

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

26 October 2017

*@ 10.00am Board Room, PHO Offices, 163 Mackay Street
Top Floor - Greymouth*

Agenda and Meeting Papers

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

TATAU POUNAMU ADVISORY GROUP MEETING
West Coast DHB Board Room, Corporate Services – Greymouth
10.00 – 12.00pm – Thursday 26 October 2017

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**

20 July 2017

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

4. **Discussion/Presentation Items**

- Annual Planning Update – Kylie Parkin
- Maakawhio Representation – Gary Coghlan
- Mawhera/Kawatiri Representation – Gary Coghlan
- Buller IFHS Representation – Gary Coghlan

11.00am

REPORTS

- | | |
|---|---|
| 5. Chairs Update – Report | Susan Wallace, Chair |
| 6. GM Maori Health Update – Report | Gary Coghlan, General Manager |
| 7. Alliance/Workstream Update | Philip Wheble, Grey/Westland Acting Manager |

INFORMATION ITEMS

- Tatau Pounamu Meeting Schedule
- Board Meeting Schedule
- Kia Ora Hauora Service Specifications
- Improving The Cancer Pathway – Facilitators Letter
- CE Update WCDHB August 2017
- Stats NZ – Draft Iwi Consultation

ESTIMATED FINISH TIME 12.00pm

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

Member	Disclosure of Interest
Susan Wallace - Chair Te Runanga o Makaawhio	<ul style="list-style-type: none"> • Tumuaiki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Director, Kōhatu Makaawhio Ltd • Co-Chair, Poutini Waiora Board ▪ Area Representative-Te Waipounamu Maori Womens' Welfare League ▪ Representative, Te Runanga O Ngai Tahu (Makaawhio) TRONT ▪ Member of Westland High School Board of Trustees ▪ Trustee, Te Pihopatanga O Aotearoa Trust
Francois Tumahai Te Runanga O Ngati Waewae	<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 ▪ Co-Chair Poutini Waiora Board ▪ Member, Grey District Council Creative NZ Allocation Committee ▪ Member, Buller District Council Creative NZ Allocation Committee ▪ Trustee, Westland Wilderness ▪ Trustee, Westland Petrel ▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre ▪ Trustee, West Coast Primary Health Organisation Board ▪ Wife is Lisa Tumahai, Chair ▪ Board Member of West Coast District Health Board
Gina Duncan Kawatiri	<ul style="list-style-type: none"> ▪ Maori Community Representative – Incident Reporting Group, Buller Hospital ▪ Buller Maori Representative on the Buller Integrated Family Healthcare Workstream ▪ Buller High school Iwi Representative, Board of Trustee ▪ Contract Advisor for Te Putahitanga o Te Waipounamu

Member	Disclosure of Interest
Wayne Secker Mawhera	<ul style="list-style-type: none"> ▪ Trustee, WL & HM Secker Family Trust ▪ Member, Greymouth Waitangi Day Picnic Committee
Ned Tauwhare	<ul style="list-style-type: none"> ▪ West Coast community Response Forum (MSD) Ngai Tahu Rep ▪ Te Rununga o Ngati Waewae Member ▪ Te Rununga o Ngati Waewae Advisor – Kawatiri Role ▪ Te Rununga o Ngati Waewae Advisor – Te Ha o Kawatiri ▪ Te Rununga o Ngati Waewae Advisor – Buller Inter Agency ▪ Te Rununga o Ngati Waewae Advisor – Reefton Partership Forum ▪ West Coast District Health Board Consumer Council – Maori Representative ▪ Te Whare Akoanga Committee (Grey High School)

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING



MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING West Coast PHO Thursday 20 July 2017 10.00 – 12.00pm

PRESENT:

Francois Tumahai, Te Rūnanga O Ngāti Waewae
Susan Wallace, Te Runanga o Makaawhio (Chair)
Gina-Lee Duncan, Maori Community Kawatiri
Ned Tauwhare, Te Rūnanga O Ngāti Waewae
Wayne Secker, Maori Community Mawhera

IN ATTENDANCE:

Gary Coghlan, General Manager Maori Health
Philip Wheble, Acting Manager Grey/Westland (11.00)
Laura Ailione – Facilities
Pradu Dayaram – Facilities
Mark Newsome – Facilities
Raniera Dallas (Ra) – Te Putahitanga o Te Waipounamu

APOLOGIES:

MINUTE TAKER: Megan Tahapeehi, Maori Health

WELCOME / KARAKIA

Gary Coghlan

AGENDA / APOLOGIES

1. DISCLOSURES OF INTEREST

- Any updates or amendments please provide these to Megan in writing.

2. MINUTES OF THE LAST MEETING

Moved: Francois Tumahai **Second:** Gina-Lee Duncan

Carried

3. Carried forward/Action List Items

Whanau Ora

Ongoing action to develop an overarching high level statement on the definition of Whanau ora. Francois and Susan to take this discussion back to the Poutini Waiora meeting this afternoon as they are developing a strategy. They will also look at the definition that Te Putahitanga use to get some alignment.

ACTION: The approval for this will happen before the next meeting in July over email.

DNA Update (Do not Attend)

Ongoing

Improved Access to Hokitika Services

Ongoing

Rangatahi

Discussions continue. The contract of services has been provided Tatau Pounamu members to read and provide feedback at the next meeting.

Hospital Rebuild Update

Positive discussions and engagement with key parties continue.

Takarangi Cultural Competency 2017/18

The first cohort is scheduled to take place on the 27/28 July at Bruce Bay.

Maori Mental Health Kaumatua Appointment

Carried over.

Tatau Pounamu Representation

The Mawhera and Kawatiri representation term is up for renewal. The positions will be advertised and the opportunity for the existing representatives to reapply is on offer.

ACTION: Megan to advertise

A G E N D A

4. Facilities Update

Laura Ailione discussed the following areas for update on the facilities project.

Require Maori name within 10-14 days.

Laura provided copies of the concept plans as a refresher to Tatau Pounamu and asked about the supply of Taonga (Pounamu/Carvings) for the inner courtyard area. The ideal timeframe for these would be by March 2018.

The inner courtyard space is being fundraised this work is led by Elinor Stratford

Have not yet received a response from the Architect, Adam Flowers regarding the etchings that were provided, however feedback is expected within the next two weeks.

ACTIONS:

Francois Tumahai requested that a power supply be incorporated into the planning for the Pou areas as well as a water source for the Pounamu.

The dimensions for the "entry airlock" spaces will be provided by Laura for the decal designs.

Another hui will be arranged prior to the next meeting to discuss these areas further.

Mark Newsome said that the Lake Brunner Health Facility is close to being finished. The design and build of this facility was not managed by the DHB, however the facility and its service remains as it has previously under the DHB.

General Manager Grey/Westland Update – Phillip Wheble

Model of Care

Some very positive feedback has been received. The intent is to be very transparent in the responses received by way of providing track changed documents.

Crisis Response

Good workshops were held in Greymouth/Hokitika and Buller

The next stage is to look at the locally based services for each region and be clear of the next steps and incorporate these into the final response.

It is expected that both these documents will be responded to over the next 2 weeks.

ACTION: The working group are very keen to get Tatau Pounamu involved. A time to meet will be set.

Primary & Community

A lot of feedback received and it is expected that responses to this will happen once the Model of Care and Crisis Response work is done.

Hospital Update

Orthopaedic coverage is still being managed. A bone density machine has been purchased for the West Coast to enable patients to travel locally for these appointments.

Te Ara Mate Ki Te Waipounamu

Dr Melissa Cragg telephoned into the meeting to talk to the project, findings and recommendations.

The Project

This project started at Nelson Marlborough District Health Board and was funded through Faster Cancer Treatment.

The second round of funding was rolled out across the South Island.

Importance of it rolling out across the South Island separately to identify the different priorities for each rohe.

West Coast DHB was the first DHB to roll out this work, they had shown significant interest in engaging regularly with this work.

Engaged with 11 whanau through Tai Poutini and a number of clinicians.

Findings

There was not anything significantly different to the findings on the West Coast to Nelson Marlborough.

Whanau that were engaged with PHO Navigator Services found that overall services were helpful to them.

Not everyone on the West Coast was engaged in Navigator Services.

The Integrated Service Model in the Buller seemed to be working well for whanau.

Feedback from Buller whanau was that services were good and they were clear about roles and responsibilities.

Gaps

Ethnicity data is not an isolated issue but a national problem.

Low quality of data was highlighted.

Whanau presenting later. Melissa made the point that this may at times compromise treatment.

Minimal number of Maori on the Faster Cancer Treatment register. This is patients presenting with first incidence of Cancer.

Maori are not being captured accurately on the FCT register.

Maori have co-morbidities and often present with more than one long term conditions.

Recommendations

Improve the quality of ethnicity data.

Improve work on the West Coast around Cultural Competency for staff.

The scope of this project is to implement at least one of the actions recommended from the project.

A Tatau Pounamu member asked how big the problem was around ethnicity data? Melissa provided some examples of what they are experiencing in terms of the collection of the data and it has been elevated to a national level through the Maori Cancer Leadership Group, which is in process with the Ministry of Health.

The Chair advised that this Kaupapa is something that Tatau Pounamu has always been interested in collection of ethnicity data. Tatau will be watching with interest and appreciate a face to face when next on the West Coast if it coincides with their meetings.

Raniera (Ra) Dallas – Te Putahitanga O Te Waipounamu

Ra Dallas was introduced to Tatau Pounamu and talked about his role at Te Putahitanga O Te Waipounamu. Ra is not clinical is a community engagement worker

His kaupapa is around Suicide Prevention and to help a co-ordinated effort on this work across Te Waipounamu. Currently going around Te Wai Pounamu and creating an environmental map. This will enable and identify where whanau and communities can go to work collaboratively together.

At the start of June a suicide prevention plan within Te Putahitanga was produced. Ra will provide a copy of this. This was submitted to the Ministry of Health. Also looking to work alongside Te Puni Kokiri and other provider around some of the initiatives to enable better collaboration and greater effectiveness

The funding for this work is only for a year the key aim is to holistically look at the bigger community approach and to provide tools and networks to develop positive engagement.

Te Putahitanga has resources at hand to assist with mentoring opportunities locally. Tane Ora was also discussed the Chair advised that we are struggling to get some momentum in terms of leadership and also maintain the consistency of engaging Tane. Ra has some ideas to assist with this and will engage with Susan outside of this meeting.

GM Report

Taken as read. GM Maori talked about the Maori Health Needs Assessor interviews are happening soon.

Alliance/Workstream Update

Taken as read.

Community Public Health Update

Taken as read.

MATTERS ARISING OCTOBER MEETING 2017

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1.	20 July 2017	<p>Whanau Ora The purpose of these discussions is to have an outline of the use of language and what direction we should be using this in.</p> <p>Poutini Waiora are currently working on their Maori Health Plan that details their definition of Whanau Ora. Once completed this could come to Tatau Pounamu to have further discussions.</p> <p>Ongoing</p>	Chair	September Meeting
2.	20 July 2017	<p>DNA Update Ongoing work and discussions continue in this area,</p>	General Manager, Maori	September Meeting
3.	20 July 2017	<p>Improved Access to Hokitika Health Services Ongoing.</p>	General Manager, Maori	September Meeting
4.	20 July 2017	<p>Rangatahi Service Specifications have been provided to get a sense of the coverage delivered for Te Tai Poutini. All members to read and provide input and feedback..</p>	General Manager, Maori	September Meeting
6.	20 July 2017	<p>Hospital Rebuild Positive engagement and korero continues to occur.. Local iwi continue to stay engaged with the facilities team as work progresses in these areas.</p>	Francois Tumahai/Susan Wallace/Lisa Tumahai	September Meeting



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

Buller Health

Cobden Street, Westport

Telephone 03 788 9030

Fax 03 788 8221

5 October 2017

Susan Wallace
Chair
Tatau Pounamu
West Coast District Health Board
GREYMOUTH

Dear Susan,

The Buller Workstream was established in September 2014 with an aim to provide leadership for the design and implementation of revised models of care in the Buller community. Gina Lee Robertson joined the group in November 2014 as the Tatau Pounamu representative and has contributed until earlier this year.

Gina Lee Duncan (formerly Robertson) has indicated she is no longer in a position to commit to attendance due to a change in her work environment. Therefore the Buller Workstream seeks a replacement representative from Tatau Pounamu to assist in the functioning of the group.

Buller Workstream meetings are held monthly and the group convene for one hour usually from 1:00 to 2:00pm. Meetings for the remainder of the year are scheduled for 13 November and 11 December. Please find attached the Workstream's Terms of Reference.

I would appreciate if you could consider a replacement representative for this group.

Yours sincerely,

Emma Lacey-Williams
Acting Chair
Buller Workstream

Att. *Buller Workstream Terms of Reference*

BACKGROUND

The foundation of the Alliance Charter is a commitment to act in good faith to reach consensus decisions on the basis of 'best for patient, best for system.' Each group member will sign the Charter and agree to the principles contained within it.

The West Coast Alliance was established to provide clinical leadership and demonstrate alliance principles across a multi-disciplinary team. The Alliance leads the development of services across the sector where innovation and transformational change is required. The Alliance consists of:

1. Alliance Leadership Team (ALT)
2. Alliance Support Group (ASG)
3. Workstreams or Focus Areas
4. Service Level Alliance (SLA)

GUIDING PRINCIPLES OF THE WEST COAST ALLIANCE

The Alliance is guided by the following principles:

- Taking a 'whole of system' approach to make health and social services integrated and sustainable
- Focussing on people, their families and communities, keeping them at the centre of everything we do
- Enabling clinically-led service development
- Living within our means
- Acknowledge and support the principles of the Treaty of Waitangi.

BULLER IFHS WORKSTREAM

1. BACKGROUND

- 1.1. The government has provided the go-ahead for the new Integrated Family Health Centre to be built in Westport to provide health services to the Buller region.
- 1.2. The Better, Sooner More Convenient (BSMC) business case that was developed for the West Coast, including the Buller region, include the following goals:
 - Partnership with the community
 - Sooner: improving access to primary care
 - Better: improving continuity of primary care
 - Better: improving consistency of care
 - Better: improving co-ordination of care between general practice, hospital and community providers
 - More convenient: community based care in integrated family health centres
 - Greater clinical leadership
 - Living within the available funding
- 1.3. The West Coast Health system has nine key areas of focus of which one is the Health Care Home, focused on providing an integrated health service, looking at new ways to work with the wider teams, including multi-disciplinary teams and improving access to primary care.
- 1.4. A significant amount of work has already been done around the Buller health services and there is a consistent message that the focus is on providing right care, at the right time in the right place.

2. PURPOSE

The aim of this workstream is to provide leadership for the design and implementation of revised models of care in the Buller community that support the Health Care Home approach and improved integration across the health care continuum.

3. EXPECTED OUTCOMES OF THE GROUP

3.1 The workstream's function is to:

- Provide clinical leadership in the implementation of the Health Care Home elements as described in the West Coast Health System Model of Care, in conjunction with other workstreams in the Buller area.
- Bring together data and ideas on the needs of a defined population, balancing the demands on the system for patient care and wellbeing and the need for sustainable clinical services and business practices.
- Propose transformational service improvement.
- Identify areas requiring redesign and innovation (potentially for development by a service level alliance).
- Link with other workstreams and service level alliances; undertake joint work with other workstreams and SLAs as appropriate.

4. SCOPE

In Scope

- The workstream group has the mandate to review current service activities with the intention of identifying areas needing increased efficiencies and/or improved service levels.
- Members have the authority to meet with relevant stakeholders and service providers to gain information and ideas for improvements.
- Members are to review deliverables as outlined in the *Better, Sooner and More Convenient business case* and have input in to annual development of the Buller IFHS workstream work plan.
- The workstream will endeavour to support the guiding principles and all alliance agreements.
- The workstream will acknowledge and support the principles of the Treaty of Waitangi.

Out of Scope

- To contract with service providers or directly change existing contractual terms.
- Development of initiatives outside the scope of the BSMC deliverables and West Coast Health System Model of Care, unless with the express authority of the ALT.
- Managing a programme of service delivery nor is it responsible for developing and delivering on the programme budget.

5. MEMBERSHIP

Workstreams typically consist of a clinical leader, GPs, practice and/or community nurses, pharmacists, physiotherapists, hospital specialists and staff, other allied health providers as appropriate, and a representative from West Coast DHB Planning and Funding. Membership and chair will be agreed by the ALT. Membership is likely to include a member of the ALT.

Each workstream will be supplied with project management and analytical support through the Programme Office.

6. SELECTION OF MEMBERS, CHAIRPERSON AND DEPUTY CHAIRPERSON

6.1. New or replacement members will be identified by the workstream for their required skills/expertise. The appointment will require endorsement from the ALT on recommendation from the workstream.

- 6.2. The chair and deputy chair will be nominated by members of the workstream. Where there is more than one nominee for either one or both positions, the election will be put to a vote.

7. MEMBERS

The composition of the Buller workstream includes:

Roles	Perspective/Expertise
Planning and Funding Project Support	Project Lead (Chair)
Clinical Lead	Allied Health
Clinical Nurse Manager	Community Nursing
General Practitioner	General Practice
Administrator	General Practice
Clinical Lead	Primary Health Organisation
Clinical Nurse Manager	General Practice Nursing
District Manager	Community Mental Health
Consumer	Māori Health Consumer
Consumer	Consumer
Consumer	Consumer
Kaitakawaenga / Team Leader	Poutini Waiora
General Manager	Māori Health / EMT
Team Leader	Community and Public Health
Clinical Nurse Manager	Foote Ward / ED

8. ACCOUNTABILITY

- 8.1. The Workstream is accountable to the ALT who will establish direction, provide guidance, receive and approve recommendations.

9. FREQUENCY OF MEETINGS

- 9.1. Meetings will be held as required but typically no less than monthly.

10. REPORTING

- 10.1. The workstream will report to the ALT on an agreed schedule via the ASG
- 10.2. Where there is a risk, exception or variance to the work plan, or an issue that requires escalation, a paper should be submitted to ALT in a template provided by the ASG.
- 10.3. Where applicable, reporting will include progress against or contribution to Ministry of Health Performance and Health Targets.

11. MINUTES AND AGENDAS

- 11.1. Agendas and minutes will be coordinated between the workstream chair and facilitator.
- 11.2. Agendas will be circulated no less than 5 working days prior to the meeting, as will any material relevant to the agenda.
- 11.3. Minutes will be circulated to all group members within 5 working days of the meeting and minutes remain confidential whilst 'draft' and until agreed.

12. QUORUM

- 12.1. The quorum for meetings is half plus one member from the total number of members of the Buller IFHC Workstream.

13. CONFLICT OF INTERESTS

- 13.1. Prior to the start of any new group or programme of work, conflict of interests will be stated and recorded on an Interests Register.
- 13.2. Where a specific conflict of interests exists, the member will advise the chair and decision making will take into account those specific conflicts.

14. REVIEW

- 14.1. These terms of reference will be reviewed annually and may be altered intermittently to meet the needs of its members and the health system.

15. EVALUATION

- 15.1. Prior to the commencement of any new programme of work, the group will design evaluation criteria to evaluate and monitor on-going effectiveness of activities. Any evaluation will comply with the evaluations framework outlined by the Alliance and/or the ALT or WCDHB as the funder.

ROLES

16. CHAIR

- 16.1. Lead the team to identify opportunities for service improvement and redesign.
- 16.2. Lead the development of the service vision.
- 16.3. Develop the team to respond to a service need; engaging with key stakeholders and interested parties best suited for the purpose of service innovation.
- 16.4. Work with the project manager/facilitator and/or analyst to produce work plans and other reports as required.
- 16.5. Provide leadership when implementing the group's outputs.
- 16.6. Work with the facilitator to facilitate meetings to achieve outcomes in an economical and efficient manner.
- 16.7. Be well prepared for meetings and ready to guide discussion towards action and/or decision.
- 16.8. Meet with the other Alliance leaders to identify opportunities that link or overlap, share information and agree on approaches.

17. BULLER IFHC WORKSTREAM MEMBERS

- 17.1. Bring perspective and/or expertise to the table.
- 17.2. Understand and utilise best practice and alliance principles.
- 17.3. Analyse services and participate in service design.
- 17.4. Analyse proposals using current evidence bases.
- 17.5. Work as part of the team and share decision making.
- 17.6. Be well prepared for each meeting.

18. FACILITATOR

- 18.1. Provide or arrange administrative support.
- 18.2. Document and maintain work plans and reports to support the group's accountability to the ALT.

- 18.3. Develop project plans and implement within scope following direction from the group, programme office and/or ALT as appropriate.
- 18.4. Work with the chair to drive the work plan by providing oversight and coordination, managing the resources and facilitating effective teamwork.
- 18.5. Keep key stakeholders well informed.
- 18.6. Proactively meet reporting and planning dates.
- 18.7. Actively work with other Alliance groups to identify opportunities that link or overlap, share information and agree on approaches.
- 18.8. Identify report and manage risks associated with the Group work activity.

19. PLANNING & FUNDING REPRESENTATIVE

- 19.1. Provide knowledge of the West Coast Health System.
- 19.2. Support the group to navigate the legislative and funding pathways relevant to the Group.
- 19.3. Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

TERMINOLOGY

- Alliance Charter – outlines the purpose, principles, commitments and mandate of Alliance leadership teams; provides a basis for individuals on the leadership teams to commit to the approach.
- Alliance Leadership Team (ALT) – the West Coast alliance leadership team responsible for the governance of clinically-led service development.
- The West Coast Alliance – an alliance of the West Coast District Health Board and the West Coast Primary Health Organisation.
- Workstream – a group of clinical and non-clinical professionals drawn together to lead the transformation of a sector or service. Not a contracting entity, they guide the decision making of the ALT through initiative design.
- Alliance Support Group (ASG) – provides project management resource and supports the workstreams and service SLA groups with prioritisation of design and delivery of health services. They support the ALT and assist with delivery of its goals.

ENDORSEMENT OF TERMS OF REFERENCE

Date of agreement and finalisation by workstream members: / /2017

Date of endorsement from ALT: / /2017

DISCUSSION ITEMS

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **26 October 2017**

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The verbal and in person updates from the following:

2. RECOMMENDATION

That Tatau Pounamu Advisory Group notes the following updates.

1. Annual Planning Update – Kylie Parkin
2. Maakawhio Representation – Gary Coghlan
3. Mawhera/Kawatiri Representation – Gary Coghlan
4. Buller IFHS Representation

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **26 October 2017**

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

Note and discuss the attached correspondence.

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes and approves the reports/discussion items as per below.

TO: Chair and Members – Tatau Pounamu Manawhenua Advisory Group

SOURCE: General Manager, Maori Health

DATE: September 2017

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 this report;
 i note the General Manager Maori Health Update.

Improving the Cancer Pathway for Maori

A draft implementation plan has been developed and the key aspects to this include enabling enhanced relationship and communications throughout the pathway for Maori cancer patients. Improving the current referral system is a key priority. There should be a greater focus made on accurate ethnicity data collection within WCDHB and on ensuring datasets are complete so they can then be utilised for effective analysis. Develop the cancer health literacy resources for Whānau and support services in WCDHB. Also building the capacity of staff to be culturally competent is an ongoing goal.

Cultural Competencies.

We continue to work to enhance the Cultural Competency of the health sector workforce within the West Coast DHB area this is also a priority for the South Island health and disability Workforce hub. This year the focus has been on the delivery of training programmes such as Takarangi Cultural Competencies and the Tipu Ora Hauora certificate and diploma programme.

Currently all participants for the introductory course for Takarangi cultural competencies will be now working on their cultural competency learning portfolios. Some are already applying competencies and we are starting to see the integration of the cultural competencies in events such as weekly team meetings, and group work and peer group sessions. A survey sent out to participants has shown that they found the framework extremely relevant to their roles and that it was explained clearly and was very engaging. The results also showed that 75% of participants had not yet met with their Manager to discuss how the learnings will be included in their work and managed through their training/supervision plan and so we would really like to encourage this initial meeting. The recommended timeframe for portfolios to be completed is within 3 months and after assessment they will progress to the next set of competencies

The investment for the West Coast DHB in this framework is significant and the next phase is critical to the ongoing viability of Takarangi as a framework from which we can begin to build a more culturally competent health workforce.

E Learning Orientation

Currently we are working with the Maori health team from Canterbury DHB and Learning and Development to develop an E learning orientation package for new staff coming into both organisations.

Board Meeting - Arahura Marae August 2017

The WCDHB held their six weekly Hui at Arahura marae on the 11 August. The morning started with a Powhiri to welcome the board and staff of the West Coast DHB onto the marae. It was a fantastic occasion.

Na reira nga mihi to the people of Ngati Wae Wae, for their ataawhai me maanaki to the board and staff of the WCDHB who attended on the day.

Maori Health Needs Assessor.

We have a number of applicants come forward for the role of Maori Health Clinical Assessor, this role will be now be full time. The position will be part of the CCCN and will have strong links to the Maori health team and to Poutini Waioara.

Health of the older persons

HOP - CCCN/Poutini Waioara – The second workshop was recently held and process mapping drafted.

Maori Mental Health.

Presently the General Manager for Maori Health, the Manager of Maori Mental Health Services and the Mental Health operations Manager are working together for the promotion of cultural assessment. To this end a series of talks are being given to all individual services by the Manager for Maori Mental Health Services, to promote cultural assessment and clarify the criteria for entry. In addition they are also planning a half day training workshop to be delivered to all service managers across mental health.

Following the successful delivery of the Takarangi cultural competencies Hui at Te Tauraka Waka a Maui Marae in Bruce Bay, the feedback received has been extremely positive. Participants identified it as an excellent learning and networking event and each is currently involved in working towards completing their professional portfolio for this. Preliminary plans are underway for the event to be delivered again in February 2018, and there is a significant commitment interest from Mental Health Staff members already to attend.

Te Ara Whakawaioara

This is a method of Accelerating Maori health Performance. We are in the early stage of working with Planning and Finding Canterbury DHB to see how to best use this model. The principle focus will be very outcomes focused with the main goal to climate Maori health disparities.

TO: Chair and Members – Tatau Pounamu Manawhenua Advisory Group

SOURCE: General Manager, Maori Health

DATE: 26 October 2017

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 this report;

- i note the General Manager Maori Health Update.

Tumu Whakarae

The GM Māori meet in Christchurch on the 5 and 6 of October. This hui had a strong focus on cultural training programmes and Māori workforce development. Tumu Whakarae members belong to a number of very important health working groups and committees so there is always feedback regarding this work to the wider GMs Māori group. Innovation and creativity and examples of best practice are also important to Tumu Whakarae. So there is always an opportunity for examples of these to be presented at the Tumu Whakarae hui. This month presentations came from Wānganui DHB regarding their cultural awareness programme. They have done some very good work and I am sure we on Te Tai O Poutini could learn some lessons from this work. Whakaue Research Centre gave a interesting presentation research regarding on preventing chronic conditions for Māori.

Hauora Māori Workforce

Recently we had a discussion with Jo Baxter the Associate Dean Māori Otago School of medicine. The purpose was to discuss positive strategies for increasing the recruitment, support and retention of Māori staff in DHBs, particularly new health practitioners (e.g. graduates from nursing, medical, physiotherapy and other health professional programmes). The West Coast DHB faces challenges in the recruitment of Māori staff and so we wanted to discuss more broadly, with experts in this area, what might be some approaches to strengthening pathways for Māori, out of the institutions and into the DHB.

Relevant points included what are the challenges, opportunities and barriers for Māori entering the DHB workforce, alongside what are the challenges and opportunities for DHBs? A number of points were raised including (in no particular area):

- Each of the DHBs has an opportunity to strengthen itself as an employer of Māori including through its pathways to recruitment, support and retention of Māori staff.
- Despite recent increases in Māori graduates in some areas, we still have a long way to go in order to be growing the Māori health workforce to at least population parity. It is important that this is a goal throughout the health sector and at all levels.
- It may be time to stop just talking about this however putting in place some specific policies alongside identifying and implementing effective strategies
- There seems to be on specific goals for the DHBs in terms of their recruitment and support of Māori staff, and thus no clear DHB policy to support the prioritisation of Māori staff recruitment and support within DHBs
- There is no one pool of information about 'best practice' in the recruitment, retention and support of Māori staff (new staff and those already employed). It is possible that some DHBs

are doing fabulous things in Māori staff recruitment, support, retention however this information is not readily available .

- Some DHBs will find attracting Māori health professional graduates more difficult than others – this could include in particular rural DHBs such as the West Coast Wairarapa .. This may be due to numbers however also exposure to working there as a student.
- Opportunities for future action include:
 - At a West Coast and Canterbury DHB level, for the DHB itself to develop a Māori workforce strategy and plan that is underpinned by clear goals, and strategies to achieve these goals. Buy-in from leadership for this will be key because if that buy is not there these goals are very hard to achieve. .
 - It would be useful to have a shared view from across DHBs as to what are the goals for Māori workforce that are tangible and understood – e.g. a clear policy for prioritising Māori staff recruitment, support and retention.
- Strategic areas could include^[1]:
 - Ongoing engagement with Kia Ora Hauora in the secondary school sector space
 - Relationships with the educational /training organisations for ‘exposure’ experiences for students e.g. Māori students from a particular DHB, during their training –e.g. internships
 - There needs to be a more direct relationship between education organisations and DHBs more specifically, to talk about the transition from training establishments into DHBs with issues such as marketing, knowing key people, how is recruitment happening, are there Māori involved in the recruitment process etc.?
 - Information about specific DHBs and their support for Māori health professional graduates, could be made available to Māori health professional students, to aid their decision making about which DHBs to go to. This may encourage DHBs to develop and articulate what supports they have for Māori.

We will spend more time internally identifying goals for Māori workforce development and then strategies across marketing and recruitment, staff support, retention initiatives. In order to determine what constitutes best practice in terms of Māori staff supports.

In addition the South island Workforce alliance chaired by Mary Gordon ,and a group which I’m a member of has engaged in constructive and in depth discussions regarding there issues and are working positively towards having a collective view of the goals s of growing and supporting the workforce . This is likely at some point to evolve into cross DHB policy. We also need to consider the opportunities for the smaller DHB’s can work together to reflect issues at rural or provincial levels, and ways of collective support for Māori staff etc.

Te Wiki O Te Reo – Maori Language Week 11-17 October

There was a positive turnout to our weekly scheduled sessions which ranged from daily waiata, and lunchtime presentations. Stories of the region by Paul Madgwick, a local historian with a huge knowledge of the history of Te Tai o Poutini, basic mihi mihi was taught to our staff, and regular opening and closing of sessions with karakia. Additionally we held a daily quiz which consisted of questions about Te Tai O Poutini. These sessions were attended by DHB staff, Community Public Health and the Primary Health Organisation. The success and the appreciation of Te wiki o Te Reo Māori was heartening to see. As always we will take away the lessons form this year and endeavour to do an even better job in 2018. It would be helpful to see more senior people from within the organisation participating.

Tipu Ora National Certificate/Diploma Hauora Maori

I will be attending the final graduation for 2017 at Rehua Marae on the 9 November in Christchurch to celebrate those who will be graduating from the Tipu Ora Hauora.

We have supported staff from Poutini Waiora and Community Public Health to complete their Diploma in Hauora Maori through the Health Workforce New Zealand funding generally assisting where we can to ensure that students are supported as much as possible. It is really positive to see participants graduating especially at a Diploma level.

Tipu Ora will also be holding roadshows around the West Coast in November to promote next years Hauora Maori programme. We will work with them to see if we can again run Certificate in Hauora Maori through Tipu Ora again in 2018 on Te Tai Poutini

Poutini Waiora

A new contract is currently being developed with Poutini Waiora the only Maori Health Provider on the West Coast. Key differences from previous years will be an emphasis on narrative reporting and ensuring that the collaborative approach through working within the West Coast Alliance is resulting in improved access for Maori to primary health care.

Takarangi Cultural Competency

It is now 3 months since the first Takarangi roopu headed down to Bruce Bay to undertake the Takarangi Cultural Competency Wananga. Participants have been encouraged to complete the first five competencies of the framework by December and we are now in a process of where possible providing peer and cultural support to ensure that this occurs. This is a challenging timeframe particularly with the various other studies that many of the workforces are currently undertaking.

We are planning a second Wananga in February next year.

TO: Tatau Pounamu

SOURCE: General Manager, Maori Health

DATE: 26 October 2017

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

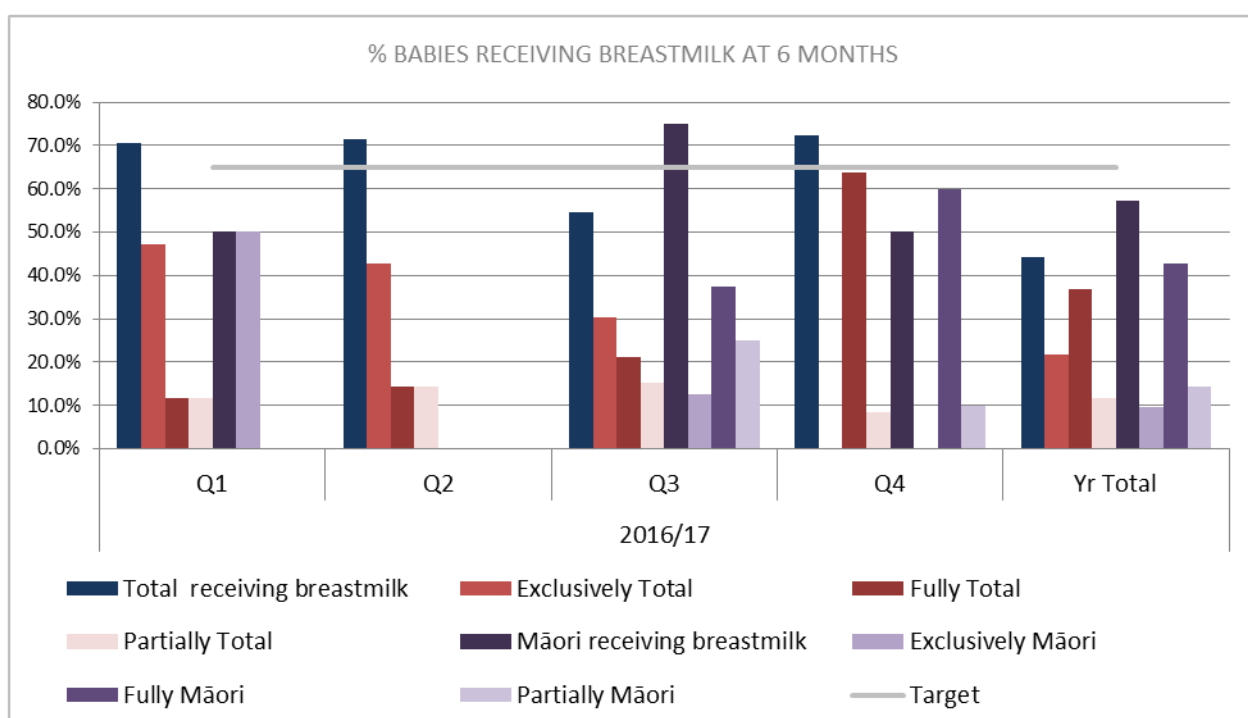
This report is provided to Community & Public Health & Disability Support Advisory Committee as a regular update.

2. RECOMMENDATION

That the Community & Public Health & Disability Support Advisory Committee:
i notes the Maori Health Plan Update.

Maori Health Quarterly Report – Q1, 2017/18

Tamariki Health and Wellbeing



Comments: At year end for 2015/2016 the result for Maori receiving Breastmilk at 6 months was 63.2% at 6 months which is just 2% away from the 65% target. For non- Maori the result was 67.3. Our trendly data shows that from January to June 2016 Maori on the West Coast are leading nationally with 75% Maori babies being exclusively breastfed at 6 weeks, 62.5% at 3 months and 64.7% at the end of 6 months.

Breastfeeding: The Ministry of Health are this year releasing data on breastfeeding rates at three months old on a quarterly. This data will include all Well Child Tamariki Ora service providers for the first time. At the time of writing the first data set has

not been release however preliminary data suggests the West Coast region is tracking well against the national average.

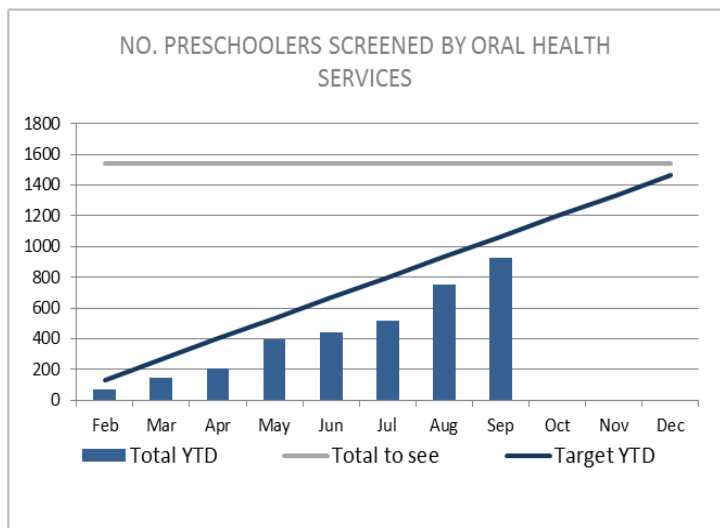
Locally, work will continue to reproduce this data set in a more real time way and by provider to support quality improvement.

The Mama and Pepi service continues to focus on providing breastfeeding support to Maori mums. A pilot pregnancy and parenting course will be run by an LMC, Poutini Waiora - Mama and Pepi kaimahi and Tamariki ora nurse. This provides another avenue to deliver breastfeeding education sessions to pregnant Mums.

The Mum 4 Mum programme has now been running for 10 years with over 200 Mums trained across the West Coast to provide peer support around breastfeeding.

The Buller Workstream is developing local strategies aimed at engaging Maori mothers in breastfeeding education to increase breastfeeding rates.

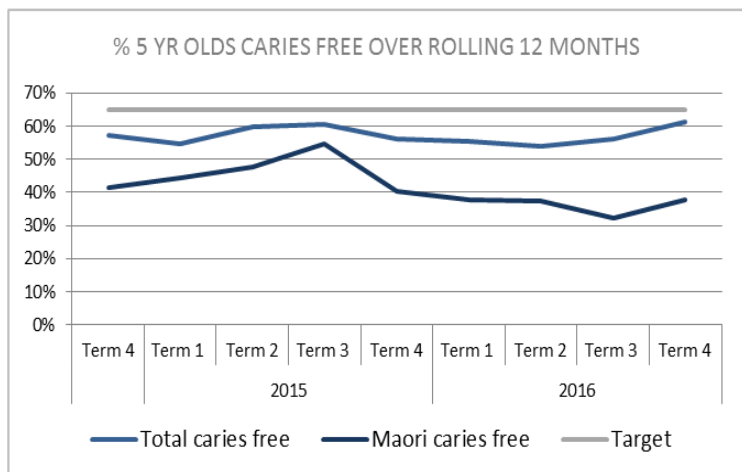
Oral Health



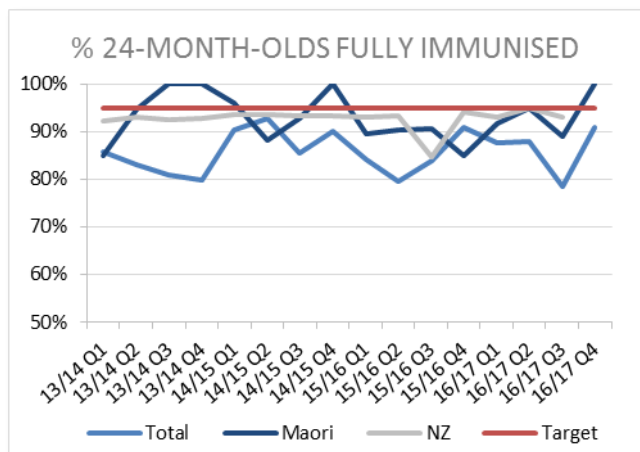
Oral health continues to be a priority focus for our health system.

Children Caries free at 5 years of age is continuing to trend down with a 2% drop from 40% in 2015 to 38% in 2016. Non-Maori rates have also dropped significantly from 90% in 2015 to 61% in 2016.

A targeted focus within the WCDHB System level measures framework will see strategies focused on increasing the percentage of pre-school children receiving their annual dental check on time and an all system approach to reducing the rate of dental decay among our Tamariki through targeted intervention with families, health promotion and oral health education provision for all health professionals who come into contact with children from 0-5.



Immunisation



2 Year old Immunisation: In Quarter 4 100% of Maori children were immunised on time (16 out of 18 eligible). 91% of non-Maori children (43 from 44 children eligible).

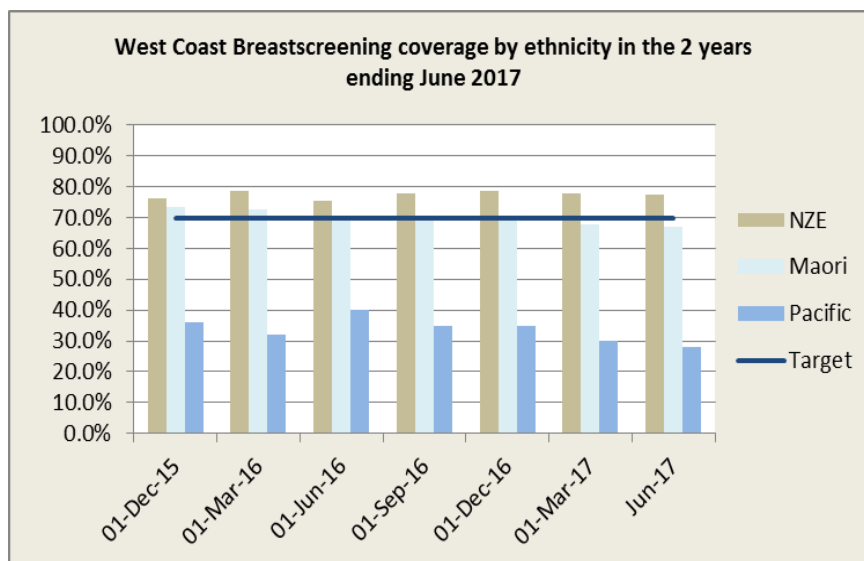
Cancer

Table 1: BSA coverage (%) in the two years ending 30 June 2017 by ethnicity, women aged 50–69 years

Ethnicity	Population	Women screened in last 2 years	2-year coverage	Additional screens to reach target*
Māori	380	255	67.10%	11
Pacific	25	7	28.00%	10
Other	4,215	3,262	77.40%	
Unspecified		20		
Total	4,620	3,544	76.70%	

*For the total population the number of additional screens is the number required to move from the total population coverage to 70%. This may not be the same as the sum of additional screens required for each ethnic group to reach 70%.

*For the total population the number of additional screens is the number required to move from the total population coverage to 70%. This may not be the same as the sum of additional screens required for each ethnic group to reach 70%.



Comments: Whilst the numbers to reach the target for breastcreening is low our percentage continues to decrease.

A meeting was held with Breastscreen South Regional Manager and the Pacific and Maori Co-ordinators who work from Christchurch. Links were made at that meeting with Poutini Waiora Nurse and Kaiarataki and this connection has resulted in a more seamless approach to tracking those Maori overdue and linking them back with Breastscreen South.

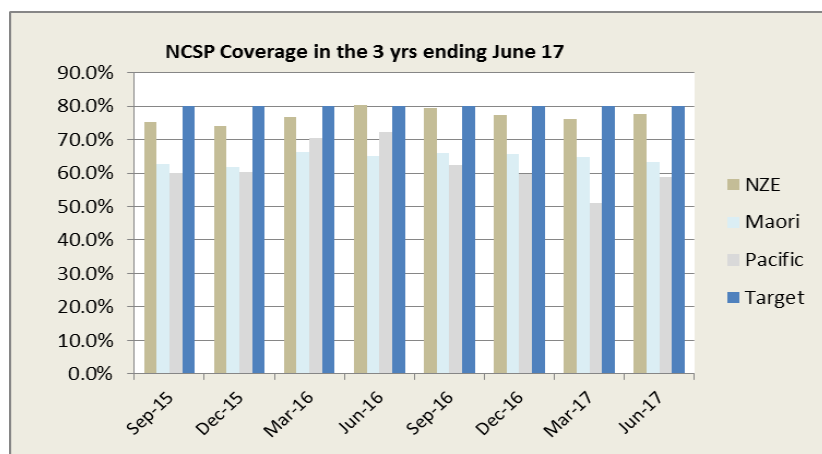
Maori	67.1%
Pacific	28.0%
Other	77.4%
Total	76.7%

Table 1: NCSP coverage (%) in the three years ending 30 June 2017 by ethnicity, women aged 25–69 years, Total Coverage

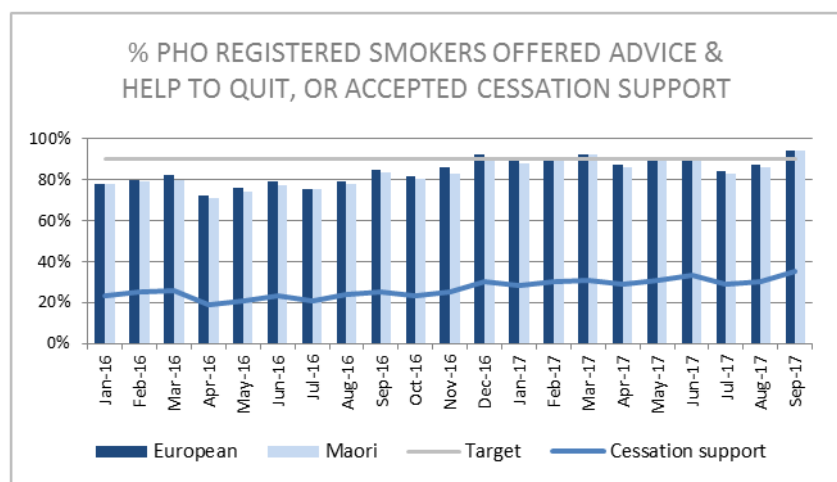
Ethnicity	Population	Women screened in last 3 years	3-year coverage	Additional screens to reach target*
Māori	884	572	64.70%	135
Pacific	86	44	51.20%	24
Asian	372	189	50.80%	108
Other	7,253	5,515	76.00%	287
Total	8,595	6,320	73.50%	556

Comments: Q4 results show that there are 135 additional screens required to meet the target for Maori. Cross service interventions are currently being explored to ensure a robust pathway and provision of a range of access routes for women.

Maori 63.4%
Pacific 58.7%
Asian 50.5%
Other 77.7%
Total 74.8%

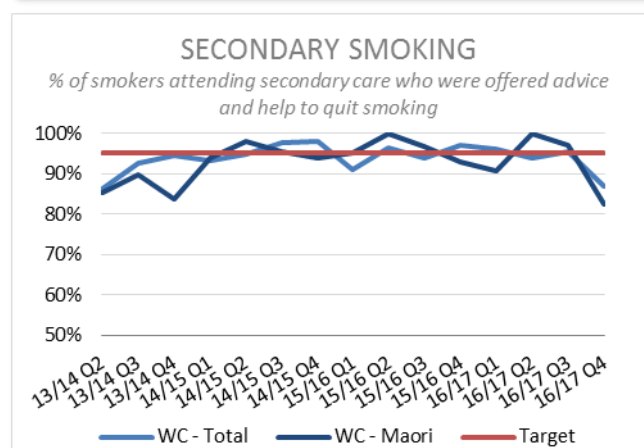


Smoking



Coast Quit: In Quarter 1 14 Maori were enrolled in the Coastquit programme compared to 99 Non-maori and no Pacific Island enrollment. Maori enrollments make up 12% of all enrollments in Quarter 4. 25% of the people phoned for their follow-up were still smokefree in the 3-4 month period since commencing the Coast Quit programme.

Primary Smoking: In Quarter 1 94% of Maori and non-Maori patients were provided with Brief advice with 31% of those taking up the offer of cessation support.



Secondary Smoking: During Quarter 4, West Coast DHB staff provided 86.9% of all hospitalised smokers with smoking cessation advice and support against the 95% national target (82.5% for Māori). This represents a drop in performance and the Smokefree Services Coordinator has been working with specific departments where performance against the target has changed, to review the ABC data.

capture process.

Oranga Ha: Oranga Ha – Tai Poutini, Stop Smoking West Coast has been delivering since July 2016. The service employs 3 x 0.6 FTE spread across the West Coast. Contractual targets are 278 enrolled with a 50% quit rate at 4 weeks, it is estimated to achieve 278 enrolled the service will need 480 referrals.

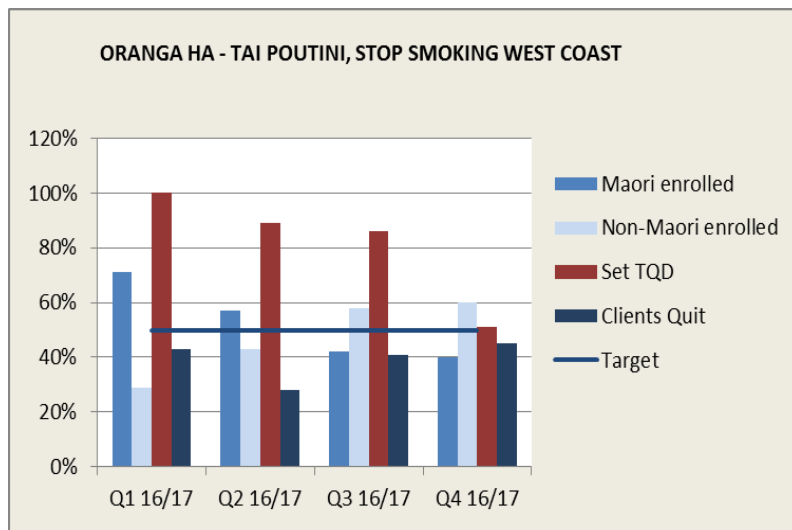
In Quarter 4 there have been 115 referrals with 6% of these coming from primary care 1% secondary care and 82% self referrals.

In Quarter 4 there are 107 enrolled on the programme with 55 setting quit dates – 20 of those are Maori 1 Pacific and 34 other. Of the 55 enrolled 2 are pregnant.

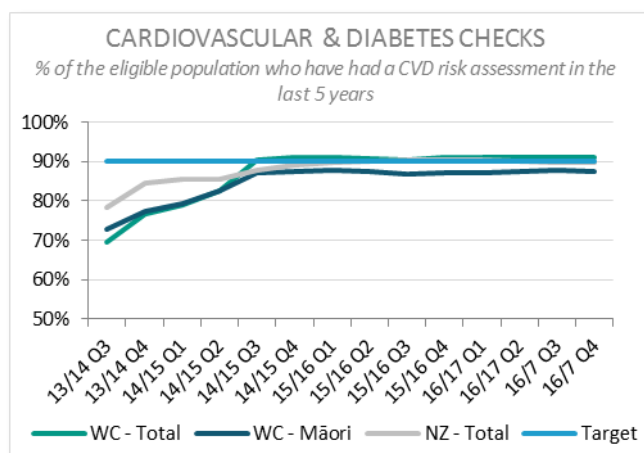
There are 25 (45%) who have been co-validated at 4 weeks with 65% of those being Maori.

The challenge continues to be to increase the number of referrals coming from other sources such as primary care, secondary care, LMC, NGO's and other sources. In Quarter 2 and 3 90% of all referrals were self referrals coming from the significant promotional work of the cessation practitioners such as Facebook campaigns.

Initiatives to work more closely alongside the Maori Health Provider and hold clinics from their premises should see stronger relationships that will result in increased referrals from this service. The Buller Practitioner is based in the Poutini Waiora Westport office.



Adult Health

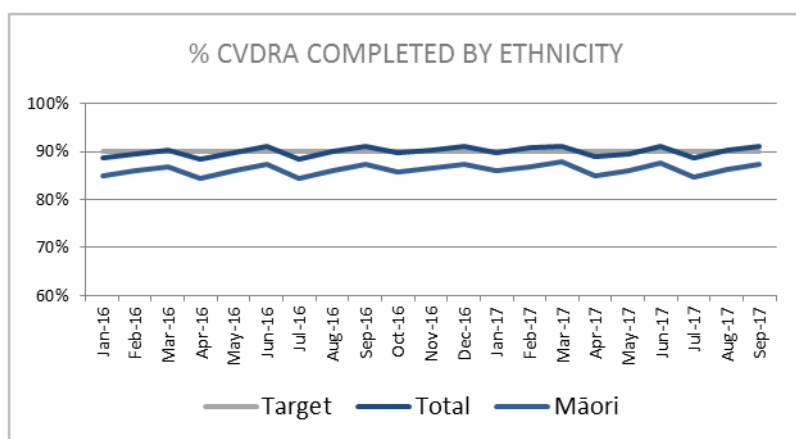


Cardiovascular and Diabetes Checks: The DHB maintained performance in Quarter 4, with 91% of the eligible enrolled population having had a cardiovascular and diabetes risk assessment against the 90% target. Results for West Coast Māori remained lower at 87.6%.

A total of 509 cardiovascular risk assessments were conducted this quarter (this doesn't include patients with known diabetes). 60 of those risk assessments were for Maori (14.8%). By comparison Maori make up 10% (1073) 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 Maori have been screened: this includes 85% of eligible males and 91% of eligible females.

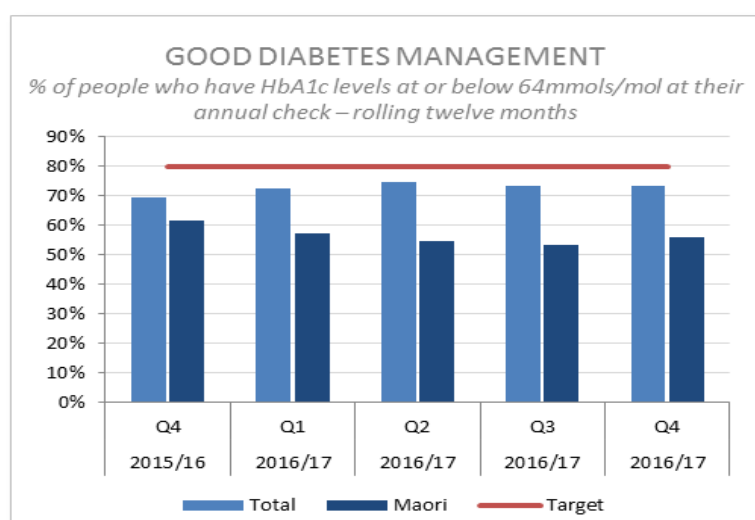
The smoking profile for CVRAs completed this quarter for Maori is 70% not smoking compared with other ethnicities screened not smoking 89%.

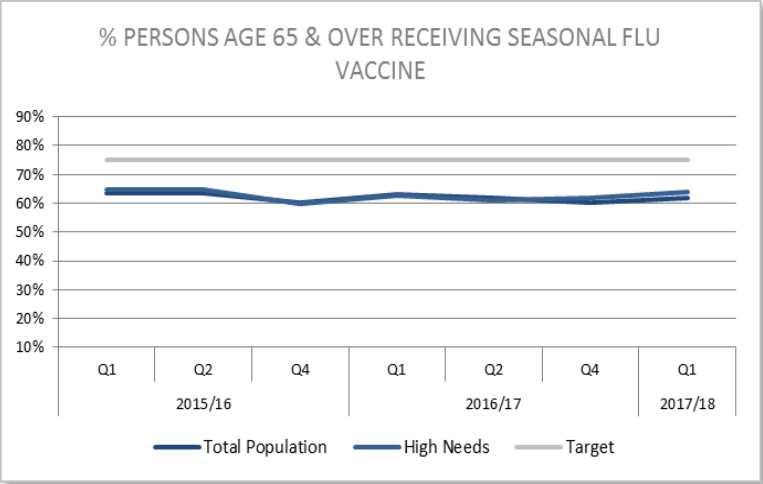
CVD Annual Reviews: 3.8% of the annual reviews conducted year to date was for Maori a decrease from 4.8% in the Q3. For comparison Maori make up 6.5% of the enrolled population aged 45+ years – the prime age group of people in the LTC programme. 424 annual reviews were completed this quarter, 17 were for Maori.



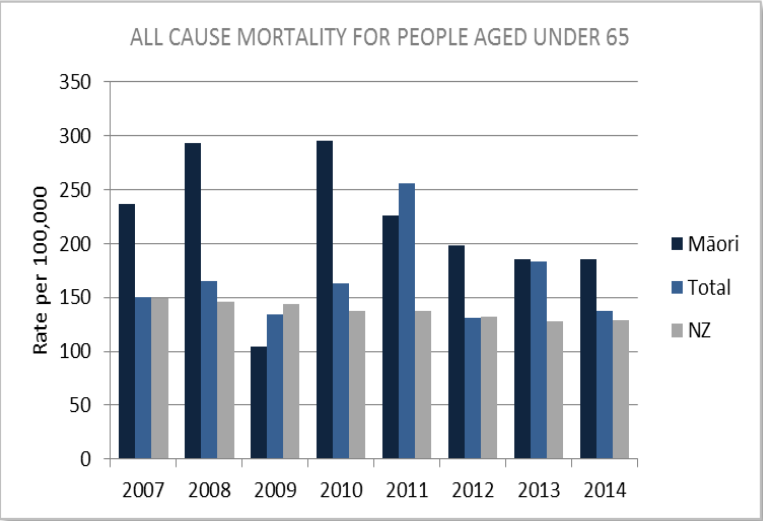
Diabetes Management: 59% of Maori people with diabetes had good management of disease in the twelve months to 30 June 2017 compared with 69.3% (as defined by having an HbA1c level at or below 64mmols at time of diabetes check). Our internal target for this measure is 80%. This measure is only updated quarterly

247 reviews were conducted this quarter (1077 year-to-date) as part of the LTC programme. 10% of the annual reviews conducted YTD were for Maori. For comparison Maori make up 6.5% of the enrolled population aged 45+ years – the prime age group of people in the LTC programme.





Poutini Waiora are advance planning for the winter season to ensure that Maori are engaging in the seasonal flu vaccine. It is pleasing to see that Maori access rates are equal to that of non-Maori however it is





It's been a huge few weeks for the Māori Health team and I want to acknowledge the work that has been going on.



David Meates, CEO

Former politician Dame Tariana Turia visited Greymouth to speak at the graduation of the West Coast's first Tipu Ora National Certificate in Hauora Māori – 16 graduates involved in health or social services graduated. Our Māori health team was very involved in providing support for this course to happen, and as a result, we now have another 16 people who live on the Coast and have a greater understanding of what it is to be Māori, the challenges and how to empower our Coast Māori to help themselves.

The second major event was the first Takarangi Framework hui, at the Bruce Bay marae, for around 40 Coasters involved in health. General Manager

Māori Health Gary Coghlan pushed hard for this cultural competency training to be available on the Coast, and by all accounts, the introductory two days in South Westland were incredibly useful.

I know Gary and the team have had their own challenges, and it's a tribute to their work that they are able to support this increased understanding of health issues for Māori on the West Coast, alongside their regular work.

You'll be aware our staff and the community in Buller have been pulling no punches in reminding us, and the Ministry-appointed Hospital Redevelopment Partnership Group, of the importance of communication and engagement on a local level.

For the past 18 months there has been no engagement about the new Buller Integrated Family Health Centre, and Buller locals are left wondering and filling in the void with speculation about what's really going on.

While our hands have largely been tied, we are now pushing hard for more transparency and engagement, and I

hope that we will be able to help deliver this in a proper sense of partnership with the Crown and the community. I know it's something that the West Coast District Health Board feels very strongly about.

Congratulations to Philip Wheble on his appointment as General Manager West Coast DHB. I understand Phil has already led his first staff forum in the new role and I know he has all sorts of plans for empowering everyone to do what they need to in order to improve health outcomes for Coasters.

I want to echo the sentiments shared in this newsletter by Board Chair Jenny Black. Our staff are fantastic – they go out of their way daily to make things better. If you have creative ideas about improving our health system and outcomes, make sure you get in touch with Phil, askphil@wcdhb.health.nz.

Take care.

David Meates
CEO

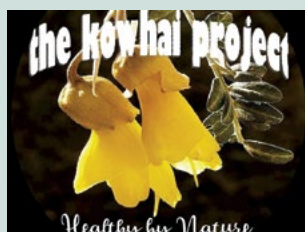
Greening up our new health facilities!

The Kowhai Project is a West Coast collaborative of community organisations and people who are working to create green spaces around the new Grey Health facilities in Greymouth.

Research shows that when patients are able to connect with nature in hospital settings they recover up to 50% faster, requiring less pain relief and earlier discharge.

The Kowhai Project aims to raise funds to plant predominantly native plants around the open spaces of Grey Health, including an inner courtyard.

If you have ideas about fundraising, contact Kowhai Project Chair Elinor Stratford, elinor.stratford@gmail.com,



phone 03 768 6464 or secretary Trish Roney, trishroney55@gmail.com.

If you're interested in donating, visit givealittle.co.nz/kowhaiproject, or donate at Westpac, use the reference Kowhai, account number 03 1700 0303533-03.

MAIA HEALTH FOUNDATION

The funding will be received and receipted by the Maia Health Foundation, which was established to raise funds for enhancement projects in the Canterbury and West Coast health system. Maia provides charitable ways for people to contribute to the health system to take our services from good to great.



Cultural competency taught on Coast

An expectation that people involved with health and social sectors would want training in cultural competency provided the incentive for the West Coast DHB's Māori Health team to push for the first West Coast Tipu Ora National Certificate in Hauora Māori course.

DHB General Manager Māori Health Gary Coghlan says latest figures show around 3900 of the Coast's total population of 33,000 people are Māori and it's increasing.

With that background, and being aware that training in terms of Māori health in the South Island is hard to come by, the private training provider Tipu Ora was convinced to set up the first West Coast course, from which 16 trainees graduated recently.

"Māori morbidity and mortality is still a really big concern, there's a big gap between Māori and the general population. Everyone is trying to do something about that. It's complex and is wider than just a health issue," Mr Coghlan says.

He believed graduates from a variety of West Coast organisations would have a better understanding of what it is like to work with people of other cultures, and would help their work practices become "more mature".

Guests at the recent graduation included former politician Dame Tariana Turia, who has long been involved with the Tipu Ora training provider.

"My main goal is to inspire them to understand what they're really here for. It's not to care to and for people, they're here to inspire people to do things for themselves," she said.

Greymouth woman Jordayn Parkin-Rae (18), was one of the graduates. She undertook the certificate as a precursor to looking at entering the police force or becoming a teacher, after her mother Gemma Parkin did the course last year and recommended it.



"I got a lot more confidence in being able to talk to people, the people skills will be

very helpful in my future career, especially how to listen to people," Jordayn says.

Endoscopy Coordinator role set up

In anticipation of a free national bowel screening service being introduced throughout New Zealand, the West Coast District Health Board has set up a new endoscopy coordinator role.

Maria Petrovics-Edens has been working in Barclay ward and day surgery for about 18 years. She's just started in the new role, in anticipation of the rollout of the new service for people aged 60 to 75 years who have no obvious signs of bowel cancer, expected in 2019/2020.

At that stage, the entire endoscopy team will need to be accredited for the service.

Endoscopy entails any procedures looking into the gastro-intestinal region of the body – everything from the oesophagus down to the stomach, (gastroscopy or upper endoscopies); or from the large colon including rectum through to caecum (large bowel) for colonoscopies.

The role is about coordinating the service from referral through to procedures and follow-ups.

Helping to set up the role, Nurse Manager Clinical Services Rosalie Waghorn says it will be a team effort.

"It's about better outcomes for the patients. We'll be making sure surgeons have all the right information to hand. For some patients, they will receive an x-ray or CT scan first to check whether they actually need to have an invasive procedure," Rosalie says.

Maria will offer a one-stop endoscopy shop – starting with phoning patients about their appointments, checking patients have the right information about preparing for their endoscopy procedure, answering questions and organising any tests required.

"New Zealand has one of the highest rates of bowel cancer in the world. If people are diagnosed early, 90% have a long-term chance of survival," Maria says.

Theatre Nurse Manager Wendy Stuart says scientists are still unsure about

what causes bowel cancer: "It might be genetic, an environmental disposition, lifestyle, or just bad luck."

To reduce chances of bowel cancer:

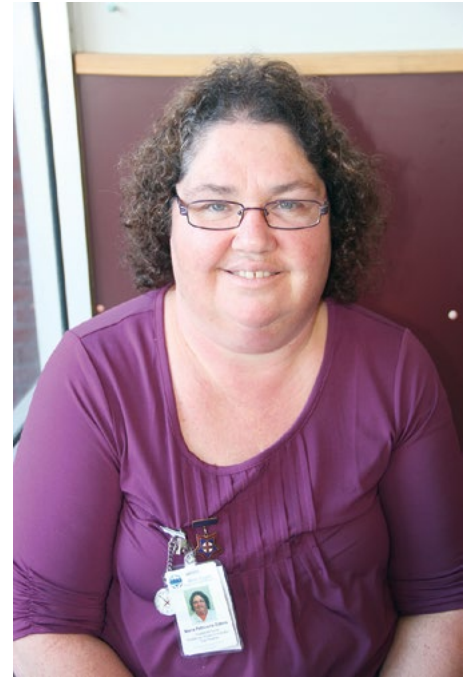
- Eat a healthy diet high in fruit, vegetables and fibre
- Exercise regularly
- Don't smoke.

Symptoms of bowel cancer are:

- A change to your normal pattern of going to the toilet that continues for several weeks, and
- Blood in your bowel motion.

Conditions that might be diagnosed as well as bowel cancer include Crohn's Disease, irritable bowel syndrome, ulcerative colitis and diverticular disease.

"It's best to check with your general practice if you have some of these symptoms. It may or may not be bowel cancer; however you may need to be referred for an x-ray, CT scan or endoscopy procedure in order to



Endoscopy Coordinator Maria Petrovics-Edens

rule it out. I can help with advice and information and navigating the system once we have received a referral from your GP," Maria says.



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

E-UPDATE
Your fortnightly update from the Health Quality & Safety Commission



The Health Quality & Safety Commission was established under the New Zealand Public Health & Disability Amendment Act 2010 to ensure all New Zealanders receive the best health and disability care within our available resources.

PLEASE **CLICK HERE** TO READ THEIR LATEST NEWSLETTER.

South Island Alliance has new GM

From neonatal to elderly health services, the new South Island Alliance general manager's career spans across 30 years of clinical and executive management.

Bringing an in-depth expertise to the role, Mark Leggett describes his career so far as 'eclectic'. "My background means that I can bring a new perspective to the mix," he says. "We all come to work to make a difference – I want to add value to not only the South Island Alliance, but to the South Island health sector as a whole."

Starting as a Registered Nurse and Midwife, Mark worked his way up to senior executive level and has managed a wide range of health services, for both small and large private and public organisations, commercial and non-commercial. He was the Child and Adolescent Health Service Manager for Taranaki Area Health Board, before moving to Christchurch with his wife – also a Registered Nurse – to pursue a broader range of opportunities in the health sector.

Other management roles include Healthlink South and The Fertility Centre, before becoming General Manager of Medical and Surgical Services for Canterbury DHB, from 2006 to 2009. This role was followed by Vice President of International Services for HHL Group (Healthcare New Zealand) from 2009 till 2016, working alongside some of the highest level business entrepreneurs and leaders in China.

The father of two was most recently Senior Consultant for Francis Health, where he completed a review of the services supported by the Ministry of Health's funding of Living Donor Renal Transplants in New Zealand and participated in the current Perioperative Improvement Programme at Bay of Plenty DHB.

Mark says he feels privileged to lead the South Island Alliance Programme Office team.

"This is a great opportunity to be part of

a South Island-wide initiative, working collaboratively with all the DHBs to deliver better health services to all of the South Island. I have seen the significant progress made in the past five years since the Alliance was established, and given my experience, I know many of the various key players in the industry – I couldn't not apply for this role. It provides the chance for me to apply everything I have learnt over the years in a wider context, to help improve health outcomes for the entire South Island population."



South Island Alliance General Manager Mark Leggett



Bouquets

Hello,

Because people always write when something to complain about, I like to write, when something is well done!!

I have a weird habit – I always go to a loo (even when not needed) at world famous locations (I say I am going to write a book about it). I have been to the loo at Buck House, Windsor Castle, top of the Eiffel Tower, Sistene Chapel, Great Wall of China, Hawaii... I never use public loos. But the one at your tin shed (RAGP) is THE most amazingly clean one I have ever seen!

So congratulations, the loo looked brand new!

Name withheld.



Palliative Care on the West Coast

Our palliative care team has been slaving over a hot computer to cook up this new brochure outlining what options are available for people requiring palliative care on the West Coast. The brochure will be available through general practices, DHB facilities, pharmacies etc around the Coast.



Mike Dyne and the Health System

By the time he retired recently, mental health nurse Mike Dyne had spent nearly 52 years working in the health system.

Visiting Mike and wife Ellen at their beautifully landscaped Kaniere home is like stepping into the pages of *House and Garden*. Mike built the house around the time patients from Seaview Hospital were first allowed “out”.

“I still remember a young chap incarcerated in the male ward up there. He came to me and asked me could I take him out to work on the house with me on my days off because he knew I was building it.

“Of course after some months that was stopped because it was viewed as exploiting patient labour. When I told him, he started crying. The reality was, he didn’t do much, it was about him having a day out.”

About 12 years later, that man turned up with his wife and children to offer his thanks for the opportunity Mike had given him.

“That was quite emotional – he thought enough of me to let me know he had survived his time and gone on to have a completely normal life.”

“There was another Māori chap, short, squat and immensely powerful – everyone was a bit frightened of him. He used to come and help around the place and sit with our little kids on his knee. No-one ever suggested that I was exploiting him. He was a helluva nice bloke actually.”

It’s obvious that the people at the heart of Mike’s care really matter to him.

He got into nursing after nearly getting killed in a flash flood while working in forestry in South Westland. Ellen was working at Seaview at the time, and suggested he sign up.



Retired mental health nurse Mike Dyne.

Mike became a student nurse, and was able to stay the course with both his career and his relationship. The pressures of the job, along with a strong culture of drinking, meant a lot of marriages did not survive.

“I wasn’t interested in all that around drinking. The shift work was tough enough, two days on, one day off. You would do one long day of 12 hours, then a short day of eight hours, then a day

off. It meant you couldn’t go anywhere, which was tough on families. But gradually that changed to better rosters.” He recalls initially the system’s focus was very custodial.

“There was very little in the way of rehab. That was the thinking of the day. It was the tail end of an era, then the winds of change blew, and it was more than just a gentle breeze.”

continued overleaf...



...continued from overleaf

Mike was there when people started to have their own money and their own clothes.

"The best I could liken it to was going to the pictures on a Saturday afternoon, sitting in the dark, and the coming out into the light blinking."

Around the same time, wards went from male and female to integrated, and patients were given curtained off areas.

And staff stopped standing vigilant against walls while every knife, fork and spoon was monitored during patient dinners.

Shortly after that, student nurses started coming through to train in intakes, instead of one person at a time being hired when someone left.

While generally it took years for male staff to get advancement opportunities, Mike had a good mentor in Chief Nurse Shirley Mary Watts who encouraged him to undertake advanced nursing studies.

In the 1980s Mike became a nursing supervisor.

He has particular views on institutional life, and believes closing Seaview was very difficult for patients, who lost their homes and often the only friends they had.

"They had a home and jobs. There are those who would benefit from some sort of sheltered residence. Some of these are the loneliest souls in the world. Every person needs at least 16 support people – an uncle, the bloke up the road you say giddy to, family members. A lot of these people don't have anyone. Society cuts them off because of the stigma. In hospital, they at least had us."

After 25 years up at Seaview, Mike took an opportunity to manage a rest home in Hokitika. He had completed a three year post-graduate diploma in health administration through Massey University while still at Seaview. He spent 12 years

working there and then decided to return to work with the DHB.

Things changed three years ago when Mike suffered a heart attack.

"I learned more about the health system then – how wonderful people were."

He describes his quadruple bypass as a "pretty thorough going over".

"It was like someone refilled everything in my head. I had no idea of the severity of the problem. Fortunately, it all came back. What it does to your emotions is amazing."

While he was eventually cleared to return to work, Mike then had a further setback when he broke a wrist and that took some time to sort out.

"When it was finally fixed and I was cleared to go back to work, I decided to hand in my notice. The last of my

Seaview contemporaries had gone, most had died."

His advice after most of his life spent working in mental health?

"Make sure you have another life as well!"

For Mike, that has included focusing on life with his wife Ellen who works in Morice Ward, two daughters and a son, grandchildren, fabulous gardens and grounds around their Kaniere house, travel, and several other activities when he was younger.

Now Mike is assistant custodian at the Hokitika Carnegie Building, working part-time for three or four days a week.

"There's up to 70 people through when I'm there. I like to engage and talk to them – people from around the world/all walks of life. It's something to keep busy with."

FREE BLOOD PRESSURE TESTS AND INFORMATION ON STROKES

Come to Mitre 10 Greymouth on Saturday 26 August from 10am – 2pm for a free blood pressure test and information about strokes, and remember, act **FAST**:



Acting **FAST** and calling 111 can significantly increase the chance of recovery.



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

New gear for medical technicians

The old treadmill has been removed and a new treadmill, ECG machine and CASE PC-based exercise ECG diagnostic system has been installed at Grey Base Hospital.

The new equipment is managed by the hospital's Medical Technicians, who were recently given an introduction to the gear by a team from GE New Zealand and a GE application specialist in diagnostic cardiology from Brisbane.

Medical Technician Garry Chapman says the previous equipment was outdated and the new gear was a more integrated system.

Caption: GE New Zealand education specialist Nicci Stoneman is monitored on the new treadmill by West Coast DHB Medical Technician Garry Chapman and GE field engineer Andy Lloyd.



Stop Smoking service offers flexibility

Being able to be flexible to suit clients' timeframes is proving helpful for Buller folk using the services of Stop Smoking Practitioner Kerri-Ann Rakena.

The Buller woman is employed by Community and Public Health to deliver the Oranga Ha Tai Poutini programme, which provides one to one support and access to nicotine replacement therapy.

For an initial period of eight weeks, and then a four week follow-up, clients are given guidance and support about things that might be helpful to get them to avoid taking a single puff.

The most common reason for people wanting to quit is for their health, and their bank balances.

"It's important for them to take charge, and they need to be ready to quit, but we've had some real success with people," Kerri-Ann says about the programme.

She is quite prepared to explain to people the science behind addiction, if they're interested.



Stop Smoking Practitioner Kerri-Ann Rakena

Most people refer themselves to the service, sometimes after prompting from family and friends.

"The fact that they've taken it upon themselves to come in shows they are wanting to make a change. And I try and work my hours around when a client might have time to see me, to give them the best chance of success."

The programme was introduced about a year ago and is prioritising increased access for Māori, Pacific and pregnant women.

"In time we are looking at setting up group sessions. People are really open to the idea of doing the programme with a buddy, that way they can both support each other and it almost becomes a competition. Whatever works!"

For referrals and more information, please contact 0800 456 121.

FAST survivor thanks nurse

Stroke survivor Errol Richards called in to Grey Base Hospital recently to thank some of the nursing team who helped save his life.

Errol (60) had noticed something wrong with his eyesight, and had a severe eye ache the night before the stroke. The Greymouth man was very lucky when his former partner decided something was a bit amiss when she heard strange sounds, saw his face was drooping and he couldn't move his arms. She recognised the symptoms and called an ambulance.

Errol was raced to hospital and given thrombolysis, a treatment which can potentially dissolve the clot causing the stroke, if the individual arrives at hospital quickly enough.

He was discharged on day seven, after five days of inpatient rehab following thrombolysis on admission. Based on his type of stroke and disabilities on admission pre-thrombolysis, his average length of stay having not received thrombolysis would have been 48 days, Stroke Nurse Specialist Kelly Smith says.

Catching up with registered nurse Diane Pollard, Errol recalls the nurse telling him it was going to be difficult but he would get through.



Stroke survivor Errol Richards with registered nurse Diane Pollard

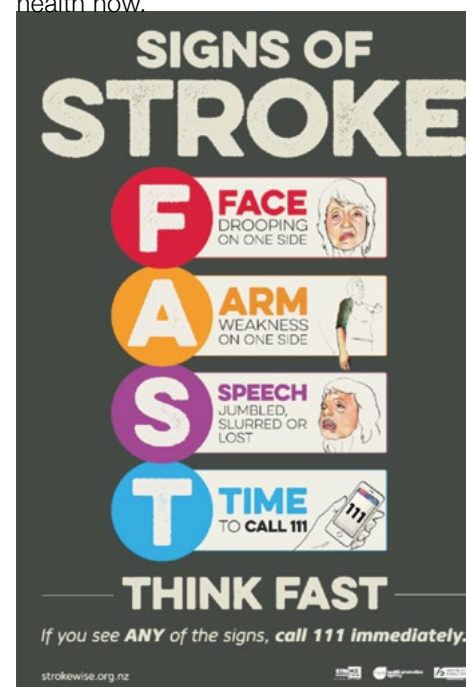
"You're looking fantastic!" Diane told him.

"He's one of my miracle stories."

While Errol has lost a bit of peripheral vision, he has been able to return to work as a welder with Gray Brothers.

"I'm quite happy that things are going all right. I'm probably back to 90% health now."

Dr Greville Wood recently replanted the garden and added hanging baskets outside the Grey Medical Centre, on the weekend before he transferred (along with other staff and patients) from the Rural Academic General Practice. The two general practices were merged in anticipation of working as one in the new Greymouth Integrated Family Health Centre when it opens next year.



Chair admires DHB staff

After eight months and thousands of kilometres of travel, West Coast District Health Board Chair Jenny Black is full of admiration for the staff who make the system work.

Jenny lives in Nelson and is an elected board member and chairman of the Nelson Marlborough District Health Board as well as chair of the West Coast board. She agreed to the Government-appointed West Coast position because she could see the usefulness of working with the West Coast and its transalpine partner, the Canterbury DHB and how this could improve the interconnectedness of the South Island DHBs.

Coming in with an open mind about what she would find and want to achieve, Jenny has appreciated the background experience of the existing board members who have been able to provide her with a steer on West Coast matters.

“It’s also been a real privilege driving up and down the Coast and meeting some of the people who make the system work. For instance the rural nurse specialists are a treasure in the system. They live and work in remote rural communities where they are valued and a major influence on the health of local people. Their patients feel like they are going to visit a friend, not just a nurse,” she says.

Visiting staff in Karamaea and Haast has helped Jenny realise how isolated our staff are, and how important it is that they are safe.

“They single-handedly delivering healthcare, often in the middle of the

night, without cell phone coverage and so we need to consider their own personal safety.”

Jenny’s priorities include maintaining momentum in delivering the new facilities in Grey and Buller, to enable the models of care based on helping people to stay well in their own homes and communities. She is keen for the people of the Coast to understand that by putting more resources into the community, care can be delivered earlier and admissions to hospitals/secondary care are kept for those who need it.

Plus staying within the allocated budget.

“What we’re trying to achieve on the West Coast is within a very tight funding package. To remain viable, we have to work closely with our neighbours. I’m a pragmatist. Sometimes you have to make difficult decisions to move forward. Leadership is about that – sometimes a compromise, none of which sits easily.”

Telemedicine is vital for the Coast, saving huge amounts of patient time and money that would otherwise be spent travelling to appointments.

The Chair would like to attend the West Coast mayoral forum, to partner with other agencies on issues that concern everyone such as broadband and mobile coverage on the Coast.

Getting to know and steer a new board and staff can have its challenges.



**West Coast District Health Board Chair
Jenny Black**

“The board and senior leadership team have been very accommodating. I came in asking a barrage of questions (because I’m a curious sort of person). And they’ve been very supportive, sharing their thoughts. On the board there are seven elected people who represent their communities. That gives rise to the robust conversations that are needed around a board table. Governance on the West Coast would be poorer without it.”



Young Hokitika nurse acknowledged as emerging leader

Hokitika district nurse Jessie Gibbens has won the first West Coast DHB Open for Leadership Award.

Presenting the award in Hokitika this morning, Health Quality & Safety Commission Chief Executive Dr Janice Wilson said the awards recognise, celebrate and share the work of emerging health care leaders who have made a difference to patient care.

Jessie was nominated by her team, who described her consistent leadership skills and behaviour as inspiring both junior and senior staff alike to reflect on their clinical practice.

Her prizes include a trophy, certificate and a free place at a Health Quality & Safety Commission event of her choice.

Jessie said she was honoured to receive the award.

“I want to say a huge thank you to all of my workmates and family who continue to encourage and support me

in furthering my practice.

“I really enjoy working in Hokitika with great mentors and the diversity and challenge of district nursing. I’m looking forward to continuing to grow in my nursing career, and bringing new ideas to my community and the DHB.”

The Open for Leadership awards are part of the HQSC’s ongoing partnership work with health providers to build capability and leadership, and share best practice.

Quality and safety capability and leadership are essential for providing seamless and safe care of consumers/patients, and the West Coast DHB is committed to this, General Manager West Coast District Health Board Philip Wheble says.



Emerging leader Jessie Gibbens, a Hokitika district nurse, with Director of Nursing Karyn Bousfield, Jessie’s dad Gavin and mum Sandra, and HQSC Chief Executive Janice Wilson, and other DHB staff in the background.

New DEXA scanner saves Coasters time and money

The Coast is about to get a new second-hand machine that measures bone density, and may well help improve patient outcomes.

The Dual Energy Xray Absorption (DEXA) scanner will predominantly be used for osteoporosis referrals, Radiology Manager Jason Lister says.

“Past the age of 45/50, people often have lower bone density. What that means is, if you fall, you can break a bone more easily. If you break your hip, particularly over 70, you end up in hospital, then rehabilitation and often aged residential care, so it can affect your independence and ultimately, your quality of life,” Jason says.

Using the DEXA scanner to identify lower bone density early means patients can then undertake a range of preventative measures to improve their outcomes.

Previously, patients have had to go to Christchurch for this type of scan. A Christchurch private practice was replacing its scanner, so offered the Coast its older model, still in good condition, but at a much reduced cost compared to a new scanner.

The DEXA machine arrives in August and will be able to be accommodated in the new Grey health facility.

West Coast PHO Contraception & Sexual Health Services available through General Practices and Pharmacies

The West Coast Primary Health Organisation (WCPHO) wishes to advise the community of the contraception and sexual health services that are available through West Coast general practices and community pharmacies.

The WCPHO is also pleased to advise that it has increased the accessibility of its Contraception and Sexual Health Access Programme for young people. The access programme previously offered free contraception and sexual health services for people under 22 years of age. As of the 1 July 2017 this has been extended to under 25 years of age. This programme is open to both enrolled or casual patients who are eligible for funded healthcare services in New Zealand.

For people 25 years and over, the sexual health services available through general practices and incurring the usual practice fees, include:

- Contraception and emergency contraception services
- Sexual health services
- Repeat contraception prescriptions
- Jadelle contraceptive implant insertion or removal* (not available in Reefton)
- Intrauterine device (IUD) insertion or removal* (not available in Reefton)
- Mirena IUD insertion or removal* – available through Buller Medical, Greymouth Medical, Westland Medical Centres



West Coast
Te Tai o Poutini
Primary Health Organisation

- Vasectomy services* – available through Buller Medical and Greymouth Medical Centres

For people under 25 years of age the following FREE services are available through general practices and community pharmacies:

- Contraception and emergency contraception services
- Sexual health services
- Repeat contraception prescription
- Jadelle contraceptive implant insertion / or removal with reinsertion* (enrolled patients only) (not available in Reefton)
- IUD insertion*, or removal with reinsertion (enrolled patients only) (not available in Reefton)
- Contraception prescription costs through West Coast community pharmacies
- Emergency contraception pill (ECP) through West Coast community pharmacies

*The ability to provide these services can occasionally vary, as they are subject to the availability of GPs who are able to perform these procedures.

Please contact your general practice for further information about these services, or the West Coast PHO 03 768 6182, www.westcoastpho.org.nz

Fight for Life



Claire Murphy-Klempel recently took one for the team, participating in the Fight for Life to raise funds for the Greymouth Life Education Trust.

As a shy person, she did find the hundreds of people in the audience challenging. While she sported a few bruises, including the odd black eye, Claire says she very much enjoyed the event (she won her bout) and would consider doing it again!

Spotless request

Spotless asks that DHB staff please do not enter the kitchen at Grey Base Hospital opposite the cafe. If you need to speak to our food services contractor, please go to the office.

The Spotless office door is marked to help you out.



First Takarangi Competency Framework hui held at Bruce Bay

The inaugural West Coast Takarangi competency framework hui for senior staff and leaders was held at Bruce Bay's Te Tauraka Waka A Maui marae in late July.

Facilitators Moe Milne, and Wayne Blissett led the hui of 28 people from a mix of organisations including Poutini Waiora, Te Runaka o Makaawhio, Te Runaka o Ngatiwaewae, West Coast DHB, West Coast PHO and Community and Public Health.

General Manager Māori Health Gary Coghlan says the framework objectives are:

- To improve responsiveness to the needs of Māori
- To improve practice
- To increase ability to work with clients and whānau
- Understanding of how to use Māori cultural procedures and processes
- To improve confidence in delivering integrated practice

"For many participants it was their first marae experience and so that added an extra element of authenticity for them to begin their journey towards improving their cultural responsiveness to Māori," he says.

The next phase will be to develop systems and processes that will embed the framework and support those original students as they work their way through the core competencies and build their portfolios.

"We will now undertake a process of review and evaluation with those managers and clinicians who attended to gain their feedback on what support they see as necessary to progress to the next phase. We will begin planning for the second cohort to take place within the next few months. This will likely take place in November and will be either in Hokitika or Greymouth."



General Manager West Coast District Health Board Philip Wheble, General Manager Māori Health Gary Coghlan, West Coast Primary Health Organisation Counsellor Nicki Searle, Māori Health Portfolio Manager Kylie Parkin, and Takarangi Cultural Competency Framework facilitator Moe Milne.



A couple of comments from attendees:
Nicki Searle, PHO Counsellor:

This wananga felt very safe and inclusive of all of us, at all levels of understanding about Māori tikanga and te reo. We were welcomed to the marae and experienced

exactly the competencies we were learning about - Powhiri, Karakia, Manaaki, Whakawhanaunga and Te Reo. I hope other staff get the opportunity to enjoy this great training.

continued overleaf ...



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Tina Murphy, Nurse Practitioner, West Coast DHB: A few good things about Takarangi:

- A forum of a level playing field, all striving for the same end (all levels of professionals from nursing staff to general manager, but all equal, wanting to achieve the same thing from the experience)
- A feeling of knowing the cultural aspects more personally instead of just the surface
- The food
- The glorious sunset and sunrise.



Leading a karakia during the Takarangi Cultural Competency Framework hui is DHB General Manager Māori Health Gary Coghlan.



Waiata being sung.



Bouquets

I would like to thank Dr Wendy Miller, who saw our six-year-old son just before Christmas in Greymouth at her paediatric clinic.

Our son has severe speech delay and for years, no one was able to offer an explanation.

I wrote to her in advance and sent her some reports from specialists.

When we arrived for the appointment at Parfitt Ward, she had cleared her diary.

She spent an hour with my son on his 6th birthday. Although she

was examining him the whole time, he loved it. She made it fun and he adored being at the centre of things.

She then told us he has dyspraxia, and ordered genetic tests.

A month later we were called back to see her, and told the tests had picked up a rare chromosome disorder, which causes the dyspraxia.

She also wrote long, detailed letters stating that our son needed assistance. After that, we were able to access occupational therapy with Sarah Haskell, which has been wonderful.

I've since joined a dyspraxia support group, and have noticed the number of people around New Zealand struggling to get a diagnosis. Many complain they cannot get anyone to listen to them.

Dr Miller listened to every word we said. We can't thank her enough.



Bouquets

Phone
Email

19 July 2017

The General Manager
Grey Base Hospital
Westcoast District Health Board
GREYMOUTH

Re: **HOSPITAL SERVICE**

Just a short letter of thanks for the services received during my unexpected stay at Grey Base Hospital.

I was admitted on Friday 14th July and discharged on Monday 17th July to enable my return to Christchurch.

I was diagnosed with Pneumonia and placed in Isolation in Morice Ward throughout my stay.

I ask that you please pass my sincere thanks on to all staff concerned with my stay at Hospital.

Consultant [REDACTED], Nurses, Cleaners and Kitchen Staff. They all did and do a wonderful job and were so friendly at all times.

I am aware that some patients are not appreciative of some aspects of the care and attention that they receive.

Well this is a true and well deserved bouquet to all staff involved in my care. It was sincerely appreciated.

Many Thanks.

Name withheld



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

Developing clinical leadership for quality and safety

A half-day workshop for emerging clinical leaders

Wednesday 6 September 2017

10.30am – 3.30pm

Lunch provided

Solid Energy Centre, Cnr Pakington and Domett Streets, Westport

This half-day workshop is jointly hosted by the Health Quality & Safety Commission and West Coast District Health Board.

It focuses on the skills clinical leaders need to improve quality and safety in their organisation. The aim of the workshop is to give clinicians the tools and motivation to prioritise and champion a continually improving quality and safety culture.

Clinical leaders at all levels, and from all disciplines across the health and disability sector, are welcome.

This is a free event.

To register: <https://clinical-leadership-workshop.lilregie.com>

More information: Jess.Bilton@hqsc.govt.nz or (04) 901 6086



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

