

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY
GROUP

11 October 2012

Agenda and Meeting Papers

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

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

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

| Member | Disclosure of Interest |
|--|--|
| | <ul style="list-style-type: none"> ▪ Member, Greymouth Community Link Advisory Group ▪ Member, West Coast Regional Council Resource Management Committee ▪ Member, Rata Te Awhina Trust Board ▪ Member, Grey District Council Creative NZ Allocation Committee ▪ Member, Buller District Council Creative NZ Allocation Committee ▪ Trustee, Westland Wilderness ▪ Trustee, Te Poari o Kati Waewae Charitable ▪ Trustee, Westland Petrel ▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre ▪ Trustee, West Coast Primary Health Organisation Board |
| <p>Elinor Stratford West Coast District Health Board representative on Tatau Pounamu</p> | <ul style="list-style-type: none"> ▪ Member Clinical Governance Committee, West Coast Primary Health Organisation ▪ Committee Member, Active West Coast ▪ Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust ▪ Deputy Chair of Victim Support, Greymouth ▪ Committee Member, Abbeyfield Greymouth Incorporated ▪ Trustee, Canterbury Neonatal Trust ▪ Board Member of the West Coast District Health Board ▪ Committee Member, CARE ▪ Committee Member MS Parkinsons ▪ Convenor, Southern Region Stroke Conference, West Coast, October 2012 |
| <p>Sharon Marsh Nga Maata Waka o Kawatiri</p> | <ul style="list-style-type: none"> ▪ Member/Secretary, Kawatiri Maori Women's Welfare League ▪ Kaiawhina, Rata Te Awhina Trust ▪ Member, Granity School Board of Trustees ▪ Member, Buller Budget Advisory Service |
| <p>Wayne Secker Nga Maata Waka o Mawhera</p> | <ul style="list-style-type: none"> ▪ Trustee, WL & HM Secker Family Trust ▪ Member, Greymouth Waitangi Day Picnic Committee |

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING



MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING held in the Board Room Corporate Office, Grey Base Hospital, on Thursday, 23 August 2012

| | | |
|----------------------|--|--|
| PRESENT | Ben Hutana (Chair) Marie Mahuika-Forsyth Sharon Marsh Wayne Secker Richard Wallace | Te Rūnanga O Ngāti Waewae Te Rūnanga O Makaawhio Maori Community Maori Community Te Rūnanga O Makaawhio |
| | Francois Tumahai | Te Rūnanga O Ngāti Waewae |
| IN ATTENDANCE | Gary Coghlan Wayne Turp Roger Jolley Michael O’Dea | General Manager Māori Health, West Coast DHB General Manager Planning and Funding West Coast DHB (4.15pm) Ministry of Health Canterbury DHB (4.15pm) |
| MINUTE TAKER | Linda Atkins | Administrator Maori Health |
| APOLOGIES | Peter Ballantyne Elinor Stratford Claire Robertson Hecta Williams | Acting Board Chair, West Coast DHB West Coast District Health Board Representative on Tatau Pounamu HEHA and Smoke free Services Manager West Coast DHB General Manager, West Coast DHB |

WELCOME

The Chair welcomed everyone to the meeting. Richard Wallace said the mihi whakatau and karakia.

1. AGENDA / APOLOGIES

Apologies from:

Elinor Stratford
Peter Ballantyne

Motion: THAT the apologies are accepted.

Moved: Richard Wallace

Seconded: Wayne Secker

2. DISCLOSURES OF INTERESTS

Richard Wallace:

- Amend Member of Maori Reference Group NZ Asthma Foundation: on one line.
- Add: Daughter Chair of Rata Te Awhina Trust Board

3. **MINUTES OF THE LAST MEETING 11 JULY 2012**

AMENDMENTS:

Amend Sharon Marsh and Wayne Secker from Maata Waka to Member of Maori Community.

Motion:

THAT the Minutes of the Tatau Pounamu Manawhenua Advisory Group meeting held 11 July 2012 be adopted as a true and accurate record.

Moved: Marie Mahuika-Forsyth Seconded: Francois Tumahai

Carried.

4. **MATTERS ARISING FROM THE LAST MEETING**

Item 1: List of Kaiawhina/Chaplains:

- A list from West Coast DHB has been supplied.
- The Chair is following up a list from Canterbury DHB.

Item 3 Workshop:

- Suggested to be held after the next meeting.

Action: Organise workshop for Tatau Pounamu, Chair

Item 4 PHO Maori Enrolments:

- Members are attending a meeting at the PHO tonight and will ask this question, and report back to the next Tatau Pounamu meeting.
- It was noted PHO enrolments are improving.

Item 7 SLA Governance Buller:

Action: To call for nominations on Sunday 26 August at Te Runanga O Ngati Wae Wae meeting and make recommendation to the Chair of Ngati Wae Wae.

5. **CHAIR'S REPORT**

The Chair commented on Rata Te Awhina Trust structure and members, and thanked the new interim manager Michael O'Dea; Wayne Turp, Francois Tumahai Chair of the steering Committee and other members for their work during the recent changes.

He also noted Marie Mahuika-Forsyth is the Co-ordinator of the Whare Oranga Pai programme which is a Poutini Ngai Tahu initiative that will eventually be part of Rata Te Awhina trust.

Motion:

THAT the group notes the Chair's report

Moved: Richard Wallace

Seconded: Sharon Marsh

Carried.

6. MAORI DISABILITY ACTION PLAN

Roger Jolley, Senior Advisor from the National Health Board, Ministry of Health gave a presentation on the new document: 'Whaia Te Ao Marama: The Maori Disability Action Plan for Disability Support Services 2012 to 2017,' (Included as Item 5 in the meeting papers).

His key points were as follows:

- The Hon Tariana Turia Associate Minister of Health has chosen to focus on Maori disabled as a priority group.
- The government has adopted this as a formal policy, and it will be reflected in Ministry of Health and DHB documents such as the Annual Plan, business cases, contracts, audit reports, and quarterly reports.
- This document will be available free at all providers, and it comes in written, audio and Braille format.

MARAE ACCESS GUIDE

This document is a guide for designing marae facilities as centres of excellence for whanau, to accommodate the needs of Maori disabled, and it will not be formally monitored.

Motion:

THAT the group notes the reports.

Moved: Ben Hutana

Seconded: Francois Tumahai

Carried.

7. UPDATE ON RATA TE AWHINA TRUST

Michael O'Dea, Change Manager of Rata Te Awhina Trust (Rata) gave an update on recent changes to the organisational structure of Rata. He has been working with the staff and steering group to create a sustainable Maori Health and social services provider for the West Coast. He pointed out that Rata had become unsustainable over the last few years, and had lost the confidence of some of its funders. Rata has had reviews in 2009, 2010 and now in 2012. Mr O'Dea noted the 2012 review looked at the organisation's current operational structure, what trends are currently impacting on it and its vision for the future. He referred to the stakeholder consultation document (attached below) 'Rata Te Awhina Proposal and Consultation

Document for Reorganisation of Operating Structure', which was endorsed by the (West Coast District Health) Board. The review recommends a flatter organisational structure with local service delivery and higher level of skill is required, and some roles will be disestablished, and new roles created.

He noted the goals of the review included improving access to and quality of services. Statistics for West Coast Maori show the majority are young, vulnerable and in hardship - (50% under the age of 25, only 5% over 65, 50-60% in low decile environment) and these factors determine what services are needed. This is a consultation document at this stage and it with Rata staff and funder organisations.

Action: Document to be sent to Tatau Pounamu members

Motion:

THAT the group notes this report.

Moved – Ben Hutana

Seconded: Richard Wallace

Carried.

8. MAORI HEALTH PLANNING AND REVIEW OF SERVICES

Gary Coghlan, General Manager Maori Health

The final review has been viewed by the Chief Executive and Executive Management Team.

Some key points regarding the review noted were:

- Rata and the DHB to collaborate to solve issues.
- Develop a more Whanau Ora method of contracting in the future with Maori Health providers.
- EMT to have KPIs in their position descriptions to increase accountability to improve Maori health.
- Maori Health Plan to have increased monitoring of health targets.
- Smoking cessation strategy is good.

The General Manager Planning and Funding commented that the review was based on last year's Maori Health Plan, and served to inform what the DHB is doing. The whole health system is accountable to provide health services to Maori, not just Maori providers. Progress towards improved Maori health is good, and a productive partnership with Rata will produce positive changes.

9. MAORI HEALTH PLAN 2012-2013 DRAFT

Gary Coghlan, General Manager Maori Health

This plan is due at the Ministry of Health by 31 August 2012.

10. MAORI HEALTH REPORT TO TATAU POUNAMU

Gary Coghlan, General Manager Maori Health

This report was taken as read.

11. HEHA/SMOKEFREE UPDATE

Claire Robertson – HEHA and Smokefree Services Manager

This report was taken as read.

12. CONSULTATION REGARDING SLA GOVERNANCE

Discussed under Matters Arising, Item 7.

Motion:

THAT the group notes the above reports:

Moved: Wayne Secker

Seconded: Francois Tumahai

Carried.

13. RESOLUTION TO EXCLUDE THE PUBLIC

RECOMMENDATION

That the Tatau Pounamu Advisory Group:

- i resolve that the public be excluded from the following part of the proceedings of this meeting, namely item 1 and the information items contained in the report.
- ii. Notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

| | GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED | GROUND(S) FOR THE PASSING OF THIS RESOLUTION | REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9) |
|----|---|--|--|
| 1. | Confirmation of the Public Excluded minutes of the Tatau Pounamu meeting on 11 July 2012. | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | s9(2)(j) |

- iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2) (g) (i)) of the Official Information Act 1982”;

There being no further business the meeting finished at 5.55 pm.

Ben Hutana, Chair

Date

MATTERS ARISING OCTOBER 2012

| Item No | Meeting Date | Action Item | Action Responsibility | Reporting Status |
|---------|----------------------------------|---|--|--|
| 1. | 24 May 2012 / 23 August 2012 | <ul style="list-style-type: none"> Once the Maori Health Plan is approved by the Ministry of Health, a workshop will be held to look at a work plan aligned to the Maori Health Plan. Facilitate workshop for October's meeting. | Chair and General Manager Maori Health | October 2012 |
| 2. | 11 July 2012 / 23 August 2012 | <p>PHO ENROLMENTS:</p> <ul style="list-style-type: none"> To contact CEO of the West Coast PHO and check if the figure of 400 non-enrolled Maori is correct, and where they are from. PHO Meeting to be held 23 August and the question to be asked about enrolments and reported back at the October meeting. | Richard Wallace and Francois Tumahai | October 2012 |
| 3 a. | 11 July 2012 | <p>SLA GOVERNANCE – BULLER</p> <p>Tatau Pounamu to consider a Mana Whenua representative for the Buller governance group before the next meeting on 23 August.</p> | Tatau Pounamu members | |
| 3 b. | 23 August 2012 | <p>SLA GOVERNANCE – BULLER UPDATE</p> <p>Nominations to be called on Sunday 26 August at Te Runanga O Ngāti Waewae and recommendations made to the Chair of Ngāti Waewae</p> | Tatau Pounamu members | |
| 4. | 11 July 2012 | <p>IFHS BUSINESS CASE AND GREY FACILITY BUSINESS CASE UPDATE:</p> <p>To put this on the agenda for the 10 October meeting.</p> | Chair | October 2012 |
| 5. | 23 August 2012 | <p>UPDATE ON RATA TE AWHINA TRUST</p> <p>Send document to Tatau Pounamu members</p> | Secretary | Tatau Pounamu member's emailed document on 24 August and one posted to one member. |

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **4 October 2012**

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

The verbal update.

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes the report.

An oral update will be given at the meeting.

BETTER SOONER MORE CONVENIENT (BSMC) AND INTEGRATED FAMILY HEALTH CENTRE (IFHC) UPDATE

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: Maori Health General Manager

DATE: 3 October 2012

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

The verbal update.

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes the report.

3. SUMMARY

An oral update will be given at the meeting.

4. APPENDICES

- BSMC report
- Further update on seismic issues at Grey Base Hospital - September 28,2012



What does 'BPMC' mean for the West Coast community?

During the first two years of 'Better, Sooner, More Convenient'...



People are healthier.

2,169 patients were enrolled in the **Long Term Conditions Management Programme** and 1,253 patients received support through **Health Navigators**.

1,874 patients received **cardiovascular disease annual reviews**, an increase of 23%, and 1,754 patients received **diabetes annual reviews**, an increase of 61%.

857 referrals were made to Green Prescription and 2,405 referrals were made to West Coast smoking cessation services to help people make small changes that make a big difference to their health and wellbeing.

Avoidable hospital admission rates stayed well below the national average.



People wait less.

More than 99% of people were admitted or discharged from ED within 6 hours and more than 95% within 4 hours.

No one waited longer than 6 months for **elective surgery** or **specialist out-patients appointments**.

28,864 calls to general practices were answered by the **nurse-led afterhours phone triage service**, providing callers with immediate health advice and guidance.

Introduction of the **Nurse Practitioner** role in general practice to **improve access** to the primary healthcare team.



Services are delivered closer to home.

Carelink and community nursing moved to support packages with a **restorative focus** in the community to help West Coaster's to stay well and independent in their homes.

The use of **telehealth** prevented unnecessary travel for patients and their whānau up and down the Coast as well as over to Christchurch. More than 100 **oncology consults** and 120 **paediatrics consults** occurred via telehealth. Units were installed in all **primary health facilities** to link in with the CDHB geriatrician, Nurse Maude and the Palliative Care Physician, while units within the **ED departments** link Westport and Greymouth.

The development of a **Transalpine Health Service** enabled people to be **seen on the West Coast** rather than in Christchurch by local and visiting hospital specialists.

691 more **out-patient clinics** were held on the West Coast (21% increase), resulting in 3,600 more patients being seen by specialists.

Implementation of **Mobile Dental Services** in schools contributed to an increase in the percentage of **5 year-olds who are caries-free** from 52% to 61%.

The **Complex Clinical Care Network (CCCN)** was launched to ensure the most suitable health professional is readily available to provide care where and when it is needed through **integration** between secondary, aged residential and primary care.



Services are integrated.

Manage My Health began providing a secure system for **sharing key patient information** between health professionals – enabling faster, safer treatment for patients.

Buller IFHC initiated **access across the local health system via Medtech** to ensure timely sharing of accurate information among members of the health care team (including primary, community and appropriate hospital clinical staff) – enabling a **faster and safer package of care** to be delivered to the patient.

Multidisciplinary meetings between general practice nurses and doctors and community and district nurses were established in all practices, ensuring **better information flow** and therefore a **better patient experience**.

Recruitment and job descriptions were re-scoped to reflect working in an **integrated model of care**. WCDHB and CDHB are routinely appointing using the **transalpine model**, enabling clinicians to work across both DHBs so that patients are seen by hospital specialists closer to home on the Coast.

The CDHB's 519 pathways and clinical resources were made available to GPs and health professionals on the Coast through the **Health Pathways** website. 196 of these pathways or parts of pathways have so far been localised for the West Coast to help provide consistent, integrated care to patients.



BSMC West Coast's Learnings

The appointment of a shared CEO and subsequent collaboration between West Coast DHB and Canterbury DHB, using its 'whole of system' approach, has allowed a significant shift towards 'Better, Sooner, More Convenient' service delivery.

What has worked well?

- Transfer of decision-making from management to clinical leaders (a system that is clinician-led, management-enabled) in key workstreams.
- Enabling clinical leaders to provide effective solutions to clinical challenges (e.g. shared pharmacy intern solution between community and hospital pharmacies).
- The development of transalpine service delivery in key areas to overcome 'person dependency' and lack of 'economies of scale' in certain areas.
- Support and endorsement from the DHB and PHO Boards.
- Effective clinical engagement in planning and development processes.
- Working within agreed budgets.
- Effective regional collaboration through the South Island Alliance.
- Increase transparency of information.
- Better relationship with community and media through open communication.
- Community engagement and endorsement of proposed changes in models of care.
- Tightening scope down to three key areas of development.
- High level of integration between primary, community and specialist services within the Grey, Buller and Complex Clinical Care Network developments.

What has not worked well?

- Resolution of the challenges related to recruitment and retention of medical staff – however, a plan including the CDHB is in place to resolve this.
- Decision-making processes in the early stages of the implementation process – now resolved by reconstitution of ALT as a clinically led decision-making forum.
- The ALT structure has taken a long time to become a useful place and functioning well, but this has now been achieved.
- Occasional conflict between the need to invest in new service developments and at the same time decrease the deficit.
- Further work is needed to change contracting processes to achieve flexible models of service delivery.
- Rigid funding and payment processes that don't align to alliance contracting processes.
- Initial scope of the work programme was too ambitious, and there was not sufficient clinical or management support to sustain this.

What are the current barriers?

- Recruitment challenges are making it hard to put all of the desired changes in place.
- Need to improve / replace healthcare facilities to enable full scope of integration to occur.
- Budgeting and funding mechanisms that are perceived (or actually maintained) as silos create a barrier to working together.
- Lack of alignment between planning processes at a national level (Public Health, Ministry of Health) and District Health Board strategic planning process.
- Continuing focus on inputs and outputs in accountability processes rather than a focus on outcomes.
- Maintenance of a 'competitive attitude' by service providers in some areas (internally and externally).
- The scope of change in the three key areas of work is extensive, requiring a range of barriers to be addressed including workforce, information system and facility constraints.



WEST COAST DISTRICT HEALTH BOARD

PRESS RELEASE - EMBARGO UNTIL 3PM

28 September 2012

Further update on seismic issues at Grey Base Hospital

This week the West Coast DHB received preliminary engineering evaluations regarding seismic risk to further hospital facilities in Greymouth. This follows the receipt of detailed engineering reports three weeks ago that advised some of the buildings at Grey Base Hospital were earthquake prone and not seismically compliant.

West Coast DHB chief executive David Meates says, "Preliminary engineering evaluations are not yet complete on every building. However, over the last few days more information has emerged about the complex seismic problems facing Grey Hospital. We are dealing with a rapidly evolving situation in which new information continually changes our service and facility planning.

"The preliminary reports just received advise that the Acute and Community Mental Health Building and the Emergency Department | Outpatient building are earthquake prone. The Theatre building has been assessed as being above the level of earthquake prone, but it is still considered an earthquake risk. Some of the engineering remediation options are not yet clear, but are expected to be apparent within a timeframe of weeks.

"This information comes on the back of the reports received three weeks ago on the ward buildings. We have moved quickly to start remediation and strengthening of four columns in the Hannan and Barclay building and we expect this work to be completed by late November. When this work is done, we will be relocating services out of the building housing the Morice, McBrearty and Waterson Day Surgery wards, the Critical Care Unit and medical administration.

"We have briefed the National Health Board on this new information. We are seeking support from them to enable us to undertake short-term construction work that addresses the immediate risks while accelerating planning for the long-term future of health services on the Coast.

"Since receiving the first seismic report on our laundry we have acted quickly on the advice received to ensure both the safety of our staff and our patients. Clinicians and managers are taking an active role in leading the response to the immediate problem of reconfiguring the services operating from earthquake prone buildings.

“We will continue to update the community as new engineering reports come to hand. There are some complex options to be worked through over the next few weeks to determine both short-term and long-term solutions to maintain health service provision on the West Coast,” says David Meates.

-Ends-

For further information:

Michael Frampton

Programme Director

West Coast District Health Board

M 0272 890 621

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: General Manager Maori Health

DATE: 3 October 2012

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Tatau Pounamu Manawhenua Advisory Group notes the report.

3. SUMMARY

Kaizan Workshop Maori Health

The above workshop will be facilitated by Danie Vermeulen of Kaizen and will consist of active working sessions looking at case studies, identifying service issues and coming up with practical solutions to them.

The purpose of the workshop will be to identify a future strategic direction for Maori Health service delivery in its entirety and shaping a new model of care that aims to:

- align services with Integrated Family Health Systems
- integrate Secondary, Primary and Community Health services
- take advantage of greater collaboration with Canterbury DHB
- improve capacity and capability of mainstream delivery to Maori
- improve Maori people's experience of health care and support services on the West Coast

Whānau ora

This year (2012/13) was the first time the DHB Annual Plan included a measure on Whānau Ora. The MOH are aware that the inclusion of the reference to the Better, Sooner, More Convenient Health Services policy, in the guidance, led to some confusion. Te Kete Hauora, the Maori Health directorate is seeking to improve and refine the Whānau Ora measure in the DHB Annual Planning package for the 2013/14 planning round - as part of Te Kete Hauora contributing input to the overall development of the Ministry of Health 2013/14 DHB Annual Planning package.

They have sent a revised draft of the DHB Annual Planning Guidance for Whānau Ora for 2013/14.

This draft measure places more emphasis on the expectation that DHB's will focus on the national TPK led Whānau Ora initiative and support providers collective to implement Whānau Ora. It has been developed to clarify expectations for Whānau Ora and build on progress from 2012/13.

Te Tai Poutini Road shows

The Kia ora Hauora Road show went to Te Tai Poutini in September with two presentations to more than 50 Maori students at John Paul College in Greymouth and Westland High students in Hokitika. Students in Years 9 to 13 were in attendance and the road show is designed to promote diversity of health career pathways through a patient journey DVD, also to promote tertiary health education pathways through profiling current Maori health students studying. Kia Ora Hauora provides a support system forward for Maori students who are keen to pursue a health career for those who register on the programme. These were successful sessions and the Rangatahi were really positive. Registration to Kia Ora Hauora by Maori youth has increased significantly after a more concerted effort has been provided to the West Coast.

Te Rau Matatini –KOH Maori Health Career Engagement Programme

Westland High School is one of eight schools nationally taking part in a national Maori Health Career Engagement Programme pilot that is being delivered by Te Rau Matatini, on behalf of Kia Ora Hauora. The programme consists of the development of a toolkit which is designed to be a creative and pro-active resource to support schools, teachers, career advisors, kai tautoko, rangatahi and whanau. This programme helps foster the aspirations and dreams of rangatahi in their career development. This programme is part of the suite of KOH initiatives targeting schools to increase the uptake of Maori into the health workforce.

HON Tariana Turia Associate Minister of Health

Preparation is underway for a proposed visit by the Hon Tariana Turia to the West Coast on Tuesday 30th October. An itinerary is currently in development with the Minister's office.

TATAU POUNAMU ADVISORY GROUP HEHA SMOKEFREE SERVICES UPDATE

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: HEHA & Smokefree Service Development Manager, Planning and Funding

DATE: Wednesday 10th October

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

HEHA & Smokefree Update is a regular agenda item.

2. SUMMARY

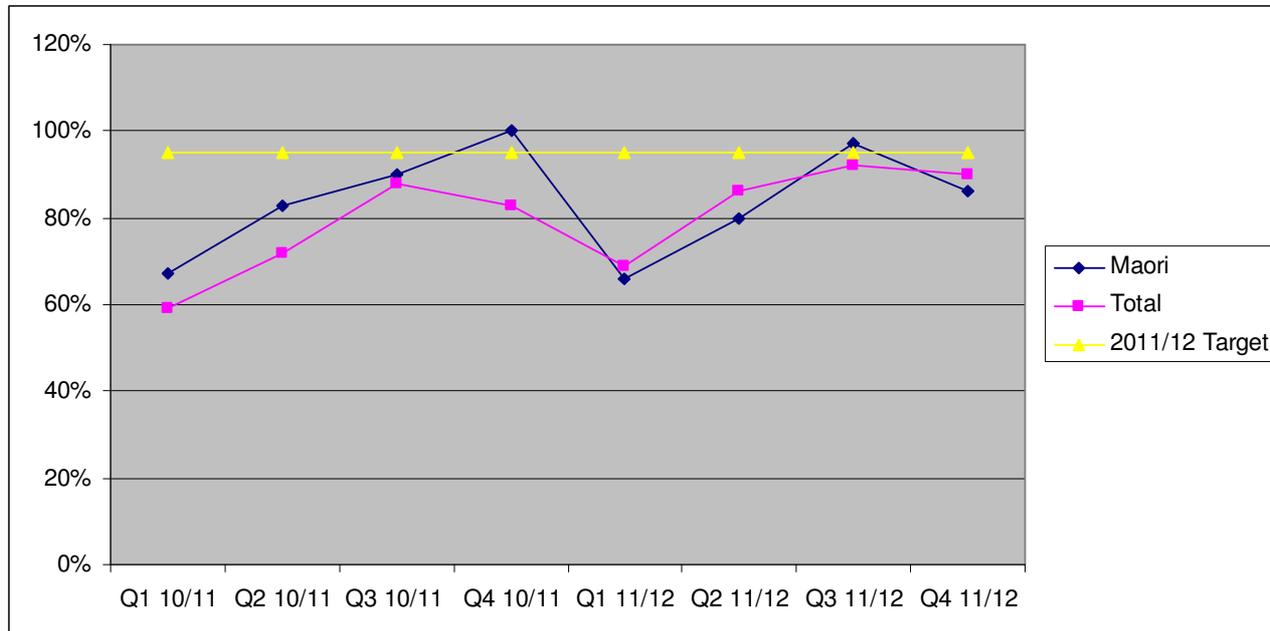
The report includes an update on:

- Smokefree
- Healthy Lifestyles

3. DISCUSSION

SMOKEFREE

Secondary Health Target



Quarter 4 Results: 90% Total and 89% Maori

Note: Quarter 1 2012/13 result not available

Quarter 1 update:

- July – 96% (Maori 100%)
- August – 93% (Maori 92%)

As reported in August smokefree staff are working alongside hospital senior management to improve the uptake of the Smokefree Mandatory training. Although feedback from staff is the ABC process is simple and straightforward, the training gives the important background of why this is a health target and the role both the individual and the organisation can play in significantly improving the health of the West Coast community by implementing this initiative. During this reporting period a letter from the General Manager of Hospital Services and the General Manager of the WCDHB was distributed to clinical staff in the first instance, which have not attended the training and invited them to do so. After a disappointing Q4 2011/12 result of 90% it is encouraging to see an improvement to-date for Q1 2012/13.

Annual Plan Smokefree Results

| Services | Result 11/12 | Target |
|--|--------------|--------|
| Help and smoking cessation advice provided to hospitalised smokers | 84% | 95% |
| Help and smoking cessation advice provided to smokers identified in primary care | 39% | 90% |
| Enrolments in the Aukati Kai Paipa smoking cessation programme | 126 | 100 |
| The percentage of year 10 students who have never smoked | 75% | 70% |
| Total West Coast population enrolments to all smoking cessation services | 1498 | 1200 |

Aukati Kai Paipa

During this reporting period discussions were held amongst staff involved in Smokefree as to how to improve referral numbers into Aukati Kai Paipa, particularly from secondary services. A plan was discussed; including improving visibility on the wards through posters as well as visiting the wards more often, Joe Mason and the Aukati Kai Paipa service was also in the most recent CE Update to ensure secondary staff are familiar with the service and how to refer patients onto it.

HEALTHY LIFESTYLES UPDATE

Breastfeeding 2011 Results

| | | Total all providers | | | |
|----------|--------------|---------------------|-------|------|-----------|
| | | 2011 | | | |
| | | Full and Exclusive | Total | Rate | AP Target |
| 6 Weeks | Māori | 30 | 40 | 75% | 81% |
| | Pacific | 2 | 2 | 100% | N/A |
| | Other | 121 | 158 | 77% | 70% |
| | Total | 153 | 200 | 77% | 74% |
| 3 Months | Māori | 22 | 41 | 54% | 46% |
| | Pacific | 2 | 2 | 100% | N/A |
| | Other | 123 | 193 | 64% | 65% |
| | Total | 147 | 236 | 62% | 60% |

| | | | | | |
|----------|--------------|-----------|------------|------------|------------|
| 6 Months | Māori | 9 | 32 | 28% | 32% |
| | Pacific | 1 | 2 | 50% | N/A |
| | Other | 72 | 174 | 41% | 40% |
| | Total | 82 | 208 | 39% | 39% |

It is worth noting the above breastfeeding results for 2011 include all Well Child/Tamariki Ora providers; Plunket, Rata te Awhina Trust and the West Coast DHB provider arm. In the past it has only been Plunket data that has been used, making it hard to compare the 2011 results to previous years.

The WCDHB set breastfeeding target was not met for both Maori at 6 weeks and Maori at 6 months. A focus of the Breastfeeding team (including the WCDHB, WCPHO and Rata te Awhina Trust) will be to implement actions that will improve the 6 weeks Maori result. A two year Bi-Annual Physical Activity and Nutrition is currently being developed with the support of the Ministry of Health, this will include a updated plan regarding the Tai Poutini Breastfeeding Initiative.

Physical Activity & Nutrition Contestable Funding

In previous reports to Tatau Pounamu it was noted that the Ministry of Health have announced there will be funding available for community physical activity and nutrition projects through a contestable funding process, this was set to be available from 1 October 2012, however details regarding this funding is yet to be released.

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: General Manager Maori Health

DATE: 2 October 2012

Report Status – For: **Decision** **Noting** **Information**

1. ORIGIN OF THE REPORT

Work Plan.

2. RECOMMENDATION

That the Committee
i. notes this item.

3. SUMMARY

The West Coast Maori Health Plan is now on the Ministry of Health Website. There has been good feedback from a number of staff regarding the Maori Health Plan since it was officially signed off. The Maori Health Manager has been invited to hold workshops/discussions with Public Health nurses, District Health nurses, the Cervical Screening nurse, the Heart/Respiratory team and the Alliance Leadership Team. This clearly highlights an interest in the Maori Health Plan and willingness from the various services to work with the Maori Health Unit towards achieving objectives in the plan.

TATAU POUNAMU ADVISORY GROUP MEETING
To be held in the Boardroom, Corporate Office, West Coast DHB
Thursday 11 October 2012 commencing at 3.30 pm

KARAKIA 3.30 pm

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**

23 August 2012

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

REPORTS 3.45 pm

4. **Chair's Update - Oral Report**
- Correspondence List

Ben Hutana, Chair

5. **Update on BSMC - IFHC**

6. **GM Maori Health Report**

Gary Coghlan, General Manager Maori Health

7. **HEHA Smokefree Report**

Claire Robertson, HEHA and Smokefree
Service Development Manager

8. **Update on Maori Health Work plan 2012**

Gary Coghlan, General Manager Maori Health

Tatau Pounamu Annual Workshop –

*An In-Committee workshop will be held by Tatau Pounamu
members to update the Tatau Pounamu Annual Work*

Information Items

Tatau Pounamu meeting schedule for 2012

ESTIMATED FINISH TIME 5.30 pm

NEXT MEETING

Thursday 22 November 2012, WCDHB Corporate Office Boardroom

TATAU POUNAMU MANAWHENUA ADVISORY GROUP 2012 MEETING SCHEDULE

| DATE | TIME | VENUE |
|----------------------|--------------------|---|
| Thursday 23 February | 3.30pm – 5.30pm | Board Room, Corporate Office, Greymouth |
| Wednesday 11 April | 1 pm – 3pm | Arahura Pa, Arahura |
| 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 |
| Wednesday 10 October | 10.00am to 12.00pm | Office of Te Runanga O Makaawhio, 56 Brittan Street, Hokitika |
| Thursday 22 November | 3.30pm – 5.30pm | Boardroom, Corporate Office, Greymouth |

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