TATAU POUNAMU
Ki Te Tai o Poutini

MANAWHENUA ADVISORY GROUP PLANNING DAY

Friday 19 July 2019

@ 10.00am Board Room, Corporate Services

Agenda and Meeting Papers

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

TATAU POUNAMU MANAWHENUA ADVISORY COMMITTEE AGENDA – STRATEGIC PLANNING HUI

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

TATAU POUNAMU ADVISORY GROUP MEETING - STRATEGIC PLANNING
A G E N D A

West Coast District Health Board – Board Room, Corporate Services
19 July 2019 10.00 – 1.00pm

10.00am
- *Mihi Whakatau*
- *Karakia*
- *Whakawhanaugatanga*

A G E N D A

1. **Terms of Reference**
2. **Draft Work Plan**
3. **Annual Plan**
4. **Strategic Priorities**
5. **Communications Strategy for Tatau Pounamu**
6. **General Business**
   - **Maori Mental Health Update, Gary Coghlan**

INFORMATION ITEMS

- Te Ora's Position Statement – Bowel Screening Programme
- Waitangi 2575 Paper

ESTIMATED FINISH TIME 1.00pm (lunch from 12.30pm)

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING
Corporate Office Boardroom, Friday 21 June 2019
10.00 – 12.30pm

PRESENT:

Susan Wallace, Te Rununga o Makaawhio - Chair
Chris Auchinvole, WCDHB Board Representative
Maree Mahuika, Forsyth, Te Rununga O Makaawhio Representative
Ned Tauwhare, Te Rūnanga O Ngāti Waewae

APOLOGIES:

Anne Ginty, Mawhera Community Representative
Francois Tumahai, Te Rūnanga O Ngāti Waewae

IN ATTENDANCE:

Gary Coghlan, General Manager Maori Health
Kylie Parkin, Programme Manager, Maori Health
Philip Wheble, General Manager West Coast District Health Board
Robin Rutter-Baumann, Operations Manager West Coast District Health Board

MINUTE TAKER:

Megan Tahapeehi

Karakia/Welcome

Gary Coghlan

AGENDA/APOLOGIES

1. **DISCLOSURES OF INTEREST**
   Updates or amendments to be provided to Megan in writing please for update as appropriate.

2. **MINUTES OF LAST MEETING**
   Were agreed by consensus of all in attendance.

3. **CARRIED FORWARD/ACTION ITEMS**

   Annual Planning/Equity Actions
   The Maori Health team are working on extracting the data specific to Maori. A member of Tatau Pounamu requested a further conversation around Maori Health equity within the Annual Plan. A strategic planning session is arranged for the 19 July for Tatau Pounamu members only where further discussion and work on the Annual Plan will take place. **ACTION: Kylie will update**

   Kawatiri (Buller) Tatau Pounamu Representation
   Only one application for the kawatiri appointment was received. The application was considered and approved.

   ACTION: Megan to contact the applicant and advise of meeting dates and other key committee member information required.

   Te Rununga O Ngati Waewae Representative
   The resignation of Francois Tumahai was accepted and the new appointed member was agreed.

   ACTION: Megan to contact the applicant and advise of meeting dates and other key committee member information required.

Do Not Attend (DNA) Updates

Discussions continue around reducing the amount of DNAs into the hospital. Tatau Pounamu was focused on the numbers relevant to Maori and what other strategies could be done alongside this group to help with reducing these. Ways around sharing information to reduce numbers was talked about. A meeting will be arranged to provide numbers and what work is currently happening in this space. Meeting is arranged on 12/7/19.

4. DISCUSSION ITEMS/PRESENTATIONS

Grey/Westland Update – Phillip Wheble 10.30am

DHB Organisational Structure

- The DHB Organisational Structure decision document went out last week. There will be 3 localities (all non inpatient services – Grey/Westland/Buller)

Maori Health Workforce Development – West Coast/Canterbury

- Maori Health working with People and Capability to look at more Maori into the workforce. Across the organisation there is an expectation that Maori equity issues will be looked at and addressed. Korero over the past few months around this piece of work has been positive and the expectation is to make this a living initiative within the organisation.

Mental Health Crisis Response Decision Document

- This document will be released soon
- Community Mental Health coming under wider team going forward.
- Specialist support going into Primary Care

Robin Rutter-Baumann, Operations Manager West Coast DHB talked about the Manaake Programme that used to exist which was around Mental Health in schools.

Te Nikau – Facilities Update

- Expected finish early next year
- Cowper Street offices finished in October/November
- Buller coming along well. Work starting late this year.
- Kennersley is likely to be used as a transition post, with the potential of using the room as a community based premise.
- Further discussions need to be had around the Te Reo in the hospital. The GM Maori will speak with the facilities team around this and the opening formalities etc.

A wider discussion then happened around "Hui Hauora" into the Maori Community. The discussion generated thoughts of holding at least 2 a year and would be an opportunity to present relevant health updates and issues to the community in a setting such as on the Marae. The success of the Kaumatua Clinics that have been held before is something we should look to align some of our thinking to. (Poutini Waiora).

General Business

Maori Health Appointment

The Maori Health Team has had the approval for the process to begin for the appointment of 1 FTE. Work has begun and it is hoped the successful applicant will start in October.

DHB Board Chair

The West Coast DHB Board Chair Jenny Black will be contacted again to invite along to one of our remaining meetings this year.

ACTION: Jenny is scheduled to attend our next hui on the 13 September.

Salvation Army

Tatau Pounamu discussed the request from the Salvation Army around assisting to name their service in Maori. It was felt this was an inappropriate request. We will continue to request them to our meetings quarterly to update on the services locally.

ACTION: Gary to contact Salvation Army about the name request.

Next Tatau Pounamu Meeting – 19 July

It was decided by the Chair that the next meeting would be to focus on:

- Annual Plan
- Tatau Pounamu Work Plan
- Terms of Reference
- Strategic Priorities
- Communications Strategy for Tatau Pounamu
- Welcome new Tatau Pounamu Members

Meeting Finished at 1.10pm

TATAU POUNAMU
Terms of Reference

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1. Mission Statement

1.1 "Whakapiki ake te hauora Māori ki te Tai o Poutini."

This mission statement is reflective of the belief that:

1.1.1 Good health and wellness outcomes for Māori will be advanced through the West Coast District Health Board (WCDHB) working with Iwi/Maori community.

1.1.2 Individuals will want to maximise their own health, wellbeing and independence.

1.1.3 Promoting health and preventing illness or injury is an essential investment.

1.1.4 People's fundamental rights and responsibilities should be the focus of all services.

1.1.5 Tatau Pounamu Manawhenua Advisory Group (Tatau Pounamu) will have significant involvement in planning processes, which will help make better and more informed planning decisions.

1.1.6 Open decision making will contribute to Iwi/Maori community confidence.

1.1.7 Improved access to services should be fair and based on need.

1.1.8 Improved co-ordination and integration of health providers and services will improve outcomes and contribute to reducing inequalities.

1.1.9 The spirit of all relationships should be collaborative and co-operative.

1.1.10 Working intersectorally (e.g. local government, education, employment and housing) is necessary to achieve improved health outcomes.

1.1.11 Good information will improve decision-making.

1.1.12 Iwi/Maori community throughout the region have a right to an efficient and effectively performing committee.

2. Mission and Objectives

2.1 Tatau Pounamu will focus on:

2.1.1 Strategic planning of service initiatives that positively impact on Māori for the region.

2.1.2 Specific cultural policy development for West Coast District Health Board.

2.1.3 Provision of Māori cultural guidance and support to West Coast District Health Board.

3. Role of Tatau Pounamu Manawhenua Advisory Group

3.1 The West Coast District Health Board and Tatau Pounamu will work together on activities associated with the planning of health services for Māori in Te Tai Poutini rohe, in accordance with the Memorandum of Understanding between WCDHB and Tatau Pounamu..

3.2 The West Coast District Health Board and Tatau Pounamu will take responsibility for the activities listed below:

3.2.1 The West Coast District Health Board will:

a) Involve Tatau Pounamu in matters relating to the strategic development and planning and funding of Māori health initiatives in the Te Tai Poutini rohe;

b) Establish and maintain processes to enable Maori to participate in, and contribute to strategies for Maori health improvement

c) Continue to foster the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori

d) Include Tatau Pounamu in decision making process that may have an impact on Poutini Ngāi Tahu; and

e) Feedback information to Tatau Pounamu on matters which may impact on the health of Māori in Te Tai Poutini rohe.

3.2.2 Tatau Pounamu will:

a) Involve West Coast District Health Board in matters relating to the development and planning of Māori health and disability;

b) Feedback information to Ngā Rūnanga o Poutini Ngāi Tahu as required;

c) Advise West Coast District Health Board on matters which may impact on the health of Māori in Te Tai Poutini rohe;

d) Assist West Coast District Health Board to acquire appropriate advice on the correct processes to be used so as to meet Poutini Ngāi Tahu kawa (custom/protocol) and tikanga (rules of conduct).

4. Composition of Tatau Pounamu

4.1 Membership

The total membership of Tatau Pounamu shall be seven (7) and the composition shall be determined as follows:

4.1.1 Tatau Pounamu is the recognised manawhenua advisory group regarding Māori health for Te Tai o Poutini

4.1.2 Each Papatipu Rūnanga of Tai Poutini, that being Te Rūnanga O Ngati Waewae and Te Rūnanga O Makaawhio will select 2 representatives each from respective hapu (4).

4.1.3 In addition Tatau Pounamu will select 2 Māori community representatives (2) from Tai Poutini communities.

4.1.4 One member of the West Coast District Health Board shall be appointed by West Coast District Health Board to attend Tatau Pounamu Manawhenua Advisory Group meetings.

4.1.5 Elected members not resident in Te Tai O Poutini costs may be met by their nominated body.

4.1.6 Alternatives or proxy voting will be allowed for Committee members.

4.1.7 Committee members will be provided with a copy of the New Zealand Public Health and Disability Act 2000 Whakatataka, He Korowai Oranga, and West Coast District Health Board Māori Health Plan.

4.1.8 A quorum shall consist of not less than four (4) members and must include at least one (1) member from each of the Poutini Papatipu Rununga

4.2 Chairperson

4.2.1 The appointed Chairperson must be from one of the Poutini Ngai Tahu Runanga and rotate between Runanga every 3 years and will remain in this position until such time as:

4.2.2 The Chairperson ceases to be a member of the Committee; or

4.2.3 The Chairperson is removed from the chair by a consensus vote within Tatau Pounamu

4.2.4 The Chairperson is responsible for the efficient functioning of the Committee and sets the agenda for meetings.

4.2.5 The Chairperson must ensure that all Committee members are enabled and encouraged to play a full role in the activities of the Committee and have adequate opportunities to express their views.

4.2.6 The Chairperson is responsible for ensuring that all Committee members receive timely information to enable them to be effective Members.

4.2.7 The Chairperson is also the link between Committee members and the General Manager, Māori Health of the West Coast District Health Board.

4.3 Co-opted Membership

4.3.1 Tatau Pounamu may co-opt additional members to the Tatau Pounamu from time to time, for specific Kaupapa for specific periods and purposes as it deems necessary to assist the Committee.

4.4 Sub Committees

4.4.1 Tatau Pounamu may form sub committees from time to time, from within its members and co-opt experts in the specified fields for specified periods and purposes as it deems necessary to assist the Committee.

5. <u>Term of Office</u>

Membership is determined as in Clause 4.

5.1 Members of this Committee will remain in office for the period of three (3) years or until such time as;

5.1.1 A member resigns from the committee.

5.1.2 A member is removed from the committee either by its members or the appointing body

5.2 Accountability

5.2.1 Tatau Pounamu and its members are accountable to the respective bodies who appointed them ie; Papatipu Rununga, in the case of the Maori community representatives to Tatau Pounamu.

5.2.2 The Tatau Pounamu Chair will ensure that performance reviews are conducted of the Tatau Pounamu members, annually or sooner if the Chair and appointing committee deems it necessary.

5.3 Attendance at Committee Meetings

5.3.1 West Coast District Health Board members and members of the public will be welcome to attend meetings. Tatau Pounamu may on occasion go into public excluded meetings for discussion of a sensitive nature. These meetings will only be open to members and invitees.

5.4 Management Reporting

5.4.1 The West Coast District Health Board management will be responsible for providing information / reporting on issues requested by Tatau Pounamu to the West Coast District Health Board.

5.5 Administrative Support

5.5.1 The Māori Health Unit and chair of Tatau Pounamu will be responsible for the co-ordination and facilitation of Committee meetings.

5.5.2 The Māori Health Unit will ensure adequate administrative support for Tatau Pounamu.

5.5.3 Internal secretarial, legal, financial, analytical and administrative staff will also support Tatau Pounamu.

6. Annual Workplan

6.1 Tatau Pounamu will develop an annual work plan that outlines planned activity for the year.

The annual work plan will be monitored at committee meetings and a report written against the set objectives bi-annually and annually.

Key elements are:

6.1.1 Communication strategy – reciprocal reporting to statutory committees, primary health organisation and back to appointing bodies.

6.1.2 Prioritise Māori strategies/projects

6.1.3 Monitor Māori health gains

6.1.4 Joint Board / Manawhenua Advisory Group meetings scheduled

6.1.5 Budget management

6.1.6 Leadership and succession planning

6.1.7 Monitor Implementation of Maori Health strategies

7. Collective Responsibility

7.1 Members recognise that at times there may be tension between the concepts of collective accountability of Tatau Pounamu and individual accountability to Iwi/Maori.

Members agree to support and abide by the following principles:

7.1.1 Members may clearly express their Iwi views at Tatau Pounamu hui and endeavour to achieve a particular decision and course of action. However, members accept that once a decision has been formally reached by Tatau Pounamu, this decision is binding.

7.1.2 It is inappropriate for a member to undermine a decision of Tatau Pounamu once made, or to engage in any action or public debate, which might frustrate its implementation.

7.1.3 Individual members will not attempt to re-litigate previous decisions at subsequent hui, unless a majority of members agree to re-open the korero.

7.1.4 Members' personal actions should not bring Tatau Pounamu into disrepute or cause a loss of confidence in the activities and decisions of Tatau Pounamu.

8. Tatau Pounamu Agendas

8.1 Requests for Items to be placed on Tatau Pounamu Agendas

8.1.1 Members with a request for an item to be placed on the Agenda must notify the minute secretary no later than 48 hours prior to the hui. Personal agenda items; members must seek the support of its appointing body prior to it being placed on the agenda.

8.1.2 No new items will be accepted on the agenda, but placed on the agenda for the next scheduled meeting.

8.1.3 It is accepted that at times certain kaupapa will command priority. In these instances Tatau Pounamu will exercise its' own discretion and proceed accordingly.

8.1.4 The Agenda will be structured to ensure that decision papers have priority with information papers included under a separate section.

9. Behaviour and Attendance

9.1 Behaviour and Attendance at Hui

9.1.1 Members undertake to have read and familiarise themselves with the minutes of the previous hui.

9.1.2 Members will only make a point if it has not already been raised and is relevant to the kaupapa.

9.1.3 Members will not interrupt each other or talk while another member is speaking.

9.1.4 Issues will be raised in an objective manner no personal reference or innuendo will be made to persons associated with the matter being raised.

9.1.5 Members will endeavour to achieve closure on one point before another point is raised.

9.1.6 Cell phones will be on silent during Tatau Pounamu hui.

9.1.7 Members, the Chair and the General Manager of Māori Health will endeavour to clarify questions, issues, and requests before taking actions or responding.

9.1.8 Will not use their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducements and which could compromise the Mana of Tatau Pounamu.

9.1.9 Will exercise care and judgement in accepting any gifts, and advise the Chair and/or the Tatau Pounamu of any offer received.

9.1.10 Non-attendance at three (3) consecutive hui without extenuating circumstances is deemed unacceptable resulting in notification to the Chair of their Iwi/ appointing body of their unavailability along with a request for consideration for a replacement.

9.1.11 All members will assist the Chair to uphold the behaviour protocols agreed to by Tatau Pounamu.

10. Conflict of Interest

10.1 The New Zealand Public Health and Disability Act 2000 sets out the definition and procedure for disclosure of member's interests:

10.1.1 A member who is 'interested in a transaction' of the West Coast District Health Board must, as soon as practicable, disclose the nature of the interest to Tatau Pounamu.

10.1.2 The member must not take part in any deliberation or decision of Tatau Pounamu relating to the transaction.

10.1.3 The disclosure must be recorded in the minutes and entered in a separate interest's register.

10.1.4 Recognise that where an interest is declared (or where considered that there is a clear "perception of interest") the normal practice is for the member concerned to leave the room. Tatau Pounamu can, however, exercise it's discretion in allowing the member to remain. In such circumstances the member may have speaking rights but would not participate in any decision.

11. Public Statements

11.1 Communications from the committee with the public and the media will be subject to the following principles:

11.1.1 Only the Chairperson or delegated spokesperson may speak on behalf of Tatau Pounamu.

11.1.2 If a dissenting member is approached by the media for comment after a hui the member is bound by the general decision, but may expand on an issue or point raised personally by the member at that particular hui.

11.1.3 The focus is to remain on the issue and not personalised in any way that is critical of employees or other members of Tatau Pounamu.

11.1.4 Members will advise Tatau Pounamu if they are contacted by or intend to speak to the media.

11.2 Should an opinion be sought from the media members should:

11.2.1 Make clear the capacity in which they are speaking; i.e. personal views and not those of Tatau Pounamu.

12. Training

12.1 Members are required where possible:

12.1.1 To be familiar with the obligations and duties of a member of Advisory Committees and avail themselves of opportunities for training in areas deemed appropriate. This may include courses and or training provided by West Coast District Health Board.

13. Review

13.1 Tatau Pounamu may review these Terms of Reference at any time.

SIGNED ON BEHALF OF

THEIR RESPECTIVE ORGANISATIONS

Name: .....

Chairperson:.....

For Tatau Pounamu

Date: .....

Name: .....

Chief Executive Officer:.....

For West Coast District Health Board

Date: .....

Witnessed by: .....

Name: .....

Date: .....

TATAU POUNAMU
Ki Te Tai o Poutini

MANAWHENUA ADVISORY GROUP

ANNUAL PLAN
2009/2010

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Introduction:

Introduction

The Tatau Pounamu Manawhenua Advisory Committee is the recognized partner of the West Coast District Health Board via the Memorandum of Understanding.

The Memorandum of Understanding is between the West Coast District Health Board and Poutini Ngai Tahu: Te Runanga O Ngati Waeawae and Te Runanga O Maakawhio, and sets out the terms and conditions of the relationship including the process for working together, roles and responsibilities operation and resourcing.

The Terms of Reference sets out the functions of Tatau Pounamu Manawhenua Advisory Committee.

The Tatau Pounamu Strategic Plan will align with the WCDHB Māori Health Plan and He Korowai Oranga 2002 and Whakatataka Tuarua, the Ministry of Health National Maori Health Strategy and Action Plan, and the West Coast DHB District Annual Plan (DAP) 2009 - 2010.

These plans will set the platform for the regional strategy to improve health outcomes for Māori in the Tai Poutini region. Reducing health inequalities between Māori and non-Māori in Tai Poutini is a priority for WCDHB. The Tatau Pounamu planning process will ensure appropriate participation and engagement of iwi representatives and measures to ensure programmes and initiatives are achieving Māori health gain will be encouraged and supported.

Tatau Pounamu will adopt Māori Models of health and Whānau Ora as its pathway forward towards addressing inequalities and Māori health gains in particular. The health wellbeing and quality of life of the Māori community is paramount. It requires strategies and actions that are Māori driven and inclusive of Māori principles and values. These are based on Te Tiriti o Waitangi principles of partnership, protection and participation. It is however

not limited to these principles and therefore dialogue amongst the community is an imperative toward determining appropriate actions that will lead to improved wellbeing for Māori.

Whānau Ora focuses on the individual's health and wellbeing from and in the context of whānau, hapu and iwi. It recognizes Māori specific models of health and disability as well as traditional healing practices. Associated strategies adopted by WCDHB enhancing Whānau Ora include maintaining community relationships, inter-sectoral relationships and participation in events and activities wherever individuals and whānau assemble.

Tatau Pounamu will ensure that all its work is underpinned by the values, practices and institutions of Tangata Māori, Hapu and Iwi. "An important objective is to encourage networking and linkages across the sector.

A major focus over the pass three years for Tatau Pounamu has been the collaboration with the WCDHB and the development of a Term of Reference and MOU.

Tatau Pounamu Chair person and the Māori General Manager are obliged to have a common understanding as to their relationship at the governance level.

Rationale: To Improve Health for Māori and Reduce Health Inequalities

OBJECTIVE ONE: Communication: To have robust communication mechanisms in place.

What change is needed?	Who with?	How do we achieve results?	Results	Who is responsible for this task?	When is task due?
Improved communication with internal DHB groups	West Coast District Health Board (WCDHB) & Tatau Pounamu Manawhenua Advisory Committee	1. The Chair and/or Deputy Chair of Tatau Pounamu (TP) and (WCDHB) Chair and/or Deputy Chair will meet at least three times per anum (ref MOU pg 4 7.2). 2. The WCDHB will hold at least one meeting bi-annually on a Marae (ref MOU pg 5 7.3). 3. The WCDHB members shall be invited to attend no less than one TP meeting per annum. 4. At least one combined training initiative between boards will be organized per annum.	Lines of communication between Tatau Pounamu and West Coast District Health Board are transparent and strengthened.	1. TP Chair & Dep Chair 2. TP Chair & Dep Chair	Review progress at monthly meetings.
	Statutory Committees ▪ CPHAC ▪ DSAC ▪ HAC	Delegated representatives to Statutory Committees; HAC, CPHAC, DSAC will fill out the reporting template after each meeting and report back to TP committee as appropriate.	Lines of communication between Tatau Pounamu and Statutory Committees are open and transparent.	Delegated Reps from Tatau Pounamu Committee	Report back to Tatau Pounamu meeting following the Statutory Committee meetings
	West Coast Primary Health	Delegated representatives to other strategy groups or	Lines of communication between Tatau Pounamu	Delegated Reps from Tatau Pounamu	▪ Report back to Tatau Pounamu

	Organisation (WCPHO)	committees will fill out the reporting template and report back to TP after each meeting as appropriate.	and WCPHO Committee are open and transparent.	Committee	meeting following the WCPHO meeting

What change is needed?	Who with?	How do we achieve results?	Results	Who is responsible for this task?	When is task due?
Improved communication with external DHB groups	Nominating bodies ▪ Te Runanga o Makaawhio ▪ Te Runanga o Ngati Waewae ▪ Nga Maata Waka o Kawatiri ▪ Nga Maata Waka o Mawhera	TP representatives will provide regular reports back to their nominating bodies and provide the Committee with feedback from their nominating bodies.	Lines of communication between Tatau Pounamu and the respective nominated bodies of external groups are open and transparent	Delegated Reps	▪ TP representatives report back to TP meeting following the nominating bodies meetings
	Māori Community & Whanau	Three community forums will be initiated per anum with the aim of having dialogue with consumers, whanau, iwi, hapu and Māori providers.	Three forums have been initiated per anum with an open channel of communication with consumers, whānau, hapu, iwi and Māori providers.	Māori Admin, GM Māori & TP Chair	▪ Relevant dates to be advertised prior to the three forums Calendar
	West Coast Primary Health Organisation (WCPHO)	TP will request that regular reporting on the WCPHO Māori Strategy is provided to TP.	TP request that regular reporting of the WCPHO Māori Strategy has been provided to TP.	TP Chair	▪ TP Report to TP monthly meetings as regular feedback arises from the WCPHO

	West Coast Māori provider ▪ Rata Te Awhina Trust	Rata Te Awhina Trust Board members and TP will meet at least once a year to discuss Māori health issues and establish good working relationships.	Rata Te Awhina Trust Board members and TP will have met at least once a year to discuss Māori health issues and establish good working relationships.	Māori Admin & TP Chair	TP Chair to report back to the TP committee within the next meeting following the Rata Te Awhina Trust Board members meeting.

OBJECTIVE TWO: Strategic Guidance: To provide guidance on Māori needs and contribute to strategies.

What change is needed?	Who with?	How do we achieve results?	Results	Who is responsible for this task?	When is task due?
To provide guidance to WCDHB on Māori health needs and priorities		▪ Each member will be involved in at least one health strategy group and committee i.e., Chronic Conditions, Cancer Control, Local Diabetes Team ▪ Regular feedback and input is given to health strategies group via Tatau Pounamu membership on various committees	Regular feedback and input has been given to health strategies group via Tatau Pounamu membership on various committees	Delegated reps	Delegated reps to report back to the TP meeting following the assigned strategy group committee meeting
		▪ Provide direction and advice to WCDHB on Māori health issues as part of the DAP planning cycle ▪ Timely feedback is given to WCDHB on matters that concern district planning and effective consultation processes with local iwi and Māori community groups.	Timely feedback has been acted on via TP members review of the DAP on matters that concern district planning and effective consultation processes with local iwi and Māori community groups	All members	▪ Feed back to TP meeting prior to relevant dates in calendar as to the stages of the DAP review
To contribute to strategies for Māori health		▪ Analysis of significant documents will be provided to Tatau Pounamu where feedback is required ▪ The Māori Health Unit will provide Tatau Pounamu with analysis in time to allow feedback when required and on request.	The Māori Health Unit has provided Tatau Pounamu with analysis in time to allow feedback when required and on request.	GM Māori and Portfolio Manager	▪ Ongoing

OBJECTIVE THREE: Monitoring Māori Health Gain: To monitor Māori health gain through the impacts of service delivery.

What change is needed?	Who with?	How do we achieve results?	Results	Who is responsible for this task?	When is task due?
To monitor Māori health gains in the district through the impacts of WCDHB health services delivery and investment	Monitor and evaluate the Māori Health Plan – Te Kaupapa Hauora Māori	1. The Māori Health Unit will provide quarterly reports against the District Annual Plan to Tatau Pounamu 2. Planning and Funding will provide Tatau Pounamu with strategic information and analysis when requested 3. Tatau Pounamu Chair will work with the Māori Health Unit to monitor and evaluate the Māori Health Plan – Te Kaupapa Hauora Māori	▪ The Māori Health Unit has provided quarterly reports against the District Annual Plan to Tatau Pounamu ▪ Planning and Funding have provided Tatau Pounamu with strategic information and analysis when requested ▪ Tatau Pounamu Chair has worked with the Māori Health Unit to monitor and evaluate the Māori Health Plan – Te Kaupapa Hauora Māori ▪	1. GM Māori & Portfolio Manager 2. Planning & Funding & Portfolio Manager 3. Tatau Pounamu Chair & GM Manager	Feedback at the end of each quarterly report to TP committee Feedback provided immediately when requested Report provided immediately when completed as requested
	Measure performance and responsiveness ▪ Mainstream services	Regular reports to be received from Planning and Funding and disability support divisions of West Coast DHB, including reporting against specific strategy groups: ▪ Local Diabetes Team ▪ Local Cancer Team ▪ Chronic Conditions	Regular reports have been received from Planning and Funding and disability support divisions of West Coast DHB, including reporting against specific strategy groups:	Portfolio Manager & Delegated Reps	▪ Regular feedback to TP monthly meetings as required

		Strategy Group ▪ Patient Pathway Steering Group ▪ Māori Workforce Strategy ▪ Heart and Respiratory Committee ▪ Immunisation Advisory Group			

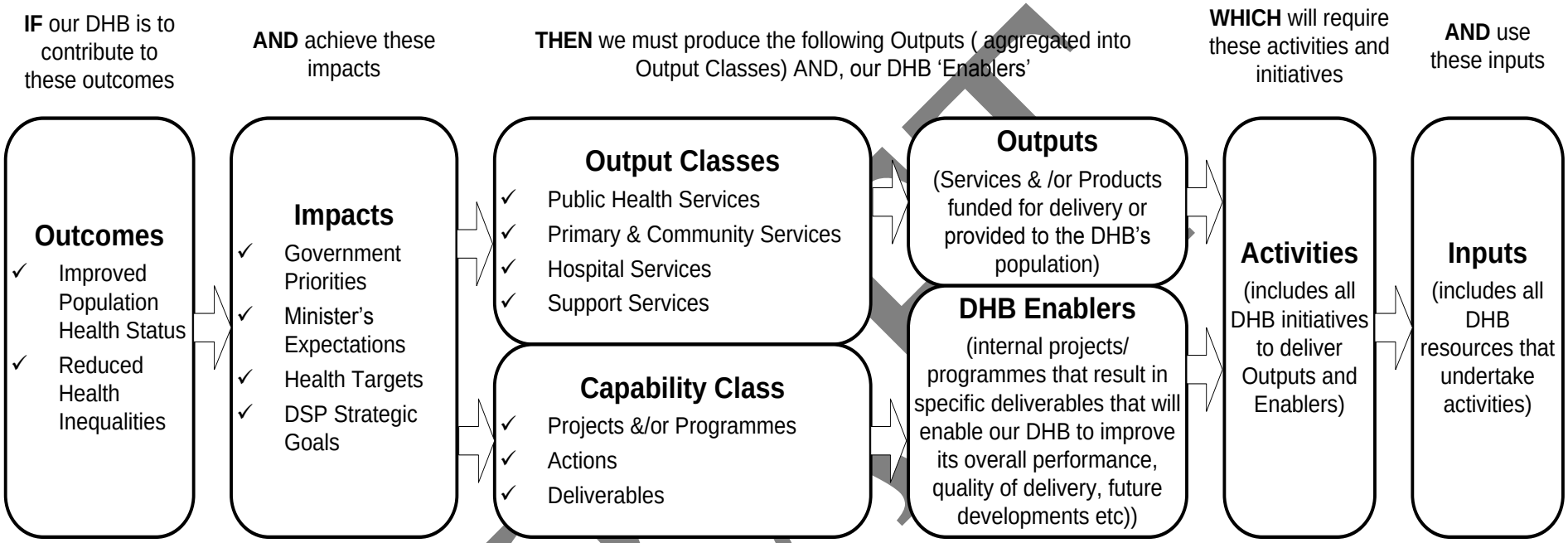
OBJECTIVE FOUR: Guidance on Māori Issues: To provide advice on Māori issues at a governance level.

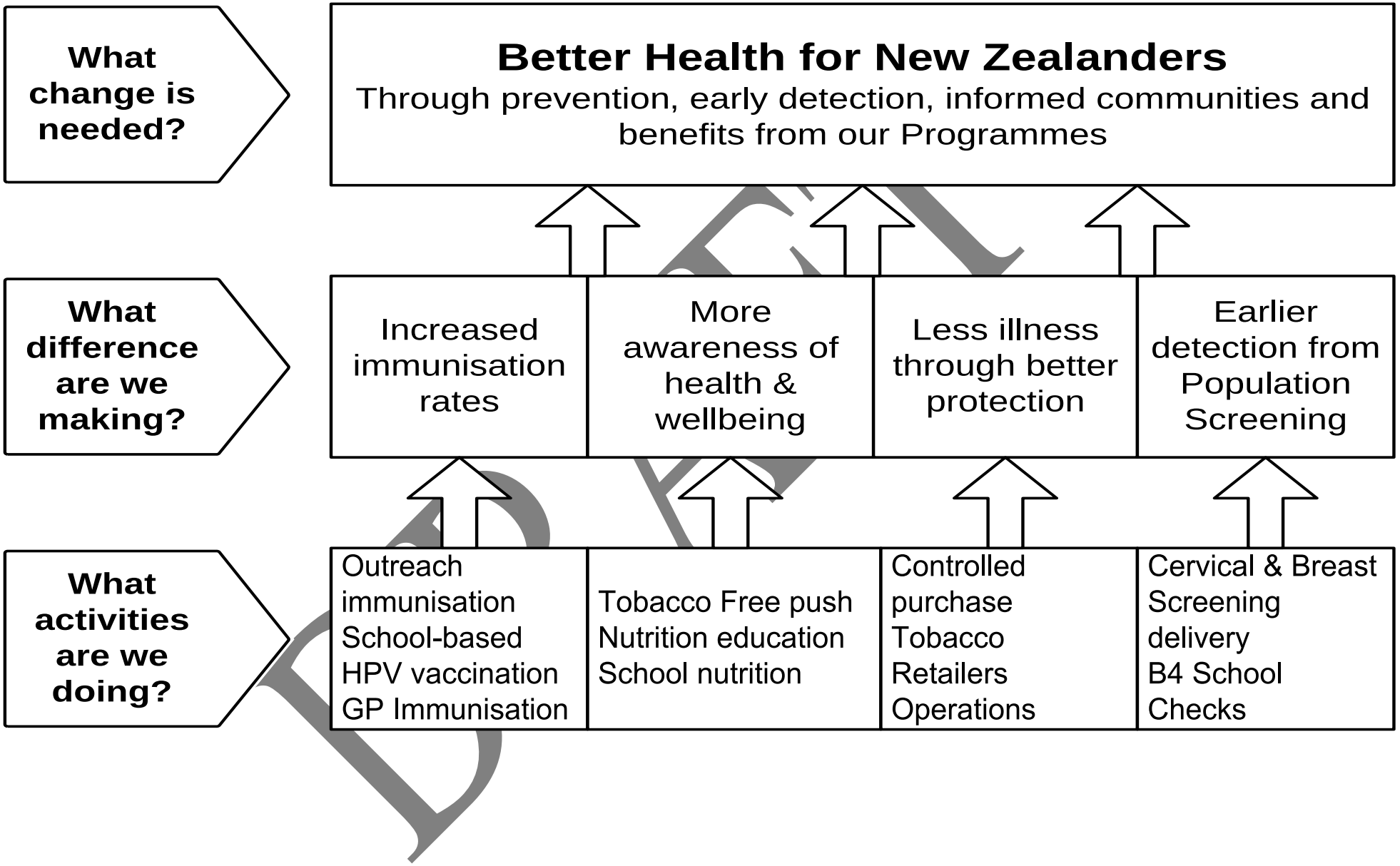
What change is needed?	Who with?	How do we achieve results?	Results	Who is responsible for this task?	When is task due?
To provide expert advice on important Māori issues which are appropriately considered at governance level	Give advice on matters that are of importance to Māori in Te Tai Poutini	The WCDHB receives timely advice.	The WCDHB has received timely advice.	All members	▪ Relevant dialogue is reported to TP as required
	Consider and provide advice on specific West Coast District	Policies impacting Māori health and service delivery are considered and advice given.	Policies impacting Māori health and service delivery have been considered and	All members	▪ Report to TP in a timely matter as required

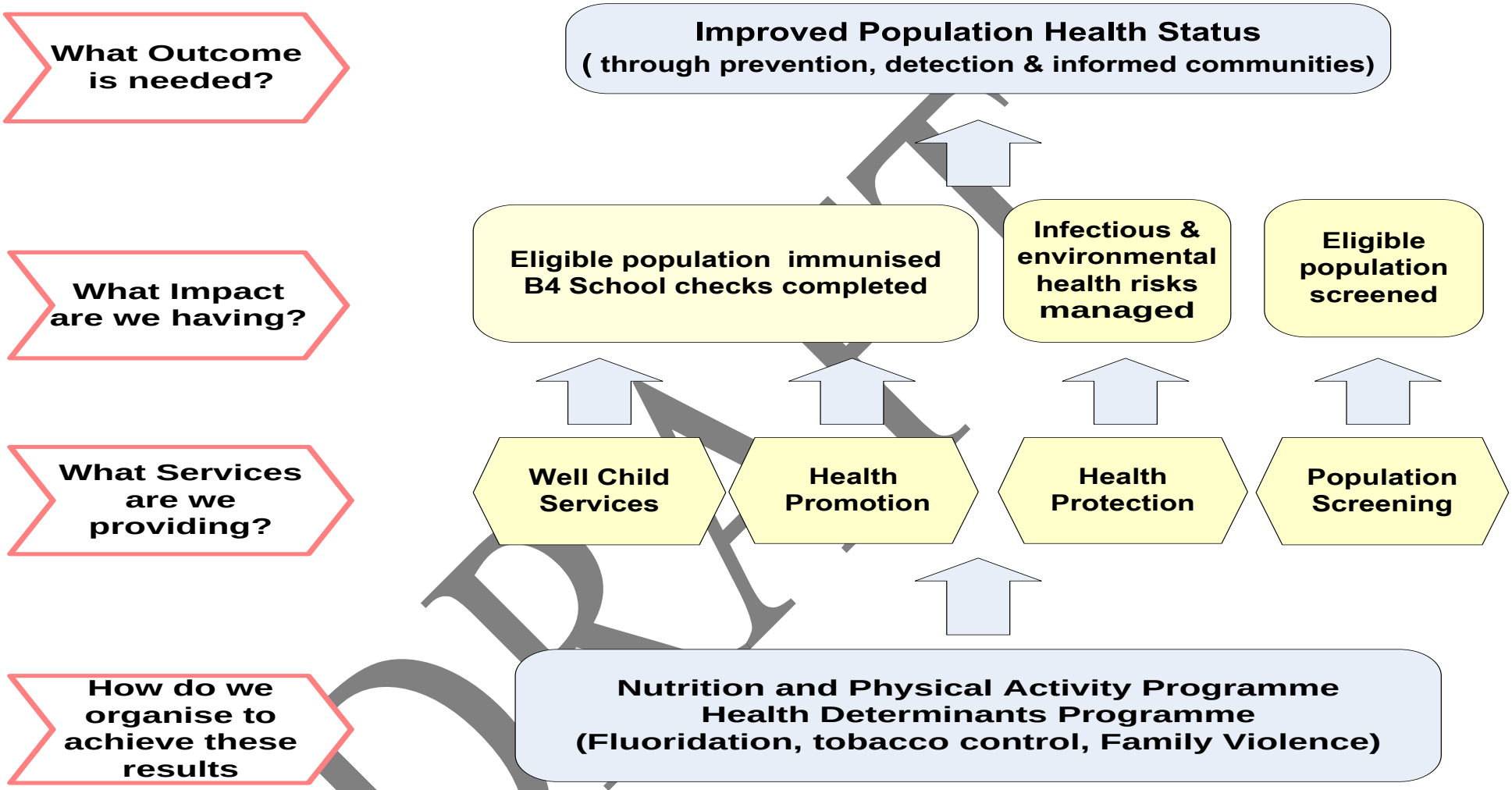
	Health Board policies that impact on Māori health and service delivery.		advice given.		

Appendix: Example of How DHB's measure their progress.

Our DHB's Intervention Logic




What change is needed?
Better Health for New Zealanders
Through prevention, early detection, informed communities and benefits from our Programmes
What difference are we making?
Increased immunisation rates
More awareness of health & wellbeing
Less illness through better protection
Earlier detection from Population Screening
What activities are we doing?
Outreach immunisation
School-based HPV vaccination
GP Immunisation
Tobacco Free push
Nutrition education
School nutrition
Controlled purchase Tobacco Retailers Operations
Cervical & Breast Screening delivery
B4 School Checks



* The above diagrams have been provided by DHBs as working examples

Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance

Tēnā koe (Chair)

UPDATE: Letter of Expectations for district health boards and subsidiary entities for 2019/20

This letter sets out an update to the Government's expectations for district health boards (DHBs) and their subsidiary entities for 2019/20. This builds on my December 2018 letter, attached for your reference. I want to emphasise that my strong focus remains on the expectations set out in that letter.

I also want to acknowledge your engagement with the important conversations we have been having on improving financial sustainability and clinical performance.

While I recognise there are a number of challenges, it is my expectation that DHBs ensure their local communities can access high quality sustainable services that deliver equitable outcomes.

Wellbeing Budget

Budget 2019 is about delivering better wellbeing for all New Zealanders and driving intergenerational change. There are five key priorities – taking mental health seriously, improving child poverty, supporting Māori and Pasifika aspirations, building a productive nation, and transforming the economy.

Budget 2019 builds on last year's Vote Health investment. A record $19.871 billion is being invested for 2019/20 to support a stronger, more sustainable health and disability system.

Our Government has signalled a willingness not just to invest, but also to make the fundamental changes needed to deliver long term and sustainable change. Budget initiatives are also based around evidence on what will make the greatest contribution to the long term improvement of living standards and wellbeing.

Monitoring improved performance

High performing DHBs are needed to support the delivery of the Government's priorities. I am concerned about the sector's overall financial position, and some areas of service performance.

As you are aware I have worked with the Ministry of Health (Ministry) to ensure DHB performance is supported through a stronger performance programme. This will help DHBs to be more sustainable, and to improve financial and clinical performance to ensure better and more equitable outcomes for New Zealanders. I have made it clear that you have a responsibility to address the range of performance challenges in partnership with the Ministry.

Your DHB's performance will be reported to me regularly, and I support the use of data and benchmarking to identify variation as well as opportunities for improvement. This will also support collaboration across DHBs regionally and nationally to make the most of our

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collective capability. I expect all DHBs to contribute to, and participate in, such work to help ensure the system is safe, equitable, efficient, and maximises the resource use across the whole system.

Fiscal responsibility

I have made my expectations on improving financial performance very clear, and DHBs need to have a plan to return to financial sustainability.

You have been provided with your confirmed budget allocations for 2019/20 and I expect you to be considering ways to contain expenditure, including maximising available capability and resources in the system, tightly managing recruitment and staff leave, and improving consistency of clinical pathways and decision-making.

Continuing to do things in the same way as we are now is not sustainable operationally, clinically or financially. There will be a dedicated focus in 2019/20 on strengthening sustainability planning and establishing an on-going sustainability programme.

You will be aware that Budget 2019 invests an extra $94.7 million over four years to help improve DHB financial sustainability. This new funding will enable DHBs to work more collaboratively across your regions, to share and build on best practice, to implement new service models that transform the way we use workforce and facilities, and to make the best use of the available funding and capacity in your region.

Capital investment

Budget 2019 invests $1.7 billion over two years for capital investment projects, building on last year's investment to restore our hospitals and health facilities. This funding will be prioritised for mental health projects, high growth areas with increased demand, and health facilities that are no longer fit for purpose. I urge that in all investment, environmental sustainability be a significant consideration.

Some business cases for new infrastructure projects are already well advanced and have been indicatively prioritised for consideration. I expect this process to be completed with DHBs being advised of the outcomes in July/August 2019.

The Ministry of Business, Innovation and Employment is developing a new framework which will focus on skills development and training as a requirement of construction projects. New construction procurement guidelines will also be applied across government. I expect you to apply the changes to the procurement of new construction projects.

National Asset Management Plan

In the long term, we need to better map out future infrastructure requirements. This will enable the Government to make more informed decisions, and better prioritise remediation work and plan for new facilities.

I am pleased that you are actively supporting the National Asset Management Plan programme of work. I expect that any requests for information from the project team are responded to in a timely manner.

It is also my expectation that you will update your DHB's Asset Management Plans. These are a requirement of the Ministry, and will assist in the formulation of the capital investment pipeline, and the ongoing work on the National Asset Management Plan.

The Budget also provides some funding to lift capacity and capability within the Ministry, notably to establish a new health infrastructure unit that will provide better support to DHBs.

Update on my priority areas

Improving child wellbeing

As you know, child wellbeing is a key priority for this Government. I expect your annual plans to reflect how you are actively working to improve childhood immunisation coverage and eliminate inequity, especially for Māori.

As I have said in my earlier letter of expectations, I expect you to support the reduction of family violence and sexual violence through addressing abuse as a fundamental healthcare responsibility.

Improving mental wellbeing

Mental health and addiction is a top priority in the Wellbeing Budget with $1.9 billion over four years being invested into a range of mental wellbeing initiatives and mental health and addiction facilities. These strongly align with the Government's response to He Ara Oranga, the report of the independent inquiry into mental health and addiction.

We have a unique opportunity to improve the mental health and wellbeing of all New Zealanders. We need to embed a focus on wellbeing and equity at all points of the system. We also need to focus more on mental health promotion, prevention, identification, and early intervention.

It is my expectation that you will work closely with the Ministry and key partners in your region to help drive this transformation; your leadership is essential.

Improving wellbeing through prevention

Our Government's vision is for a welfare system that ensures people have an adequate income and standard of living, are treated with respect, can live in dignity and are able to participate meaningfully in their communities. DHBs have an important and ongoing role working alongside social sector partners to improve the welfare and health system outcomes for their population.

I have introduced a new priority section in DHB annual plans, given the considerable overlaps between people engaging with the welfare system as well as the health and disability support system. Over half the proportion of working age people receiving a main benefit have a health condition or a disability, or care for someone with a health condition or disability.

Better population health outcomes supported by a strong and equitable public health and disability system

Planned Care

I am confident that the changes to how planned care is planned, funded and monitored will remove the current disincentives to developing better ways of delivering services.

The new planned care approach will enable DHBs to deliver more appropriate, timely, high quality services to support the health and wellbeing of New Zealanders. DHBs will be able to provide care in the most appropriate setting, with the right workforce.

There will also be a greater focus on equity, quality, and people's experience of our services. I expect DHBs to create robust plans for these services and to consistently meet volume, waiting time, and other quality expectations.

Cancer Action Plan

I have asked the Ministry to work with you and other stakeholders to develop a Cancer Action Plan. I expect you to support and drive the development of this important work, and to deliver on the local actions within your Plan.

Health Research Strategy Implementation

Research, evidence and innovation is critical to addressing inequities and in continuously improving the quality and outcomes of services provided.

I am aware that the Ministry is working with DHBs and other government agencies to develop a work programme to implement the Health Research Strategy. I encourage you to continue to work closely with the Ministry to progress this important work.

Workforce

DHBs have a key role in training our health and disability workforce. I expect that all DHBs continue to maintain a strong focus on this area to build capacity and capability, and to implement an equitable approach to funding professional development.

In your current annual plan I expect you to develop a sustainable approach to nursing career pathways, including actions to support equitable funding for professional development for nurse practitioners.

Care Capacity Demand Management

At the end of last year I outlined my expectation that DHBs are to implement Care Capacity Demand Management (CCDM) in line with the process and timetable set out in the 2018-2020 MECA.

I expect to see significant progress on CCDM implementation this year, as well as detailed planning to ensure full implementation by June 2021.

I expect you to confirm that you have met my expectation to include implementing CCDM in the performance expectations of your Chief Executive and that you are updating these expectations to include implementation in midwifery services.

Devolution of the pay equity appropriation

I have supported the devolution of the pay equity appropriation. I expect you to work with the Ministry to ensure a seamless transition of responsibilities.

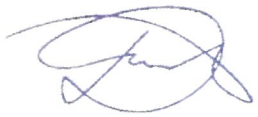
The Ministry has an ongoing stewardship responsibility to ensure that Care and Support Workers (Pay Equity) Settlement Act obligations are met.

The Government's agenda to improve the health and wellbeing of New Zealanders is significant, as evidenced by the sizable investments being made. I am confident that DHBs will present strong plans to support delivery of our priorities and I am looking forward to seeing progress against both measures and activities during the year.

I have appreciated the willingness shown by DHB teams to focus on equity and outcomes, and have confidence that you will all embrace the direction and implement plans to deliver it.

Thank you for your continued dedication and efforts to provide high quality and equitable health care and outcomes for New Zealanders.

Ngā mihi nui



Hon Dr David Clark
Minister of Health

Planning Priority: Immunisation	System Outcome: TBC	Government Priority Outcome: TBC
Expectations: ▪ Establish innovative solutions to improve and maintain high immunisation rates at all childhood milestones from infancy to age 5. ▪ Provide specific actions that will further strengthen your school-based immunisation programme to better meet the needs of your Māori and Pacific populations.		
Actions to Improve Performance	**Milestones**	**Measures of Success**
Focus on increasing the uptake of vaccinations during pregnancy, as an opportunity to build relationships with mothers and provide early protection for babies.	Q2: Survey of new parents to understand declines and improve messaging. Q2: Education Programme developed to support vaccination conversations with women. Q3: Opportunity to provide pregnancy vaccinations through community pharmacy investigated.	60% of pregnant women vaccinated for Pertussis. Childhood vaccination decline rates are reduced to 3.5%. 95% of 8 month olds fully immunised. 95% of 2 year olds fully immunised. 95% of 5 year olds fully immunised. 75% of young women (year 8) complete the HPV vaccination programme.
Continue to monitor and evaluate immunisation coverage to identify opportunities to improve and maintain high immunisation coverage across all ages, with a particular focus on improved coverage at age five and equity across population groups. (EOA)	Quarterly: Monitoring (by ethnicity) of vaccination coverage rates at all ages. Ongoing: Provision of NIR and Outreach Service support to general practice teams to reduce declines for childhood vaccinations.	
Further strengthen the school-based HPV immunisation programme and identify innovative solutions to reduce the equity gaps in coverage rates for young Māori. (EOA)	Ongoing: Provision of support to general practice to enable the co-delivery of HPV and Tdap at age 11, including development of resources. Q2: Consult with Māori groups to better understand barriers to adolescent vaccinations. Q2: Trial of an online consenting process for the school-based HPV programme underway.	

Planning Priority: School-Based Health Services	System Outcome: TBC	Government Priority Outcome: TBC
▪ Commit to providing quantitative reports in quarter two and four on the implementation of school based health services (SBHS) in decile one to four secondary schools, teen parent units and alternative education facilities. ▪ Outline the current activity the DHB will undertake to implement Youth Health Care in Secondary Schools: A framework for continuous quality improvement in each school (or group of schools) with SBHS. ▪ Outline the current activity the DHB is taking to improve the responsiveness of primary care to youth. ▪ Commit to providing quarterly narrative reports on the actions of the SLAT to improve health of the DHB's youth population. ▪ Outline the actions the DHB is taking to ensure high performance of the youth service level alliance team (SLAT) (or equivalent).		
Actions to Improve Performance	**Milestones**	**Measures of Success**

Planning Priority: Midwifery Workforce – Hospital and LMC	System Outcome: TBC	Government Priority Outcome: TBC
Expectation: All DHBs will develop, implement, and evaluate a midwifery workforce plan to support: ▪ Undergraduate training, including clinical placements ▪ Recruitment and retention of midwives, including looking at driving changes for models of care that use the full range of the midwifery workforce within DHBs ▪ Service delivery mechanisms that make best use of other health work forces to support both midwives and pregnant women. DHBs who were asked to develop midwifery workforce plans as part of the 2018/19 annual planning cycle are expected to continue working on midwifery workforce plans if this has not been completed during the 2018/19 year. Note: Examples of equity actions that could be included in your plan: o *Increase Māori participation and retention in midwifery and ensure that Māori have equitable access to training opportunities* o *Build cultural competence across the whole midwifery workforce* o *Form alliances with educational institutes (including secondary and tertiary) and local iwi to identify and implement best practices to achieve Māori midwifery workforces that matches the proportion of Māori in the population.*		
Actions to Improve Performance	**Milestones**	**Measures of Success**

Identify key stakeholders to support the development of a South Island Maternity Workforce Plan to support undergraduate training and workforce planning to better meet the future demands of our population.	Q1: Regional Workshop held. Q4: Regional Maternity Workforce Plan drafted.	Midwifery workforce matches the proportion of Māori in the population.
Establish regular meetings with Ara and University of Otago to further develop the graduate workforce pipeline, with a particular focus on the increased enrolment of Māori and Pacific midwifery students. (EOA) Work with Ara and the Midwifery Council to identify possible development pathways for nurses who want to transition to midwifery.	Quarterly: Joint meetings with Ara and Otago. Q3: Appoint one new graduate midwives. Q4: Pathway for transition scoped.	
Stocktake planned retirements across the maternity workforce, to identify opportunities to phase retirements, minimise system impacts and plan for recruitment.	Q2: Stocktake complete.	

Planning Priority: First 1000 days (conception to around 2 years of age)	System Outcome: TBC	Government Priority Outcome: TBC

Expectations:

- Identify the most important focus areas to ensuring the population needs for pregnant women, babies, children and their whānau are well understood and identify key actions that demonstrate how the DHB will meet these needs including realising a measurable improvement in equity for your DHB. Actions should include a comprehensive approach to prevention and early intervention services across priorities via maternity, Well Child Tamariki Ora, National SUDI Prevention Programme, and other services.
- Identify the actions the DHB is taking to increase the proportion of children at a healthy weight in their first 1000 days.
- Identify what action you will take to identify barriers to achieving well integrated services across the first 1000 days.

Actions to Improve Performance	**Milestones**	**Measures of Success**
Engage Maternity Services in the development of a West Coast Maternity Strategy that takes a life course approach to preparing for pregnancy, being pregnant, birthing and becoming a parent, with a focus on achieving equitable outcomes for Māori women and babies. (EOA)	Q1: Key stakeholders identified and engaged in Strategy development. Q3: West Coast Maternity Strategy in place.	90% of babies have their first WCTO core check on time. 85% of newborns enrolled with general practice by 3 months of age. 70% of babies fully/exclusively breasted at 3 months of age. 90% of four-year-olds provided with a B4 School Check (B4SC). 95% of four-year-olds (identified as obese at their B4SC) are offered a referral for clinical assessment and family-based nutrition, activity and lifestyle intervention.
Work with Poutini Waiora to establish drop-in breastfeeding session, facilitated by a Lactation Consultant or Mum4Mum Peer Supporter, to increase access to face-to-face breastfeeding advice and support for Māori women. (EOA)	Q1: Breastfeeding sessions scheduled.	
Contribute to the national Well Child Tamariki Ora (WCTO) programme review and advocate for children living in remote rural areas and those living with disabilities. (EOA)	Q2: Child & Youth Alliance workstream engaged in the WCTO review.	
Complete analysis of the data for Core 1 WCTO Checks to find gaps where families are receiving this contact later than expected, and address issues to support earlier intervention at this crucial period.	Q2: Core 1 Check data analysis complete. Q3: Actions to address gaps identified.	

Planning Priority: Family Violence and Sexual Violence (FVSV)	System Outcome: TBC	Government Priority Outcome: TBC

Expectation: Identify the actions that the DHB considers are the most important contribution to reducing family violence and sexual violence, including the reasons why the action(s) are important and the impact you expect them to achieve.

Actions to Improve Performance	**Milestones**	**Measures of Success**
Work alongside the Violence Intervention Programme team to increase the number of bridging/refresher training sessions provided, to ensure staff understand and implement the updated Child Protection & Partner Abuse policies and procedures.	Q1: Training programme developed. Q2: Increased sessions available.	Increase number of staff attending VIP Training sessions – baseline TBC June 2018. Violence Intervention Programme audit results >70/100.
Develop a transalpine Canterbury/West Coast DHB Elder Abuse & Neglect Policy to support our growing older population from harm. Seek feedback from Kaumatua to ensure culturally appropriate	Q1: Elder Abuse and Neglect Policy in place. Q4: Compliance review completed.	

responses to disclosures are embedded. (EOA)		
Develop an Elder Abuse & Neglect training package in conjunction with Age Concern, Canterbury DHB, Police and Public Trust, to support the implementation of the Policy.	Q1: Training programme developed. Q2: Sessions available.	
Planning Priority: SUDI	**System Outcome: TBC** **Government Priority Outcome: TBC**	
Expectation: Describe contributions towards building strong working relationships across the Maternal and Child Health sector to address the key modifiable risk factors for SUDI.		
Actions to Improve Performance	**Milestones**	**Measures of Success**
Engage key stakeholders in the development of a West Coast Maternity Strategy (refer above, First 1,000 Days).	Q1: Key stakeholders identified and engaged in Strategy development. Q3: West Coast Maternity Strategy in place.	Number of Māori women completing the Pregnancy & Parenting Education Programme. >50% of women referred to the Smokefree Pregnancy and Newborns Incentive Programme complete the Programme. 95% of West Coast households with a newborn had their smokefree status recorded at the first WCTO core check.
Complete the development and implementation of a Kaupapa Māori Pregnancy & Parenting Education Programme to support hapū wahine and whānau. (EOA)[1]	Q1: Culturally appropriate Kaupapa Māori P&P Education Programme available. Quarterly: Monitoring (by ethnicity) of the number of women engaged.	
Continue to provide smokefree advice across all settings and deliver wrap-around stop smoking services for pregnant women (and their partners) who want to stop smoking through continued investment in the Smokefree Pregnancy and Newborns Incentives Programme.	Quarterly: Monitoring of smokefree service performance, advice, cessation referrals, quit rates and smokefree status. Quarterly: Progress against the smokefree pregnancy and smokefree homes actions in the West Coast's SLM Improvement Plan.	
Planning Priority: Inquiry into Mental Health and Addiction	**System Outcome: TBC** **Government Priority Outcome: TBC**	
Expectation: Outline how your DHB will work to implement Government agreed actions following the Mental Health and Addiction Inquiry Report and implement relevant Budget 2019 appropriations. Note: Expectations yet to be confirmed - further guidance will be provided following Government decisions.		
Actions to Improve Performance	**Milestones**	**Measures of Success**
Planning Priority: Population Mental Health	**System Outcome: TBC** **Government Priority Outcome: TBC**	
Expectations: Outline how the DHB will improve population mental health and addiction by increasing uptake of treatment and support earlier in the course of mental illness and addiction, further integrating mental health, addiction and physical health care, and co-ordinating mental health care with wider social services, especially for priority populations including vulnerable children, youth, Māori and Pacifica. DHBs should include actions in relation to improving some of the below areas of focus: ▪ Options for early intervention across the primary care spectrum to help ensure early intervention and continuity of care. ▪ Improved options for acute responses including improving crisis team responses and improved respite options. ▪ Supporting Parents Healthy Children (COPMIA) to support early intervention in the life course. ▪ Suicide prevention and postvention to provide a range of activities such as mental health literacy, suicide prevention training, community-led prevention/postvention initiatives (i.e. bereavement counselling) and integration of mental health/addiction services. ▪ Improving co-existing problems responses via improved integration and collaboration between other health and social services. ▪ Actions to improve the physical health outcomes for people with low prevalence mental health and addiction conditions. ▪ Reducing inequities including reducing the rate of Māori under community treatment orders. ▪ Improving employment, education and training options for people with low prevalence conditions i.e. Individual Placement Support. ▪ The implementation of models of care for addiction treatment, with particular reference to the commencement of the Substance Addiction (Compulsory		

[1] *This activity was scheduled for 2018/19, but has been delayed due to capacity issues, it remains a focus for the DHB.*

Assessment and Treatment) Act 2017.

Actions to Improve Performance	Milestones	Measures of Success
Expand the number of practices engaging people with mental health conditions in the Primary Care LTCM Programme, to support improved physical health outcomes for this high need group. (EOA)	Q4: Three general practices have expanded enrolment into the Long-Term Conditions Management Programme.	>150 young people (0-19) accessing brief intervention counselling in primary care. >450 Adults (20+) accessing brief intervention counselling in primary care. 80% of people (0-64) referred to specialist mental health and addiction services are seen within 3 weeks 95% of people (0-64) referred to specialist mental health and addiction services are seen within 8 weeks.
Complete realignment of resources to strengthen community mental health teams and support them to work alongside primary care teams as part of the locality-based integrated health services team model.[2]	Ongoing: Complete implementation of the proposal for change for mental health services. Q2: Crisis response function embedded in locality teams and phone service in place out-of-hours. Q4: Increased respite options in place.	
Complete Māori mental health services review and support a complementary model that provides improved cultural support for Māori across the continuum. (EOA)	Q1: Revised model proposed and change proposal underway. Q4: Complementary model in place.	
Review the function of specialist CAMHS and AOD services and roles in the context of the evolving locality-based teams.	Q4: Review of future specialist CAMHS and AOD services direction completed.	
Include dedicated Co-Existing Problems clinical FTE in locality-based teams.	Q2: Co-Existing Problems position in place Westport locality team.	
Establish a work group to identify actions to increase the responsiveness of suicide prevention activity for Māori. Through local engagement grow rangitahi leadership and ensure a by rangitahi for rangitahi approach that is tikanga Māori and whānau centred. (EOA)	Q2: Work group established. Q3: Equity tool applied.	

Planning Priority: Mental Health and Addictions Improvement Activities	System Outcome: TBC	Government Priority Outcome: TBC

Expectations: Outline your commitment to the HQSC mental health and addictions improvement activities including:

- Actions to support a continued focus on minimising restrictive care (including the aspirational goal of eliminating seclusion by 2020)
- Actions to improve transitions (percentage and quality of transition plans forms part of the PP7 performance measure)
- Engagement with the next steps of the (HQSC) programme.

Please note The other three programmes that will be led by the HQSC over the life of the programme are; learning from serious adverse events and consumer experience, maximising physical health and improving medication management and prescribing issues.

Actions to Improve Performance	Milestones	Measures of Success
Continue to support use of the newly established sensory room and modulation and talking therapies to provide a safe therapeutic environment for patients. Establish weekly meetings, with support from the Health Quality and Safety Commission (HQSC), to consider learnings from other DHBs and identify actions to further minimise restrictive care, with a focus on Māori. (EOA)	Quarterly: Monitoring (by ethnicity) seclusion and compulsory treatment order rates. Q1: Guidance from HSQC incorporated into the model of care.	Reduction in seclusion hours and events. 95% of clients discharged will have a transition or wellness plan in place. 95% of audited files meet accepted good practice. 80% of inpatients are seen in community services within 7 days of discharge.
Engage with service users, to include their perspective and ensure a co-design approach to environmental changes that enhance admission and inpatient experience.	Q1: Service user perspective included in HQSC project groups.	
Design and implement a new process to improve the quality of information provided to whānau and friends, pre-discharge, and determine the impact of the primary nursing model (implemented in 201819) on the inpatient unit environment and transitions to community services.	Ongoing: Monitoring of transition planning to lift the quality of plans and raise the focus with staff. Q2: New discharge information sheet in place. Q4: Impact of primary nursing model identified.	

[2] The mental health services proposal for change (including the Māori Metal Health services review) were a priority in 2018/19, but final decisions were delayed until the Minister of Health's response to the recommendations of the national mental health services inquiry could be considered. This work will be progressed in 2019/20.

Planning Priority: Addiction	System Outcome: TBC	Government Priority Outcome: TBC

Expectations:

- For those DHBs not currently meeting the PP8 addition related waiting times, identify actions to improve performance to support an independent/high quality of life for people with addiction issues.
- Outline the existing and planned AOD services for your region including those for women, Māori and Pacific, older people, opioid substitution and criminal justice clients, and LGBTIQ communities, ensuring equitable health for all New Zealanders and how your DHB will ensure the quality of AOD services to support healthier NZ's live an independent and high quality of life.
- Noting that mental health and addictions services are a priority for Government, describe how your DHB is giving appropriate priority to meeting service demands within baseline funding.

Actions to Improve Performance	Milestones	Measures of Success
Maintain Kaupapa Māori AOD services, provided by Poutini Waiora, to support Māori and their whanau by taking a holistic approach to the recovery process. (EOA) Continue to engage with PACT services, to support adults and young people at risk of addiction and those with co-existing mental health and addiction issues.	Quarterly: Monitoring (by ethnicity) of AOD access rates and wait times and action to address any emergent issues.	80% of people (0-64) referred to specialist addiction services are seen within 3 weeks. 95% of people (0-64) referred to specialist addiction services are seen within 8 weeks.
Fully implement the new community-based Alcohol and Other Drug (AOD) service, provided by Salvation Army, to increase community-based AOD capacity and support timely access to services for West Coasters. (EOA)	Q2: Community-based AOD service operational across the Coast.	
Review the function of specialist DHB AOD services in the context of the evolving locality-based teams, and realign currently resources to support earlier intervention.	Q4: Review of future specialist AOD services direction completed.	
Explore options for an improved approach to the provision of Opioid Substitution Treatment.	Q4: Recommendations made for future provision of Opioid Substitution Treatment.	

Planning Priority: Maternal Mental Health Services	System Outcome: TBC	Government Priority Outcome: TBC

Expectations:

- Informed by the outcome of your 2018/19 stocktake of the primary maternal mental health service provision in your district, and the volumes of women accessing these services, identify the actions you plan to take in 2019/20 to further improve access and to address any identified issues.
- Indicate how equity of access and outcomes for Māori and Pacific women will be addressed and measured.

Actions to Improve Performance	Milestones	Measures of Success
Engage with Well Child Tamariki Ora providers to highlight issues for new mothers and explore options to improve access to maternal mental health services, with a focus on Māori as a population of higher need. (EOA)	Ongoing: Continue to fund free primary care consultations for high need pregnant women. Q2: Review of options complete.	TBC
Use the stocktake of primary maternal mental health service to inform the mapping of maternity services and identification of gaps as part of the development of a West Coast Maternity Strategy.	Q1: Key stakeholders identified and engaged in Strategy development. Q3: West Coast Maternity Strategy in place.	

Planning Priority: Engagement and obligations as a Tiriti partner	System Outcome: TBC	Government Priority Outcome: TBC

Expectations: The NZPHD Act specifies the DHBs Tiriti o Waitangi obligations; please specify in the annual plan the processes the DHB uses to meet these obligations including:

- Actions to establish/maintain processes that enable Māori to participate in, and contribute to, strategies for Māori health improvement
- Actions to foster Māori capacity for participating in the health and disability sector and for providing for the needs of Māori
- Actions to build the capability of all DHB staff in Māori cultural competency and Te Tiriti o Waitangi.

Actions to Improve Performance	Milestones	Measures of Success
Maintain a Memorandum of Understanding with Tatau Pounamu and actively engage with Māori leaders in the planning and design of health services and strategies to improve Māori health outcomes. Engage members of Tatau Pounamu and Māori leader from across	Ongoing: Support for regular Tatau Pounamu meetings attended by WCDHB Board members and Senior DHB staff. Q1: Tatau Pounamu Annual Work plan developed.	Board hui held on a local Marae. Progress against the SLM actions. Percentage of staff completing

the system in the West Coast Alliance workstreams to bring a Māori perspective to the redesign of local services.	Q1: Targeted equity actions agreed in the 2019/20 SLM Improvement Plan and Annual Plan. Q3: Tatau Pounamu input into development of the 2020/21 SLM Plan and DHB Annual Plan.	Takarangi Cultural Competency. 90% of patients responded positively to the inpatient survey question "Was cultural support available when you needed it?"
Develop a framework that will provide regular reporting and monitoring of equity outcomes across the West Coast to support open discussion and identification of areas for improvement.	Q2: Equity Action Group established. Q3: Equity reporting framework developed and implemented.	
Continue to invest in the newly developed Takarangi Competency framework, an evidence-based model that influences and shapes practice and supports improved cultural competency, to improve the experience of Māori presenting to our service.	Ongoing: Support provided to staff from the DHB and the wider system to complete their Takarangi Portfolios. Q4: Minimum of one Takarangi hui held.	
Planning Priority: Cross-sectoral collaboration	System Outcome: TBC	Government Priority Outcome: TBC
Expectation: Outline how the DHB has, and will continue to, demonstrate leadership in the collaboration between and integration of health and social services, especially housing.		
Actions to Improve Performance	**Milestones**	**Measures of Success**
Work with the local Ministry of Social Development team to develop processes that support at risk whānau, moving into and within the West Coast DHB region, to enrol with appropriate health services including primary care, Well Child and community dental services. (EOA)	Q2: Opportunities for information sharing identified. Q4: Process for supporting families defined.	>95% of the population are enrolled with the PHO. 85% of newborns enrolled with general practice by 3 months of age. 95% of children (0-4) are enrolled with the community dental service.
Through the Healthy West Coast workstream, support the establishment of a cross-sector Food Security Steering Group and the development of community initiatives that support healthier choices and behaviours. (EOA)	Q1: Food Security Steering Group established. Q2: Action plan developed.	
Work with Sport Canterbury West Coast and the three District Councils to review the West Coast Spaces & Places Sport & Recreation Facility Plan to maximise access to physical activity opportunities for Coasters including those living with a disability. (EOA)	Q4: Spaces & Places Sport & Recreation Facility Plan reviewed.	
Planning Priority: Disability	System Outcome: TBC	Government Priority Outcome: TBC
Expectations: ▪ Commit to ongoing training for front line staff and clinicians that provides advice and information on what needs to be considered when interacting with a person with a disability. Report on what % of staff have completed the training by the end of quarter 4 2019/20. ▪ Outline in your plan how the DHB collects and manages (or will collect and manage) patient information to ensure your staff know which patients have visual, hearing, physical and/or intellectual disabilities.		
Actions to Improve Performance	**Milestones**	**Measures of Success**
Implement the first stage of the healthLearn learning management system upgrade, to support delivery of modules and reporting on uptake. Engage subject matter experts to develop disability training modules, building on the e-learning work completed in 2018/19. (EOA) Engage with the DHB Disability Steering Group and Māori and Pacific leads to ensure content is consumer focused and culturally appropriate. (EOA) Track uptake and feedback on modules as a means of evaluation and to identify improvements.	Q1: First stage system upgrade complete. Q2: Development of training modules complete. Q2: Disability training modules launched. Q3: Commence reporting on uptake of training modules by staff.	The number of modules dedicated to, or inclusive of, content targeted at raising disability awareness increases each quarter. Percentage of staff completing disability training modules. Percentage of staff rating disability content positively. 95% compliance rate of patient files audited.
Continue to include identification of patient's impairments (by the admitting nurse) at the point of admission, and document these on the nursing history form, to inform planned nursing care and/or interventions.	Q1: Audit tool developed to ensure impairments are being captured. Q2: Tool incorporated as part of monthly quality audit of patient files.	

Planning Priority: Acute Demand	System Outcome: TBC	Government Priority Outcome: TBC

Expectations:

- Acute Data Capturing: Provide a plan on how the DHB will implement SNOMED coding in Emergency Departments to submit to NNPAC by 2021. For example, this should include a description of the information technology actions and ED clinical staff training actions, milestones and timeframes.
- Patient Flow: Provide an action that improves management of patients to ED with long-term conditions.
- Patient Flow: Provide an action that improves patient flow for admitted patients.

Actions to Improve Performance	Milestones	Measures of Success
Implement a Primary Unplanned Care area within the new Grey Base facility, where the locality-based integrated health services team work together to ensure people presenting are seen by the right person, in the right service, at the right time.	Q1: Staff across the integrated team have a good understanding of each other's roles and scope. Q2: Workforce and FTE needs determined. Q3: Training calendar developed, to ensure staff have the necessary skills to work within this area. TBC: Primary Unplanned Care area operational.[3]	Increased proportion of clinical leaders and front-line staff engage in Takarangi Framework. Reduction in triage 4 and 5 presentations to the ED. 95% of patients are admitted, discharged or transferred from ED within 6 hours. <20% of patients admitted from ED short-Stay Unit to inpatient wards. >8 out of 10 average for in-patient survey domain rate your experience of communications.
Improve the cultural awareness and response of staff to improve the experience of Māori presenting to our service and support the improved (and appropriate) flow of patients by improving communication and delivery of key messages. (EOA)	Q1: Clinical Leaders and front-line staff who will be working in the Primary Unplanned Care area encouraged to engage in the Takarangi Cultural Competency Framework. Q4: Review of percentage of staff completing and working on Takarangi portfolios.	
Work towards implementing the Care Capacity Demand Management (CCDM) programme to help improve the flow of patients, by enabling the DHB to better match the capacity to care with patient demand. This work will also improve the quality of care for patients, the working environment for staff, and the use of health resources.	Q1: All new staff understand what CCDM means and how this helps with patient care. Q2: Training and education of all nursing staff is in place, to be implemented the first week each new nurse arrives into the organisation.	
Implement SNOMED coding in the Emergency Department alongside the implementation of the South Patient Information Care System (PICS).	Q2: Options confirmed for implementing SNOMED into the current patient management system until SI PIC is operational. Q3: SNOMED training and education launched. Q4: Implementation of SI PIC's begins.	

Planning Priority: Healthy Ageing	System Outcome: TBC	Government Priority Outcome: TBC

Expectations:

- Identify actions, working with ACC, HQSC and the Ministry of Health, to promote and increase enrolment in S&B programs and improvement of osteoporosis management especially in alliance with Primary Care as reflected in the associated "Live Stronger for Longer" Outcome Framework
- Identify actions to align local DHB service specifications for home and community support services (HCSS) to the vision, principles, core components, measures and outcomes of the national framework for HCSS.
- Outline current activity to identify and address the drivers of acute demand for people 75 plus presenting at ED (or at lower ages for disadvantaged populations)

Actions to Improve Performance	Milestones	Measures of Success
Continue to work through the Canterbury Clinical Network Falls and Fractures Service Level Alliance and the WCDHB Falls Collation Group to enhance and integrate falls and fracture prevention services. Embed the fracture pathway to ensure people with a fractured Neck-of-Femur (hip) or Humerus (arm) are referred to the in-home Falls Prevention Programme. Embed the Fracture Liaison Services to ensure people with a frailty fracture receive appropriate support and follow-up to reduce future harm. Identify and accredit community Strength & Balance classes	Quarterly: Reporting to the national Hip Fracture Registry. Q1: Options explored for implementing automatic referrals to the Falls Prevention or Fracture Liaison Service. Q3: Three culturally appropriate Strength & Balance classes accredited.	720 places available at accredited strength & balance classes. 120 people seen by the Falls Prevention Service. 95% of long-term HBSS clients have had an InterRAI assessment and have a completed care plan in place. Decrease in median wait time for an interRAI Assessment. Proportion of people (75+)

[3] *This action is aligned to the completion of the new Grey Base facility which is yet to be confirmed.*

targeted towards older Māori. (EOA)		presenting to ED maintained below the national average Total acute bed days per capita maintained below the national average.
Continue to engage with DHB and partner organisations to socialise and embed the restorative model of care across our system. Continue to work with the CCCN to ensure appropriate, equitable and timely assessment of people's needs using the InterRAI assessment tool. (EOA) Capture learnings from Non-Acute Rehab demonstration pilots to establish pathways to improve the flow through our inpatient environment and identify those appropriate for early supported discharge in a timelier way.	Q2: Identify and address key drivers of longer wait times for InterRAI assessments. Q4: Baseline established for the rate of InterRAI assessments per 1,000 population. Q4: ACC Non-Acute Rehab casemix pathways implemented, and supported discharge uptake increased to 10 patients.	
Continue to work through the Health of Older Persons Workstream to identify appropriate restorative pathways for older people to support people to keep well in their own homes and communities. Work with the West Coast PHO to promote use of personalised care plans, acute care plans and advance care plans to enable the delivery of consistent, managed care and to support people at end of life. Establish a focus on the development of acute care plans for Māori (aged over 50) enrolled in the primary care LTCM Programme. (EOA)	Q1 Development and use of health care plans socialised across the West Coast health system. Q2: Monitoring established (by ethnicity) of the number of completed care plans. Q2: Māori enrolled in the LTCM Programme without acute care plans in place identified for follow-up where appropriate.	

Planning Priority: Improving Quality	System Outcome: TBC	Government Priority Outcome: TBC

Expectations:

- Identify actions to improve equity of outcomes as measured by the Atlas of Healthcare Variation (DHBs to choose one domain gout, asthma or diabetes)
- Identify actions to improve patient experience as measured by your DHB's lowest-scoring responses in the Health Quality & Safety Commission's national patient experience surveys. (reference your jointly developed and agreed System Level Measure Improvement Plan that is attached as an Appendix)
- Identify actions to align activities with the New Zealand Antimicrobial Resistance Action Plan (MoH 2017).

Actions to Improve Performance	**Milestones**	**Measures of Success**
Work with general practices and Poutini Waiora to identify key actions that will reduce asthma and respiratory related ambulatory sensitive hospital admissions – agreed in the West Coast SLM Improvement Plan.	Q1: Targeted asthma and smoking related actions agreed in the SLM Improvement Plan. Quarterly: Progress against the SLM actions.	Reduction in the number of children (aged 0-4) admitted with ambulatory sensitive respiratory related illness – baseline 63 events. Improved result for survey question 'Did hospital staff include your family/whānau or someone close to you in discussion about your care?' - baseline 68% (median) 2016- March 2019.
Complete implementation of the 'nominated' contact person information package and processes begun in 2018/19, to clarify and reinforce the role of a nominated person with patients in the early stages of admission.[4] Education material co-designed with patients and families will be implemented.	Q1: Procedure for contact details collection updated to include nominated contact person. Q2: Organisational change implemented. Q4: Change process completed.	
The Canterbury and West Coast currently share microbiology and infection, Prevention and Control advice, guidance and clinical guidelines. Work with Canterbury Pharmacy Leads to strengthen the approach to transalpine antimicrobial stewardship to ensure delivery of a consistent, high quality services and sustainable service coverage on the West Coast.	Q1: Mechanisms for collaboration explored by Canterbury and Coast Pharmacy Leads. Q2: Formalised transalpine antimicrobial stewardship agreement in place.	

[4] *This work was planned for 2018/19, but was delay due to staff capacity issues, it remains a priority for the DHB in 2019/20.*

Planning Priority: Cancer Services	System Outcome: TBC	Government Priority Outcome: TBC
Expectations: ▪ Describe actions to ensure equity of access to timely diagnosis and treatment for all patients on the Faster Cancer Treatment (FCT) pathway (e.g. system/service improvements to minimise breaches of the 62 day FCT target for patient or clinical consideration reasons) ▪ Identify two priority areas for quality improvement from the Bowel Cancer Quality Improvement Report 2019. Describe and implement improvements in accordance with national strategies and be able to demonstrate clear strategies for addressing Māori health gain, equitable and timely access to services and the use of data to inform quality improvement across those initiatives.		
Actions to Improve Performance	**Milestones**	**Measures of Success**
Continue to use data/intelligence systems to monitor the 62-day and 31-day wait times for patients, and undertake breach analysis for patients who wait longer than target to assess any emergent systems issues and identify opportunities to reduce process delays.	Quarterly: Monitoring (by ethnicity) of cancer wait times, analysis of any cases outside of time frames and action take to address emergent issues.	70% of women (50-69) have a breast cancer screen every two years. 80% of women (25-69) have a cervical cancer screen every three years. 90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks. 85% of patients receive their first cancer treatment (or other management) within 31 days of date of a decision-to-treat.
Engage with the Southern (regional) Cancer Network on the progressive implementation of the Route to Diagnosis project recommendations and support equity of access for West Coast patients. (EOA)	Q4: West Coast process aligned with regional Routes to Diagnosis recommendations.	
Work closely with West Coast PHO, Poutini Waiora, Community and Public Health, Cancer Society, and Tatau Pounamu to offer support and encourage Māori whānau to engage in screening and seek early advice and clinical intervention. (EOA)	Q2: Health Hui held to promote health initiatives and an understanding of the benefits of cancer screening and early intervention. Q4: Second Health Hui held.	
Bowel Cancer to come		

Planning Priority: Healthy Food and Drink	System Outcome: TBC	Government Priority Outcome: TBC
Expectations: ▪ Commit to implementing Healthy Food and Drink Policies in DHBs that align with the National Healthy Food and Drink Policy. ▪ Commit to including a clause in your contracts with health provider organisations stipulating an expectation that they develop a Healthy Food and Drink Policy covering all food and drinks sold on site/s, and provided by their organisation to clients/service users/patients (excluding inpatient meals and meals on wheels), staff and visitors under their jurisdiction. Any policy must align with the Healthy Food and Drink Policy for Organisations (https://www.health.govt.nz/publication/healthy-food-and-drink-policy-organisations). ▪ Commit to reporting in Q2 and Q4 on the number of contracts with a Healthy Food and Drink Policy, and as a proportion of total contracts. ▪ Work with your PHU to commit to reporting in Q2 and Q4 on the number of Early Learning Settings, primary, intermediate and secondary schools that have current 1) water-only (including plain milk) policies, and 2) healthy food policies. Healthy food policies should be consistent with the Ministry of Health's Eating and Activity Guidelines.		
Actions to Improve Performance	**Milestones**	**Measures of Success**
Socialise and implement the recently endorsed West Coast DHB Healthy Food and Drink Policy.[5]	Q1: Communication of the DHB Policy. Q1: Audit of current Food and Drink items provided across DHB sites. Ongoing: Policy implementation underway across DHB sites and with external contractors, in line with agreed implementation plan.	DHB Healthy Food and Drink Policy fully implemented by Q4
Update food and drink provider contracts, and provide advice and support to providers, to ensure compliance with the DHB's Healthy Food and Drink Policy. Work regionally to agree consistent approach to health service provider contracts that stipulates the expectation providers will develop and implement a Healthy Food and Drink Policy, in line with the national policy.	Q1: Food and drink provider contracts updated. Q2: Service provider contract clause agreed. Q4: Service provider contracts include Healthy Food and Drink Policy expectations.	
Track the number of provider contracts with a Healthy Food and Drink Policy.	Q2:Q4: Monitoring report on progress.	

[5] *Timeframes for the implementation plan are yet to be confirmed and are subject to change.*

Track the number of education settings (early learning settings and primary and secondary schools) public health staff are working with, that have water-only (including plain milk) and healthy food policies	Q2:Q4: Monitoring report on progress.	

Planning Priority: Workforce – Workforce Diversity	System Outcome: TBC	Government Priority Outcome: TBC

Expectations DHB workforce priorities

- Set out workforce actions, specific to your DHB that you intend to work on in the 2019/20 planning year.
- Outline how these actions relate to both a strong public health system and EOA focus area actions.
- Ensure that you have considered workforce actions for the priority areas in your plan, especially mental health and child health.

Expectations Workforce Diversity: Work in collaboration with DHB Shared Services and, where appropriate, with the Ministry of Health to:

- Identify workforce data/intelligence that is collected across services and DHBs, understand workforce trends to inform workforce planning
- Understand workforce data/intelligence requirements that best support DHBs in order to undertake evidence-based workforce planning
- Support your responsibility to upskill, provide education and train health work forces
- Provide training placements and support transition to practice for eligible health work force graduates and employees. Planning must include PGY1, PGY2 and CBA placements, and how requirements for nursing, allied health, scientific and technical health work forces in training and employment will be met
- Form alliances with training bodies such as educational institutes (including secondary and tertiary), professional colleges, responsible authorities, and other professional societies to ensure that we have a well trained workforce.

Example of Equity Actions that could be included in your plan include:

- *Increase Māori participation and retention in health workforces and ensure that Māori have equitable access to training opportunities*
- *Build cultural competence across the whole workforce*
- *Form alliance with education institutions and local iwi to identify and implement best practice to achieve Māori health workforces that match the proportion of Māori in the population.*

In responding to this priority area please cross-reference to Section four: Stewardship - Workforce section

Actions to Improve Performance	**Milestones**	**Measures of Success**
Support opportunities where workforce development can support our rural generalist model: Use unambiguous, consistent terminology for our clinical workforce and their activities throughout the DHB and in our external communications. Progress the Rural Generalist (Medical) project with: an implementation plan for Rural Generalists to support General Medicine and Obstetrics; governance group to drive change; and updates to the roster to include primary care and rural clinics, emergency, obstetrics and general medicine to clearly articulate workforce requirements. Continue to progress our rural Allied Health workforce strategy with: introduction of the RUFUS (Rurally Focused Urban Specialists) model of service delivery in child development services and the development of a rural kaiawhina (non-regulated) workforce strategy. Continue to develop our rural nursing workforce with: a Rural Nurse Specialist development pathway, ongoing recruitment and development of nurse practitioners and training of nurse prescribers.	Q1: Rural Generalist (Medical) Project Governance Group in place. Q2: Glossary/lexicon developed are socialised. Q2: Alignment of learning opportunities reviewed across DHB operations teams, West Coast Alliance and South Island Regional Workforce Hub. Q4: RUFUS model for Child Development Services finalised.	Increased number of rural general roles in place. Increased number of nurses working to full extent of scope. Staff retention rates. Time to fill vacancies. Percentage of staff completing Takarangi Cultural Competency. 90% of patients responded positively to the inpatient survey question "Was cultural support available when you needed it?" Māori workforce closer aligned to the proportion of Māori in our population.
Continue to invest in the Takarangi Cultural Competency Framework, Te Tiriti o Waitangi and Tikanga Best Practice Guidelines training to support our commitment to equity, increase and retain our Māori workforce and improve cultural competency across our core workforce. (EOA)	Ongoing: Support provided to staff from the DHB and the wider system to complete their Takarangi Portfolios. Q1: Clinical Leaders and front-line staff who will be working in the Primary Unplanned Care area encouraged to engage in the Takarangi Cultural Competency Framework. Q2: Takarangi Hui held for next round.	
Establish an integrated workforce development cluster (with local training bodies, high schools, providers, clinical and Māori leaders) to facilitate system-wide education and training opportunities to support the development of our rural generalist workforce model and pathways to develop our Māori nurse and midwifery workforce.	Q2: Workforce Development Cluster established. Q3: 1-3-year work plan and associated measures for success agreed.	

(EOA)		
Establish and develop the Diversity, Inclusion & Belonging programme to build a culture that encourages and welcomes diverse groups of all cultures, genders and race, enrich the organisation with different viewpoints and attract and retain the best talent available. (EOA)	Q1: Programme implementation plan created and key stakeholder groups agreed. Q2: Rainbow Tick accreditation programme launched.	Rainbow Tick accreditation achieved.
Work in tandem with the Canterbury DHB to support and encourage greater participation of Maori in our health workforce and build on the learnings from the joint workshops held in 2018/19.	Q3: Targeted attraction and recruitment programme for Māori workforce developed. Q4: Targeted attraction and recruitment programme for Māori workforce launched.	Increase in Māori representation in our organisation leadership against baseline June 2018.
Establish the Essentials of Leadership and Management programme to lift the capability of clinical and operational leaders through anytime, anywhere learning. Success will be measured with an emphasis on the reduction in the 'burden' of leadership, increased work satisfaction of our people, giving leaders back some time and enabling high quality, compassionate patient care.	Q1: Review of online learning deployment completed and first face-to-face piece of new blended learning delivered. Q2: Strategy, operating model, levels of service required for a learning management system and roadmap for implementation confirmed. Q3: Our Learning Pathways launched. Q4: Integrated Our Learning Pathway launched for new leaders to support their first 1,000hrs in role.	Improvement in key measures against the People Strategy baseline April 2019. Delivery of 24 blended learning modules align to user requirements and organisational need.
Planning Priority: Primary Health Care Integration	System Outcome: TBC	Government Priority Outcome: TBC
Expectations: ▪ DHBs are expected to continue to work with their district alliances on integration including (but not limited to): strengthening their alliance (e.g., appointing an independent chair, establishing an alliance programme office, expanding the funding currently considered by the alliance); broadening the membership of their alliance (e.g., pharmacy, maternity, public health, WCTO providers, mental health providers, ambulance); developing services, based on robust analytics, that reconfigure current services and address equity gaps ▪ Describe at least one action you are taking with your rural Service Level Alliance Team to develop resilient rural primary care services. ▪ Identify actions you are undertaking in the 2019/20 year to assist in the utilisation of other workforces in primary health care settings. ▪ Describe at least one action you are taking with their primary care partners that improves access to primary care services, particularly for high needs patients.		
Actions to Improve Performance	**Milestones**	**Measures of Success**
Deliver on the commitment of the Alliance to include the consumer voice in all activity, by engaging consumer representation for each workstream and providing regular feedback to the DHB Consumer Council.	Q2: All Alliance workstreams have consumer representation. Quarterly: Activity report provided to the DHB Consumer Council.	>95% of the population are enrolled with general practice. Improved system performance in line with the 2018/19 SLM Improvement Plan.
Refresh and refine the System Level Measure (SLM) Improvement Plan, agreeing collective activity to improve performance in 2019/20 with a deliberate focus on closing health equity gaps. (EOA)	Q1: Refreshed SLM Improvement Plan in place. Quarterly: Progress against the actions agreed in the SLM Improvement Plan.	
Establish an integrated workforce development cluster to facilitate cohesive system-wide education and training opportunities to support the development of our rural generalist workforce model and the delivery of high quality and culturally appropriate care.	Q2: Workforce Development Cluster established. Q3: 1-3-year work plan and associated measures for success agreed.	
Continue to expand the number of general practices offering people with long-term mental health conditions enrolment in the primary care Long-Term Conditions Management Programme, to support improved physical health and wellbeing for this high needs group. (EOA)	Q4: Three general practices have expanded enrolment into the Long-Term Conditions Management Programme.	
Planning Priority: Pharmacy	System Outcome: TBC	Government Priority Outcome: TBC
Expectations: ▪ Identify actions to support the work to enable the separation of dispensing into separate ICPSA schedules (medicine and supply and clinical advice) by June 2020. ▪ Identify actions to support the vision of the Pharmacy Action Plan and the Integrated Community Pharmacy Services Agreement (ICPSA) by working with pharmacists, the public, primary care and the wider health care team to commission integrated local services that prioritise local need and support		

equitable health outcomes.

- Identify local strategies that support pharmacy and other immunisation providers to work together to improve influenza vaccination rates in Māori, Pacific and Asian people over 65 years of age.
- Commit to reporting the outcomes of these local strategies to improve influenza vaccination rates in quarter two of the following financial year.

Actions to Improve Performance	**Milestones**	**Measures of Success**
Participate in the national process to make changes to the Integrated Community Pharmacy Services Agreement (ICPSA) schedules to better enable the role of pharmacists in the integrated care team.	Q4: National ICPSA annual agreement review completed, with variation establishing separate service schedules.	>25 people receive a Medicines Use Review MUR from a pharmacist. >900 people enrolled in the Pharmacy LTC Service. Three West Coast general practices have the Electronic Prescription Service in place.
Continue to invest in the Pharmacy Long-Term Conditions Service to improve access to community pharmacist advice and support, for people with chronic conditions, multiple or high- risk medications and people whose care is coordinated by the Complex Clinical Care Network. (EOA)	Quarterly: Monitoring of Medicines Use Reviews delivered by community pharmacists. Q2: Eligibility for enrolment in the Pharmacy LTC Service widened.	
Through the Pharmacy Alliance Workstream, implement key initiatives that support closer integration of pharmacy and primary care teams and improve the quality of care and sustainability of West Coast services.	Ongoing: General practice supported to implement the NZ Electronic Prescription Service to enable the smooth, safe transfer of medicines information between GP and pharmacy systems. Q3: Proposal developed for further integration of pharmacists into general practice teams to optimise prescribing for complex patients.	
Work with PHO and Pharmacy Leads to identify local strategies to support an integrated approach to improving influenza vaccination rates with a focus on older people (Flu and Shingles) and Māori, as high need groups. (EOA)	Q1: Current influenza vaccination rates reviewed for equity gaps and areas of improvement. Q3: Plan for 2019/20 season developed. Q4: Promotion of free flu vaccinations from general practice and community pharmacies.	75% of the population aged 65+ receive a free influenza vaccination. Report on outcomes of local strategies (Q2 2020).

Planning Priority: Smokefree 2025 — System Outcome: TBC — Government Priority Outcome: TBC

Expectation: Identify activities that advance progress towards the Smokefree 2025 goal, including supporting Ministry funded wrap-around stop smoking services for people who want to stop smoking, and which address the needs of hāpu, wāhine and Māori.

Actions to Improve Performance	**Milestones**	**Measures of Success**
Continue to provide smokefree advice across all settings and deliver wrap-around stop smoking services for people who want to stop smoking through Oranga Hā - Tai Poutini, including continued investment in the Smokefree Pregnancy and Newborns Incentives Programme.	Quarterly: Monitoring of smokefree advice, cessation service referrals and quit rates, by ethnicity and key target groups.	90% of pregnant women who identify as smokers upon registration with an LMC are offered brief advice and support to quit smoking. 90% of PHO enrolled patients who smoke are offered brief advice and support to quit smoking. 95% of hospitalised patients who smoke are offered brief advice and support to quit smoking. 90% of households with a newborn have their smokefree status recorded at the first WCTO core check.
Establish a particular focus on Māori, people with Chronic Obstructive Pulmonary Disease (COPD), pregnant women, parents of children with respiratory illness and households with a new baby, as vulnerable population groups, for extra support to stop smoking. (EOA)	Q1: Targeted smokefree actions agreed in the SLM Improvement Plan. Quarterly: Progress against the smokefree actions in the SLM Plan.	
Work with Oranga Hā – Tai Poutini to collate and combine service data with other cessation programmes to provide a complete picture across the West Coast, to identify areas where target groups need more support. (EOA)	Quarterly: Monitoring of combined results by Healthy West Coast Alliance Workstream.	
Work with Oranga Hā - Tai Poutini to investigate a whānau ora approach incorporating a Noho Marae (overnight marae stay) for young Māori women who smoke, to better engage and motivate them to stop smoking. (EOA)	Q2: Whānau ora model agreed. Q4: First Noho Marae held.	

Planning Priority: Diabetes and other long-term conditions — System Outcome: TBC — Government Priority Outcome: TBC

Expectations:

- Identify the most significant actions the DHB will take across the sector to strengthen public health promotion to focus on the prevention of diabetes and

other long-term conditions.

- Monitor PHO/practice level data to improve equitable service provision and inform quality improvement.
- Identify how the DHB will ensure all people with diabetes will have equitable access to culturally appropriate self-management education and support services.

Actions to Improve Performance	Milestones	Measures of Success
Continue to support delivery of the primary care-led Long-Term Conditions Management Programme, including community-based lifestyle change initiatives, to strengthen the focus on the prevention of diabetes and other long-term conditions.	Quarterly: Monitoring of PHO/Practice level data to improve equitable service provision and inform quality improvement. Quarterly: Community-based lifestyle change and LTCM management initiatives delivered.	>3,000 people enrolled in the primary care LTCM Programme. Percentage of Māori population engaged in the LTCM Programme. 90% of the population identified with diabetes have an annual HbA1c test. >80% of the population identified with diabetes (having an HbA1c test) have good or acceptable glycaemic control (HbA1c <64 mmol/mol).
Continue to support the whānau ora model and team approach for Māori with Diabetes in the Whakakotahi pilot practice and expand the programme to at least one more general practice. (EOA)	Q2: Model in place in two practices. Q4: Report on outcomes shared with the Healthy West Coast Alliance Workstream.	
Engage with Canterbury DHB to confirm a Clinical Leadership model for delivery of a transalpine (secondary level) Diabetes Service, with support for primary practice.	Q2: Clinical Leadership model in place.	
Provide training and support to Clinical Nurse Specialists to increase capability in relation to the use of insulin pumps and continuous glucose monitors, to better support West Coast patients living well in the community. (EOA)	Q1: Training provider confirmed. Q3: Training delivered.	
Work with Maternity Services to improve the process for referring women who develop Gestational Diabetes to primary care for ongoing postnatal follow up.	Q2: Referral process mapped. Q4: New Referral Pathway in place	

A Te ORA Equity Series position statement

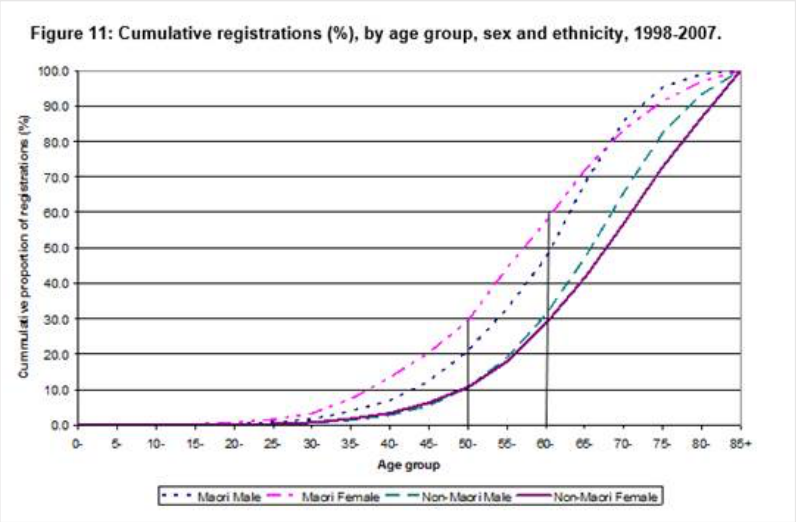
The National Bowel Screening Programme is exacerbating Māori health inequities

Platform statement

The NBSP as it is currently being rolled out will increase bowel cancer inequities for Māori and the 60 – 74 year age range is the major driver of this. Te ORA are of the view that the age range for Māori should be lowered to 50 years of age.

Situational analysis

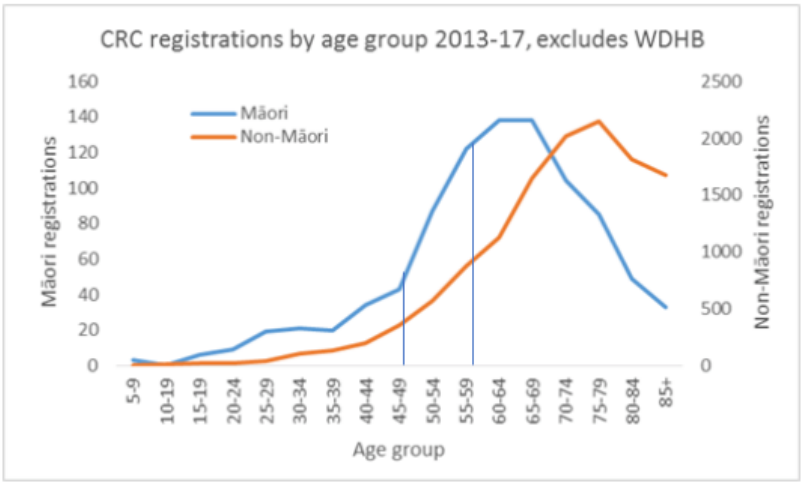
At least half of Māori bowel cancer (60% female and 50% male) is diagnosed before the age of 60 years compared to less than a third (30%) of non-Māori bowel cancer (male and female). The change of the Waitemata Pilot Study screening age (50 - 74 years) to the more restricted 60-74 year age range will mean that most bowel cancer in Māori will not be diagnosed by this screening programme. Non-Māori bowel cancer mortality will fall as intended because the age range of the screening suits detection of bowel cancer in non-Māori and most cancers will be detected.



CRC cumulative registrations, by age, gender, ethnicity, 1998-2007

Shows the CRCs that will be missed by changing the age range for screening

Source Kerry Saxton, Māori Bowel Screening Hui

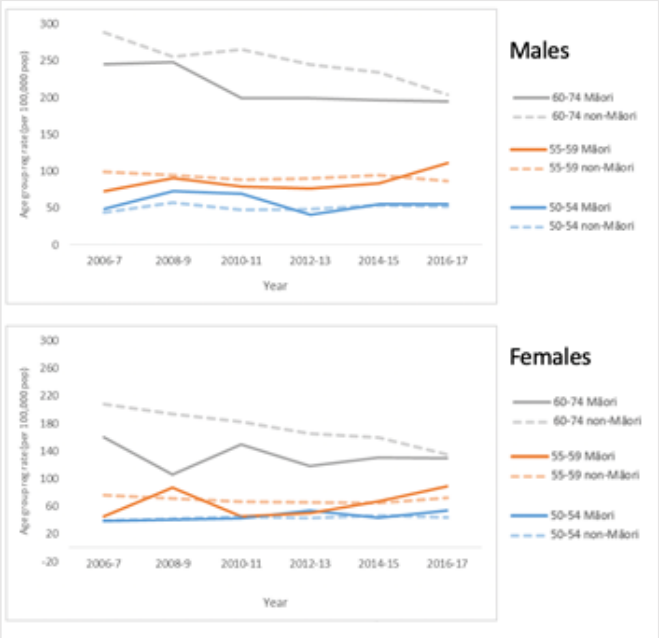


CRC cumulative registration by age and ethnicity, 2013-17 (excluding screen detected CRC in the Waitemata pilot)

Confirms the inequity of potentially screen-detectable CRC

Source: Kerry Saxton, Māori Bowel Screening Hui

The assertion that incidence of CRC is lower for Māori has been based on point estimates that have been slightly lower or similar to non-Māori but the age-specific confidence intervals for CRC incidence have been overlapping for years. In addition, CRC among non-Māori has fallen significantly in the past decade and point estimates are now the same or higher in Māori. Finally, we know that the use of age standardised incidence (that uses the WHO standard population) underestimates Maori morbidity for conditions that are more common in older populations. It is clear that the incidence of bowel cancer for Māori has increased and the non-Māori rate is dropping. The raising of the screening age as has occurred for the NBSP rollout will therefore exacerbate inequitable outcomes for Māori.



CRC registrations
by sex, age, ethnicity,
2006-2017

Shows Māori incidence point estimates are now the same or higher for both sexes in the important 50-60 age group.

For males age 60-74 the non-Māori rate is marginally higher but the CI will overlap.

It is demonstrated that this is driven over time by falling CRC rates in non-Māori and increasing/static rates in Māori prior to the screening programme.

Source: Kerry Saxton, Māori Bowel Screening Hui

Conclusion

Whilst Māori coverage in the pilot and the national roll out has been lower than NZ European and strategies to increase participation are important, increasing participation will not sort out the issues relating to the age at diagnosis. This change of age range systematically discriminates against Māori and is inconsistent with good public health policy.

Lowering the age range for Māori is an equity positive move and can be marketed to the sector and the wider population in the context of the Minister's bold equity statements and the frank admissions of New Zealand's health institutions, at the Waitangi Tribunal hearings, that they have not made sufficient efforts to meet legislative and policy directives around equity.

We understand that extending the present age range back to 50 – 74 years for Māori will double the number of Māori cancers detected. It will result in a 13% increase in colonoscopies which is equivalent to 400 extra colonoscopies across the country per annum. This really must be funded - it is unconscionable that the New Zealand Ministry of Health should be rolling out a programme that produces new inequities when evidence exists to direct us otherwise.

HEI ĀHURU MŌWAI
MĀORI CANCER LEADERSHIP AOTEAROA
Equity – the priority for every agenda

This statement has been developed in association with Hei Āhuru Mōwai, Māori Cancer Leadership Aotearoa by Drs Sue Crengle, Nina Scott and David Tipene-Leach.