

# **TATAU POUNAMU**

## **Ki Te Tai o Poutini**



## **MANAWHENUA ADVISORY GROUP**

**Friday 9 October 2020**

**Board Room**

**<https://cdhbhealth.zoom.us/j/88207983799> Meeting**

**ID: 882 0798 3799**

*@ 10.00 am Board Room, Corporate Services – West Coast DHB*

**Agenda and Meeting Papers**

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

**TATAU POUNAMU ADVISORY GROUP MEETING**

Board Room <https://cdhbhealth.zoom.us/j/88207983799> Meeting ID: 882 0798 3799

Te Nikau Hospital – Board Room, Corporate Services  
Friday 9 September 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**

Previous meeting minutes – 24 July 2020

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

**4. Discussion Items**

- |   |         |
|---|---------|
| ▪ Suicide Prevention Update, Claire Robertson ZOOM          | 10.30am |
| ▪ Bowel Screening Update – Robin Rutter-Bauman ZOOM         | 11.30am |
| ▪ Māori Representation Requests – Gary Coghlan              | 12.00pm |
| ▪ General Manager Te Nikau Update – Phil Wheble (in person) | 12.30pm |

**REPORTS**

- |                              |   |
|------------------------------|---|
| 5. Suicide Prevention Update | Claire Robertson                          |
| 6. GM Māori Health Update    | Gary Coghlan, General Manager             |
| 7. Chairs Update – Verbal    | Susan Wallace, Chair                      |
| 8. Equity Update             | Report Update                             |
| 9. DNA Update (Verbal)       | Marion Smith, Workforce Portfolio Manager |

**INFORMATION ITEMS**

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

## MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING FRIDAY 24 JULY 2020 ZOOM HUI

**ZOOM:** <https://anglicanchurch-nz.zoom.us/j/91119575018>

### ZOOM:

Ned Tauwhare, Te Rūnanga O Ngāti Waewae  
Anne Ginty, Māwhera Community Representative  
Joseph Mason, Ngāti Waewae Representative  
Gary Coghlan, General Manager Hauora Māori  
Marion Smith, Portfolio Manager Workforce, Hauora Māori  
Kylie Parkin, Portfolio Manager, Hauora Māori

### APOLOGIES:

Chris Auchinvole, Māwhera WCDHB Board Representative  
Maree Mahuika, Forsyth, Te Rūnaka O Makaawhio Representative  
Richelle Schaper, Kawatiri Representative  
Susan Wallace, Chair - Te Rūnaka o Makaawhio Representative

**ATTENDANCE ZOOM:** Melissa Macfarlane, Planning & Funding

**MINUTE TAKER:** Megan Tahapeehi

### *Mihi Whakatau/Karakia*

Gary Coghlan

### AGENDA/APOLOGIES

#### 1. DISCLOSURES OF INTEREST

Updates or amendments to be provided to Megan over email.

#### 2. MINUTES OF LAST MEETING

The minutes from the last meeting were agreed in principal.

**Moved:** Joseph Mason

**Second:** Ned Tauwhare

#### 3. ACTIONS POINTS FROM PREVIOUS MEETINGS

##### DNA Update

- Regular updates on DNA will be provided at these Tatau Pounamu hui from Marion Smith, Portfolio Manager Workforce.

##### Te Nikau Signage/Carving

- An update on the Pou for the front entrance is still to be confirmed. GM Hauora Māori is to be responsible.
- Still awaiting feedback on the naming of the courtyard area from local iwi. GM Hauora Māori is to be responsible.
- The Whanau Room needs to be called “Whakaruruhau”. New signage is being arranged with the facilities team through GM Hauora Māori.
- Some existing Taonga from the old hospital will be transferred into the new.

- The opening is likely to be towards the end of August. This will be formalised closer to time.

#### Improved Access to Hokitika Health Centre

- Ongoing

#### Haast Clinic (Tioripātea)

- Iwi will be kept informed of the final opening dates.

#### Te Nikāu – St Johns “Friends of Hospital”

- Positions have been finalised.
- Orientation and ID currently underway.

#### Alliance Leadership Team Appointment

- The appointment of Mere Wallace was confirmed. The GM Hauora Maori advised he would support her at some of the initial hui.

#### Mental Health Update

- Regular updates are provided to the agenda by Kylie Parkin, Portfolio Manager Hauora Māori.

#### Te Nikāu Visitor Policy

- Tatau Pounamu were interested to know what were the tracked changes that were updated.
- The Policy did not appear to reference to Tikanga Best Practice.  
**ACTION: Kylie Parkin to supply a copy of the tracked changed versions.**

### **4. DISCUSSION ITEMS**

#### Annual Plan Update

- Melissa Macfarlane provided Tatau Pounamu with an update on progress with approval of the DHB's 2020/21 Annual Plan and shared the detail within the plan to ensure Tatau Pounamu were aware of the commitments that have been made for the coming year.
- Tatau Pounamu members who were in attendance noted the equity actions represented within the Annual Plan Action Tables and the commitments made for the 2020/21 year.
- Tatau Pounamu requested quarterly reports be provided highlighting areas of equity showing the actions or delays. **ACTION: Kylie Parkin**
- GM Māori said the plan we have is achievable with emphasis on discharge planning and community groups with a focus on elderly. **ACTION: Meeting to be arranged with Melissa MacFarlane and Hauora Māori Team.**
- Marion Smith provided feedback from Te Rūnaka O Makaawhio Representative Marie Mahuika Forsyth with her feedback to the plan.

### **Maori Health Profile**

- The expectation of this outcome being completed by Quarter 2 was highlighted. The Hauora Māori Team will continue to work with Melissa Macfarlane and Tatau Pounamu as work progresses.

### ***From the Annual Plan;***

#### **2.1 - Give practical effect to Hē Korowai Oranga – The Māori Health Strategy**

*Design and make publicly available a Māori Health Profile to support strategic thinking and action to address areas of inequity and track progress towards Pae Ora (Healthy Futures) for Māori on the West Coast.*

### **Mental Health Update**

- Kylie Parkin is working with Claire Robertson on a Registration of Interest for Innovative Models of Care – Kaupapa Māori.

**ACTION: Claire Robertson will be invited to the next Tatau Pounamu hui to doing about Mental Health and in particular Māori suicide rates.**

### **Māori Mental Health**

- Good management in place.
- Some barriers are being removed.
- Work is ongoing with the review.

### **Workforce Development Update**

- Marion Smith provided Tatau Pounamu with a report which was taken as read.
- Marion Smith sits on the newly established Te Nikāu Consumer Feedback Group. This group discusses all aspects of patient/whanau experience. Marion is the liaison point for Manawhenua around this mahi. Whanau are to raise any concerns through the Tatau Pounamu representatives and then onto Marion.

### **DNA Update**

- Marion Smith tabled her report which was taken as read.

**Zoom Hui finished at 1230pm**





## TATAU POUNAMU ACTION LIST ITEMS JULY MEETING 2020

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1.	July 2020	<b>DNA Update</b> <ul style="list-style-type: none"> <li>- Regular Tatau Pounamu Meeting Updates</li> <li>- Ongoing project with some success.</li> <li>- Establishing good working relationships with Central Bookings unit.</li> </ul>	Marion Smith	September Meeting
2.	July 2020	<b>Te Nikau</b> <ul style="list-style-type: none"> <li>- Signage – Still awaiting a name for the courtyard.</li> <li>- Carvings – A new carving is to go out front.</li> <li>- Some existing Taonga/Images from around the old hospital will be used in Te Nikau.</li> </ul>	General Manager, Maori	September Meeting
3.	July 2020	<b>Improved Access to Hokitika Health Services</b> <ul style="list-style-type: none"> <li>- Ongoing.</li> <li>- The ALT restructured working groups will have the ability to have some more localised focus with key representatives within each of the three areas. (Kawatiri, Mawhera, Hokitika)</li> </ul>	Chair	September Meeting
4.	July 2020	<b>Annual Planning Update</b> <ul style="list-style-type: none"> <li>- Melissa Macfarlane provided Tatau Pounamu with an update on progress with approval of the DHB's 2020/21 Annual Plan and shared the detail within the plan to ensure Tatau Pounamu were aware of the commitments that have been made for the coming year.</li> <li>- Tatau Pounamu members who were in attendance noted the equity actions represented within the</li> </ul>	Kylie Parkin	September Meeting

		<p>Annual Plan Action Tables and the commitments made for the 2020/21 year.</p> <ul style="list-style-type: none"> <li>- Tatau Pounamu requested quarterly reports be provided highlighting areas of equity showing the actions or delays.</li> <li>- GM Maori said the plan we have is achievable with emphasis on discharge planning and community groups with a focus on elderly.</li> </ul> <p>Meeting to be arranged with Melissa Macfarlane and Hauora Maori Team.</p>	Kylie Parkin	
4.	July 2020	<p><b>Haast Clinic</b></p> <ul style="list-style-type: none"> <li>- Opening expected to happen after the Te Nikau migration has finished</li> <li>- The migration team have been emailed requesting an update on the date. 30/9/2020</li> </ul>	Megan Tahapeehi	September Meeting
5.	July 2020	<p><b>Te Nikau – St Johns “Friends of Hospital”</b></p> <ul style="list-style-type: none"> <li>- Appointments are in place and working.</li> </ul>	Marion Smith	September Meeting
6.	July 2020	<p><b>Mental Health Update</b></p> <ul style="list-style-type: none"> <li>- Claire Robertson will provide an update at the next hui on Maori Suicide Rates</li> <li>- Working Group Update</li> </ul> <p><b>Maori Mental Health</b></p> <ul style="list-style-type: none"> <li>- Regular Update</li> </ul>	<p>Kylie Parkin</p> <p>Kylie Parkin</p>	September Meeting
7.	July 2020	<p><b>Manaaki 20</b></p> <ul style="list-style-type: none"> <li>- Provide localised update from Te Putahitanga (Kawatiri, Hokitika, Mawhera)</li> </ul>	Richelle Schaper	September Meeting



## DISCUSSION ITEMS

**TO:** Members  
Tatau Pounamu Advisory Group

**SOURCE:** Chair

**DATE:** Friday 9 October 2020

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

The verbal and in person updates from the following:

### 2. RECOMMENDATION

That Tatau Pounamu Advisory Group notes the following updates:

- 4.
- Suicide Prevention Update – Claire Robertson
  - Bowel Screening Update – Robyn Rutter Bauman
  - Māori Representation Requests – Gary Coghlan
  - General Manager WCDHB, Te Nikau Update – Philip Wheble

**Maori Representatives On Committees/Working Groups/Boards**  
**2020**

<b>GROUP/COMMITTEE/BOARD</b>	<b>MEMBERSHIP</b>
HQSC Quality Improvement	Kylie Parkin
Mental Health Quality Team	Kylie Parkin
Mental Health Workstream	Gary Coghlan/Carl Hutchby
Local Diabetes	Kylie Parkin/Angela Orr
Local Cancer	Kylie Parkin
Child & Youth Workstream	Kylie Parkin/Tracey Sollitt
Healthy West Coast	Kylie Parkin, Cary Coghlan/Carl Hutchby
Health of Older People	Gary Coghlan/Kylie Parkin
Buller Workstream	Gary Coghlan/Rehia McDonald/Richelle Schaper
Reefton Workstream	Rehia McDonald/Richelle Schaper
Pharmacy	NO MAORI REP
WCDHB Board	Francois Tumahai
Maternity Quality Safety	Kylie Parkin, Gemma Rae
ASG	Kylie Parkin
Suicide Prevention	Kylie Parkin
Oral Health	Kylie Parkin
Tobacco Coalition	Joe Mason
<b>ALLIANCE GROUPS</b>	
- Alliance Northern	Marion Smith + VACANT MĀORI REP
- Alliance Central	Gary Coghlan + VACANT MĀORI REP
- Alliance Southern	Kylie Parkin/Ned Tauwhare
CCCN	Marion Smith
South Island Workforce Development Group	Gary Coghlan
<b>MĀORI REP VACANCY REQUESTS</b>	
Alliance Central Request	Māori Rep Request
Alliance Northern Request	Māori Rep Request
Clinical Board Māori Consumer Appointment	Māori Rep Request
Disability Steering Group Request	Māori Rep Request

### **Te Pā Harakeke | Nurturing Care in the First 1000 Days - Working Group Expressions of Interest**

Te Pā Harakeke | Nurturing Care in the First 1000 Days is looking for people to join our Working Group and support us to develop a first 1000 Days nurturing care approach for all tamariki in Te Waipounamu South Island. We are committed to upholding the mana of Te Tiriti o Waitangi by ensuring the needs and aspirations of tamariki Māori and their whānau are reflected in all the work we do. Achieving equity for underserved communities is our core focus. Therefore, we are specifically looking for people who can bring a bicultural perspective to the group, with an ability to apply this in an intercultural context.

#### **What is Te Pā Harakeke | Nurturing Care in the First 1000 Days – Working Group?**

We are a working group hosted by the South Island Child Health Alliance reporting to the South Island Alliance Leadership Team. We are a group of clinicians, and individuals from across Te Waipounamu representing; our communities, Primary Care, Mental Health, NGOs and specialist services, all focussed on developing a first 1000 days approach that achieves equity for all pēpi in Te Waipounamu. Our strategy explicitly recognises the critical role of a strong early relationship between pēpi and whānau on the long-term health and wellbeing of our tamariki. The focus of this group is to co-design and co-develop a first 1000 days nurturing care approach that can be flexibly adopted by communities in Te Waipounamu South Island. We are therefore, looking for people who are practical and person-centred, who understand the unique geographical, cultural and socio-economic context here in the region of Te Waipounamu. We are looking for people who can advocate for the communities they represent and contribute expertise and advice on how best to support whānau needs in the first 1000 days.

#### **What is the commitment if I am selected to the Working Group?**

The group meets between 6-8 times per year with a mixture of virtual (and when possible), in-person meetings in Ōtautahi Christchurch. At times, work is also required from members in-between meetings to progress the work programme. Remuneration for attendance at meetings is in line with the South Island Alliance remuneration policy.

#### **How do I apply?**

Please complete the attached expression of interest form addressing the following:

1. What experience do you have working within or with Māori communities?
2. What experience do you have working within or with Pacific peoples?
3. What experience do you have working within or with tangata whaikaha, people with disabilities?
4. How do you aim to bring a focus and perspective on achieving equity for underserved communities?
5. Do you have any perceived or actual conflicts of interest?

Send your expression of interest and/or any questions to [stephanie.read@siapo.health.nz](mailto:stephanie.read@siapo.health.nz)

**Expressions of interests close 14 October 2020**

#### **What happens next?**

Once expressions of interest have closed we will select up to three individuals to join our working group. We will be in touch with you to let you know if your application was successful.

#### **Dr Peter McIlroy**

Chair – Te Pā Harakeke | Nurturing Care in the First 1000 Days  
Consultant Paediatrician  
Head of Department (Nelson), Department of Paediatrics  
Nelson Marlborough District Health Board

## WEST COAST DHB CLINICAL BOARD - EXPRESSIONS OF INTEREST 2020

**Opening: Monday 31 August 2020; Closing: Monday 7 September 2020**

To: All staff via Global Update, Alliance Leadership Team, Aged Residential Care, Consumer Council, Operational Leadership Group, Primary Health Organisation, Public via newspaper advertisement, Tātau Pounamu

**Are you keen to make a difference?**

**Do you have a passion for safe and effective health & disability services?**

**Are you interested in ongoing improvement?**

**If you think yes, then the West Coast DHB Clinical Board is for you!**

The West Coast DHB Clinical Board is a shared leadership structure between consumers, tangata whenua Māori, and DHB/non-DHB clinicians. The Clinical Board is responsible for ensuring that the DHB has effective systems and processes that prioritise and enable **clinical governance**, which is defined as the shared responsibility and accountability of the DHB Board, leaders, managers and clinicians for:

- The quality of care provided
- Continuous improvement
- Minimising risk
- Fostering an environment of excellence in rural care for West Coast community members, whānau, and visitors

These systems and processes must effectively and systematically support the joining-up of all patient safety and quality improvement initiatives within the DHB to ultimately support:

*Doing the right thing, at the right time, by the right person, with the application of the best evidence to a patient's problem, in the way the patient wishes, by an appropriately trained and resourced individual or team, working within an organisation that is accountable for the actions of its staff, values its staff (appraises and develops them), minimises risk, and learns from good practice and indeed mistakes.*

(Full Terms of Reference for the group are available upon request).

### **Expressions of Interest - We would love to hear from you!**

Clinical Board Chair, Norma Campbell (Director of Midwifery), is seeking expressions of interest for the following appointed positions, whose term would be at least 2 years with right of renewal:

- Clinical Pharmacy Representative (1)
- Lead Maternity Care Provider Representative (1)
- Primary Health Organisation Representative (1)
- Clinical representative (1) from each West Coast region:
  - Northern
  - Central
  - Southern
- Clinical Mental Health Representative (1)
- Clinical Aged Residential Care Representative (1)
- Consumers (4) – we are especially interested in people who could provide a tangata whenua Māori perspective.

## What does it involve?

Appointed members can expect to:

- Be willing to learn about the health and disability sector
- Be willing to learn about, and participate in, activities that enable clinical governance
- Be committed to understanding and supporting the DHB's vision and values, including participating in all activities with professionalism, kindness, and cultural safety
- Attend 80% of monthly meetings, in-person or virtually, for approximately 1 hour. The first hui will take place during the week commencing 14 September 2020
- Attend additional workshops that may be used to develop a meaningful work plan or progress a particular piece of work
- Prepare for the monthly hui and any workshops by reading any associated materials and/or actioning any matters arising

## Yes - I'm interested!


Expressions of Interest can be sent by email to Julie Bell on [julie.bell@wcdhb.health.nz](mailto:julie.bell@wcdhb.health.nz)

All you need to do is:

- Let us know which appointed position(s) you are interested in
- Provide us with a short explanation of why you are interested
- Outline how your experience/skills would help to make a positive contribution to the mahi/work of Clinical Board
- If you are a DHB staff member, please provide evidence that you have discussed your expression of interest with your manager.

**Expressions of Interest close on Monday 7 September 2020.**



<b>TATAU POUNAMU: For information</b>		 <i>West Coast District Health Board</i> <i>Te Poari Hauora a Rohe o Tai Poutini</i>
<b>TITLE</b>	West Coast Suicide Prevention	
<b>PREPARED BY</b>	Claire Robertson	
<b>APPROVED BY</b>	Helen Reriti	
<b>DATE</b>	1 October 2020	

### National Update

- The Suicide Prevention Office (SPO) was established in November last year, as part of the Government's response to [\*He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction. He Ara Oranga\*](#) recommended a Suicide Prevention Office be established to 'provide stronger and sustained leadership on action to prevent suicide'.
- The Office has established a Māori Expert Reference Panel that provides the Suicide Prevention Office expert, high level strategic advice, support and guidance on matters relating to Māori suicide prevention and implementation of He Tapu te Oranga. The Panel is chaired by Sir Mason Durie.
- At a recent meeting with the Māori Expert Reference Panel, key messages for the Office were confirmed;
  - Strong, healthy, connected whānau, families and communities are the most important protective factors against suicide.
  - People who die by suicide are almost always acutely distressed but are not necessarily mentally ill.
  - Support and health services are available and do make a difference - they can and do help.
  - People can be effectively supported through suicidal distress, especially when support is readily accessible.
  - The reasons that people take their own lives are complex and informed by factors that accumulate over a lifetime, culminating in suicide when faced with an exacerbating stressful event.
  - There is no one-size-fits-all in suicide prevention, and different cultural and ethnic groups must be supported and empowered to design and deliver their own approaches to suicide prevention.
  - Suicide risk is associated with **inequity** and social determinants such as intergenerational poverty, homelessness, poor educational engagement and

attainment, unemployment, colonisation, institutional racism and alcohol and other drug addiction.

- Suicide risk is also associated with **experiences of trauma**: violence, sexual violence, abuse, isolation and marginalisation, unresolved grief, relationship breakdowns, and bullying and harassment.
- Suicide risk also correlates with **intergenerational trauma** and **adverse childhood experiences**.
- Aotearoa New Zealand's suicide rate will not come down until inequity, trauma and adverse childhood experiences are addressed at a societal level.
- The focus for suicide prevention should rest with communities, with whānau, with community leadership and with community services, supported in a sustainable manner by local and central government.

## **West Coast Suicide Prevention Update**

### **Suicide Prevention Structure**

- The structure of suicide prevention on the West Coast is currently being reviewed, with a particular focus on ensuring we have strong leadership around suicide prevention from a broad, cross-sector and community perspective.
- Acknowledging the current lack of resource within the sector, the SPO has provided DHB's with additional funding to increase FTE working within suicide prevention. The PHO is currently funded 0.5FTE, an additional 0.5FTE role will be advertised in the coming months (actual funding is for 0.25 FTE).

### **Promotion**

- A Tai Poutini Māori work group has been developed to look specifically at Māori suicide prevention activity in the community. With limited resource working specifically in Māori community development/mental health promotion on the West Coast, it was agreed that, coming together (including community, Iwi, NGOs and government agencies) and taking a more coordinated and collaborative approach in our mahi, should result in better outcomes for our whānau.
- The work group, with Poutini Waiora, as the lead agency, were successful in their application for the Māori Suicide Prevention Community Fund. The funding will support 'Pā Wars Whānau Wananga.' The initial concept is noho marae and wānanga for tangata Māori across Te Tai Poutini. This wananga aims to raise awareness and connect whānau to this place, our culture, our whakapapa and build strong links to the many services and resources available to support through challenging times. The Noho will use the concept of a fun competitive weekend of marae games and sport as a drawcard to engage whānau with a focus on tāne Maori.

### **Prevention**

- There continues to be high demand for community suicide prevention training, these training opportunities support the community to be able to recognise and respond to

distress within themselves, their whānau and communities. A key component of coordinating training has been ensuring effective reach within the community that come from these training opportunities for example; community leaders and others who may not otherwise have access to this type of training but hold great mana and reach in their communities.

- A LifeKeepers workshop was delivered by LeVA in Greymouth, early March. There was good representation from many West Coast communities and a wide variety of perspectives which added value to the workshop on the day. There is also an opportunity for a kaupapa Māori suicide prevention training to be delivered, for example, Mana Akiaki. This has been discussed as part of the wider korero around suicide prevention by the Māori suicide prevention work group.
- Unfortunately, due to COVID-19, both Mental Health 101 workshops scheduled for Westport and Hokitika were postponed. Again, there was very high interest in these workshops, both were full and had waitlists. These workshops will now be held in November 2020.

### **Intervention**

- Following consumer feedback, a resource is in the early stages of development, that provides information for whānau and friends after a suicide attempt. The idea of the resource is that whānau and friends feel better supported through a traumatic time and have an understanding of suicidal behaviour and how to best support their loved one.

### **Postvention**

- A workgroup has come together to look at specific support for those bereaved by suicide on the West Coast and the feasibility of delivering group programmes e.g. WAVES. The work group includes, West Coast PHO, WCDHB, Poutini Waiora and a community member bereaved by suicide. There is a strong focus on cultural appropriateness by the group, with Poutini Waiora taking a lead in this mahi.
- The National Bereaved by Suicide Response Service has been developed as an outcome of He Ara Oranga. It is a free brief therapeutic service for people and whānau who need specific support for bereavement by suicide. The service is currently available online, while the face to face service is being rolled out. The face to face service will be delivered by a local provider, supported and trained by the national contract holder CASA (Clinical Advisory Services Aotearoa).

**TO:** Tatau Pounamu Chair & Members

**SOURCE:** General Manager, Maori Health

**DATE:** Friday 9 October 2020

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

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

*It is with deep regret and sadness that we acknowledge the passing of Harold Wereta, former GM Māori Health and Whānau ora, Nelson Marlborough DHB and most recently GM Māori, Northland DHB. Harold was one of the most effective Māori health leaders in New Zealand. He was a great colleague and friend of Gary Coghlan, working closely with the Hauora Māori team on several challenging kaupapa. He will leave a huge gap within Hauora Māori in Aotearoa.*

*Haere atu ra e te rangatira haere haere haere atu ra. Hōea to waka tipuna.*

### Interprofessional Education Programme (IPE)

IPE is a partnership programme between the WCDHB and the University of Otago. The programme will run in five rotational blocks of five weeks throughout the year, with up to ten students in each block. The programme will bring final year students from a range of health disciplines together to learn with, from and about each other while gaining clinical experience in rural New Zealand. They will spend their time on placements within their own discipline; with other disciplines; and in group activities and projects.

On the 30 September the GM Maori worked with Professor Sue Pullon, Director Interpersonal Education Centre, Professor Jo Baxter, Associate Dean Māori (Health Services) and a Programme Leader from Otago University in the interview process for the Kaiwhakahaere – Programme Leader and Kaiwhakahaere Deputy Programme Leader positions. This programme has run successfully at Tairāwhiti for the last 8 years and will bring huge benefits to Haoura o te Tai Poutini.

The overall kaupapa is where 2 or more professions ‘learn with, from and about each other to improve collaboration and the quality of care’ (Freeth D, Hammick M, Reeves S, Koppel I, Barr H. *Effective Interprofessional Education: Development, Delivery & Evaluation*. Oxford, UK: Blackwell; 2005)

### Te Nikau opening

Nga mihi nui ki nga mana whenua o Te Tai Poutini, Poutini Ngai Tahu

The support on opening day for Te Nikau was fantastic and this is acknowledged. It brings a unique and powerful presence to these very important kaupapa.

### Kaupapa Māori Mental Health and Addictions – RFP

The Hauora Māori team is working in partnership with Poutini Waiora on the development of a proposal for the Ministry of Health for the New Kaupapa Māori Mental Health and Addictions services. Expanding access to and choice of primary mental health and addiction services was a key need identified in He Ara Oranga: The Government Inquiry into Mental Health and Addiction. In Budget 2019, a package of \$455 million over four years was allocated to provide the funds allowing this recommendation to be implemented.

These services are aimed at those people who need formalised mental health and addiction support but do not meet the threshold for secondary services. The Programme includes targeted funding for priority groups who experience inequities in mental health and wellbeing, including Māori, Rangatahi / Young people and Pacific peoples.

**Key aspects of the proposal are:**

- Development of a new Kaupapa Māori Mental Health and Addictions service. Managed and based within Poutini Waiora
- Co-design and research capability
- Stepped care model of intervention
- Components of Marae based intervention, peer support, group counselling, talking therapies, reconnection with whakapapa, te reo, whenua
- Strong focus on engaging tamariki, rangatahi
- Strong focus on reconnection with cultural connectedness

**Māori Suicide Prevention Community Fund**

A collective approach was undertaken to develop a proposal for the Māori Suicide Prevention Fund. A broad rūpu came together to connect and discuss ideas for Māori suicide prevention that could inform the application. The rūpu consisted of a wide range of interested groups and individuals and some constructive korero resulted in a range of ideas that formed the proposal to the Ministry.

Applications totalled \$4.7 million with only \$1.6 million available. Poutini Waiora were successful in their proposal receiving 25k to put towards their identified kaupapa that will aim to engage whānau in wellbeing activity centred around the four pou of Tē Whare Tapa Whā and a noho marae 'pa wars' competitive games kaupapa. The rūpu will continue to provide guidance and advice to the project and are committed to progressing the other initiatives that were identified throughout the process.

**Māori Workforce Development – Recruitment Initiative**

The Hauora Māori team are working with the Recruitment Lead, HR Advisor and Hiring Managers to develop and implement a pilot that will test a different approach to recruitment with the aim of attracting and supporting Māori through the recruitment pathway.

Evidence will be collected throughout the pilot that demonstrates the different methods used in pre recruitment and interviewing phases and outcomes documented. The pilot will, initially, be tested with four current vacancies where a strong equity focus is a requirement of the position. Adverts and Position Descriptions will be reviewed to ensure relatability to Māori and Pasifika people. Marketing, promotion and networking will be an essential part of the pilot and will be

This pilot is working towards the Tūmū Whakarae position statement:

***"All DHB's measure and report on the recruitment and retention of Māori staff in clinical and non-clinical occupations."***

**Pai Ora O Tē Tai O Poutini Project**

The first draft of a final report has been completed for the Pai Ora O Tē Tai O Poutini Project. The intent of this project is to investigate further potential to partner with the WCDHB to facilitate improved access to health service for Māori by providing GP and Nurse led community clinics. The project has undertaken research with whānau and associated kaimahi on the existing model of care in the Buller and Grey - 'Whakakotahi' an approach that utilises a Māori Nurse Prescriber, GP and Kaiarataki in Greymouth and with whānau who are not accessing clinical programmes. These programmes have demonstrated that by providing care in a different way whānau will engage, become more independent in the management of their health and begin to have positive health outcomes. When the report is finalised presentations will be provided to discuss findings and identify a pathway forward.

**Health Equity Assessment Training (HEAT)**

The Hauora Māori team are working with Managers of key department leads and their staff to timetable the delivery of HEAT training. There is a strong commitment to ensuring equity is embedded in all areas of service provision and a commitment to continue to build and strengthen the models of care following the move into Te Nīkau.

This training initiative was supported by WCDHB Operational Leadership Group. An interactive programme has been developed to help support staff to confidently embed equity in all decisions made that promote healthy outcomes.

**Takarangi Cultural Competency**

The next occurrence of the Programme is being run at Te Tauraka Wāka a Māui Marae in November with 25 staff from both the WCDHB and the CDHB confirmed to attend. Moe Milne will again be the facilitator with support from the Hauora Māori team. The programme has been redeveloped into a modular format which should positively impact on completion rates, which, in the past, have not been high.

The programme will form the foundation of the Cultural Competency Framework which is being developed with support from the WCDHB Learning and Development and Workforce Development teams.

**Kia Ora Hauora – Rangatahi Placement Programme 14, 15, 16 October**

The Kia Ora Hauora – Rangatahi Placement programme will be running in October with year 11, 12 and 13 students from Westland, Buller, John Paul 11 and Greymouth High Schools attending. A three day programme has been developed with support from DHB Clinical staff, PHO, Poutini Waiora, Community Public Health and St Johns.

This programme forms part of the WCDHB Workforce Pipeline and begins with a Pōwhiri at Arahura Marae on Wednesday 14th 9.00am – 11.00am and ending with a Poroporoaki at the DHB on Friday 16 2.00pm.



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

**SOURCE:**   **Chair**

**DATE:**       **Friday 9 October 2020**

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Report Status – For:      Decision ☐            Noting ☒            Information ☐

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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.





**WEST COAST DHB**

**Annual Plan 2019/20**

**Delivery of National Priorities & Targets**

**EQUITY Report – Quarter 4**

**April - June 2020**

## Improving Child Wellbeing

### Immunisation



#### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments	
Continue to monitor and evaluate immunisation coverage to identify opportunities to maintain high immunisation coverage across all ages, with a particular focus on improved coverage at age five and equity across population groups. (EOA)	Ongoing: Provide Immunisation Register (NIR), Missed Event and Outreach Service support to general practice teams to reduce declines for childhood vaccinations.	✓	A review of quarterly coverage has indicated there is a need to improve timeliness of referring overdue children to Outreach Immunisation Service. Work to develop a process is underway to look at improving this.	
	Quarterly: Immunisation SLA evaluate vaccination coverage rates to identify opportunities to further improve coverage / respond to emerging issues.	✓		
Further strengthen the school-based Human Papillomaviruses (HPV) immunisation programme and identify innovative solutions to reduce the equity gaps in coverage rates for young Māori students. (EOA)	Ongoing: Provide support to general practice to enable the co-delivery of HPV and DTdap at age 11, including development of resources.	✓	General Practices have been provided with a list of young people overdue for their HPV and DTdap vaccinations. Work is ongoing to support general practice to better understand the current model and to look at consenting processes.  Consolation with Maori groups has been delayed due to the events of the year. This work will commence later in 2020.	
	Q2: Consult with Māori groups to better understand barriers to adolescent vaccinations.	✗		
	Q2: Trial an online consenting process for the school-based HPV programme underway.	↻		
Key Performance Measures		Maori Result	Total Result	Comments
95% of 8-month olds fully immunised.		85%	82%	These results are impacted by small population numbers and reflect just four eight-month-old children who could not be reached, three two-year-olds and three five-year-olds.
95% of 2 year olds fully immunised.		89%	81%	
95% of 5 year olds fully immunised.		84%	93%	
75% of young people (year 8) complete the HPV vaccination programme.		46%	52%	In total 10 young people declined the vaccination, 131 are overdue. Four young Maori have declined the vaccination and 21 remain overdue.

### School-Based Health Services (SBHS)



#### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments	
Maintain an integrated approach to responding to the needs of young people on the Coast, with active oversight from the cross-sector Child & Youth Health Alliance Work Stream (Coast’s SLAT equivalent). (EOA)	Quarterly: Provide qualitative reports on delivery against the Child & Youth Health work plan.	✓	The Child & Youth Health workplan progress report is being monitored through the West Coast Alliance – actions are agreed and on track.	
	Q2: Options for delivery of sexual health advice in schools, to address barriers to support for young people, explored and scoped.	✓	The DHB is looking at opportunities to extend nurse-led clinics and the utilisation of standing orders to more nurses, including Public Health Nurses working in school setting. Work is also underway to review the experience of consumers accessing Sexual Health services in the new Te Nikau facility once migration is complete.	
Key Performance Measures		Maori Result	Total Result	Comments
95% of year nine children (decile 1-4 schools) receive a HEEADSSS assessment.		74.5%	87.2%	Total 246 of 282 children Māori 38 of 51 children.

## Midwifery Workforce – Hospital and LMC



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Establish regular meetings with Ara and University of Otago to further develop a graduate workforce pipeline, with a particular focus on the increased enrolment of Māori midwifery students. (EOA)	Quarterly: Joint meetings with Ara and University of Otago.	✓	We are undertaking work with SIAPo and Kia Ora Hauora as well as local secondary schools to recruit Maori into midwifery. A new graduate midwife has been appointed for 2020 and we will be advertising for another for 2021.
	Q3: Appoint a new graduate midwife.	✓	
Key Performance Measures		Total Result	Comments
80% of women are registered with an LMC by 12 weeks of pregnancy.		80%	This data comes from the national maternity data set which is a year in arrears, we are awaiting 2019 results.
Baseline established for proportion of midwives identifying as Māori.		1	Baseline established.

## First 1000 days (conception to around 2 years of age)



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments	
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.	✓	The draft Strategy has been developed and shared widely. Further direct consultation with key Māori stakeholders has resulted in some minor changes. These have been endorsed and the DHB will share the Strategy widely with the community during 2020/21.	
	Q3: West Coast Maternity Strategy agreed and in place.	✓		
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) Promote breastfeeding, alongside other nutrition interventions, to support a healthy weight for children.	Q1: Breastfeeding sessions scheduled.	✓	Breastfeeding and available support services were topics at the joint LMC/ Well Child Tamariki Ora Education Day in November. An interactive session on troubleshooting common latching problems was very well received.	
	Q2-Q4: Promotion of breastfeeding alongside other nutritional interventions.	✓		
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.	✓	The DHB is awaiting further direction from MoH review team regarding implementation of any changes.	
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. (EOA).	Q2: Core 1 Check analysis complete.	✓	NHI level data for the DHB-funded providers has identified ongoing issues with timely notification of newborns who are born in Christchurch and go on to spend time in NICU. Local implementation of a system similar to the Canterbury LinKIDS is anticipated to address the gaps identified.	
	Q3: Actions to address gaps identified.	✓		
Key Performance Measures		Maori Result	Total Result	Comments
85% of newborns enrolled with general practice by 3 months of age.		87.5%	84.2%	
70% of babies are fully/exclusively breastfed at 3 months of age.*		87%	55%	See actions above.
90% of four-year-olds provided with a B4 School Check (B4SC).		97%	84%	The high deprivation target has been achieved (108%) as well as the Māori (97%) and Pasifika results (200%).

\*This data comes from local Plunket and Karo data as the results from the national Well Child data set are not yet available.

## Family Violence and Sexual Violence (FVSV)



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
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 responses to disclosures are embedded. (EOA)	Q1: Elder Abuse and Neglect Policy in place.	✓	Transalpine Policy developed and approved. This is now in place for Canterbury DHB and West Coast DHB. Review postponed due to COVID 19 but planning in place.
	Q4: Compliance review completed.	↻	
Key Performance Measures		Result	Comments
Increased number of staff attending VIP Training sessions.		✓	In Q1 & Q2 (19 sessions/ 148 staff attending). In Q3 & Q4 a further 10 sessions scheduled but 6 cancelled due to COVID 19 (89 registrations - 23 staff receiving training).
Violence Intervention Programme audit results >70/100.		85%	Overall VIP MoH/AUT evaluation score was 85% (higher than the National Median).

## SUDI



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments	
Complete the development and implementation of a Kaupapa Māori Pregnancy & Parenting Education Programme, to support hapū wahine and whānau. (EOA)	Q1: Culturally appropriate Kaupapa Māori P&P Education Programme available.	✓	The first Hapū Wānanga took place in February with a second planned for June. The COVID-19 Pandemic has delayed the second session; however, planning is underway to run this as soon as possible in Q1 of 2020/21. Improvements have been identified for the next hui to increase uptake. Process and format for delivery has been refined and a partnership approach with local iwi and public health partners has been formed. The next hui will also be jointly facilitated.	
	Quarterly: Monitoring (by ethnicity) of the number of women engaged.	✓		
Key Performance Measures		Maori Result	Total Result	Comments
>50% of women referred to the Smokefree Pregnancy and Newborns Incentive Programme complete the Programme.		75%	57%	3 of 4 Maori women set quit dates and were supported through the programme
95% of West Coast households with a newborn have their smokefree status recorded at the first WCTO core check.		66.7%	71.9%	At time of writing this data is not available for the period July - December 2019. Results are reflective of quarter two.
Minimum of 68 Safe sleep devices provided to whānau identified at risk.			52	Demand for Pepi pods has been low during Q4 with none being accepted by whānau. The DHB is aware of pods being passed on within the community from whānau to whānau.

## Improving Mental Wellbeing

### Inquiry into Mental Health and Addiction



#### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comment
Expand the number of practices engaging people with mental health conditions in the Primary Care LTCM Programme, to support improved wellbeing and physical health outcomes for this high need group. (EOA)	Q4: Enrolment into the Long-Term Conditions Management Programme expanded in three general practices.	✓	Three practices are now providing Long Term Conditions Management for Mental Health clients with the commencement of a new practice in Hokitika.
Key Performance Measures		Total Result	Comment
>150 young people (0-19) accessing brief intervention counselling in primary care	-	90	The youth service was notably affected by the school holiday in Quarter 3 and the Covid-19 national pandemic lockdown in Quarter 4. This includes both referral numbers and the youth client's engagement in the service.
>450 Adults (20+) accessing brief intervention counselling in primary care.	-	427	
>3.8% of the population (0-19) access specialist mental health services (SMHS).	5.6%	5.5%	
>3.8% of the population (20-64) access specialist mental health services (SMHS).	9.6%	6%	

### Population Mental Health



#### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comment
Complete Māori mental health services review and support a complementary model that provides improved cultural support for Māori across the continuum. (EOA)	Q2: Revised model proposed and change underway.	✓	This work has been completed and the review has been endorsed by the Executive Management Team. The DHB is working with Poutini Waiora to identify additional Kaupapa Maori resource for the community.
	Q4: Complementary model in place.	✓	
Establish a work group to identify actions to increase the responsiveness of suicide prevention activity for Māori and ensure a 'by rangitahi for rangitahi' approach that is tikanga Māori and whānau centred. (EOA)	Q2: Work group established.	✓	Conversations regarding cultural responsiveness have continued with key Maori community leaders and a plan of how to enhance Māori community suicide prevention is awaiting feedback and endorsement.  The Suicide Prevention Group met during Q4 to develop a cohesive approach to prevention activity. This will align with the Ministry request for RFPs for Maori Suicide Prevention activity. The mahi was well supported by both hapu, consumers, Govt agencies and Hauora Maori.  We still intend to apply an equity tool to all suicide prevention activities within our planning, the development of the localised plan has been delayed due to COVID.
	Q3: Equity tool applied.	✗	
Key Performance Measures		Total Result	Comment
80% of people (0-64) referred to specialist mental health and addiction services are seen within 3 weeks		65.4%	Work is being undertaken with our local community providers and the MoH with AOD data inconsistencies impacting on wait times. 72% of people are seen in our Mental health service within 3 weeks and 90% within 8 weeks.
95% of people (0-64) referred to specialist mental health and addiction services are seen within 8 weeks.		86%	

## Mental Health Addictions Improvement Activities



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comment
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).	Q1: Additional mental health respite capacity available in Buller.	✓	Data indicates a reduction in seclusion events for the calendar year, there has been 100 seclusion free days.
	Q2: Guidance from HSQC incorporated into the model of care.	✓	Formal inclusion of the sensory room in the model of care remains a work in progress.
Key Performance Measures		Total Result	Comment
Reduction in seclusion hours and events		✓	

\* Data is sourced from the NZ Mental Health and Addictions KPI Programme (indicator KPI 19) and results are a year in arrears.

## Addiction



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comment
Fully implement the new community-based AOD service, provided by Salvation Army, to increase community-based AOD capacity and support timely access to services with a focus on Māori as a high-need population group. (EOA)	Q2: Community-based AOD service operational across the Coast.	✓ ★	The new service is operational and is providing service both individually and in group settings. There have been some staffing challenges, however the service has engaged over 100 clients since it began.
	Q4: >100 people engaged with the new service.	✓	

## Maternal Mental Health Services



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comment
Continue to invest in current community-based services to support women, and their partners in need of additional support before and after the birth of a child. (EOA)	Ongoing: Free brief intervention counselling for provided for people needing mild-moderate mental health support.	✓	The West Coast Maternal Health Pathway was audited and revised. Fridge Magnets and stickers for Well Child books being developed to provide contacts for women early when requiring support in the community.
	Ongoing: Free Plunket-led individual and group programmes provided for people needing higher-level support.	✓	
Use the stocktake of primary maternal mental health service to inform the mapping of maternity services as part of the development of a West Coast Maternity Strategy. Engage with Well Child Tamariki Ora providers to highlight issues for postpartum mothers and explore options to improve service access, with a focus on Māori as a population of higher need. (EOA)	Q1: Continuum of maternity services mapped and Maternal Mental Health Service gaps identified.	✓	Capturing data from LMC booking form on women with identified with self/family history of Mental Health treatment and referral to match outcomes later. Working with Mental Health Services to identify one point of contact for women with medium to high need Maternal Mental Health issues across the three regions.
	Q1: Key stakeholders identified and engaged in Maternity Strategy development.	✓	
	Q3: Refreshed Maternal Mental Health Pathway in place and socialised.	✓	

## Improving Wellbeing Through Prevention

### Cross-sectoral collaboration



#### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Work with the local MSD 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.	✓	Initial conversations have taken place regarding strategies to close the gaps for transient families including a central coordination point for multiple child health services. This coordination is likely to be similar to the Canterbury LinKIDS model.
	Q4: Process for supporting families defined.	✓	
Work with Community and Public Health, through the Healthy West Coast workstream, to 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.	✓	Following the establishment of the Steering Group, the group continue to develop ideas and actions towards a formal plan. The formal plan has been delayed by the COVID-19 Pandemic however local initiatives to share food and resources as a result of the lockdown have provided inspiration and a platform from which to build further actions.
	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.	✓ ★	The draft Spaces & Places Sport & Recreation Facility Plan was shared for consultation and feedback during quarter 4. The lockdown has led to a delay in finalising the plan following the feedback round, however it is anticipated the plan will be adopted early in 2020/21.

### Drinking Water



#### Status Report for 2018/19

Key Actions from the Annual Plan	Milestones	Status	Comments
Contribute to Māori health and wellbeing through the ongoing provision of technical advice on drinking water to local Rūnanga and Marae, to improve access to safe to drink water. (EOA)	Q3: Q4: Training on the Iwi Management Plan provided to Health Protection and Policy staff involved in resource management work.	✗	This training has been unable to be completed due to the COVID -19 response. It will be rescheduled for 2020/21.
Key Performance Measures		Result	Comment
100% of network suppliers (serving 100+ people) receive compliance reports		100%	All Water Safety Plans (WSP) received under the old framework were assessed and reported on within 20 days. WSPs submitted under the new framework are expected to take longer to assess and there have still been no WSPs approved under the new framework nationally. The Draft WSP received for Reefton is still being assessed.
100% of Water Safety Plans assessed and reported on within 20 working days.		100%	
100% of drinking water suppliers have had a Water Safety Plan inspection in the last 3 years.		100%	
Percentage of networked drinking water supplies compliant with the Health Act.		81%	

## Healthy Food and Drink



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comment
<p>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 for organisations.</p> <p>Engage with providers to provide support and advice in developing their Policies, with a focus on our Māori service provider to target higher need populations. (EOA)</p> <p>Track the number of provider contracts with a Healthy Food and Drink Policy.</p>	Q2: Service provider contract clause agreed.	✓	<p>Following discussions with the Ministry of Health's Sector Services, the DHBs contract templates have been updated to include a Healthy Food and Drink Policy clause.</p> <p>These changes are being applied to all new contracts and contract variations going forward.</p> <p>A tracking mechanism has been established to monitor the number of contracts with the Policy in place. Tracking will begin in 2020.</p>
	Q4: Service provider contracts include Healthy Food and Drink Policy expectations.	✓	
	Q2:Q4: Monitoring report on progress.	↻	
Key Performance Measures		Result	Comment
DHB Healthy Food and Drink Policy fully implemented across all DHB sites.		✓	<p>8/15 West Coast ECEs have a nutrition policy. 6/15 West Coast ECEs only offered water or plain milk to children and a further 2/15 have a water only statement in their nutrition policy</p> <p>10/14 West Coast schools have a nutrition policy/guideline/procedure. 4/14 schools have a water/milk only policy/guideline/procedure</p>
Healthy Food and Drink Policies implemented by health provider organisations.		✓	
Number and proportion of education providers adopting water-only and Healthy Food Policies.		✓	

## Smokefree 2025



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comment	
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 in need of extra support to stop smoking. (EOA)	Q1: Targeted smokefree actions agreed in the SLM Improvement Plan.	✓	Progress against the SLM actions is reported and monitored quarterly through the West Coast Alliance with further monitoring monthly. The smokefree actions are all completed	
	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 and 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.	✓	The West Coast Stop Smoking Providers are now working with the whole household when pregnant smokers are referred for support to quit. Plans for a Noho Marae are developing with this likely to be incorporated as part of the Hapū Wānanga offered by Poutini Waiora. Delivery of the first session has been delayed due to COVID.	
	Q4: First Noho Marae held.	↻		
Key Performance Measures		Maori Result	Total Result	Comment
90% of pregnant women who identify as smokers upon registration with an LMC are offered brief advice and support to quit smoking.		100%	100%	The West Coast DHB is pleased with the 100% result achieved.
90% of PHO enrolled patients who smoke are offered brief advice and support to quit smoking.		92%	93%	
90% of households with a newborn have their smokefree status recorded at the first WCTO core check.		66.7%	71.9%	This result reflects local figures for Q2, data is not available for Q4.



## Breast Screening



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comment		
Work with ScreenSouth and Poutini Waiora to capture opportunities for joint promotion and delivery of screening and support for the recall of women to improve rates for Māori and Pacific women. (EOA)	Ongoing: Provision of dedicated Māori and Pacific screening clinics using the mobile screening unit.	✓	Maori and Pacific dedicated screening clinics were held post Covid-19 in the Buller with 22.5% of all screens being held for Maori and 50% of all screens in Greymouth were for Maori.		
	Q1: Screening appointment targets for Māori and Pacific women embedded.	✓			
	Q4: Further opportunities for the mobile unit to come to smaller community areas identified.				
Utilise Poutini Waiora Whānau Ora nurses, who are integrated in general practice teams, to contact Māori and Pacific women who are not engaging with breast screening and support them to attend appointments. (EOA)	Ongoing: Provide overdue breast screening coverage reports to Poutini Waiora to support their nurses to contact Māori and Pacific women to encourage breast screening	✓ ★	The partnership between Poutini Waiora and Breastscreen South has resulted in a robust pathway for follow up and support for Maori attending clinics. A scheduled quarterly hui has not occurred yet due to Breastscreen Aotearoa being in catch up mode.		
	Ongoing: Assistance with travel and support at appointments provided by Poutini Waiora nurses.	✓			
	Q3: Review successful strategies implemented to improve cervical screening rates for opportunities to improve breast screening rates.	↻			
Provide health promotion materials via general practices, rural communities, community pharmacies and social media, to promote the importance of breast screening for priority populations (Māori and Pacific). (EOA)	Q4: Health promotion material distributed across the Coast and awareness campaign promotes breast screening on local social media.	↻	Planning is underway for a series of hui across Te Tai o Poutini to be held in Maori community settings. Breastscreen Aotearoa will be invited to participate in the hui to promote Breastscreening Services.		
Key Performance Measures		Group	Baseline	Result	Comment
70% of all women (45-69) have has a breast screen in the last two years with a reduction in the equity gap for priority women (baseline to March 2019).		Total	72.3%	68%	The result covers the two quarters ending 30 December 2019. The West Coast Pacific rate represents 16 women that were not screened during the period.
		Maori	67.7%	64%	
		Pacific	48.0%	70%	
		Other	72.5%	68%	

## Cervical Screening



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comment
Establish a whole-of-system Cervical Screening Working Group to develop and review monthly performance and identify opportunities to coordinate efforts to improve screening rates. (EOA)	Ongoing: Provide cervical screening coverage reports to general practice to support improved recall and screening.	✓	Karo reports (NCSP recall dates) are supplied monthly to Primary Practices.  Monthly performance reports from the NSU are used to check on achievements in screening and NCSP Regional staff have been working at Practice level to ensure a woman's recall date match's the NCSP date.  A Cervical Screening Working group consists of Poutini Waiora, West Coast PHO, DHB Population Health Manager, NCSP Maori Pathway Navigator / Smear taker and Register Co-ordinator. This group will develop a collective NCSP Regional plan to achieve national targets. Delay due to the COVID response, a meeting has been arranged and the collective plan will be drafted during Q1 2020/21.
	Q1: Working Group established.	✓	
	Q2: Performance reports developed.	✓	
	Q3: Collective plan agreed.	↻	

<p>Support the PHO to work closely with general practice and the local NCSP office to use data matching to identify and recall priority group women, who are unscreened or overdue. EOA</p> <p>Ensure overdue cervical screening coverage reports are provided to Poutini Waiora (via the PHO) to support catch-up and screening.</p> <p>Offer free cervical smears to priority women and ensure practices have a process in place to claim through the NCSP Office. (EOA)</p> <p>Offer weekend and outreach screening appointments with Māori smear takers. (EOA)</p> <p>Work with DHB-owned practices to investigate provision of after-hours appointments to target women who struggle to access during business hours. (EOA)</p>	Ongoing: Weekend and outreach appointments offered with Māori smear taker.		✓	Poutini Waiora is engaged with five practices to support to Maori to attend appointments.	
	Q1:Q4: All seven GP practices supported to recall priority women.		✓	Practices have active recall and are aware of the free screening scheme for Maori, Pacific, Asian, and woman over 30 years who have never have been screened or are overdue – and invoice directly.	
	Q1:Q4 Overdue screening reports provided to Poutini Waiora.		✓	Greater than 50 women meeting the above criteria have been screened during Q1 & Q2	
	Q4: Minimum of 50 free smears provided for priority group women.		✓	Monthly community weekend clinics continue and in September one practices offered a “pay what you can afford” campaign.	
	Q4: After-hours appointment availability scoped.		✓		
<p>Develop targeted invites for women in priority groups as they become eligible for screening, that also link to other free services i.e. HPV vaccination and long-acting reversible contraception to promote a wellbeing approach. (EOA)</p>	Q2: Well woman consultations scoped.		✓	Poutini Waiora are working within the Primary care setting to assist with recalls and delivering screening for Maori and Pacific women as part of the Covid-19 recovery work.	
	Q4: Targeted invitations developed and in use.		✓		
Key Performance Measures		Group	Baseline	Result	Comment
<p>80% of all women (25-69) have had a cervical smear in the last three years with a reduction in the equity gap for priority women (baseline to March 2019).</p>		Total	74.5%	71.7%	<p>West Coast DHB is closely monitoring the uptake of Cervical Smears, the impact of the work by Poutini Waiora is anticipated to show over the next six months.</p>
		Maori	70.5%	68%	
		Pacific	65.6%	59.6%	
		Asian	59.0%	53.2%	
		Other	75.9%	73.5%	

# A Strong and Equitable Public Health and Disability System

## Engagement and obligations as a Treaty partner



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Maintain a Memorandum of Understanding (MOU) with Tatau Pounamu and actively engage with Māori leaders in the planning and design of health services and strategies to improve Māori health outcomes.</p> <p>Engage members of Tatau Pounamu and Māori leader from across the system in the West Coast Alliance work streams to bring a Māori perspective to the redesign of local services.</p>	Ongoing: Tatau Pounamu meetings attended by WCDHB Board members and Senior DHB staff	✓	An elected DHB Board member regularly attends the Tatau Pounamu meetings and reports back to the DHB Board.
	Q1: Tatau Pounamu Annual Work Plan developed.	✓	The Annual Work Plan has been agreed and is in the final stages of editing. Target equity actions have also been agreed in the SLM Plan and the Annual Plan for 2019/20.
	Q1: Targeted equity actions agreed in the 2019/20 SLM Plan and Annual Plan.	✓	Planning is underway for a Board meeting to be held in South Westland at Te Tauraka Waka a Maui Marae. This will likely occur during the second half of 2020.
	Q3: Tatau Pounamu input into development of the 2020/21 SLM Plan and DHB Annual Plan.	✓	
	Q4: Board hui held on a local Marae.	↻	
<p>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.</p>	Ongoing: Support provided to staff from the DHB and the wider system to complete their Takarangi Portfolios.	✓	The Hauora Maori team and Takarangi graduates have provided 1:1 sessions with students to work on their Portfolios. Moe Milne was in Greymouth in November to assess their work. Critical Mass is slowly building which provides more of a pool of support for those students who need assistance to complete their portfolios.
	Q4: Minimum of one Takarangi hui held.	↻	A hui was scheduled but due to Covid-19 lockdown this has been delayed. Organising of another hui for the 2020/21 year has commenced
<p>Develop an Equity Outcomes Framework that will enable regular reporting and monitoring of equity outcomes across the West Coast to support open discussion and identification of areas for improvement.</p>	Q2: Equity Action Group established.	✓	The DHB's Operational Leadership Group (OLG) is invested in accelerating Equity Outcomes and equity is one of OLG's four priorities.
	Q3: Equity reporting framework developed and implemented.	✓	A draft framework has been developed providing a platform for planning, evaluation and reporting against equity at OLG level. A commitment to utilise the HEAT tool for new services, reviews and contract development has been endorsed alongside a commitment to grow the Maori workforce and embed cultural competency.
Key Performance Measures		Result	Comments
Tatau Pounamu Annual Work shared with DHB's Board.		↻	Still in draft.
SLM Improvement Plan demonstrates strong equity focus in every priority area.		✓	Agreed equity actions evident throughout the SLM Plan.
Percentage of staff engaged in completing the Takarangi (cultural competency) framework – baseline 3%.		1.3%	14 people have completed or are engaged in Takarangi training. This year completion of the training was affected by Covid-19. 25 People are enrolled for the 2020/21 training

## Delivery of Whānau Ora



### Status Report for 2019/20


Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to support the Whānau Ora model and team approach for Māori with Diabetes in the Whakakotahi pilot practice and expand the programme to one more general practice. (EOA) Facilitate a Quality Improvement approach to the Whakakotahi project with the aim of evidencing measurable improvements within the system and a whānau ora approach to service delivery.	Q2: Model in place in two practices.	✓	The Buller Whakakotahi work has been expanded to Greymouth with the Poutini Waiora team in Greymouth working alongside the Nurse Specialist and GP at Greymouth Medical and the Community Pharmacist. Learnings from Buller have been shared with her and the Clinical Manager from the PHO is available to advise as required. A whanau assessment tool is being developed, as a result of the Whakakotahi initiative, which will be used amongst whanau with Long Term Conditions with a view to progressing the whanau ora model of care approach. The West Coast PHO Clinical lead presented the outcomes these findings and outcomes are live on the HQSC website.
	Q4: Report on outcomes shared with the Healthy West Coast Alliance Workstream.	✓	
	Q4: Quality Improvement Plan identifies learnings for future service delivery.	✓	
Collaborate with Te Pūtahitanga whānau ora navigators to identify opportunities for alignment between DHB and Poutini Waiora kamahi to align priorities and increase support to whānau. (EOA)	Q4: At least two opportunities identified and implemented.	✓	Te Putahitanga Whanau ora Navigators, Connector and Contracts Adviser are connecting with the DHB to input into a strategy for Suicide Prevention and wellness for Maori and identify several initiatives that will feed into the Te Rau Ora Hauora Maori Fund.  Poutini Waiora Navigators are part of a co-ordinated response to the improvement of DNA rates for Maori in Outpatient Clinics. A Whanau ora approach will result in better planning, co-ordination and outcomes for Maori with evaluation and learnings being captured for future education within DHB services.
Key Performance Measures		Result	Comments
90% of Māori identified with diabetes have an annual HbA1c test.		84%	See above work being undertaken to support improved outcomes for Māori.
80% of Māori identified with diabetes (via an HbA1c test) have good or acceptable glycaemic control (HbA1c <64 mmol/mol).		49.6%	

## Care Capacity Demand Management (CCDM)



### Status Report for 2019/20








Key Actions from the Annual Plan	Milestones	Status	Comments
Establish a CCDM Governance Council to provide leadership and oversight of the care capacity demand management programme. Introduce Hauora Māori membership at Governance level, to ensure equity is considered in the rollout of the programme. (EOA)	Q1: CCDM Council established.	✓	Membership and Terms of Reference for our CCDM Council have been established and this group continues to meet monthly. Membership includes our GM-Māori Health.
	Q1: CCDM Governance Council membership includes GM-Māori Health.	✓	
Key Performance Measures		Result	Comments
Trendcare acuity tool used to demonstrate staffing resource is consistently matched with patient demand and to support continuous improvement.		✓	Safe staffing is informed by Trendcare. From March to May 2020, shifts below target are 1.29% a positive drop from 4.5% in Q3.
Shifts below target <5%.		1.29%	

50% of the Core Data Set recorded centrally to enhance bi-monthly reporting.		This is progressing in our working group and will be enhanced by the establishment of our local data councils.
Core data set is used to evaluate the effectiveness of CCDM.		As above.
GM-Māori Health or proxy has attended 80% of CCDM Council meetings.		Due to limited availability we have not yet been able to meet this target; however, a new position within Hauora Māori will now be able to assist with attending.

## Disability








### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Implement the first stage of the healthLearn learning management system upgrade, to support delivery of modules and reporting on uptake.</p> <p>Engage subject matter experts to develop disability training modules, building on the e-learning work completed in 2018/19. (EOA)</p> <p>Engage with the DHB Disability Steering Group and Māori leads, to ensure content is consumer focused and culturally appropriate. (EOA)</p> <p>Track uptake and feedback on modules, as a means of evaluation and to identify improvements.</p>	Q1: First stage system upgrade complete.		<p>The four South Island CE's have approved for an extension of healthLearn to remain as is, whilst further business cases are discussed for the management of the system.</p> <p>An original module has been released that serves as the foundation for all Diversity, Inclusion, and Belonging (Care Starts Here) work, as well as an 'Unconscious Bias' learning module. More releases are scheduled that focus on subject matter around recruitment and other Diversity, Inclusion, and Belonging -related content.</p>
	Q2: Development of training modules complete.		
	Q2: Disability training modules launched.		
	Q3: Reporting on uptake of training modules by staff commenced.		
<p>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. (EOA)</p>	Q1: Audit tool developed to ensure impairments are being captured.		<p>Work is continuing to redevelop the nursing history form as the current one is not fit for purpose. The nursing care plan project is complete.</p>
	Q2: Tool incorporated as part of monthly quality audit of patient files.		
Key Performance Measures		Result	Comments
Percentage of staff completing disability training modules.		75%	
Percentage of staff rating disability content positively.		94%	
95% compliance rate of patient files audited.			This piece of work is underway.

## Planned Care



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Improving/Sustaining Planned Care Performance</p> <p>Rollout electronic triage to strengthen triage process and reduce waiting times.</p> <p>Increase clinical capacity for ophthalmology through the provision of increased specialist sessions or further work on outsourcing.</p> <p>Undertake weekly monitoring of wait times and waitlist volume by specialty, to increase visibility of planned care delivery and ensure equitable access to services for our population. (EOA)</p> <p>Monitor the delivery of Planned Care interventions against planned interventions, and where delivery falls below the plan, identify and address barriers.</p>	Q1: Electronic triage rolled out to 2 further services.		<p>Electronic triage was rolled out to ENT and Urology in Q1. Respiratory was added in Q2.</p> <p>We moved contracting with our ophthalmology provider to late Q3 as key staff were unavailable in Q2, but this work was interrupted due to COVID. The contractor was unable to deliver additional volumes during the lockdown period or since as they are working through COVID related backlog.</p> <p>Electronic triage has been rolled out to services during the 2019/20 year.</p>
	Q1: Weekly automated reporting of ESPI2 performance initiated for each specialty.		
	Q2: Increased capacity sourced for ophthalmology.		
	Q2: Weekly automated reporting of ESPI5 performance initiated for each specialty.		
	Q3: Electronic triage rolled out to 2 further services.		

<b>Three-Year Plan for Planned Care Development</b> Develop a three-year Planned Care strategy, aligned with our locality-based, whole of system approach, to provide increased and equitable access to planned care for our population. (EOA) Undertake a stocktake to identify Planned Care services that could be delivered in primary care, and where capacity exists across the three West Coast localities to allow more services to be delivered closer to home. Engage with clinical leads, West Coast Alliance, NGOs, Consumer Council and Tatau Pounamu in the development of the Planned Care strategy, to better understand local priorities and ensure a whole of system approach with a focus on equity.	Q1: Outline of the proposed approach to developing the three-year plan is presented to the Ministry.	✓	The approach to be taken to develop the 3-year plan has been highlighted to the Ministry. Q2 actions on completion of a clinical stocktake and presentation and consultation with primary care stakeholders were delayed due to the availability of key people. We reprioritised this work for Q3 but were stymied by COVID. The consequent inability to complete stakeholder engagement means have submitted a draft provisional plan and envisaged consultation will be completed by October 2020.	
	Q2: Service analysis/stocktake complete.	✗		
	Q2: Consultation undertaken with stakeholders.	✗		
	Q2: Summary of analysis and consultation presented to stakeholders.	✗		
	Q3: Three-year Planned Care Plan complete.	🔄		
	Q4: Update provided on initial actions outlined in the three-year plan.	✗		
<b>Improving equity and access for Māori</b> Review primary care referrals and outpatient DNA rates, to identify barriers for Māori and develop a plan to improve attendance at planned clinics. (EOA) Partner with Poutini Waiora to investigate opportunities for providing general practice/nurse led clinics in Māori community settings, to increase access to health services for Māori. (EOA)	Q2: Outpatient referral and DNA rate analysis completed.	✓	Our Māori Health and Central Booking Teams have partnered to review DNA rate and developed a plan for the most vulnerable in our community. The plan involves working with Poutini Waiora who will be pro-actively supporting Māori to attend appointment.	
	Q2: Scoping project for establishing GP/Nurse led clinics into the community completed.	✓		
	Q3: Outpatient DNA action plan agreed and implementation underway.	✓		
	Q4: Equity gaps monitored and reported monthly.	✓		
<b>Key Performance Measures</b>		<b>Maori Result</b>	<b>Total Result</b>	<b>Comments</b>
ESPI 2: 100% of people wait <120 days from referral to FSA.		-	87.8%	See above for detail
ESPI 5: 100% of people wait <120 days from decision to treat to treatment.		-	82.9%	
<6% of outpatient appointments were booked but the patient did not attend.		14%	5.7%	

## Acute Demand



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Encourage staff to engage in the Takarangi Cultural Competency Framework, to improve the experience of Māori presenting to our service and support the improved (and appropriate) flow of patients though improved communication and delivery of key messages. (EOA)	Q1: Promote the Takarangi Cultural Competency Framework to clinical Leaders and front-line staff working in the Primary Unplanned Care area.	✓	A hui on the initial pilot was held and improvements were made. A formal evaluation will be occurring before the next round of Takarangi Cultural Competency training with focus on the format of the program to help support those undertaking the training to complete it.
	Q2: Profile the experiences of those completing the programme to highlight the benefits.	✓	
	Q4: Review the percentage of staff completing and working on Takarangi portfolios.	✓	
Key Performance Measures	Maori Result	Total Result	Comments
95% of patients are admitted, discharged or transferred from ED within 6 hours.	98.5%	98.4%	
<20% of patients admitted from ED short-Stay Unit to inpatient wards.	-	22%	2,126 Total attendance, 1,643 were not admitted.
8/10 for inpatient survey question ‘Rate your experience of communications’.	-	8.8	

## Rural health



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Engage clinical leads, consumers and stakeholders in the development of major strategies through the West Coast Alliance and Tatau Pounamu, co-design workshops, hui and public engagement, to better understand the priorities and issues of all of our communities. (EOA)	Q1: Key stakeholders engaged in development of a West Coast Maternity Strategy.	✓	The draft Strategy has been developed and shared widely. Consultation with key stakeholders, in particular Māori, took place in quarter two.
	Q1: 2019/20 Alliance work plan agreed.	✓	

Complete the upgrade of telehealth facilities, moving to a more accessible mobile-based solution to facilitate easier access for rural communities to specialist consultations, clinical education and peer support. (EOA)	Q4: New mobile-based telehealth capability embedded and uptake increased.	✓	Phase 1 of install completed. Capex going through sign off for phase 2 which includes the new facility fit-out. A mobile platform has been enabled and being used.
Key Performance Measures	Maori Result	Total Result	Comments
Reduction in the equity gap that exists for ASH (avoidable hospital admission) rates between Māori and Total population for children 0-4-years.	4,000	5,674	The number of Māori presentations is small and subject to significant fluctuation when translated into rates per 100,000, with only 16 admissions for Māori children. Baselines to September 2019 – Equity Gap is 1,975. Results to March 2020 – Equity Gap is -1674 with Maori rates improving.
Acute hospital bed day rate maintained below the national average (rate per 1,000 population).	281	304	The three-year averages are 319 (total population) and 331 (Māori). The 3-year rolling average shows that the West Coast rates compare favourably to the National rates and the equity gap continues to be small.
Readmission rates (at 28 days) maintained below the national average.	13.1%	11.3%	National rate is sitting at 12.8% as at March 2020

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Continue to work with the Canterbury Falls and Fractures Service Level Alliance and WCDHB Falls Coalition Group to enhance and integrate falls and fracture prevention services.</p> <p>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.</p> <p>Embed the Fracture Liaison Services to ensure people with a frailty fracture receive appropriate support and follow-up.</p> <p>Identify and accredit community Strength &amp; Balance classes targeted towards older Māori. (EOA)</p>	Quarterly: Reporting to the national Hip Fracture Registry.	✓	<p>The Falls Prevention Coalition Group continues to use the falls and fracture dashboard to further explore local pathways and options to enhance the Falls referral process.</p> <p>The establishment of the Fracture Liaison Service had been delayed, however with the assistance of The Nursing Director, Older People – Population Health/Older Persons Health and Rehabilitation a local potential provider has been identified. Work is underway to progress this towards work.</p> <p>A successful Maori focussed community exercise class is being held, however the class is not yet accredited. Engagement with this group continues to be worked upon.</p> <p>The lockdowns for COVID-19 resulted in all local strength and balance classes being cancelled during that period; however, information was provided regarding the 'Healthy For Life' new strength and balance TV programme for people to exercise safely at home. It is anticipated that this will encourage more people to join a class when safe to do so.</p>
	Q1: Options explored for implementing automatic referrals to the Falls Prevention or Fracture Liaison Service.	✓	
	Q3: Three culturally appropriate Strength & Balance classes accredited.	↻	
<p>Continue to engage across the DHB and with partner organisations to socialise and embed the restorative model of care across our system.</p> <p>Continue to work with the CCCN to ensure appropriate, equitable and timely assessment of people's needs using the InterRAI assessment tool. (EOA)</p> <p>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.</p>	Q1: Baseline established for the rate of InterRAI assessments per 1,000 population.	✓	<p>InterRAI assessments are being completed in a timelier and consistent manner.</p> <p>ACC Non-acute pathways have been established. Care bundles are being used in the ward setting to help identify those clients best placed to receive the supported discharge service.</p>
	Q2: Identify and address key drivers of longer wait times for InterRAI assessments.	✓	
	Q4: ACC Non-Acute Rehab casemix pathways implemented, and supported discharge uptake increased to 10 patients.	✓	
<p>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.</p> <p>Promote the use of personalised, acute and advance care plans to enable the delivery of consistent, managed care and to support people at end of life.</p> <p>Work with the West Coast PHO to focus initially on the development of acute care plans for Māori (aged over 50) enrolled in the primary care Long-term Conditions Management Programme, as a high need group. (EOA)</p>	Q1: Use of health care plans socialised across the West Coast health system through stories and patient voices.	✓	<p>Health care plans continue to be promoted throughout services. 17 Advanced Care Plans have been completed and Acute Care Plans are being used.</p> <p>A Maori Health Needs Assessor has been appointed within our Complex Clinical Care Network.</p> <p>The Maori clinical assessor at the Complex Clinical Care Network is working with the West Coast PHO to develop acute care plans for their clients who are over 50 and Maori.</p>
	Q2: Monitoring established (by ethnicity) of the number of care plans completed.	✓	
	Q2: Process in place to identify Māori enrolled in the LTCM Programme without acute care plans in place to enable contact and follow-up.	✓	
Key Performance Measures		Total Result	Comments
720 places available at accredited strength & balance classes.		1,182	All classes were cancelled at the beginning of the quarter due to Covid-19, with the first class not commencing back until 19th May. Eight approved classes were offered towards the end of Q4, providing a total of 37 individual classes and 168



		available places during quarter four. Average utilisation for those classes reported upon was 31.93%.
120 people seen by the Falls Prevention Service.	84	COVID-19 has been a significant factor in the low numbers of people who received in-home strength and balance retraining for Quarters 3 and 4.
95% of long-term HBSS clients have had an InterRAI assessment and have a completed care plan in place.	77.1%	A long-standing vacancy has led to a backlog of InterRAI assessments being undertaken the team is currently working on a solution to close the gap

## Improving Quality



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Complete implementation of the 'nominated' contact person process, to improve results against the DHB's lowest scoring Patient Experience Survey question: 'Did hospital staff include your whānau or someone close to you in discussion about your care?' (Partnership Domain).</p> <p>Undertake a co-design process with consumers, and their whanau to develop education material that reinforces the role of a nominated person. Focus on engagement with Maori to ensure processes are culturally appropriate. (EOA)</p> <p>Provide staff training to reinforce the need to establish and engage with the patient's nominated person.</p>	Q2: Co-design focus groups run.	✓	<p>Co-design via consumer focus groups have been held to determine what is needed to develop nominated contact person role and responsibilities. Feedback has been received to strengthen information and supporting material with consumer requests for simple and consistent messaging and language. Nominated contact information and procedures have been published following endorsement from consumer focus group.</p> <p>Work has been completed to determine the feasibility of required changes to the South Island Patient Management System. This has been shown to be technically possible but requires South Island agreement. Quality Managers are progressing these changes through their organization.</p>
	Q2: Information system changes made to include nominated contact person and draft procedure for contact details collection finalised.	↻	
	Q2: Education material/tools agreed.	✓	
	Q3: New process launched in CDHB as a pilot to test processes and information.	↻	
	Q4: Staff training and rollout underway.	↻	

Key Performance Measures	Maori Result	Total Result	Comments
Reduction in the number of children (aged 0-4) admitted with ambulatory sensitive respiratory related illness – base 63 events Q4 2018/19.	5	29	Targeted actions have been identified in the SLM Improvement Plan for 2019/20.
Reduction the rate of childhood admissions due to asthma or wheeze – base 6 events Maori, 17 events total population.	4 events	13 events	
Improved result for the Patient Experience survey question 'Did hospital staff include your whānau or someone close to you in discussion about your care?' - base 53% June 2018.		64%	November 2019 result
Regional agreement reached on hospital antimicrobial guidelines for key indications.		✓	Canterbury's pink book is available to West Coast staff
Adoption of national antimicrobial guidelines.		✗	This was still a work in progress at a national level.

## Cancer Services



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Work 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 intervention. (EOA)	Q2: Health Hui held to promote health initiatives and an understanding of the benefits of cancer screening and early intervention.	✓	A second printing of the Cancer Korero booklet has been delayed by renewed editorial adjustments, but an updated on-line version has been posted on our website.
	Q4: Second Health Hui held.	✗	

			<p>A health hui was held in Westport in November, led by Poutini Waiora and supported by staff from West Coast DHB and the West Coast PHO.</p> <p>A second hui venue at Hokitika in Quarter 2 was cancelled due to a tangi. A new date is to be set.</p>
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.	✓	The regional Route to Diagnosis recommendations have now been adopted nationally and the West Coast processes are aligned to these. The local action plan has been developed to cover actions across the whole of system.
<b>Key Performance Measures</b>		<b>Total Result</b>	<b>Comments</b>
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.		81%	This result reflect performance over the last six months – In the last quarter 86.7% of people were seen with 62 Days - reflecting two patients in the last quarter who were not treated within the timeframe. Breach analysis has been completed on each event to ensure missed timeframes can be identified and improvements made.
85% of patients receive their first cancer treatment (or other management) within 31 days of date of a decision-to-treat.		93.2%	

## Bowel Screening



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments	
Actively manage colonoscopy demand through matching of available capacity, to ensure diagnostic colonoscopy waiting time indicators are consistently met. (EOA) Continue to support the Endoscopy Coordinator to work across services and with patients to improve access to information, increase engagement with endoscopy services and improve follow-up process.	Weekly: Review of colonoscopy waiting lists to accommodate provision of diagnostic endoscopy within clinically indicated timeframes.	✓	Monitoring is embedded into the DHB’s business practice to identify emerging issues and address barriers to access.	
	Ongoing: Monitoring of colonoscopy results to ensure wait time indicators are met and delays are promptly responded to.	✓		
Work with the West Coast PHO and Poutini Waiora to support bowel cancer awareness promotion through primary care networks, with a specific focus on Māori, to de-stigmatise and encourage people to present earlier with symptoms and concerns. (EOA)	Ongoing: Promotion of bowel cancer messages.	✓	A health hui was held in Westport in November, led by Poutini Waiora and supported by staff from West Coast DHB and the West Coast PHO.  A second hui venue at Hokitika in Quarter 2 was cancelled due to a tangi. A new date is to be set.  ‘Phase One Implementation’ information paper for National Bowel Screening Programme business case was reviewed by the Ministry and a final draft has been prepared. Internal sign off has been delayed due to Covid-19 reprioritisation.  Professor John Baxter will become our Cancer Champion for the West Coast DHB	
	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.	✗		
Key Performance Measures		Maori Result	Total Result	Comments
90% of people accepted for an urgent diagnostic colonoscopy receive their procedure with 14 days, 100% within 30 days.		NA	100%	COVID-19 impacted performance over quarter four. Work to return to pre-COVID wait times is occurring.
70% of people accepted for a non-urgent diagnostic colonoscopy receive their procedure within 42 days, 100% in less than 90 days.		NA	61.5%	

70% of people waiting for a surveillance colonoscopy receive their procedure within 84 days, 100% in 120 days.

NA

66.2%

## Workforce – Workforce Diversity



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Establish an integrated workforce development cluster with strategic partners to facilitate system-wide education and training opportunities and support the development of our rural generalist workforce model and pathways to develop our Māori nurse and midwifery workforce. (EOA)	Q3: Workforce Development Cluster established.	✗	Three recruitment attempts for the operational lead for the development cluster have been made without success. A temporary leadership structure is in place, but the work plan has not yet been progressed. The first step will be establishing a collaborative governance group who will help to drive the strategic priorities of the Cluster.
	Q4: Three-year work plan and associated measures for success agreed.	✗	
Continue to invest in the Takarangi Cultural Competency Framework, Te Tiriti o Waitangi and Tikanga Best Practice Guidelines development programmes, to support our commitment to equity and improve cultural competency across our core workforce. (EOA)	Q1: Clinical Leaders and front-line staff working in the Primary Unplanned Care area encouraged to engage in the Takarangi Cultural Competency Framework.	↻	Clinical leaders who have undertaken Takarangi continue to advocate with colleagues to participate in the framework. Work is occurring with the Nursing Director Operations to identify the most appropriate front-line staff to undertake Takarangi. COVID has delayed the next round.
	Q2: Takarangi Hui held for next round.	✗	
Work in tandem with the Canterbury DHB to support and encourage greater participation of Māori in our health workforce and build on the learnings from the joint workshops held in 2018/19. (EOA)	Q3: Targeted attraction and recruitment programme for Māori workforce developed.	↻	We have updated our recruitment process to gather ethnicity at application. This will enable us to have the data to advance Māori applicants, who meet all core competencies to interview stage. This also enables us to utilise the data to identify trends and gaps in our process for Māori applicants. An updated recruitment policy has been developed and will be socialised next quarter. This will support targeted initiatives for Māori workforce recruitment.
	Q4: Targeted attraction and recruitment programme for Māori workforce launched.	↻	
Key Performance Measures		Result	Comments
Percentage of staff engaged in the Takarangi (cultural competency) framework - baseline 3%.		1.3%	14 people have completed or are engaged in Takarangi training. This year completion of the training was affected by Covid-19. 25 People are enrolled for the 2020/21 training
90% of patients responded positively to the inpatient survey question "Was cultural support available when you needed it?"		100%	Results to November 2019
Increase in staff retention rates – unplanned turnover.		78%	The unplanned turnover rate for the WCDHB is 7.8% (increasing from 7.0% in the previous month). This remains well below than the average unplanned turnover for the NZ public service sector (11.8% in 2019). We have a number of SMO positions that have been hard to recruit and this is driving our high average days. Our recruitment strategy for hard to fill roles is being implemented to attract talent to the Coast and build a sustainable pipeline.
Reduction in the time taken to fill vacancies – average days to fill vacancy.		94.3	
>12% completion rate for learning modules.		55.3%	
Māori workforce closer aligned to the proportion of the population – baseline 3.4%.		5.7%	5.7% of the WCDHB workforce (who have recorded Ethnicity data) are Maori. This compares to 12% of the West Coast population.

## Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Participate in a collaborative health literacy review (with the Canterbury DHB) to assist in the formulation of a Health Literacy Action Plan. (EOA)	Q2: Health Literacy Review scoped, and team formed to undertake the Review.	✓	Work to achieve the Health Literacy Action Plan was divided into two parts; a health literature review which has been undertaken and a Healthy Lifestyles review which will be based on a Kaupapa Māori lead co design. The Kaupapa Māori co design revision work is underway and in the final consultation phase. Once complete it will be used to guide the Healthy Lifestyles review, which will inform the action plan.
	Q4: Health Literacy Review report is complete and recommendations made to inform the development of a Health Literacy Action Plan.	↻	
Undertake a co-design process with consumers and whānau to develop education material that reinforces the role of a nominated person in the early stages of admission. Focus on engagement with Māori and Pacific groups to ensure processes are culturally appropriate. (EOA) Provide staff training to reinforce the need to establish and engage with the patient's nominated person.	Q2: Co-design focus groups run.	✓	Co-design via consumer focus groups have been held to determine what is needed to develop nominated contact person role and responsibilities. Feedback has been received to strengthen information and supporting material with consumer requests for simple and consistent messaging and language. Nominated contact information and procedures have been published following endorsement from consumer focus group.  Work has been completed to determine the feasibility of required changes to the South Island Patient Management System. This has been shown to be technically possible but requires South Island agreement. Quality Managers are progressing these changes through their organization.
	Q2: Education material and tools agreed	✓	
	Q4: Staff training underway.	↻	
	Q4: Rollout underway.	↻	

## Delivery of Regional Service Plan (RSP) Priorities

## Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Participate in the regional Hepatitis C work stream to support implementation of an integrated approach to the screening, treatment and management of Hepatitis C.  Develop and deliver against a local action plan, aligned with Regional Plan, which ensures at-risk and 'treatment naïve' populations are reached. (EOA)  Engage with primary care partners to support them to provide the majority of treatment services for individuals with Hepatitis C.	Q1: Regional Hepatitis C work plan is agreed.	✓	Testing and treatment continues as per the objectives on the regional plan.  There have been some delays due to Covid-19, however everything is now back on track with a focus on engagement with Maori and the establishment of an outreach clinic.
	Q2: Local Action Plan is developed.	✓	
	Q2: Local HealthPathway aligned to national guidelines.	✓	
	Q3:Q4: Report on progress against the regional Hepatitis C work plan.	✓	
Key Performance Measures		Total Result	Comments
Each GP practice with known Hep C+ patients has active engagement with a secondary care community clinic nurse.		81%	There is active engagement between secondary care nurses at CDHB and general practices on the West Coast. Since July 2016, 109/134 known patients with Hepatitis C on the West Coast have been successfully treated with antivirals.

## Better Population Health Outcomes Supported by Primary Health Care

### Primary Health Care Integration



#### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments	
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)	Q1: Refreshed SLM Improvement Plan in place.	✓	The West Coast SLM Improvement Plan was approved by the Ministry of Health in July 2019. This is available on the DHB’s website.	
	Quarterly: Progress against the actions agreed in the SLM Improvement Plan.	✓	Progress against the SLM actions is reported and monitored through the West Coast Alliance.	
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.	✓	Three practices are now providing Long Term Conditions Management for Mental Health clients with the commencement of a new practice in Hokitika.	
Key Performance Measures		Maori Result	Total Result	Comments
>95% of the population are enrolled with general practice.		88%	88%	30,444
Improved system performance in line with the 2018/19 SLM Improvement Plan.		✓	✓	
Reduction in the equity gap that exists for ASH (avoidable hospital admission) rates between Māori and Total population for children 0-4-years (baseline 3,039).		4,000 (16 events)	5,674 (96 events)	Baselines to September 2019 – Equity Gap is 1,975. Results to March 2020 – Equity Gap is -1674 with Maori rates improving.
Reduction in the equity gap that exists in the Acute Hospital Bed Day rate for Māori and Total populations.		281	304	The three-year averages are 319 (total population) and 331 (Māori). The 3-year rolling average shows that the West Coast rates compare favourably to the National rates and the equity gap continues to be small.

### Pharmacy



#### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in the Pharmacy Long-Term Conditions Service to improve access to community pharmacist advice and support, for people with chronic conditions and those taking multiple or high-risk medications. Investigate the widening of eligibility for enrolment in the Pharmacy Long-Term Conditions (LTC) Service to more closely align with the general practice LTC Management programme with a higher focus on Māori. (EOA)	Quarterly: Monitoring of Medicines Use Reviews delivered by community pharmacists.	✓	The Pharmacy Workstream has begun looking at aligning PHO and Pharmacy LTC services for better impact. However, workforce constraints and demands on community pharmacy during the COVID-response meant the West Coast had capacity only to maintain current services.
	Q2:Q3: Widening of eligibility for enrolment in the Pharmacy LTC Service scoped.	↻	
	Q4: Options for enhancing the LTC Service presented for agreement.	✗	
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 and Māori, as high need groups. (EOA)	Q1: Current influenza vaccination rates reviewed for equity gaps and areas of improvement.	✓	The Immunisation Advisory Group, including representation from Maori, general practice and pharmacy, coordinates the influenza programme with a Plan developed for 2019/20. An early start to the immunisation programme, and the threat of COVID-19, has seen a substantial increase in flu vaccine uptake from practices and pharmacies despite some difficulties with vaccine stock supply. The 2020 Flu season has seen more than a 50%
	Q3: Plan for 2019/20 season developed.	✓	
	Q4: Promotion of free flu vaccinations from general practice and community pharmacies.	✓	

			increase in coverage on the West Coast. Pharmacy, General Practice, and DHB Occupational Health have played an important role. The DHB received funding to provide a Kaumatua Vaccination Programme. This will be implemented in Q1 2020/21.
Key Performance Measures	Maori Result	Total Result	Comments
>25 people receive a Medicines Use Review MUR from a pharmacist.		1	544 people registered with West Coast pharmacies for the LTC Service as of June 2020. Access is severely constrained by limited pharmacy workforce.
>900 people enrolled in the Pharmacy LTC Service.		544	
Three West Coast general practices have the Electronic Prescription Service in place.		5	
75% of the population aged 65+ receive a free influenza vaccination.	58%	74%	Preliminary numbers for the 2020 season to 31/07/2020.

## Diabetes and other long-term conditions



### Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to support the Whānau Ora model and team approach for Māori with Diabetes in the Whakakotahi pilot practice and expand the programme to one more general practice. (EOA)	Q2: Model in place in two practices.	✓	The Whakakotahi model is well embedded and supported in Buller Medical practice in Westport; with related extension into Grey Medical practice in Greymouth via fortnightly Nurse Led clinics directly supported by a General Practitioner from the practice, a community pharmacist, and a Whanau Ora Registered Nurse from Poutini Waiora.  The report on outcomes due to be given to HWC this quarter has been delayed due to Covid-19 activity but is expected to be reported to the group in Q1 2020/21
	Q4: Report on outcomes shared with the Healthy West Coast Alliance.	✗	
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.	✓	Initial training for CNS's has been undertaken in Canterbury with the paediatric team, and an insulin pump staff trier has come to the West Coast to deliver a session.  Online training for glucose monitors was provided during the Covid-19 lockdown and the CNSs continue to link with both suppliers and the team in Canterbury to ensure up to ensure their knowledge is up to date.
	Q3: Training delivered.	↻	
Establish an integrated approach to the prevention and management of cardiovascular disease (CVD) and the introduction of the new national guidelines for CVD risk assessment and management in primary care. (EOA) Collaborate with the PHO and Poutini Waiora to identify and contact Māori men aged 35 -44 who are overdue for CVD Risk Assessments.	Ongoing: Monitoring of CVD risk assessment rates and targeted support to practices with lower rates	✓	CVD risk assessment data is reviewed quarterly to identify emerging issues and barriers to access.  A joint (primary care and DHB) CVD Improvement Plan was agreed as submitted to the Ministry of Health.
	Q1: Joint CVD Improvement Plan approved.	✓	
Key Performance Measures	Maori Result	Total Result	Comments
>3,000 people enrolled in the primary care LTCM Programme.	266	3,693	Māori enrolments make up 6.7% of all enrolments in the LTC programme this quarter. For comparison Māori make up 6.8% of the enrolled population
Percentage of Māori population engaged in the LTCM Programme aligns to proportion of the population enrolled.	6.7%	-	

			aged 45+ years – the prime age group of people in the LTC programme.
90% of the population identified with diabetes have an annual HbA1c test.	84%	87.7%	See above for actions to improve outcomes.
80% of the population identified with diabetes (having an HbA1c test) have good or acceptable glycaemic control (HbA1c <64 mmol/mol).	49.6%	56%	

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

<b>DATE</b>	<b>TIME</b>	<b>VENUE</b>
<b>28 February 2020</b>	10.00 – 1.00pm	Board Room, Corporate Services
<b>24 April 2020</b>	10.00 – 1.00pm	Board Room, Corporate Services
<b>5 June 2020</b>	10.00 – 1.00pm	Board Room, Corporate Services
<b>24 July 2020</b>	10.00 – 1.00pm	To Be Confirmed
<b>9 October 2020</b>	10.00 – 1.00pm	Board Room, Corporate Services
<b>11 December 2020</b>	10.00 – 1.00pm	Board Room, Corporate Services

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



## 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.