

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

Friday 5 June 2020

@ 10.00 am Board Room, Corporate Services

Agenda and Meeting Papers

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

TATAU POUNAMU ADVISORY GROUP MEETING
Board Room. Corporate Services – West Coast District Health Board
Friday 6 June 2020
10.00 – 1.00pm

KARAKIA

ADMINISTRATION

Apologies

1. Interest Register

Update Interest Register and Declaration of Interest on items to be covered during the meeting.

2. Confirmation of the Minutes of the Previous Meeting

Draft 2x sets of Minutes from Previous Lockdown Hui

3. Carried Forward/Action List Items

4. Discussion Items

- | | |
|--|---------|
| ▪ Philip Wheble, General Manager WCDHB – Hospital Wide Update | 10.00am |
| ▪ Facilities Update – Mark Newsome #Zoom | 10.30am |
| ▪ Te Nikau Visitor Policy Inpatient Ward – Draft Policy for Feedback by 9 June | |

REPORTS

5. Chairs Update – Verbal Report

Susan Wallace, Chair

**6. GM Maori Health Written Report Update
Report**

Gary Coghlan, General Manager

INFORMATION ITEMS

- Maanaki 20
- Tumu Whakarae Decision Paper
- 2020 Tatau Pounamu Meeting Dates
- 2020 Board Meeting Dates

ESTIMATED FINISH TIME 1.00pm

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

Member	Disclosure of Interest
Susan Wallace - Chair Te Runanga o Makaawhio	<ul style="list-style-type: none"> • Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Director, Kōhatu Makaawhio Ltd • Co-Chair, Poutini Waiora Board ▪ Area Representative-Te Waipounamu Maori Womens' Welfare League ▪ Representative, Te Rununga O Ngai Tahu (Makaawhio) TRONT ▪ Member of Westland High School Board of Trustees ▪ Trustee, Te Pihopatanga O Aotearoa Trust
Ned Tauwhare	<ul style="list-style-type: none"> ▪ West Coast community Response Forum (MSD) Ngai Tahu Rep ▪ Te Rununga o Ngati Waewae Member ▪ Te Rununga o Ngati Waewae Advisor – Kawatiri Role ▪ Te Rununga o Ngati Waewae Advisor – Te Ha o Kawatiri ▪ Te Rununga o Ngati Waewae Advisor – Buller Inter Agency ▪ Te Rununga o Ngati Waewae Advisor – Reefton Partership Forum ▪ West Coast District Health Board Consumer Council – Maori Representative ▪ Te Whare Akoanga Committee (Grey High School)
Chris Auchinvole – Tatau Pounamu Board Representative	<ul style="list-style-type: none"> • Director Auchinvole & Associates Ltd • Justice of the Peace • Daughter-in-law employed by Otago DHB

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING TEAM MEETING – SPECIAL COVID 19/ANNUAL PLANNING HUI ZOOM HUI – FRIDAY 10 APRIL 2020 10.00 – 12.00PM

PRESENT:

Chris Auchinvole, WCDHB Board Representative
Maree Mahuika, Forsyth, Te Runanga O Makaawhio Representative
Ned Tauwhare, Te Rūnanga O Ngāti Waewae
Joseph Mason, Ngati Waewae Representative
Richelle Schaper, Kawatiri Representative
Susan Wallace, Te Runanga o Makaawhio
Kylie Parkin, Programme Manager, Maori Health
Gary Coghlan, General Manager Maori Health
Marion Smith, Portfolio Manager, Maori Health

APOLOGIES: Anne Ginty, Mawhera Community Representative

IN ATTENDANCE: Philip Wheble, General Manager West Coast District Health Board

MINUTE TAKER: Megan Tahapeehi

Mihi Whakatau/Karakia

Gary Coghlan

Covid19 Report

Communications

- There is a lot of communications coming out at the moment from various avenues.
- Important to focus on what are the key messages we want to be informing our people and not to overburden with too much.
- Simple and clear messaging in particular for some of our older audiences and being mindful that not everyone has access to a electronic network for media.
- A question and answer sheet is currently being worked up through the Chair and in collaboration with Ngai Tahu for their Maori communities.
- The Ministry of Health continues to have some very good information as does Te Ropu Whakakaupapa Uruta (The Maori Pandemic Group)
- This process is forging some positive relationships with organisations locally. The DHB, Runanga and Poutini Waiora are working really positively. We should always be working in close collaboration.
- The Hauora Maori Team at WCDHB have engaged Lee Harris in assisting with some of the local communication needs. Lee and Marion are working together on this piece of work and today in the Newspaper a story is being run around the Flu Vaccine Clinic that was lead by Poutini Waiora in Greymouth yesterday.
- A Tatau member attended this clinic and gave praise for the service and professionalism of the whole process. It was however concerning that notification of the clinic was not broadcasted to all whom you would have expected

to be entitled to this. i.e; 80yr old in Hokitika with other pre existing conditions, was not made aware of the opportunity.

-The concern around the sharing of some information with local providers was an issue to be raised . It was hoped that this was managed by David Smiths work. The Chair may also look to follow this up at board level to establish better working relationships and sharing of information better into the future in such areas.

ACTIONS:

1. The Chair has requested for a better understanding of how these channels distribute their updates and information ie:

- EOC
- Iwi
- Civil Defence
- Poutini
- PHO
- DHB
- Ngai Tahu

2. Phillip Wheble advised that good communication is key and valued Tatau Pounamu feedback around any areas where communications could be approved. He advised that the communications for the recent flu vaccine clinic were managed through the General Practice and Poutini Waiora. There are some areas where this could be improved for the next clinic.

3. Phillip Wheble made himself available to talk about the workflow to encourage understanding of the system to Tatau Pounamu.

Flu Vaccinations

-21 Maori were seen yesterday at the Poutini Waiora lead clinic in Greymouth. Some of these patients had pre existing COPD.

- Rehia McDonald and Angela Orr (Poutini Waiora) are having discussions with David Smith, Ops Manager WCDHB around ways of shifting resource to get vaccines out to the Maori community sooner.

- The next stage of discussions is looking at independent vaccinators and reaching rural communities.

- GM Hauora Maori advised that there is a discussion currently on the table about all Maori in Te Tai Poutini being vaccinated.

- A meeting is being arranged with Janet Hogan, Poutini, PHO around the next lot of vaccines.

ACTION

1. The Chair was interested to know the uptake of vaccinations to date. - Kylie

Maori Response Funding

- Discussions are occurring on this population based localised funding model for extra putea from the Ministry of Health. Hauora Maori and Te Herenga Hauora/Tumu Whakarae have been engaging.

- The five areas that the funding will be factored around are quite broad and there will be an opportunity to be innovative locally.
- It is expected that these are finalised today and the MOH will prepare the population based contracts next week, ready by Easter.

2020 Annual Planning Melissa MacFarlane Planning & Funding CDHB

Following the last Tatau Pounamu meeting in February the key Maori Health Plan related sections have been completed and these are presented for endorsement (Appendix 1). Also attached are four other priority sections that reflect the feedback from Tatau Pounamu around actions and activity to support improvements in Maori health on the West Coast.

- Actions have been added to support an **increased Maori voice** in setting the direction and priorities for our health system, and increased access to and use of data to support decision making including: the development of a Maori health profile, collaboration between Tatau Pounamu and the DHB Board in the development of a longer-term strategy for Maori health, and commitment to a new co-design process for the development of an Early Years Strategy that will support stronger engagement and participation of Maori.
- Actions have been added to support **increased Kaupapa Maori capacity** across community providers working in the child and youth and mental health space with: increased community-based mental health FTE and completion of the evaluation of the Pae Ora O Te Tai O Poutini Pilot looking at improving access to primary and community care for Maori. The DHB will also support the development of a phase-two proposal for national Kaupapa Maori mental health funding in 2020/21 to support increase community capacity in line with the desired direction signaled through the Maori Mental Health Review in 2019/20.
- Actions have been identified to support **improved health outcomes** in four key priority areas as highlighted at the February Tatau Pounamu meeting: Child and Youth, Mental Health, Oral Health and Respiratory, with another to be confirmed. This is reflected in the Maori health sections but also in the relevant sections in the wider Annual Plan with a strong emphasis on adopting a whanau ora approach to delivery services differently.
- Actions have been added to support **improved cultural awareness** and mainstream service delivery with a focus on: staff training, embedding the use of HEAT tools and the development of an operational equity framework to visibly identify and track gaps in service access and outcomes.
- Actions have also been added to support the **development of our Maori health workforce** and pathways into leadership roles for our Maori health staff.

NEXT STEPS

An Equity Action Review of all completed Annual Plan Action Tables is scheduled for 2 April looking at all the other sections through the Plan and identifying areas where more work and alignment is needed. Part of this review will include ensuring that there is resource in place to support the equity work identified. A verbal overview of this discussion will be provided to Tatau Pounamu at the meeting.

Alongside Tatau Pounamu, action tables will be shared with the key stakeholders including the PHO and the Alliance Leadership Group for feedback before the second draft is provided to the DHB Board for approval. We will also look to incorporate key actions from the Alliance System Level Measures (SLM) Improvement Plan and any feedback from these groups.

We are anticipating the release of updated expectations for several priority areas in the Annual Plan, and the release of the national Maori Health Action Plan and Pacific Action Plan. All of this will influence the content of the final version of the Annual Plan, and updated expectations will be circulated to Stakeholders. Dates are difficult to estimate, as we expect that there will need to be a full review of the Annual Plans considering the pandemic and the need to rethink some of the priorities and timeframes and incorporate recovery plan.

The Tatau Pounamu Chair was very optimistic with the current pathway and direction and very much appreciated the work that Melissa and Sarah have done.

ACTIONS:

- 1. Tatau Pounamu members were unanimous in supporting the updates and the next steps of the annual plan process.**
- 2. The Memorandum of Understanding and Terms of Reference were raised. The Chair will meet with the Board Chair to begin the process of engagement around this and establish some timeframes. Susan**
- 3. Melissa MacFarlane felt that a refresh of these documents would be very timely in this current new environment. The Wae2575 will also assist into this process.**
- 4. The GM Hauora Maori advised that the additional work that Covid19 is currently consuming will also need to be factored and considered into the plan.**

GM Hauora Maori Report & Dashboard

- GM report taken as read.
- Kylie spoke to the dashboard.
- Gary took the opportunity to welcome Marion at this point the group.

Tatau Pounamu Chair

1. Facts Sheet /Communications

- *The Chair reiterated the importance of creating an information pathway like this. Marion will engage with Lee Harris and make contact directly. ACTION: MARION*

2. Access to PPE

- *The MOH has provided some latest korero around this. These are based on national standards*
- *We would expect low levels here, however useful to know the process.*
- *Kylie is meeting with Brent Woolhouse around PPE today and will update. ACTION: KYLIE*

3. Whanau Packs & Distribution

- *1000 packs expected around 14 April*
- *Will be received in bulk, will need a plan in terms of logistics and packing at each region -Kawatiri, Hokitika, Grey*

4. Board / Governance Drive

- *The Sharing of information is causing frustrations from Poutini Waiora with PHO. Feel it is holding up the ability to work more collaboratively. It is seen as an opportunity to raise at Board level in a report and through the Tatau Chair to Board Chair directly around have some form of dual information sharing particularly in times such as this pandemic.*
- *There are PHO staff currently calling whanau within the community and it is not clear how many they are calling and if there has been cross overs with them and Poutini Waiora. The people who are engaging in this work from PHO could also be connecting with Rachel and Hamiria to have a better co-ordinated approach. **ACTION: Susan to discuss with Board Chair and raise in Board Report/Update.***

DRAFT

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING TEAM MEETING – Covid 2020 ZOOM HUI – FRIDAY 24 April 2020

PRESENT:

Chris Auchinvole, WCDHB Board Representative
Maree Mahuika, Forsyth, Te Runanga O Makaawhio Representative
Ned Tauwhare, Te Rūnanga O Ngāti Waewae
Joseph Mason, Ngati Waewae Representative
Richelle Schaper, Kawatiri Representative
Susan Wallace, Te Runanga o Makaawhio
Kylie Parkin, Programme Manager, Maori Health
Gary Coghlan, General Manager Maori Health
Marion Smith, Portfolio Manager, Maori Health
Anne Ginty, Mawhera Community Representative

APOLOGIES:

IN ATTENDANCE: Philip Wheble, General Manager West Coast District Health Board

MINUTE TAKER: Megan Tahapeehi

Mihi Whakatau/Karakia

Gary Coghlan

Message from the Chair

The Covid 19 environment has been so dynamic and ever changing and our hui offers us an opportunity to take stock of the situation from a Poutini perspective, but also to share areas within our own circles that can broaden our conversations and narrative, but also identify any gaps. In addition to our health team updates and info sharing, I encourage each of our Tatau Pounamu members to come prepared to share no more than 5 minutes korero focussing on information sharing, any areas of concern/issues and bright spots. I have kept it fairly broad because each of us are involved in different areas

Tatau Pounamu Member Updates

Ned Tauwhare, Te Rūnanga O Ngāti Waewae

- Currently 5 weeks into being in the lockdown.
- The experience so far has been very good.
- Support from Poutini Waiora has been very good with regular engagement and daily phone calls.
- The PHO has been very engaging also.
- The Prime Minister has been very good.
- Ngati Wae Wae and Rununga – Rachael and Hamiria have been really good.

Maree Mahuika, Forsyth, Te Runanga O Makaawhio

- The sharing of information and the working collaboration with PHO, Poutini Waiora and the DHB has been really positive. Need to ensure that these relationships continue outside of Covid 19.
- Important to have Poutini Waiora and PHO along to Tatau Pounamu meetings to give regular updates.
- The Rununga girls have been really engaging and working well with all whanau within the community. Engaging closely also with DHB and Poutini Waiora.
- Te Putahitanga forgot to mention the Runungas involvement with the assistance of care packages.

Joseph Mason, Ngati Waewae

- Prescriptions for whanau has been great in terms of pick up and collection.
- Arranging a drive way ceremony for whanau who wish to pay respects for Anzac Day commemorations.
- Following the Grey High updates around prevention and safety for students returning to school.

Richelle Schaper, Kawatiri

- Rural police are doing some great work in assisting communities.
- Support the PM work she is doing.
- Maanaki 20 – Te Putahitanga web page has been really effective and positive.
- Contacting whanau who have connected with the Manaaki 20 survey and assisting with medications, WINZ, Womens Refuge
- Some whanau are settled and others are struggling
- Continue to work closely with Poutini Waiora and in particular the new Whanau Ora Navigator as he transitions into his new role.
- Assisted with hygiene packs and this was really positive.
- Acknowledge the continued collaboration efforts with all working groups within the community/
- Marakai – Seedlings and Planting are in place to enable the fresh delivery of fruit and vegetables to our whanau.
- Some students at High School have not received devices to assist with home learning abilities.

ACTION: Some opportunities around food security. Richelle and Susan to discuss further.

Chris Auchinvole, WCDHB Board Representative

- Politicians are doing a good job, getting some good understanding
- The system has enabled West Coast to be reshaped and in particular for Maori to work better and fit well in this current environment.
- Good liaison with doctors and patients within this current environment.
- Flu Injections – This was conducted at the pharmacy in town and the process was very efficient and positive.
- Overall the systems appear to be working well and the “common sense” is coming into play to get the key outcomes achieved.
- Some great outcomes regarding equity.

Anne Ginty, Mawhera Community Representative

- Anne provided a report update (see attached) **NOTE: Not for further distribution outside of this group.**



FAMILY HARM
UPDATE.pdf

Susan Wallace, Te Runanga o Makaawhio (Tatau Pounamu, Chair)

- The need to continue the collaboration and the positive relationships that are being formed. This current environment is showing how it is making a huge difference.
- DHB and PHO are doing great work together as are the Runungas, Poutini Waiora, Te Putahitanga. We also need to look to extend these relationships out to MSD too.
- Opportunities around food security ie; Marakai.
- Maanaki 20 – Interested to see what the findings of the survey are broken down to a West Coast level.
- Really great to hear that everyone is feeling supported. There is a lot to be proud about.
- Communications, need to style up page to be “prettier”. Make it look more visually appealing.

Marion Smith, Portfolio Manager Hauora Maori

- Communications have been really positive. We will continue to manage and update communications updates through this team.
- Still gaining an understanding of the organisation and how they work within the organisation.
- Zoom meetings are a new way of working into the future. Not always necessary for face to face hui.

ACTION: The Chair requested that the communications template to have some key logos to give it a more professional look.

Gary Coghlan, General Manager Hauora Maori

- Tumu whakarae are a good group advocating at this level with the Ministry.
- The Tumu whakarae framework is a really useful tool that we will be using into the future. This is a great resource to overlay over a lot of pieces of our work.
- The flu vaccines work has been really positive to date and we will continue to stretch this outreach even more.
- There is a need for more immunisation trainings.
- Maori way of thinking to get the outcome has been in place throughout this and has been breaking some previous barriers that were in place.
- A meeting with the Chair and GM Maori to take place before the Board Chair and Tatau Chair catch up.

Chairs Reports

Taken as read.

Hauora Maori Update

Taken as read.

DRAFT

MATTERS ARISING APRIL MEETING 2019

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1.	April 2020	Workforce Development Plans/Annual Plan Regular updates provided. Awaiting formal MOH sign off.	Kylie Parkin	June Meeting
2.	April 2020	DNA Update Ongoing work and discussions continue in this area,	General Manager, Maori	June Meeting
3.	April 2020	Improved Access to Hokitika Health Services Ongoing.	Chair	June Meeting
4.	April 2020	Hospital Rebuild Positive engagement and korero continues to occur. Local iwi continue to stay engaged with the facilities team as work progresses in these areas.	Gary Coghlan	June Meeting

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Hauora Maori Team**

DATE: **Friday 5 June 2020**

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

Written Policy Update

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group reviews the DRAFT Te Nikau visitors policy, adapted from our original visitors policy.

Please send through any recommendations to Megan Tahapeehi by Tuesday, June 9 2020.

Te Nikau Visitor & Support Persons Procedure

1. Purpose

This Procedure has been developed as a means of providing visitation and to assure the health and safety of West Coast District Health Board (WCDHB) inpatients and staff members.

2. Application

This Procedure is to be followed by all WCDHB staff members, inpatients and their visitors/support persons.

3. Definitions

There are no definitions associated with this Procedure.

4. Responsibilities

For the purposes of this Procedure:

Patient/clients are required to inform WCDHB staff members if they do not wish to receive visitors.

Visitors/Support Persons are required to accept the directions of WCDHB staff members and respect the rights of staff members, other patients/clients and their visitors.

WCDHB Staff Members are required to ensure they abide by the requirements of this Procedure.

5. Resources Required

This Procedure requires no specific resources.

6. Process

1.00 Introduction

- 1.01 WCDHB recognises visits from family/whanau/friends and other support persons enhances the care provided by WCDHB services and increases the patient/client's successful return to the community.
- 1.02 Staff members assigned to the Inpatient/Day-case/Outpatient areas are responsible for educating patients/visitors/support persons about the requirements of this Procedure.
- 1.03 Visits to a patient should be beneficial to both the patient and visitor. Where staff has any concerns regarding this, they are to discuss with the patient/their representative whether or not the visit will be therapeutic and desired (*See also Section 1.05 and 1.09*).
- 1.04 Visits should not interfere with patient/client involvement in scheduled treatment

"Procedure"	Page 1 of
Document Owner:	
WCDHB- # Version Reviewed	Master Copy is Electronic

Te Nikau Visitor & Support Persons Procedure

activities. However WCDHB staff are encouraged to make reasonable efforts to accommodate patient/client visitors, and explain to the visitors why it is not possible to visit the patient/client, and then make a time when they can visit the patient/client.

- 1.05 Patients/clients have the right to refuse visitors. When this occurs WCDHB staff are to explain the circumstance to the visitor. Information about the patient/client's refusal is to be recorded in their clinical record.
- 1.06 Patients/clients have the right to refuse visitors. When this occurs WCDHB staff are to explain the circumstance to the visitor. Information about the patient/client's refusal is to be recorded in their clinical record.
- 1.07 Visitors and their possessions will not be searched by WCDHB staff, but any item given to the patient/client may be checked for dangerous items (*See WCDHB Search of Patients Procedure*).
- 1.08 Visitors who are intoxicated, abusive or otherwise disruptive to patient/client treatment or the safe operation of the WCDHB will be asked to leave the premises. If the visitor refuses to leave or becomes a threat then the staff member must call 111 for assistance and ensure the safety of others in their care.
- 1.09 Visitors may be restricted from accessing patients who have a communicable disease. This decision will be made by the patient's responsible clinician. Visitors may also be required to wear personal protective equipment (PPE).
- 1.10 Visitors may be restricted from accessing patients where there is a risk of a communicable disease being brought into the Facility from the community. This decision is to be made by the relevant Manager in consultation with the Infection Control Advisor and Chief Medical Advisor.
- 1.11 Patient/client visitation by children is welcomed provided it is beneficial to both the patient/client and the children. Children visiting a WCDHB Hospital are to be accompanied by a responsible adult at all times.
- 1.12 If children visiting a patient/client are disturbing other patients/clients or WCDHB staff members, then the responsible adult is to be asked by a WCDHB staff member to correct the situation.
- 1.13 Visitors to a patient/client may only be restricted where the patient/client's responsible clinician believes that visitors would be detrimental to the interests or treatment of the patient/client, or it would create a risk to patient/client, staff members or public safety. Restrictions must be documented in the patient/client's clinical record and reviewed on a daily basis. Staff members are to attempt to contact persons restricted from visiting to inform them about the restriction, and also when the restriction is lifted.
- 1.14 Patient/clients are allowed to have a support person present when they are receiving a service from WCDHB, except where the safety of any person may be compromised, or the rights of another patient/client may be unreasonably infringed. (see also *WCDHB Third Person present During Consultation Procedure*).

2.00 **Visitors to Grey Base Hospital**

2.01 Visiting hours for Grey Base Hospital are as follows:

Area	Visiting Hours
Inpatient Wards	10:00am – 2:00pm 3:00pm – 8:00pm
Critical Care Unit	10:00am – 1:00pm 3:00pm – 8:00pm
Maternity Unit	10:00am – 2:00pm 3:00pm – 8:00pm

3.00 **Exceptions**

3.01 Exceptions to the above visiting hours must be sought via the ward/unit manager and will be granted on a discretionary basis and dependant on the follow:

- (i) Individual patients clinical need (palliative etc.)
- (ii) Individual patients support requirements at the time

3.02 Visitor hours can be alternatively met and organised via WCDHB staff via video calling and can take place at outside of the above visiting hours.

3.03 If a visitor/support person requires access the Maternity Ward outside of visiting hours, they must call the ward prior to arrival via the switchboard.

7. Precautions and Considerations

- The WCDHB will make every effort to accommodate visitors when clinically appropriate
- Visits should not interfere with patient/client involvement in scheduled treatment activities
- Visitors may be restricted if visits interfere with patient/client treatment or create a risk to patient/client, staff members or public safety

8. References

Code of Health and Disability Services Consumers' Rights (1996)

9. Related Documents

WCDHB Clinical Documentation Procedure

WCDHB Search of Patients Procedures

WCDHB Third Person Present During Consultation Procedure

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **Friday 5 June 2020**

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

Verbal Update

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes and approves any verbal discussion of update.

GM UPDATE TATAU POUNAMU



TO: Tatau Pounamu Chair & Members

SOURCE: General Manager, Maori Health

DATE: Friday 5 June 2020

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Tatau Pounamu Manawhenua Advisory Group notes this report;

Complex Critical Care Network (CCCN)

The role of Maori Health Clinical Needs Assessor that sits within the Complex Critical Care Network at the WCDHB has, over the past years, had its challenges in meeting the kaupapa of the position. The Hauora Maori team have been working with the CCCN team to investigate opportunities to embed this role into the Maori community and support the work of the network.

A facilitated meeting was held with Poutini Waioara, the Manager of CCCN and the Assessor, and options were discussed for better collaboration and partnership and a stronger reach into Maori whanau. We believe the involvement of Poutini Waioara in this mahi will be critical as we support the provision of this service for whanau. Poutini Waioara has referred whanau to the CCCN before, and will now include the assessor as part of their 'tool kit' of services.

Improving DNA (Did not attend) rates for vulnerable populations

Maori outpatient nonattendance (DNA) at all DHB clinics in New Zealand are typically twice that of non-Maori and there has been a plethora of research into why this occurs and what strategies can be implemented to reduce this number.

Reports on DNA's and actions implemented at the DHB have been tabled at Tatau in 2016 and 2017, and while rates decrease slightly immediately following intervention, they did not stay low for long.

Maori / non Maori DNA rates

	2018		2019		2020	
January	12.69%	5.45%	17.31%	7.14%	14.47%	6.92%
February	11.90%	5.95%	12.05%	5.30%	10.75%	4.65%
March	16.67%	7.04%	11.39%	5.78%	6.30%	5.95%
April	12.80%	5.22%	11.43%	7.52%	4.44%	2.33%
May	19.85%	5.63%	11.49%	6.69%	34.88%	3.83%
June	12.82%	5.73%	8.45%	6.53%		
July	13.91%	6.58%	10.38%	7.32%		
August	11.59%	5.92%	18.27%	6.70%		
September	12.61%	6.70%	18.75%	6.00%		

The consequence for Maori who are not accessing services could have their health compromised. The consequence for the DHB's is that scarce resources, such as specialist and nursing time are wasted. We are mindful that people may miss health appointments for a wide range of reason and need to understand these in order to implement processes and systems to encourage attendance.

At the DHB we are able to identify patients who, based on past booking events are more likely to 'DNA', and we more closely case-manage these groups. The estimated cost of each DNA is between \$262 - \$412, and based on Maori DNA's reported in 2019, the cost to the WCDHB was in excess of \$400,000.

The Hauora Maori team are now looking at a 'whole of system' approach to this issue. We had a valuable korero with the Central Booking Unit Management and staff and heard the challenges they face and strategies they have implemented to try to improve DNA rates for vulnerable populations. Actions identified at this meeting will inform the next stage of this work.

Kia ora Hauora 2020

Grey Hospital Work Placement and Junior Exposure Programme 2020 unconfirmed dates

Planning is underway for a busy 2020 working in partnership with the team at Mokowhiti to deliver the Kia ora Hauora programme. There are new initiatives being piloted that we are hoping to trial on the West Coast including an eight-week Shadow Programme where Year 12 and 13 spend 1 day a week with a specific service i.e. Allied Health/Physio supported by Kia ora Hauora and the DHB to continue further exploration if they find that this is a potential career option.

School	Preferred Date	Email response from
Greymouth High School	14-16 October 2020	John DeGoldi
Westland High School	14-16 October	Christine Weepu WHS Ball and Te Hui Ahurei in September
South Westland	21-23 September 2020	A Fox
Buller High School	21-23 September 2020	Miriam Comeskey
John Paul II	14-16 October	Trish O Regan
Reefton Ara School	Awaiting response	Lisa Morris

Junior Hospital Exposure Day

School	Preferred Date	Email response from
Greymouth High School	November	John DeGoldi
Westland High School	10 November	Christine Weepu
South Westland	10 November	A Fox
Buller High School	Awaiting response	Miriam Comeskey
John Paul II	4 November	Trish O Regan
Reefton Area School	10 November	Lisa Morris

Maori Immunisation Programme

A proposal has been approved by the Ministry of Health as part of the covid-19 response work to build on the success to date of providing flu vaccinations for Maori. The funding will primarily enable Maori Health Providers to provide targeted outreach clinics within Maori community settings and rurally isolated areas. There is also provision to build the capacity of the Maori Health Provider to better resource them with any additional equipment and education required to support an outreach approach.

Poutini Waiora

The relationship with Poutini Waiora has continued strengthen post Covid-19 and regular strategic meetings with the newly formed management team are proving to be valuable in determining priorities

both at a service and system level with several priority areas identified for us to work together on to strengthen service delivery and build capacity.

HEAT Tool and transition to Te Nikau

The DHB clinical and leadership teams are undertaking planning and organising for the transition to Te Nikau which will occur in eight weeks. Hauora Maori has been invited to work across the service areas to ensure equity is strongly factored in to this work. The use of the HEAT tool is one way that we are doing this. Focus areas are:

- Triage process for new facility (IFHC)
- Visitor policy for Inpatient Wards
- CBU Booking process
- Covid-19 Recovery work
- Elective surgery
- Outpatient and Infusions
- Primary care interface with ED

Note that this work, while currently supporting and informing the transition to Te Nikau, is intended to have a life past the migration process. There is a strong commitment to ensuring equity is embedded in this work and a commitment to continue to build and strengthen the pathways and models of care post the physical move into Te Nikau.

Mental Health Inpatient Unit – New Facility

The Functional Design Brief has been prepared for the West Coast District Health Board and will inform a proposed Business Case for the development of a new Mental Health Facility on the Grey Base Hospital site to replace the existing earthquake prone building.

A concept design process was undertaken in 2020 with focussed inputs from WCDHB including input from the GM Maori and Kaihautu Poutini Waiora and used consultants to inform concept design requirements for the New Mental Health facility.

Consultation with stakeholders was limited to videoconference and telephone due to travel restrictions in light of Covid-19. The development of the new facility will be a phased approach that will include more robust consultation as we move past the design phase.

#MANAAKI20

SUPPORT TEAM CONTRIBUTIONS AS AT 21 MAY 2020

2,109

TOTAL CASES

7,898

TOTAL WHĀNAU

1,955

CLOSED CASES



3,386

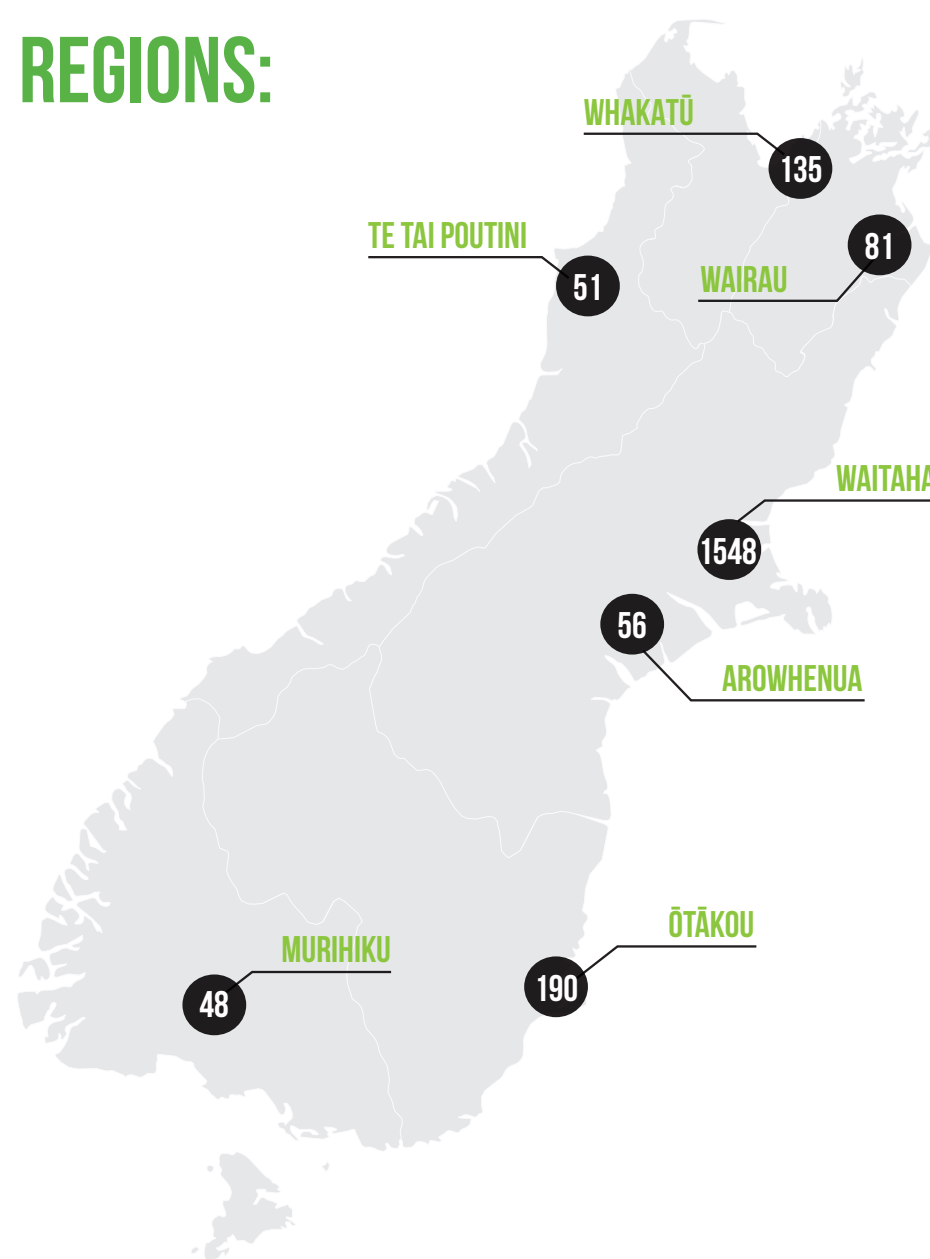
CHILDREN UNDER 12

4,512

ADULTS



REGIONS:



WHAT WE HELPED WITH: \$838,830.18

KAI SUPPORT



1,734

SUPPORT PACKAGES
TOTTALLING:

\$329,294.82

DATA/PHONE SUPPORT



1,104

SUPPORT PACKAGES
TOTTALLING:

\$55,889.09

POWER SUPPORT



1,371

SUPPORT PACKAGES
TOTTALLING:

\$453,646.27

VULNERABILITIES: 830

OVER 60



401

MEDICAL CONDITIONS



310

PREGNANT



41

NO EASY ACCESS



24

OTHER



54

POWER SUPPORT: 1,371 (\$453,646.27)

contact 196
\$67,740

ELECTRIC KIWI 46
\$15,518

energyclubnz 13
\$2,100

ENERGY ONLINE 42
\$13,949

FIREWOOD 72
\$24,209

Flick 21
\$6,300

genesis ENERGY 193
\$66,115

GLO BUG 233
\$74,196

Mercury 54
\$17,118

Meridian 121
\$40,216

nova energy 29
\$9,750

POWERSHOP 109
\$37,963

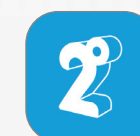
pulse energy 29
\$10,204

slingshot 39
\$13,400

Trust power 92
\$29,650

OTHER 82
\$24,868

DATA SUPPORT: 1,104 (\$55,889.09)



212

\$10,650



104

\$5,200



208

\$10,420



228

\$11,969.09



352

\$17,650

KAI SUPPORT: 1,734 (\$329,294.82)

COMMUNITY
INITIATIVE/SUPPLIER: 3
\$350.00

MY FOOD BOX
DELIVERY: 3
\$1,040.00

STUDENT VOLUNTEER
ARMY VOUCHER: 15
\$2,630.00

SUPERMARKET
PURCHASE: 28
\$4,352.63

SUPERMARKET
VOUCHER: 1,678
\$320,090.39

OTHER/
BLANK: 7
\$831.80

Decision Paper

Title:	Tumu Whakarae COVID-19 Improvement Recommendations
To:	National DHB CEOs
Copy to:	Māori Health Directorate, Ministry of Health
Endorsed by:	John Whaanga, DDG Māori Health, Ministry of Health Dale Bramley, CEO, Waitematā DHB Riki Nia Nia, Chair, Tumu Whakarae
Prepared by:	Hinewai Pomare & Roimata Tipene
For your:	Decision

Recommendations

It is recommended that CEOs:

- **Receive** the paper
- **Approve** the recommendations

Purpose

The work programme is informed by the Tumu Whakarae reflections Wānanga Rātapuⁱ held on the 19th of April, guidance from the Ministry of Health's (MoH) evolving approach to the COVID-19 response, the MoH Māori Health Action Plan, the Tumu Whakarae COVID-19 Response Framework and Principlesⁱⁱ.

Recommendations

It is recommended that you:

1.	agree	to implement the proposed Work Programme in order to strengthen the DHBs COVID-19 response to Māori to by driving actions that enable DHBs to: <ul style="list-style-type: none"> a) provide more timely access to data/intelligence to inform the Māori response b) capture the learning's from our Māori response COVID-19 in a way that enables us to shape Te Ao Hōu, the new normal c) continue to communicate and engage more effectively with Iwi/Māori at all levels (planning, monitoring and service delivery) d) meet unmet Māori health needs resulting from the Pandemic. 	Yes/No
2.	agree	to establish a governance group with representation from DHB, MOH and HSQC to ensure there is adequate oversight of the work programme.	Yes/No

Signature _____
Kathryn Cook

Date:

Background

A key focus for Tumu Whakarae is to champion Te Tiriti, Māori health equity and the achievement of accelerated Māori health outcomes. This has continued throughout the COVID-19 response.

Te Tiriti and Māori health equity must be at the centre of each level of the alert system for the COVID-19 response. The Ministry of Health (MoH) states that measures in the response to COVID-19 must be taken in a way that actively protects the health and wellbeing of whānau, hapū, iwi and Māori communities. The Pandemic has amplified issues such as, poverty, access to care and overcrowding for whānau. As Level 4 concluded Tumu Whakarae reflected on the COVID-19 response for Māori to date while considering the Wai2575 stage one report of findings.

These reflections and key improvement recommendations were sent to DHB Chief Executive Officers (CEOs)ⁱⁱⁱ for their collective consideration. Subsequently, CEO leads for Māori health/CEOs requested that a proposed work program come to the National CEOs for consideration/approval^{iv}.

Proposed approach for the work programme

The key purpose of the proposed work programme is to advance the COVID-19 response improvement recommendations from Tumu Whakarae. The actions in the work programme are aimed at ensuring, whānau are protected from COVID-19, that whānau are enabled to stay well and that whānau recovery is accelerated, and that we capture the lessons^v from COVID-19 to help shape Te Ao Hōu (the future). The implementation is collaboration with DHBs working together with HQSC, MoH and Iwi.

While the plan is proposed to occur over the next 6 months and is COVID-19 focussed it will need to evolve, change and potentially stretch out as our context changes.

Table 1: Outline of the work programme

Focus Area and Rationale	Summary of actions	Leads	Months			
			6	12	18	24
1. Collaborate to ensure we have timely Māori Health Intelligence to inform the Māori response to COVID-19 Purpose: We require quick, real-time access to data and intelligence to inform our COVID-19 response and Post-pandemic recovery decisions for Māori. Key functions: <ul style="list-style-type: none"> Maintain close oversight of the impact of COVID-19 on Māori communities Inform strategy and planning of the COVID-19 Māori health response Maintain oversight of potential impact of COVID-19 on Māori access to services Provide intelligence & insight to inform an accelerated Māori health recovery plan 	Initial Work Programme					
	Collaboration between DHB, HQSC & the Māori Health Intelligence / Insights Team within the MoH to: <ul style="list-style-type: none"> Establish a community of practice protocol between organisations to enable timely sharing of relevant data, intelligence and insights (PHOs/DHBs/HQSC/MOH.) Implement mechanisms to enable timely and effective access to intelligence Implement a Māori COVID-19 dashboard Implement a Māori COVID-19 recovery dashboard Inform an accelerated Māori health recovery plan Inform Te Ao Hōu (New Normal) 	MoH lead	X	X		
	Focus of future work programme					
	Establishment of a Māori health intelligence network <ul style="list-style-type: none"> Investigate the options for the development of a collaborative Māori health intelligence network 	MOH & Regional DHB Lead identified		X	X	X

Focus Area and Rationale	Summary of actions	Leads	Months			
			6	12	18	24
2. Evaluate, and learn from the DHBs COVID-19 response to Māori Purpose: To capture the learning's made from COVID-19 in a way that enables us to shape Te Ao Hōu, the new normal. Specifically in relation to, Te Tiriti o Waitangi and Māori health equity. This includes the identification and removal of historical and emerging barriers. Review functions: <ul style="list-style-type: none"> Document key action and investment in the COVID-19 response to Māori Capture key learning's from COVID-19 response to date. Report on barriers and challenges that impacted the COVID-19 response to Māori. Report on the positive innovation that occurred. 	Initial work programme					
	Between the MOH, HQSC & DHBs agree and implement a evaluation program to help answer the following key questions: <ul style="list-style-type: none"> Were we prepared in terms of our response to Māori? What worked well in the COVID-19 response to Māori? What could have worked better in the COVID-19 Māori response? What were the key enablers and disablers for the response to Māori? What were the whānau and Iwi experiences of the COVID-19 response for Māori? 	MOH Lead	X			
	Focus of future work programme					
	Use the findings of the evaluation report to help shape and inform Te Ao Hōu, the new Health system normal. Key focus areas will be: <ol style="list-style-type: none"> Enabling DHBs to meet their Te Tiriti o Waitangi obligations Enabling DHBs to meet their Maori Health Equity aspirations Enabling DHBs to engage and communicate effectively with Māori Developing the competence of the DHBs workforce to implement the above. 	MOH & DHBs		X	X	






	5. Inform future interventions to improve Māori health					
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Focus Area and Rationale	Summary of actions	Lead	Months			
			6	12	18	24
3. Effective communications and engagement with Māori Purpose: To use our communication approaches as a tool for protecting whānau from COVID-19 and to actively promote Māori led response that have worked. Delivering clear, coherent, and concise messaging to Māori communities is an important component of the COVID-19 Māori response. As our approach to COVID-19 evolves, communications activity should include tailored and locally led updates to Māori stakeholders to ensure messages resonate, and enable transparency. Key functions: <ul style="list-style-type: none"> Our approach enables effective engagement with Māori Our approach protects whānau from the COVID-19 Our approach enables accelerated whānau recovery from COVID-19 	Initial Work Programme					
	Communications and engagement strategies are effective for Māori: <ul style="list-style-type: none"> Review of existing DHB COVID-19 Communications for Recovery Plans to ensure they effectively inform, engage and empower Māori to: <ul style="list-style-type: none"> protect themselves from COVID-19 at all levels of the Pandemic to stay well during all levels of the Pandemic to accelerate whānau recovery from Pandemic (noting the spectrum of whānau needs) Proactively Whakamana Iwi/Māori led responses to COVID-19 in our communications to the public. 	Regional DHB leads	X	X		
	Focus of future work programme					
	<ul style="list-style-type: none"> MoH lead development of a set of national guidelines for effective communication and engagement with Māori Continued renewal of communication approaches and communication channels that are effective for Māori. 	MoH lead	X	X	X	

Focus Area and Rationale	Summary of actions	Lead	Months			
			6	12	18	24
4. Planning for unmet need and accelerated recovery Purpose: Develop a monitoring framework and tools that identify Māori health needs and help DHBs meet the unmet need resulting from COVID-19. Clear accountabilities are required for delivering on COVID-19 response actions for Māori. Key functions: <ul style="list-style-type: none"> Clear Māori health equity expectation/s of the system relating to unmet need and accelerated 	Initial Work Programme					
	Planning for unmet need and accelerated recovery: <ul style="list-style-type: none"> Clear Ministry of Health Māori Health equity expectations of all new COVID-19 funding with clear accountability measures in place Convene a National Māori Clinical TAG to work with HQSC to ensure equity for Māori is at the heart of recovery & redesign DHBs and PHOs have an integrated Māori health equity plan in place to meet unmet need, starting with planned care and treatment of Long Term Conditions. The plan must have clear disruptive actions within it. DHBs and PHOs agree to prioritise Māori health provider sustainability 	MOH lead / HQSC monitor Lead DHB with Tumu Whakarae DHBs/PHOs lead locally	X	X		
	Focus of future work programme					

<p>recovery that result in targeted programs in Primary, Secondary and Tertiary Care</p> <ul style="list-style-type: none"> • Health & Quality Safety Commission to monitor and report on the health systems endeavor to meet unmet Māori health needs resulting from COVID-19 and share tools for best practice. • Lift the capability of the health workforce to deliver the DHBs collective Māori health equity and Te Tiriti aspirations. 	<ul style="list-style-type: none"> • DHB accountability framework clearly articulates expectations of DHBs in terms of Te Tiriti / Māori health equity and the achievement of Māori health outcomes. • A project to look at how DHBs can accelerate its collective endeavour to significantly and meaningfully realise cultural competence for all clinical staff, the Board and other staff groups that have regular contact with patients and whānau is implemented. 	<p>MOH (DHB Performance Team)</p> <p>Tumu Whakarae & Central TAS</p>		X	X	X
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Appendices

Item	Paper
1. Tumu Whakarae Wānanga Rātapu, 19.04.20	 19042020-Final-TW-Wānanga-Rātapu (Fir
2. Tumu Whakarae COVID-19 improvement recommendations letter to DHB CEOs 27.04.20	 TW Letter to CEOs-Final 27042020
3. Tumu Whakarae meeting with and CEO leads Zui notes 29.4.2020	 Zui with CEOs 290420.pdf
4. Tumu Whakarae COVID-19 Priority Framework and Principles 27.04.20	 Tumu Whakarae COVID-19 Guiding Prii
5. Tumu Whakarae Collaboration Zui on Māori Health Equity with Francis Health 11.05.20	 S6 Equity - themes.pdf

ⁱ See Item 1 in Appendices

ⁱⁱ See Item 4 in Appendices

ⁱⁱⁱ See Item 2 in Appendices

^{iv} See Item 3 in Appendices

^v See Item 5 in Appendices

WEST COAST DHB – MEETING SCHEDULE

FEBRUARY – DECEMBER 2020

PLEASE NOTE THAT THESE DATES ARE CONFIRMED UNTIL 27 MARCH 2020

OTHER DATES ARE SUBJECT TO FURTHER BOARD DISCUSSIONS

DATE	MEETING	TIME	DUE DATES FOR PAPERS
Friday 21 February 2020	BOARD MEETING	10.00am	Tuesday 11 February 2020
Thursday 12 March 2020	Advisory Committee Meeting	10.30am	Tuesday 3 March 2020
Thursday 12 March 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Tuesday 3 March 2020
Friday 27 March 2020	BOARD MEETING	TBC	Tuesday 17 March 2020
Friday 8 May 2020	BOARD MEETING	10.00am	Tuesday 28 April 2020
Thursday 11 June 2020	Advisory Committee Meeting	10.30am	Tuesday 2 June 2020
Thursday 11 June 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Tuesday 2 June 2020
Friday 26 June 2020	BOARD MEETING	10.00am	Tuesday 16 June 2020
Friday 7 August 2020	BOARD MEETING	10.00am	Tuesday 28 July 2020
Thursday 10 September 2020	Advisory Committee Meeting	10.30am	Tuesday 1 September 2020
Thursday 10 September 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Tuesday 1 September 2020
Friday 25 September 2020	BOARD MEETING	10.00am	Tuesday 15 September 2020
Friday 30 October 2020	BOARD MEETING	10.00am	Tuesday 20 October 2020
Thursday 26 November 2020	Advisory Committee Meeting	10.30am	Tuesday 17 November 2020
Thursday 26 November 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Tuesday 17 November 2020
Friday 11 December 2020	BOARD MEETING	10.00am	Tuesday 1 December 2020

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

**TATAU POUNAMU
MANAWHENUA ADVISORY GROUP
2020 MEETING SCHEDULE**

DATE	TIME	VENUE
28 February 2020	10.00 – 1.00pm	Board Room, Corporate Services
24 April 2020	10.00 – 1.00pm	Board Room, Corporate Services
5 June 2020	10.00 – 1.00pm	Board Room, Corporate Services
7 August 2020	10.00 – 1.00pm	Board Room, Corporate Services
9 October 2020	10.00 – 1.00pm	Board Room, Corporate Services
11 December 2020	10.00 – 1.00pm	Board Room, Corporate Services

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