

# TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY  
GROUP

24 May 2012

Agenda and Meeting Papers

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

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## AGENDA

TATAU POUNAMU MANAWHENUA ADVISORY GROUP  
HUI TO BE HELD 24 MAY 2012 AT BOARD ROOM,  
CORPORATE OFFICE, GREY BASE HOSPITAL, HIGH  
STREET, GREYMOUTH STARTING AT 3.30PM

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## TATAU POUNAMU MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosures
Ben Hutana (Chair) Te Runanga O Ngati Waewae	<ul style="list-style-type: none"> <li>▪ Member, Westland REAP Board</li> <li>▪ Member, Rata Te Awhina Trust Board</li> <li>▪ Department of Conservation Roopu – Kaitiaki Roopu</li> <li>▪ Alternate for Te Runanga O Ngai Tahu</li> </ul>
Richard Wallace Te Runanga O Makaawhio	<ul style="list-style-type: none"> <li>▪ Upoko Te Runanga O Makaawhio</li> <li>▪ Trustee, Kati Mahaki ki Makaawhio Limited</li> <li>▪ Honorary Member, Maori Womens Welfare League</li> <li>▪ Kaumatua Te Runanga O Aotearoa NZNO</li> <li>▪ Employee West Coast District Health Board, Maori Mental Health</li> <li>▪ Wife is employee of West Coast District Health Board</li> <li>▪ Trustee, West Coast Primary Health Organisation Board of Trustees</li> <li>▪ Daughter is a board member on West Coast and Canterbury District Health Boards</li> <li>▪ Kaumatua, West Coast District Health Board</li> <li>▪ Kaumatua Advisor for Iwi and Maori Multi Employment Collective Agreement</li> <li>▪ Kaumatua, Health Promotion Forum Aotearoa</li> </ul>
Marie Mahuika-Forsyth Te Runanga O Makaawhio	<ul style="list-style-type: none"> <li>▪ Employed part-time by Community and Public Health as Maori Health Promoter for the Elderly</li> <li>▪ Member, Combined Community Public Health Advisory Committee (CPHAC) / Disability Support Advisory Committee (DSAC)</li> </ul>
Francois Tumahai Te Runanga O Ngati Waewae	<ul style="list-style-type: none"> <li>▪ Chair, Te Runanga o Ngati Waewae</li> <li>▪ Director/Manager Poutini Environmental</li> <li>▪ Director, Arahura Holdings Limited</li> <li>▪ Manager, Cable Price NZ Limited Equipment Workshop Christchurch</li> <li>▪ Project Manager, Arahura Marae</li> <li>▪ Project Manager, Ngati Waewae Commercial Area Development</li> <li>▪ Member, Westport North School Advisory Group</li> <li>▪ Member, Hokitika Primary School Advisory Group</li> <li>▪ Member, Buller District Council 2050 Planning Advisory Group</li> <li>▪ Member, Greymouth Community Link Advisory Group</li> <li>▪ Member, West Coast Regional Council Resource</li> </ul>

Member	Disclosures
	<ul style="list-style-type: none"> <li>Management Committee</li> <li>▪ Member, Rata Te Awhina Trust Board</li> <li>▪ Member, Grey District Council Creative NZ Allocation Committee</li> <li>▪ Member, Buller District Council Creative NZ Allocation Committee</li> <li>▪ Trustee, Westland Wilderness</li> <li>▪ Trustee, Te Poari o Kati Waewae Charitable</li> <li>▪ Trustee, Westland Petrel</li> <li>▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre</li> <li>▪ Trustee, West Coast Primary Health Organisation Board</li> </ul>
<p>Elinor Stratford West Coast District Health Board representative on Tatau Pounamu</p>	<ul style="list-style-type: none"> <li>▪ Member Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>▪ Manager, Disability Resource Service West Coast</li> <li>▪ West Coast Disability Resource Service West Coast has signed a Memorandum of Partnership with West Coast Maori health provider "Rata Te Awhina Trust"</li> <li>▪ Committee Member, Active West Coast</li> <li>▪ Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust</li> <li>▪ Deputy Chair of Victim Support, Greymouth</li> <li>▪ Committee Member, Abbeyfield Greymouth Incorporated</li> <li>▪ Trustee, Canterbury Neonatal Trust</li> </ul>
<p>Sharon Marsh Nga Maata Waka o Kawatiri</p>	<ul style="list-style-type: none"> <li>▪ Member/Secretary, Kawatiri Maori Womens Welfare League</li> <li>▪ Kaiawhina, Rata Te Awhina Trust</li> <li>▪ Member, Granity School Board of Trustees</li> <li>▪ Member, Buller Budget Advisory Service</li> </ul>
<p>Wayne Secker Nga Maata Waka o Mawhera</p>	<ul style="list-style-type: none"> <li>▪ Trustee, WL &amp; HM Secker Family Trust</li> <li>▪ Member, Greymouth Waitangi Day Picnic Committee</li> </ul>

# DRAFT MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY GROUP MEETING HELD ON WEDNESDAY 11 APRIL 2012 AT ARAHURA MARAE, 3 PM

<b>PRESENT</b>	Ben Hutana (Chair) Marie Mahuika-Forsyth Francois Tumahai Sharon Marsh Wayne Secker Richard Wallace Elinor Stratford	Te Rūnanga O Ngāti Waewae Te Rūnanga O Makaawhio Te Rūnanga O Ngāti Waewae Nga Maata Waka O Kawatiri Nga Maata Waka O Māwhera Te Rūnanga O Makaawhio West Coast District Health Board Representative on Tatau Pounamu
<b>IN ATTENDANCE</b>	Gary Coghlan Claire Robertson	General Manager Māori Health, West Coast DHB HEHA and Smokefree Services Manager West Coast DHB
<b>MINUTE TAKER</b>	Rachel Passuello	Administration Support
<b>APOLOGIES:</b>	Hecta Williams Wayne Turp  Peter Ballantyne	General Manager, West Coast DHB General Manager Planning and Funding West Coast DHB Acting Board Chair, West Coast DHB

## WELCOME

The Chair welcomed everyone to the meeting and opened with karakia.

## 1. AGENDA / APOLOGIES

### **Apologies**

- |                    |                                       |
|--------------------|---------------------------------------|
| ▪ Hecta Williams   | General Manager, West Coast DHB       |
| ▪ Wayne Turp       | General Manager, Planning and Funding |
| ▪ Peter Ballantyne | Acting Board Chair, West Coast DHB    |

### **Apologies accepted**

**Moved: Francois Tumahai**

**Second: Elinor Stratford**

## 2. DISCLOSURES OF INTERESTS

Elinor Stratford: remove 'Manager, Disability Services Resource Service West Coast', as she is no longer the Manager.

### 3. MINUTES OF THE LAST MEETING – 23 FEBRUARY 2012

Page 6 – Memorandum of Understanding and Terms of Reference there was a spelling error

**Moved: Marie Mahuika -Forsyth      Seconded: Francois Tumahai**

#### **Motion**

**THAT the Minutes of the Tatau Pounamu Manawhenua Advisory Group meeting held 23 FEBRUARY 2012 be adopted as a true and accurate record [subject to any changes or amendments above].**

**Carried.**

#### **MEETING SCHEDULE**

The meeting dates were set prior to Christmas. A member mentioned at least one meeting needs to be held at the Te Runanga O Makaawhio office.

#### **ANNUAL PLAN PROCESS**

It was noted that the reference to “Maata Waka” in this section was not correct so the suggestion was made that the wording needed to be changed.

#### **GENERAL BUSINESS**

##### **Manawhenua Hui Christchurch 23 February 2012**

‘Mana whanau’ should read ‘Mana Whenua’.

It was mentioned that the invitation to the ‘Manawhenua Hui in Christchurch on the 23 February 2012’ has been received but the chair and deputy chair of Tatau Pounamu could not go as the Tatau Pounamu hui was on this same day. Ngai Tahu were made aware of this. It was suggested that Ngai Tahu need to have their hui on a different date and time and that Ngai Tahu should already be aware when the Tatau Pounamu hui is on.

### 4. MATTERS ARISING FROM THE LAST MEETING

#### **WEST COAST HOME INSULATION PROJECT**

The reporting status of this is now complete and can now come off matters arising.

#### **WORKING WITH IWI FORUMS IN TE WAIPOUNAMU Blenheim – 19 MARCH 2012**

This hui went ahead but no managers from within the Ngai Tahu rohe attended although the Kaiwhakahaere for Ngai Tahu and the Deputy Kaiwhakahaere for Ngai Tahu did attend.

**Moved: Marie Mahuika-Forsyth      Seconded: Francois Tumahai**

### 5. MAORI HEALTH REPORT TO TATAU POUNAMU

#### **Gary Coghlan, General Manager Maori Health**

This report was taken as read.

#### **Te Whare Oranga Pai**

There was some discussion regarding the membership of the committee set up to support this project. Membership is comprised of two people from each Runanga

### **Maori Health Data and Feedback – Q2 Progress Report Graphs**

The General Manager (GM) Maori Health spoke commented that the information in the graphs shows a slight update from the last report, with no significant changes.

- It was noted on some occasions, particularly when numbers are small that percentages can be confusing, and this can impact on how information is understood.
- A member asked why the number of staff who had completed Te Pikorua and Treaty of Waitangi training was included in the report. The GM responded because it was a requirement from the Ministry of Health to know the numbers of staff undertaking this training, and it is part of the Annual Plan and the Maori Health Plan. More information could be included, for example staff undertaking Tikanga Best Practice Training, Ka Awatea for home support workers, Orientation for new staff (which includes a section on Maori health), and training for providers outside the DHB.
- Mainstream responsiveness was very important in terms of giving people working in the Health and Disability sector an opportunity to understand Maori health issues.
- There were some questions regarding breast screening and Immunisation statistics for Maori, particularly if the targets are achievable.
- It was suggested that where possible, the actual numbers could be added in with the percentages.

## **6. REVIEW OF SERVICES TO MAORI PROJECT**

### **Gary Coghlan, General Manager Maori Health**

An update was given by the GM Maori health. Neil Woodhams and Associates have been contracted to undertake a short term planning project to influence clinical service changes to improve Maori health outcomes on the West Coast. The project will focus on reviewing the responsiveness and effectiveness of services specifically delivered to Maori and mainstream services in areas related directly to the Maori Health Plan. This includes maternal health, cardiovascular disease, diabetes, cancer, smoking, immunisation and oral health. Currently a draft report is being written.

## **7. MAORI HEALTH PLAN 2012-2013 DRAFT**

### **Gary Coghlan, General Manager Maori Health**

A member asked why there is a requirement for a yearly plan. The GM Maori Health explained this is a Ministry of Health requirement. The draft Plan had been sent to the Ministry Of Health and we are awaiting feedback. Some feedback from members included having a stronger focus on Maori mental health, obesity and nutrition for Maori, rangatahi and Tamariki (child and youth health). Overall the feedback was positive; however there are still areas to work on. The next step is to meet with Maori communities to discuss the plan and other issues relating to Maori health. There have been two hui recently and another one is set for Buller on the 16 April 2012.

## **8. MAORI CONSULTATION – MULTIPLE SCLEROSIS**

### **Gary Coghlan, General Manager Maori Health**

A request has been made by Dr Deborah Mason, a Consultant Neurologist Christchurch Public Hospital, for consultation with Maori for her study on the incidence of Multiple Sclerosis in New Zealand. Tatau Pounamu is very supportive of this work, however the incidence of Multiple Sclerosis for Maori on the Coast is low.

**Action – The Chair to draft a letter of support.**



9. **BULLER MAORI HEALTH HUI – 16 APRIL 2012**

**Gary Coghlan, General Manager Maori Health**

The hui is on the 16 April 2012, and a number of Tatau Pounamu members will be attending.

10. **HEHA/SMOKEFREE UPDATE**

**Claire Robertson – HEHA and Smokefree Services Manager**

The HEHA and Smoke free Services Manager gave an update. Key factors were:

- Follow up from the last Smoke free report regarding Maori access to smoke free services on the West Coast, Coast Quit: 8% and DHB cessation services: 10%
- Smokefree: Three core services were provided – secondary, Coastquit and the Community and Public Health – Aukati Kai Paipa.
- The quit rate for Maori using Coast Quit 3-6 months after their quit date was 22%, compared to a total of 19.5% for total population. These success rates are substantially higher than those attempting to quit with no support. It is important to point out that the numbers being referred to here are low and the key data is the access rates to the above services, as with smoking cessation it is the number of quit attempts that is important.
- There has been an increase in the - Better Support for Smokers to Quit Health Target results in Quarter 3 with 86% (90% Maori) in January and 96% (92% Maori) in February. For 2012/2013 the health target remaining the same; 90% of smokers within primary care will be provided advice and support to quit and 95% within secondary care.
- In addition there is a target of progress towards 90% of pregnant women who identify as smokers at confirmation of pregnancy are provided advice and support to quit by the GP or Midwife. The Maori Smokefree Roopu could play a pivotal role in getting progress within this high needs area - smoking and pregnancy, particularly Maori women on the West Coast.
- The ASH Year 10 Survey Results 2011 were released in March 2012. The group with the best improvement from the previous years being Maori with 14-15 females nationally dropping from 16.3% to 11.3%.
- The West Coast specific results, although not broken down by ethnicity, show significant improvement compared to previous years' ASH results.
- The West Coast Tobacco Free Coalition have appointed Ellie Ngatai to Buller Reap as the Smokefree Youth Co Ordinator, as part of the Buller Youth Project.
- A member asked if Tatau Pounamu were interested in being updated on the work of the Smokefree Youth Coordinator as she reports to the West Coast Tobacco Smokefree Coalition. It was agreed by the group it would be good to be informed on the progress Ellie is making in this new project, as part of the HEHA & Smokefree reports prepared by Claire.

11. **MAORI MENTAL HEALTH**

There was an open and robust conversation regarding whether it would be better for the Maori community if the Maori Mental Health DHB team sat within a Maori health provider. The members supported Maori mental health being more closely situated within the community. It was felt that the timing had to be right for this to occur.

12. **CORRESPONDENCE**

Richard Wallace has received an invitation to be on a National Asthma committee and would like support from Tatau Pounamu to fill this position.

**Action: A letter is to be drafted from the Chair of Tatau Pounamu supporting Richard Wallace to be on this committee.**

**Moved: Marie Mahuika-Forsyth**

**Seconded: Sharon Marsh**

**Motion**

**That the Inwards and outwards correspondence is accepted.**

**Carried**

**13. 2012 MEETING SCHEDULE**

This is to be put on matters arising for the next meeting.

**Meeting finished at 5.20 pm**

**Signed**

\_\_\_\_\_

**Date**

\_\_\_\_\_

DRAFT

## MATTERS ARISING FROM TATAU POUNAMU MEETINGS

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status

# MĀORI HEALTH

**TO:** Tatau Pounamu Manawhenua Advisory Group

**FROM:** General Manager Māori Health

**DATE:** 17 May 2012

## **MAORI HEALTH**

### **Hui Rata Board**

The General Manager Maori Health and General Manager Planning and Funding met with the Rata Te Awhina Trust Board on the 28 March 2012 and the GM of Maori Health also meet with the board on the 9 May 2012. These meetings have been constructive.

### **Maori Health Plan 2012-2013**

The first draft of the Maori Health Plan 2012 -2013 is complete. The plan has had input from a number of clinicians from the West Coast PHO and the West Coast District Health Board. The first draft is available to members of the Maori Community and clinicians for further feedback and analysis.

### **Maori Health Review**

The consultation part of this review is nearly complete. A number of staff from the following services has been consulted in relation to the objectives of this project. These include the Maori Health Provider, Maori Mental Health Service, Oral Health, Planning and Funding, Immunisation Services, Oral Health Services, Smoking Cessation, Allied Health, West Coast PHO, Buller Health, Oncology, Long Terms Conditions, Diabetes, Hokitika Medical Centre, Rural Academic General Practice, South Westland Medical and Greymouth Medical Centres. In addition there was a hui with the Maori community at Arahura on the 29 March 2012. A draft report is now in the process of being written.

### **Programme of Action - Whanau Ora**

He Oranga Pounamu has distributed the first draft Programme of Action by the Te Wai Pounamu Whanau Ora Collective 2012 -2015 to regional General Managers Maori for their feedback. The draft document describes the programme of action. It will be a significant challenge bringing together twenty two kaupapa Māori providers of primary health and social services across Te Wai Pounamu in a area of some 150,000 square kilometres, making it New Zealand's largest Whānau Ora collective both geographically and in terms of the number of providers.

**Consultation Hui**

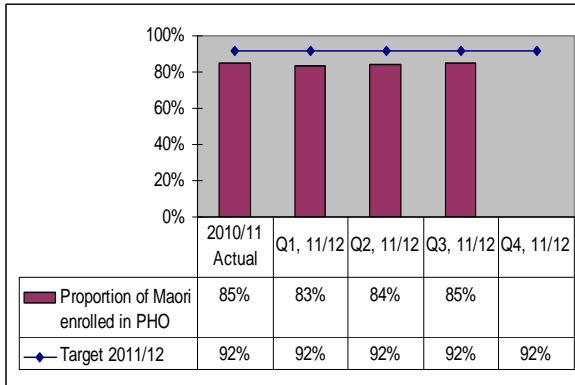
It is important to engage Maori communities of Te Tai O Poutini regarding the proposed changes to our health system. A hui was held at the Arahura Marae on the 27 March 2012 which was facilitated by the Chief Medical Officer and the General Manager of Maori Health. Another hui in the Buller was held on the 16 April 2012. The Maori Health Manager also met with the members of the Buller implementation team for Better Sooner More Convenient particularly to discuss the implementation of the specific Maori health objectives due in July 2012.

The next hui is in the Buller set for the 17 May 2012.

# Maori Health Plan – Q3 Progress Report

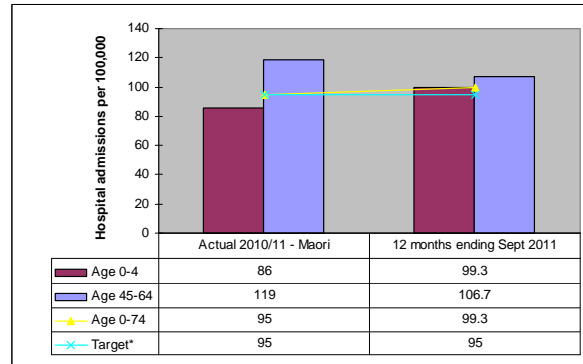
## Increase Maori enrolment in Primary Care

Percentage of Maori enrolled in the PHO



## Reduce preventable hospital admissions

Reduction in preventable hospital admissions for Maori per 100,000 by age for the 12 months ending Sept 2011



\* Target: <95 per 100,000.

## ACHIEVEMENTS/ISSUES OF NOTE

**Enrolment in PHO:** 1% more Maori enrolled in PHO in Q3, 2011/12 compared to Q2, 11/12. The enrolment for Q3, 11/12 is equivalent to the actual Maori enrolment in WCPHO in 2010/11.

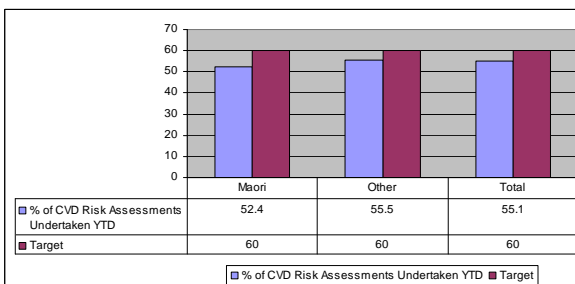
There were 76 more Maori enrolled in primary care services since Q1, 2011/12 with 64% of the new enrolment occurring in Q3, 2011/12 (49 new Maori enrolled in Q3, 2011/12).

*Note these figures are based on 2011 Statistics New Zealand projections, previous reports showing enrolment coverage above 90% were based on 2006 actual census figures.*

**Preventable Hospital Admissions:** No updated report available. The report is only available twice annually. The next report will be due in from the Ministry in July 2012.

## Chronic diseases – Cardiovascular diseases (CVD) Chronic diseases - Diabetes

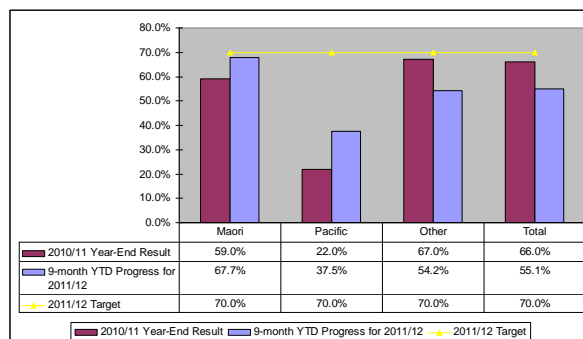
More Heart and Diabetes Checks: Percentage of eligible PHO population who have had a CVD risk assessment.



Measure: Percentage of enrolled people in the PHO within the eligible population who have had a CVD risk recorded in the last 5 years.

Data for period to 31 March 2012 (latest available data).

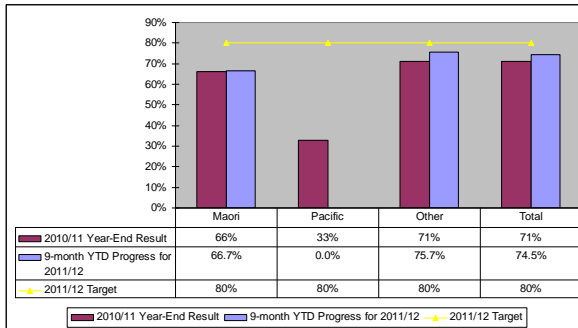
Diabetes Detection



Measures: % of people estimated to have diabetes who have had their annual check during the current year to date, against YTD target

Data for period to 31 March 2012 (latest available data).

## Diabetes Good Management



Measure: % of people with diabetes who have HBA1c levels at or below 8.0 when assessed at free annual diabetes check.

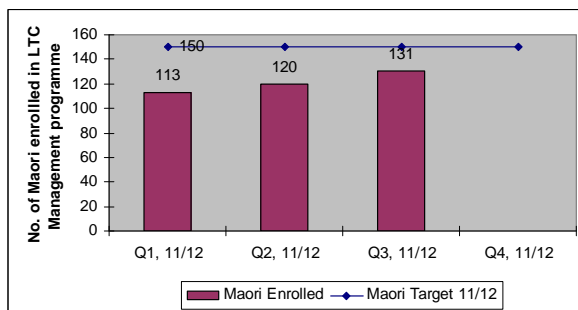
Data for period to 31 March 2012 (latest available data).

## ACHIEVEMENTS/ISSUES OF NOTE

**CVD Risk Assessment:** From 1 January 2012, there has been a change to the national health target for cardiovascular disease and diabetes. The revised health target, 'More heart and diabetes checks', measures the number of completed cardiovascular risk assessments for all eligible persons within the last five years (which includes a diabetes check). The national goal target is 90% of the eligible population will have had their cardiovascular risk assessed in the last five years - to be achieved in steps over three years. Our goal this year is to reach 60% by 1 July 2012 as part of that progress. For the period to 31 March, the West Coast result was at 55.1% for our overall population; including a rate of 52.4% for Maori and 55.5% for other populations. It is noted that there is still a way to go, but that the West Coast PHO is working to improve this rate through its 3-tiered Long Term Conditions programme and concentrating on undertaking Cardiovascular Risk Assessments

## Long-term condition management

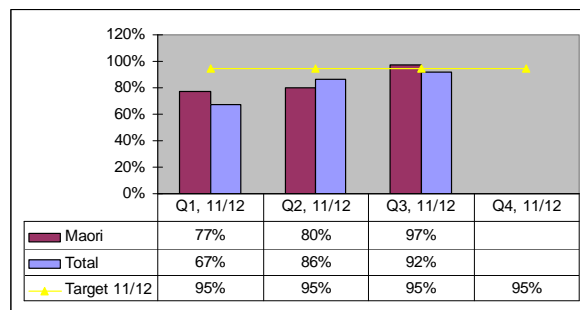
### Number of Maori enrolled in LTC management programme



Data source: PHO Quarterly report.

## Smoking cessation – secondary care.

### Maori hospitalised smokers provided with advice and help to quit



## ACHIEVEMENTS/ISSUES OF NOTE

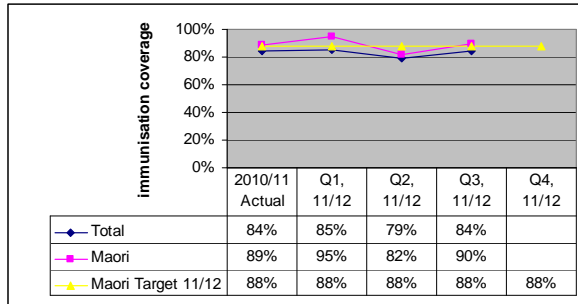
**Enrolment in LTC management programme:** The number of Maori enrolled in the long term conditions management programme increased by 11 in Q3 2011/12 – an increase of approximately 9%. Maori enrolments make up 6.3% of all enrolment in the LTC programme to date. For comparison Maori make up 5.1% of all the enrolment population aged 45 and over – the prime age group of people in the LTC programme. (Source: PHO Quarterly Report January –March 2012)

**Hospitalised smokers given advice and help to quit:** 97% of hospitalised Maori smokers received advice to quit during their hospitalisation in Q3 2011/12, and increase from 17% from Q2 2011/12. This is 2% more than the target of 95% for 2011/12.

**Smoking Cessation in primary care (in PHO Coast Quit):** Since 1<sup>st</sup> July 2010, a total of 41 Maori have enrolled in the PHO Coast Quit programme of which 19 (46%) enrolled in quarter 3. Maori make up 15% of all enrolment in the Coast Quit programme in Q3, 2011/12. (Source: PHO Quarterly Report January –March 2012)

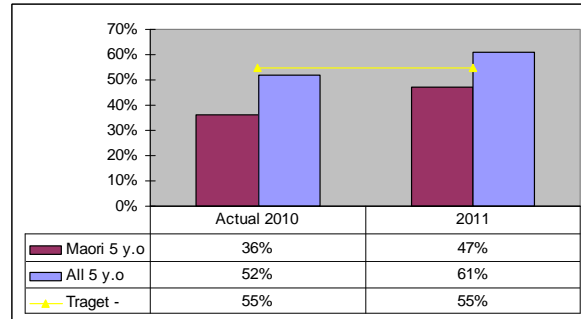
### Increase immunisation

**Percentage of Maori 2 year olds fully immunised**



### Oral health

**Percentage of 5 year olds dental caries free**



### ACHIEVEMENTS/ISSUES OF NOTE

**Immunisation:** The immunisation coverage for tamariki Maori turning 2 years in the 3 months ending Q3, 2011/12 is at 90% - 8% more than the previous quarter.

Due to the small number of Maori 2 year olds the rate can fluctuate easily therefore, it is advisable to look at the 12 months period of coverage for tamariki Maori; the immunisation coverage rate for 2 year old tamariki Maori for the 12 months ending Q3, 2011/12 is 89% - 1% above the target for 88% target for 2 year olds on the West Coast.

**Oral Health:** 47% of 5 year old Maori have no dental decay (caries-free) in 2011 Calendar year. This is an increase of 11% from the 2010 calendar year. Work on reducing inequalities between Tamariki Maori and Others on the West Coast in relation to oral health is going on well.

### Support Maori workforce development

**Number of WC Maori enrolled in the Kia ora Hauora programme**

**11**

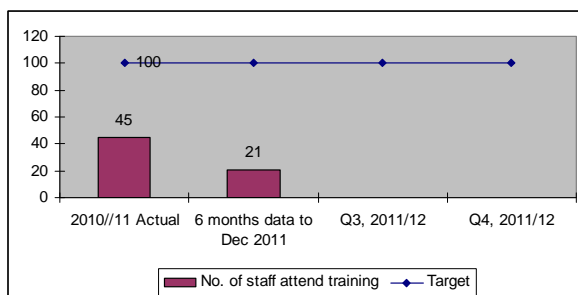
**Percentage of scholarship recipient in 2011/12 identifying as Maori**

**4 from 17 (23.5%)**

### ACHIEVEMENTS/ISSUES OF NOTE

### Improve the effectiveness and responsiveness of mainstream services

**Number of DHB staff who completed Te Pikorua and Tikanga Best Practice training**



**Treaty of Waitangi Training – 43 people attended.**

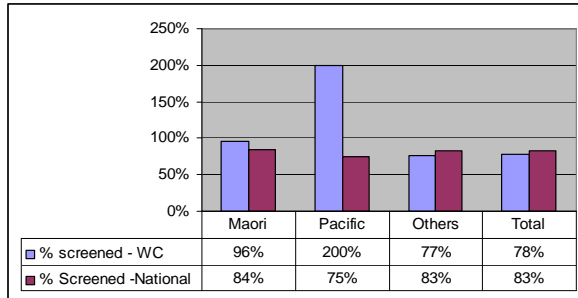
**Figures for staff orientation will be included in the next report**



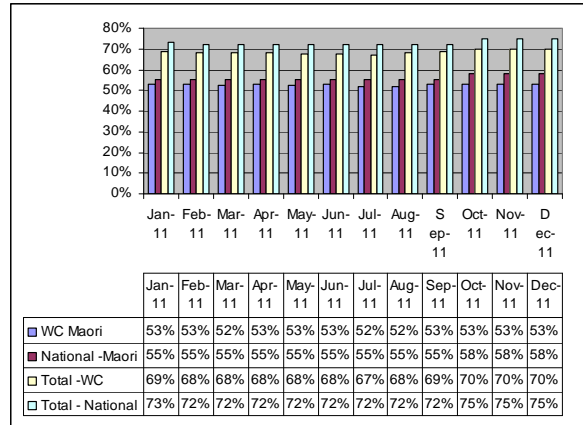
**ACHIEVEMENTS/ISSUES OF NOTE**

**Cancer**

**Percentage of eligible Maori women receiving breast screening examination**



**Percentage of eligible Maori women receiving cervical screening in the last 3 years ending...**



**ACHIEVEMENTS/ISSUES OF NOTE**

**Breast Screening:** There is no updated report on breast cancer screening.

**Cervical Screening:** Maori women aged 20-69 have a lower rate of cervical screening uptake compared to Maori nationally and other eligible women on the West Coast.

The National Cervical Screening (NSCP) target for 3-year coverage has been changed from 75% to 80%, beginning July 2011. The West Coast DHB has developed a NSCP WCDHB Strategic Plan 2011-12 in line with regional strategies and initiatives to increase the coverage rate of priority women to the required 3 yearly coverage rate of 80%, The Strategic Plan aims to continue collaboration with stakeholders and communities to implement the Regional NSCP Strategic Plan that best meets the unique needs of all eligible women on the West Coast



**Maori Community Engagement  
Buller Integrated Family Health Centre  
16 April 2012, 1pm, Salvation Army, Westport**

## 1. INTRODUCTION

A Maori community engagement Hui was hosted by West Coast DHB, 16 April 2012, to consider health services for Maori within the proposed Buller Integrated Family Health Centre. Invitations were extended to Maori community groups, health providers and the Maori community. A total of 18 people attended and participated in the discussion and debate from a broad range of perspectives.

Gary Coghlan opened the workshop and informed of the Kaupapa – to bring together the Maori community to look at what we are doing and what Maori services might look like in our changing health environment.

The Hui was jointly facilitated by Jenny Robertson and Lisa Tumahai. The following overview of the Buller IFHC was shared;

We need to change the way we are working, put the patient at the forefront. The Buller IFHC is a WCDHB initiative in response to the governments “Better Sooner More Convenient” direction.

Key objective of the IFHC is to merge health services into a single multidisciplinary service;

- Single/common booking system
- Single/common client record
- Multidisciplinary care
- Shared policy/process

Benefits of the IFHC;

- Right services/first time
- Avoid multiple story telling
- Health working together
- Greater range delivered locally

Facility development of Buller IFHC;

- Integrated model of care
- Economies of scale
- Fit for purpose

Michael O’Dea – project lead for Buller IFHC talked about the need to re-orient the health system to achieve better outcomes within existing resources.

We acknowledge that we may need more resources – the following questions need to be explored - How can we do better with what we have? Do we need to, and, how can we re-arrange Kaupapa Maori services? What is the scope of what those services might look like?

The participants were asked to think about how the Kaupapa Maori services will integrate into the IFHC system. WCDHB seeks to “work in partnership” and this is taken seriously. We are committed to ensure services are responsive to Maori.

## **2. DISCUSSION**

The Hui considered what the issues are for Maori and what some potential solutions might be, appendix 1. Discussion was broken down into age groups. Michael shared some statistical data about the Buller Maori population i.e. 652 people identify as Maori on the register, attached as appendix 2.

### **2.1 What’s working well?**

There are a good range of services that are working well for the 0 – 14 year age group, and a good range of services for 15 – 65+. The navigator supports works well; people shared their experience of good usage of navigators to unravel the health complexity and for specific disease states (cancer). It was noted that historical roles addressed improved access to general practice.

Home based supports for some works well and good clinical care is given, there is a need to ensure culturally appropriate care in the home.

There are pockets of excellence of people who have strong Maori community relationships and are very culturally aware, but this is not an inherently part of the culture within the organisation.

### **2.2 What isn’t working well?**

Access to services was identified as not working well. Location and transport issues are a barrier to care. Location and attractiveness of AOD and mental health services needs to be considered as people are not accessing the range of services available. Brief and early intervention is considered to not be working well, people are very unwell when they enter care and their recovery takes longer. There is poor consistency and continuity of care. There is a lack of cultural awareness in some parts of the system which leads to the fostering of relationships not working well which results in a lack of trust and confidence by some Whanau.

### **2.3 Key Themes identified**

- Access – referral pathways, location and transport, the right services
- Early intervention
- Whanau support
- Information sharing/education
- Cultural awareness/every day practice
- Integration/connecting of multiple services/Whanau Ora
- Risk behaviours/cultural norms
- Consistency and continuity of care
- lack of social service supports for Maori in Buller – leads to increased health risk

### 3. SOLUTIONS

There were a range of ideas for potential solutions however more needs to be understood about the Maori population profile to ensure identified needs are evidenced, in particular the 45 – 65+ age group. We also need to understand more about other supports as part of identifying solutions, the aim being to reduce duplication and overlap.

#### Solutions

- Improve access to services – first door is the right door
- Early intervention – risk identification process
- Whanau/family – a system that is family inclusive and culturally responsive
- Improved coordination/collaboration with other agencies – Whanau ora model
- Stronger monitoring and focus linking the community to care
- Manage my health – get all Whanau registered
- Mobile services
- Re-arrange service delivery, strengthen engagement
- Sharing of knowledge, education

It is recognised by the group that some of the solutions above will be met through the proposed new “Buller IFHC”. This meeting gives the Maori community an ability to engage on how that might look for Maori.

The group would like to see clinical and non-clinical dedicated Maori supports. The question of whether the clinical needed to be of Maori ethnicity was discussed – it is agreed if the right person is available and they are culturally aware, can practice under a Kaupapa framework, and are culturally responsive then they are the right person for the job. It was generally supported that the Kaiawhina is preferred to have a strong knowledge in Maori Tikanga, of kaupapa Maori practices, have a level of Te Reo Maori, strong linkages with the Maori community.

Further work needs to happen regarding the Whanau Ora Initiative and how the navigator role works across all services linking Whanau into the relevant services needed. Cross government agency discussion needs to happen as to whether this type of role should be solely health funded or rather a mix of government agencies – MSD, Justice, and TPK. The next stage in the Whanau ora initiative for Rata Te Awhina is the development of the Whanau ora model; this will be an opportunity for the community and relevant government agencies to engage in the discussion.

### 3. NEXT STEPS

It was agreed that a further meeting needed to be held where information regarding the Maori population health profile could be reviewed. This will guide the decision of what services might look like and the scope. Next Hui is to be held 17 May 2012, 1pm, venue TBC.

<b>0 – 14 years (0-4 yrs 78, 12% population) (5-14yrs 114, 17% population)</b>		
<b>What works well</b>	<b>What doesn't work well</b>	<b>Suggested solutions</b>
Outreach immunisations	Travel – distances, day in town for Karamea residents	Point of access – one door
Utilisations of mainstream services	Access to services	Increase knowledge about services – education
Good range of mainstream service provision	Connecting up of services	Coordination of service providers
Sexual health services	Whanau on board – relationships, trust and confidence	Fostering relationships – Whanau ora/partners other services
	Fostering relationships	
	Consistency of care/services	
	Lack of cultural awareness	Education and monitoring of practice
<b>15 – 44 years (15-24 yrs 141, 22% population) (25 – 44 yrs 147, 23% population)</b>		
<b>What works well</b>	<b>What doesn't work well</b>	<b>Suggested solutions</b>
A good suite of services in place	Mental health, Alcohol and other drugs services – people/whanau won't come through the door.	Identify who is not showing up – risk identification. Evening clinics
People can get access	Consumers access services too late – people are a lot sicker on presentation and recovery is longer	Education about conditions – more timely access
Mobile/home services	No specific Maori activities within the community e.g. Kapahaka	Work with the whole Whanau – Whanau Ora
Navigator – understanding the health system, emergency care access	Cultural norms, societal behaviours	Early detection/intervention
	Good service – but low utilisation – is it the way we deliver services?	Re-arrange service delivery, strengthen engagement
	Risk behaviours are higher	Stronger monitoring and focus linking the community to care
	Front line knowledge about cultural practice	Education
	Supports for long term/chronic conditions care	Services in the home – mobile services
	Lack of cultural awareness/sensitivity practiced by staff	Community led services supported
	The system can be complicated, knowledge is not shared consistently of what is available	One client care plan
		Manage my health – get all Whanau registered.

<b>45 – 65 + (45-64 yrs 142, 22% population) (65+ yrs 30, 5% population)</b>		
<b>What works well</b>	<b>What doesn't work well</b>	<b>Suggested solutions</b>
Navigator – cancer care	People are not responsive to DHB contact	Identify chronic conditions, understand the health profile
There are a good range of services available	Pride – they keep to themselves	One on one care
	Not wanting care	Mobile services
	Lack of consistency of care – relationships	
	Low utilisation/acceptance of services	
	Access to right services for high need	
	Acknowledgement of tikanga practice/cultural practice – must be adhered when going into homes e.g. shoes off at the door	
	Mobile services needed	
	Lack of trust and confidence	
	There are a variety of gaps	
	Lack of transport/locations issues eg Karamea	
	Lack of knowledge of services available	
	Access – getting people through the door, the right door	
65 + often look for alternative therapy - Ronoga		

**Attendees:**

Tita Soams  
 Mary Owen  
 Francois Tumahai  
 Ginalee Robertson  
 Aroha Duncan  
 Sharon Arohanui Marsh  
 Huia Taumata  
 Jaeky Tierney  
 Marie McIntyre  
 Alice Gilsenan (left early)

**WCDHB**

Gary Goghlan  
 Jenny Robertson  
 Toni Caldwell  
 Elaine Neesam  
 Amber Salanoa Harr  
 Nanci Taumata  
 Michael O'Dea

**CDHB**

Lisa Tumahai

## What we see **APPENDIX 2**

- People who identify as Maori make up 8% of the enrolled population for Buller Med. This is a total of 652 people

	0-4	5-14	15-24	25-44	45-64	65+
<b>Maori</b>	<b>78</b>	<b>114</b>	<b>141</b>	<b>147</b>	<b>142</b>	<b>30</b>
<b>others</b>	<b>440</b>	<b>844</b>	<b>815</b>	<b>1655</b>	<b>2302</b>	<b>2323</b>
<b>total</b>	<b>518</b>	<b>958</b>	<b>956</b>	<b>1802</b>	<b>2444</b>	<b>1353</b>
<b>% of age group</b>	<b>15%</b>	<b>12%</b>	<b>15%</b>	<b>8%</b>	<b>6%</b>	<b>2%</b>
<b>% of Maori</b>	<b>12%</b>	<b>17%</b>	<b>22%</b>	<b>23%</b>	<b>22%</b>	<b>5%</b>

- Health Outcomes are measured in a number of ways. Some measurement based ones are

measurement	target	Total pop	High needs pop
<b>Flue vaccination</b>	<b>75%</b>	<b>55%</b>	<b>61%</b>
<b>Cervical screening</b>	<b>75%</b>	<b>74%</b>	<b>72%</b>
<b>Immunisation under 2</b>	<b>90%</b>	<b>81%</b>	<b>72%</b>
<b>CVD detection</b>	<b>90%</b>	<b>192</b>	<b>189</b>
<b>Diabetes detection</b>	<b>90%</b>	<b>110</b>	<b>107</b>
<b>Current smoker</b>	<b>info</b>	<b>28%</b>	<b>34%</b>
<b>CarePlus enrolment</b>	<b>809 enrolled</b>	<b>94% are non Maori</b>	<b>6% are Maori</b>

- Over 6300 clinical consultations in primary care (excluding community nursing) in Feb.
- Total annual funding for the care of residents of Buller is \$34M per annum. This includes all surgery, pharmaceuticals, aged residential care as well as care provided in Buller hospital and general practice
- The West Coast DHB is \$4.5M over budget. About 1.6M in Buller.

## What we are doing

- Changing the way we work together so we work as one team not separate teams
  - Developing new models of care as a group
  - Building a new purpose built facility
  - Getting new clinical roles so the best person is doing the right care
- Working and governing locally
  - Developing a budget for Buller which can be managed here
  - Giving the local clinical leadership flexibility and accountability to get the best outcomes
  - Developing partnerships so we are all in unison with the direction
  - Still part of regional structures
- Getting the right enabling solutions
  - Shared IT platform to allow better access to clinical notes
  - Developing the facility based on the way we need to work and the needs of patients and residents
  - Building regional capability within all parts of the health system.

# PRIMARY HEALTH ORGANISATION - MAY 2012

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

**FROM:** Anthony Cooke - PHO

**DATE:** 17 MAY 2012

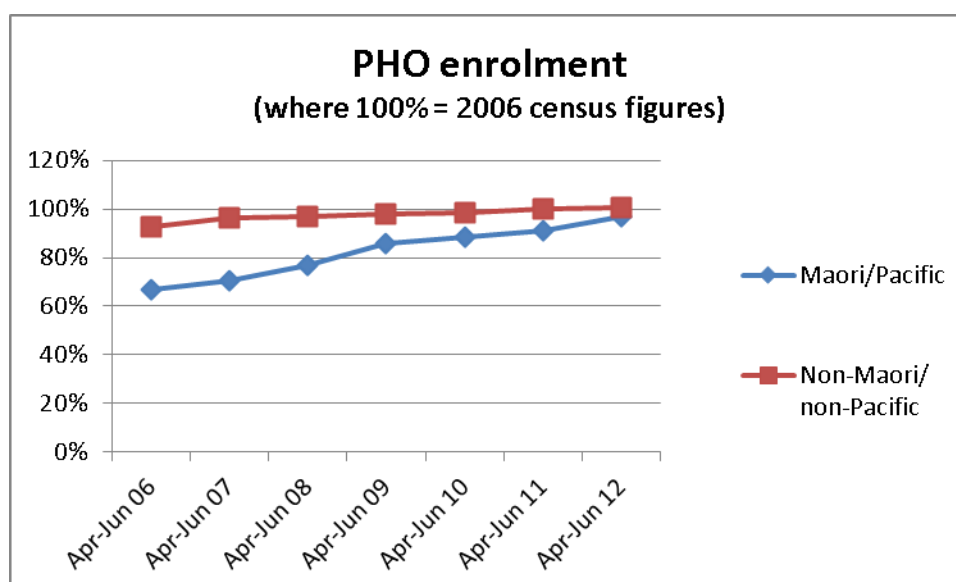
## LATEST MAORI/PACIFIC ENROLMENT FOR THE PHO'S PRACTICES

Since 2006, this information has been tracked and compared to the 2006 census figures.

Non-Maori/non-Pacific enrolment has reached near to 100% of the 2006 census figure (up from 89%), but Maori/Pacific enrolments have reached 97% of the 2006 census figure (up from 64%).

The Pakeha etc enrolments have increased by 15%, but Maori/Pacific enrolments have increased by 52% since January 2006.

The progress in closing the gaps can be shown like this:





## TATAU POUNAMU CORRESPONDENCE FOR APRIL/MAY 2012

### INWARD CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
No correspondence					

### OUTWARD CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
No correspondence					

### FOR YOUR INFORMATION

Date	Sender	Addressee	Details
No correspondence			

## MINISTRY OF HEALTH CORRESPONDENCE

Date	Sender	Directorate	Addressee	Title
No correspondence				

## PUBLICATIONS AND NEWSLETTERS

Date	Sender	Addressee	Title	Issue No
No correspondence				

**TATAU POUNAMU  
MANAWHENUA ADVISORY GROUP  
2012 MEETING SCHEDULE**

<b>DATE</b>	<b>TIME</b>	<b>VENUE</b>
Thursday 23 February	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Wednesday 11 April	1 pm – 3pm	Arahura Pa, Arapura
Thursday 24 May	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Wednesday 11 July	1 pm – 3 pm	Westport Motor Hotel, 207 Palmerston Street, Westport
Thursday 23 August	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 11 October	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 22 November	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth

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

\* To Be Confirmed

# TATAU POUNAMU MANAWHENUA ADVISORY GROUP

## Member Attendance and Administration Form

NAME: \_\_\_\_\_ (Please Print)

DATE	DETAILS OF MEETING FEES CLAIMED:	FEE CLAIMED: <i>(Attach Invoice if GST inclusive)</i>
MILEAGE REIMBURSEMENT		
Date	Journey <i>(Please include reason for journey)</i>	Mileage Claimed
OTHER EXPENSES CLAIMED		
Date	Details of Expenses <i>(Please attach GST Documentation supporting your claim)</i>	Amount
<b>TOTAL REIMBURSEMENT</b>		

The details above are true and correct, signed:

\_\_\_\_\_

Committee Member

Signed and approved:

\_\_\_\_\_

Committee Chair