messages	ACT	12 February	Paper due 2 Feb
Final Planning Advice released to DHBs - including NZ Health Strategy	MOH	February	
Further circulation of National Expectations	ACT	February	
Maori Health Plan 'Template/Dashboard' Complete	ACT	22 February	
Maori Health Plan Profile Section Complete	ACT	22 February	
Draft Maori Health Action Plan due with Accountability Team	MHT	26 February	
Submission of draft Financials and Production Plan Templates	Finance	3 March	
ALT Approve Draft Alliance Work Plans	APO	10 March	Paper due 5 Mar
QFARC Planning Part IV – Final Advice & Funding Envelope and Delegations to submit the Annual Plan and Sub Plans	Finance	10 March	Paper due 8 Mar
EMT Endorse draft Annual Plans and Sub-Plans	ACT	16 March	Paper due 11 Mar
Any updated work plans due to Accountability Team (following final planning advice from MOH in February)	ALL	24 March	
EASTER BREAK		25 March	
EASTER BREAK		28 March	
Submission of draft Annual Plan	ACT	31 March	
Submission of draft Maori Health Action Plan	ACT	31 March	
Submission of draft Regional Health Services Plan	SIAPO	31 March	
Submission of draft Public Health Action Plan	CPH	31 March	

KEY PLANNING MILESTONES	LEAD	KEY DATES	
Board Planning Part IV - Final Advice & Funding Envelope Implications	Finance	1 April	Paper due 25 Mar
Board Planning Part V - Review draft Annual Plan and Sub-Plans	ACT	1 April	Paper due 25 Mar
EMT Review draft Annual Plan and Sub-Plans	ACT	13 April	Paper due 11 Apr
ALT Review draft Annual Plan & Maori Health Action Plan	ACT	28 April	Paper due 21 Apr
ALT Approve Full CCN Work Plan	APO	28 April	Paper due 21 Apr
PHO Reviews draft Annual Plan & Maori Health Action Plan	ACT	21 April	Paper due 14 Apr
Feedback gathered on draft Annual Plan	ACT	April	
Feedback gathered on draft Maori Health Action Plan	MHT	April	
Feedback gathered on draft Public Health Action Plan	CPH	April	
Feedback gathered on draft Regional Health Services Plan	SIAPO	April	
Circulation of MOH Feedback for Response by Work Groups	ACT	April	
ANZAC DAY		25 April	
Response to Feedback due to Accountability Team	ALL	2 May	
Final Feedback and Updates Incorporated into Annual Plan	ACT	6 May	
Final Maori Health Action Plan due to Accountability Team	MHT	6 May	
ALT receive summary of feedback and Endorse final Annual Plan/s	ACT	26 May	Paper due 19 May
EMT receive summary of feedback and Endorse final Annual Plan/s	ACT	11 May	Paper due 9 May
Board receive summary of feedback and Approve final Annual Plan/s	ACT	13 May	Paper due 3 May
Special Board Meeting to Approve Annual Plan/s	ACT	TBC	
Submission of Final draft Maori Health Action Plan	ACT	May	
Submission of Final draft Public Health Action Plan	ACT	May	
Submission of Final draft Regional Health Services Plan	SIAPO	May	
Submission of Final draft Annual Plan	ACT	May	
QUEENS BIRTHDAY		6 June	
Formal letter to DHBs indicating approval or changes required	MOH	June	
EMT received advice and endorse final changes to Annual Plan/s	ACT	22 June	Paper due 20 Jun
Board received advice and approve final changes to Annual Plan/s	ACT	24 June	Paper due 14 Jun
Submission of Signed Maori Health Action Plan	ACT	June	
Submission of Signed Public Health Action Plan	CPH	June	
Submission of Signed Regional Health Services Plan	SIAPO	June	
Submission of Signed Annual Plan	ACT	June	
Submission of Statement of Intent to Parliament	ACT	June	
Publishing of Maori Health Action Plan/s	ACT	July	
Publishing of Statement of Intent	ACT	July	
Publishing of Annual Plan	ACT	July	

Light Blue Font indicates changeable date where MOH yet to confirm deliverables

MOH	Ministry of Health
ACT	Accountability Team
APO	Alliance Programme Office
MHT	Maori Health Team
CPH	Community and Public Health
SIAPO	South Island Alliance Programme Office
GMS	Hospital and Specialist Services General Managers
EMT	Executive Management Team
ALT	Alliance Leadership Team
QFARC	Quality, Audit and Risk Committee (sub-committee of the Board)