

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY
GROUP

6 June 2013

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>Lisa Tumahai (Chair) Te Runanga O Ngati Waewae</p>	<p>Directorships</p> <ul style="list-style-type: none"> ▪ Chair - Arahura Holdings Ltd 2005 – currently ▪ Chair -Te Waipounamu Maori Heritage Centre 2006 – currently <p>Committees</p> <ul style="list-style-type: none"> ▪ Ministry of Social Development Community Response Model (CRM) Forum – Marlborough/West Coast (new appointment 2013) ▪ Te Waipounamu Maori Cancer Network Committee 2012 - currently ▪ Te Runanga O Ngati Waewae Incorporated Society 2001 – currently ▪ Chair – Te Here (subcommittee Te Runanga o Ngai Tahu 2011 - currently) ▪ Member Maori Advisory Group to Vice Chancellor Canterbury University 2012 - currently <p>Trustee</p> <ul style="list-style-type: none"> ▪ West Coast PHO 2013 – currently ▪ Rata Te Āwhina Trust – April 2013 - currently ▪ Te Runanga O Ngai Tahu - Deputy Kaiwhakahaere (2011 - currently) ▪ Te Poari o Kati Waewae Charitable Trust – (2000 – currently) <p>Husband Francois Tumahai.</p>
<p>Marie Mahuika-Forsyth Te Runanga O Makaawhio (Deputy Chair)</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>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

Member	Disclosure of Interest
	<p>Trustees</p> <ul style="list-style-type: none"> ▪ 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>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, 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

Member	Disclosure of Interest
	<ul style="list-style-type: none"> ▪ Trustee, Canterbury Neonatal Trust ▪ Board Member of the West Coast District Health Board ▪ Committee Member, CARE ▪ Advisor to the Committee MS Parkinsons
Sharon Marsh Nga Maata Waka o Kawatiri	<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
Wayne Secker Nga Maata Waka o Mawhera	<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
held in the Board Room Corporate Office, Grey Base Hospital, on
Thursday 7 March 2013 held at Corporate Office at 3.31pm

PRESENT: Marie Mahuika-Forsyth, Te Rūnanga O Makaawhio (Acting Chair)
Sharon Marsh, Maori Community Westport
Elinor Stratford, West Coast DHB Representative on Tatau Pounamu
Francois Tumahai, Te Rūnanga O Ngāti Waewae
Wayne Secker, Maori Community
Lisa Tumahai, Te Rūnanga O Ngāti Waewae

IN ATTENDANCE: Gary Coghlan, Manager Māori Health, West Coast DHB
Dr Paul McCormack, Chair of West Coast DHB
Kylie Parkin, Portfolio Manager, West Coast DHB
Nigel Ogilvie, Board Member of Rata Te Awhina Trust
Paul Madgwick, Board Member of Rata Te Awhina Trust

MINUTE TAKER: George Atfield, Administrator Māori Health

APOLOGIES: Richard Wallace, Te Rūnanga O Makaawhio

WELCOME / KARAKIA

1. AGENDA / APOLOGIES

Apologies were received from Richard Wallace.

Elinor Stratford also put in her apology that she has to leave the meeting early.

Motion: THAT the apologies are accepted.

Moved: Sharon Marsh

Seconded: Wayne Secker

2. DISCLOSURES OF INTEREST

Elinor Stratford

Remove:

- Convenor, Southern Region Stroke Conference, West Coast, October 2012

Amend to read:

- Advisor to the Committee MS Parkinsons

Lisa Tumahai

Add:

Directorships

- Chair - Arahura Holdings Ltd 2005 – currently
- Chair -Te Waipounamu Maori Heritage Centre 2006 – currently

Committees

- Ministry of Social Development Community Response Model (CRM) Forum – Marlborough/West Coast (new appointment 2013)
- Te Waipounamu Maori Cancer Network Committee 2012 - currently
- Te Runanga O Ngati Waewae Incorporated Society 2001 – currently
- Chair – Te Here (subcommittee Te Runanga o Ngai Tahu 2011 - currently)
- Member Maori Advisory Group to Vice Chancellor Canterbury University 2012 - currently

Trustee

- West Coast PHO 2013 – currently
- Rata Te Āwhina Trust – April 2013 - currently
- Te Runanga O Ngai Tahu - Deputy Kaiwhakahaere (2011 - currently)
- Te Poari o Kati Waewae Charitable Trust – (2000 – currently)

Husband Francois Tumahai.

Motion: THAT Disclosures of Interest were a true and accurate record subject to the above amendments and inclusions.

Moved: Elinor Stratford **Second:** Sharon Marsh

3. MINUTES OF THE LAST MEETING - THURSDAY 7 MARCH 2013

- Dr Paul McCormack, to be noted as in attendance
- Page 3, Item 9. Rata to be typed out in full as Rata Te Awhina Trust

Motion: THAT the Minutes of Thursday 7 March 2013 were accepted as a true and accurate record subject to the above amendments.

Moved: Elinor Stratford **Second:** Sharon Marsh

4. MATTERS ARISING

4.1 PHO

An update will be provided in the Chair's Report.

4.2 Provide committee members information on benefits of quitting smoking

To be circulated.

4.3 Supply Runanga documentation on the Whanau Facility

Whanau documentation has been supplied to Runanga but no feedback has been received.

4.4 **Committee members / Makaawhio Representatives provide feedback on draft Maori Health Plan**

Feedback has been incorporated.

5. **Chairs report**

The Acting Chair acknowledged the former Chair Ben Hutana's contribution to the Tatau Pounamu committee. Lisa Tumahai was nominated by Ngati Waewae as a new member of Tatau Pounamu. She was welcomed by the Chair as a new member to Tatau Pounamu.

Lisa Tumahai was nominated to be Chair of Tatau Pounamu.

Nominated by: François Tumahai

The Acting Chair **Moved** the nomination and Lisa Tumahai will take residence in June.

The Acting Chair advised that the Programme Director for West Coast DHB will be presenting Health System Changes at 4pm.

Maori Health Plan

The committee discussed the Draft Maori Health Plan. It was noted that addressing Maori obesity is included under the local indicators. Feedback has been received by the Ministry in the last few days. The feedback provided is information that assists with strengthening our plan and general information they would like incorporated by all DHBs. A statement around rheumatic fever, and an ethnicity data toolkit for primary health care has been provided. The feedback received is being addressed. The Maori Health Unit is currently incorporating all feedback. The Maori Health Plans are much prescribed by the MOH and there is not a lot of room for movement but it is achievable. The GM Maori Health plans to visit community members / groups and discuss the Maori Health Plan.

The Acting Chair welcomed Nigel Ogilvie to the meeting. He is in attendance as he was invited by the Ngati Waewae Chair.

A committee member clarified whether what has been stated within the Maori Health Plan is achievable and how we plan to deliver what is stated. One indicator that they felt will have the best return for the health system is ceasing smoking.

The new committee member sought clarification the role of Tatau Pounamu in relation to the Terms of Reference. She felt that this committee should focus on strategic planning and should have ownership of the Maori Health Plan document. This committee should become involved in the consultation process with our community. The way forward would be to start the plan early by engaging the community and reviewing national / regional indicators that are present in the DHBs annual plan. Working closely with key groups and linking mana whenua.

Paul Madgwick joined the meeting at 3.50pm

She advised that there are senior executives present here at the meeting who are keen to improving and working on connectivity approach. There are more than Tatau Pounamu and Rata Te Awhina in the Community, there is a need to work with the whole system. A committee member expressed support of this, as traction is required by the people within our Community and our providers. This collective approach needs to be reiterated to the Programme Director.

The Maori Health Portfolio Manager advised that, in terms of the Maori Health Plan we have one more opportunity to review changing local indicators. The timeframe for the last submission for the Maori Health Plan is 4 June 2013.

6. GM Report

The report was taken as read. The committee members were asked if they had any questions.

GMs Te Herenga Hauora

The SI GMs will be meeting on the 24th May to discuss Whanau Ora and how the South Island DHB's can better support this. The hui will be facilitated by Dr Raymond Pink.

Hauora Maori funding

A press release will be circulated soon re some of the work occurring on the West Coast with Health Workforce NZ Hauora Maori funding. There is good news article about a local Maori woman near completion of her nursing training, she is in her early 50s .

Maori Health Workshops Kaizen

A committee member enquired when this committee will see the Kaizen report and suggested that Kaizen is included on the agenda as an ongoing item until the project is complete.

The General Manager advised that he was asked to make a presentation at ALT tonight. The General Manager will supply the Kaizen documentation to Tatau Pounamu members, as a work in progress.

Action: GM Maori Health

Concern was expressed that this Kaizen should have been presented to Tatau Pounamu in the first instance. The committee member was advised that this was a timing issue. Another committee member who attended the workshop briefed the forum on who attended and how the workshop was presented. The purpose of the meeting was to review patient scenarios and look at the duplications and contacts with health professionals that one person would have in the health system. The workshop was an open workshop not just for Maori; there were a number of clinicians involved. The process identified the vast number of interactions to a number of professional's within one patient's journey. The General Manager acknowledged it would have been preferable to have presented at Tatau Pounamu first and indicated that this could be presented at the next meeting.

The committee discussed looking at ways to improve health planning which is in line with Better, Sooner, More Convenient and how all services interconnect. It is important to look at pathways.

7. HEHA Smokefree services

Taken as read.

Michael Frampton, Programme Director joined the meeting at 4.09pm

The Acting Chair welcomed Michael Frampton, Programme Director to the meeting.

The Programme Director was briefed on the discussion on the Maori Health Workshops Kaizen and the draft Maori Health Plan.

The Programme Director was questioned whether there is enough consultation occurring for the development of the Maori Health Plan and was advised that this committee needs to take ownership of the plan. Local health indicators within the Maori Health plan make reference to other providers; clarity was sought whether these indicators mentioned have enough allocated time and resources available within their respective contracts with the DHB to be achievable. It was reiterated that there needs to be more connectivity with all providers. The Programme Director advised that he is amenable for changes that provide improvement / connectivity. He reiterated that it is important to engage communities and

to reflect the community's needs. The Programme Director acknowledged the work of the West Coast DHB's Maori Health Unit. He advised that they have done a great job for their small team.

Further discussion occurred in relation to ensuring Maori representation being present in a number of work streams and how representation is selected. It is important Maori representation is present in a variety of work streams to ensure best health outcomes for Maori.

8. Health System changes - Vision for WC Health Services

The Programme Director provided an update on the future vision and model of care for West Coast health services, which are the result of extensive community and clinician engagement over the last two years. At the heart of the vision is a radical transformation that fundamentally reconceptualises the way in which care is provided, it integrates services that have historically been fragmented and disconnected, it refocuses investment on prevention, early intervention and care provided as close to people's homes as possible, and it recognises the need to improve Maori health outcomes as a key enabler.

In particular, the DHB's approach to transforming health services on the Coast includes:

- integration of primary and secondary care services, including increasing the capacity and capability of primary care to manage the majority of urgent presentations.
- coordinated management of complex care, based at home and in the community.
- hospital-level services delivered in transalpine collaboration with the Canterbury health system.
- development of a local workforce of resident generalists and specialists, supported by expert clinicians from Canterbury.

The Programme Director advised that a programme of community engagement and internal communication on the vision and models of care is under development.

Elinor Stratford left the meeting 4.41pm

The committee discussed the vision in more detail.

The vision for West Coast health services may identify some priorities for Tatau Pounamu to address, providing a blue print of priorities to focus on.

Dr Paul McCormack left the meeting at 4.54pm.

The Programme Director was thanked for his update and left the meeting.

Michael Frampton left the meeting at 5.12 pm

9. General Business

The Chair tabled the Quarterly report from PHO as information only. Future meetings will have a PHO representative to provide a brief on the Quarterly reports.

There being no further business the meeting closed at 5.13pm.

MATTERS ARISING MAY 2013

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1.	7 March 2013	Provide committee members information on benefits of quitting smoking.	Dr Paul McCormack	
2.	2 May 2013	Present Kaizen Maori Health Workshop presentation	GM Maori Health	June 2013

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **6 June 2013**

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

Items to be discussed.

- Kaizen Maori Health Workshop
- Maori Health Plan
- Workplan June 2013 – July 2014
- Review of Tatau Pounamu Terms of Reference

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes the information reported.

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **6 June 2013**

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.

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: General Manager Maori Health

DATE: 28 May 2013

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

Te Ara Whakawaiora

On the 10th June 2013 a paper titled Te Ara Whakawaiora will be tabled at the National CEO forum. The subject of the paper is Accelerating Maori Health Plan Indicator Performance. This paper sets out for the National DHB CEO forum key opportunities and processes to advance performance against the annual maori health plan indicators. This includes 1 – enhancing performance monitoring, 2 – standardising performance monitoring, 3 – improving accountability for performance and 4 – accelerating performance.

Te Herenga Hauora

On the 24th May 2013 the South Island Maori Health Managers, Te Herenga Hauora met in Christchurch. The purpose of the Hui was to discuss Whanau ora and in particular show how South Island DHBs could support Whanau Ora more effectively. This is a very important issue and so another Hui is planned for mid-June to progress this work.

Suicide Prevention Action Plan 2013/2016

The Suicide Prevention Action Plan 2013-2016 has been released by Hon Peter Dunne. The plan builds on previous initiatives and investment in suicide prevention, including the action plan which covered the period from 2008 to 2012. Both action plans reflect the goals of the New Zealand Suicide Prevention Strategy 2006-2016. The publication can be accessed on the following website.

<http://www.health.govt.nz/publication/new-zealand-suicide-prevention-action-plan-2013-2016>

Kaizen Maori Health Workshop

The GM Maori Health was invited to present the Kaizen workshop outcomes to the Alliance Leadership Team and to the Grey Integrated Workshop participants. The presentation was received positively and as a result some focused work is now happening within the Complex Clinical Care Network (CCCN) and Diabetes pathways. The Alliance Leadership Team were interested in ensuring that Maori health outcomes were being monitored and reported on regularly through the workstreams. Currently we are awaiting a paper from the Alliance Support Group that will provide suggestions for how this may occur.

Maori Health Plan 2013/2014

The Maori Health Plan has been updated in line with the feedback we received from the Ministry and resubmitted as per the deadlines.

We will get more feedback from the Ministry in the next week or so and the final version of the Maori Health Plan will be resubmitted 29 June.

Complex Clinical Care Network

Work is underway with Dr Michelle Dhanak, Gerontologist, Diane Brockbank, CCCN Manager, Gary Coghlan and Kylie Parkin to discuss the CCCN and particularly how it works for Maori. Discussed was the combined risk tool as one way to identify individuals the CCCN might not be aware of. Once the tool is up and running on the West Coast, we would like an outcomes evaluation which specifically focuses on Maori and looks at the number of Maori identified in relationship to actual and expected enrolled population, health outcomes after identification (did it make a difference) and number of patients and types of service referred to CCCN.

We also identified strategies to improve referral processes to the CCCN and who is involved in the triaging and IDT meeting when deciding on care plans for Maori. This work is ongoing.

Rata Te Awhina Trust

Appointments have been confirmed for two Kaupapa Maori nursing positions, one in Westland and one in Greymouth. Two confirmed appointments have been made for the Kaiarataki (health navigator) one in Buller and one in Westland.

Diabetes

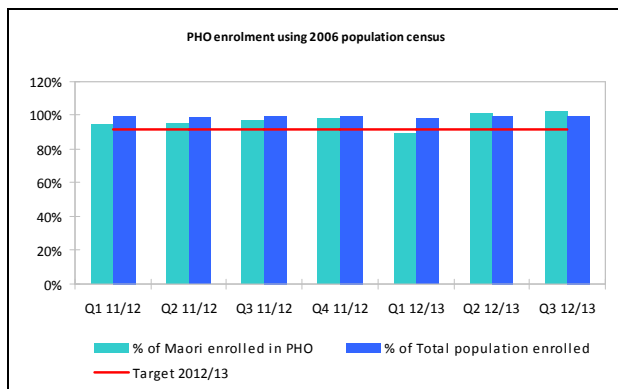
The Maori Health team are working with the Diabetes Nurse Specialists to look at improving patient pathways for Maori one idea to be further developed is developing tailored care plans for Maori who may not be managing their diabetes particularly well.

Report prepared by: Gary Coghlan, General Manager Maori Health

Maori Health Quarterly Report – Q3, 2012/13

Access to care

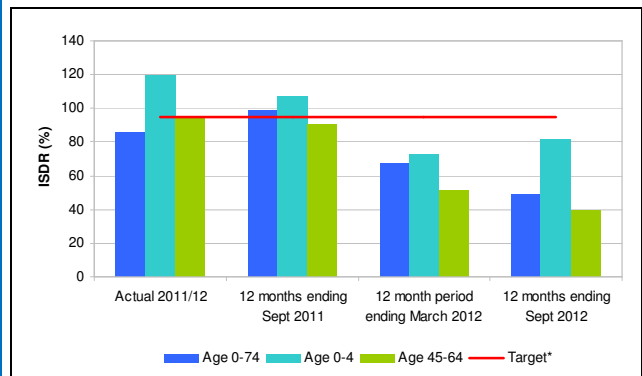
Percentage of Maori enrolled in the PHO



* 2006 census population was used as the denominator.

Ambulatory Sensitive Hospitalisation

Ambulatory Sensitive Hospitalisation – Indirect Standardised discharge ration (ISDR)



ACHIEVEMENTS/ISSUES OF NOTE

Enrolment in PHO: In quarter 3 of 2012/13 88% Maori were enrolled with the PHO. Please see table below for further breakdown.

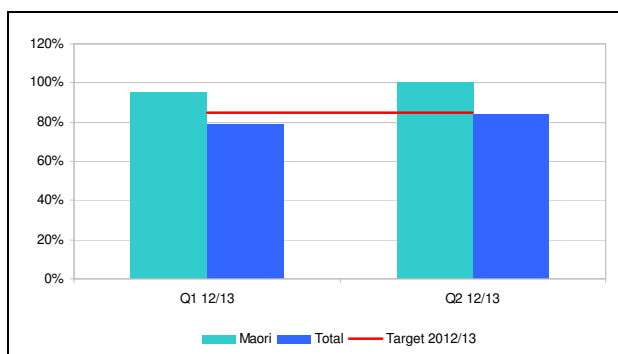
Practice		00-04	05-14	15-24	25-44	45-64	65+	Total
Westland	Maori	89	197	166	216	169	76	913
Buller	Maori	74	120	141	147	133	35	650
Coast Med	Maori	0	1	1	3	10	0	15
Grey Med	Maori	90	111	106	136	119	12	574
High St	Maori	27	62	63	56	56	23	287
Rural Ac	Maori	36	61	62	69	66	8	302
Reefton	Maori	13	37	32	41	35	9	167
South We	Maori	9	19	16	30	24	13	111
	Total	338	608	587	698	612	176	3019

Ambulatory Sensitive Hospitalisation

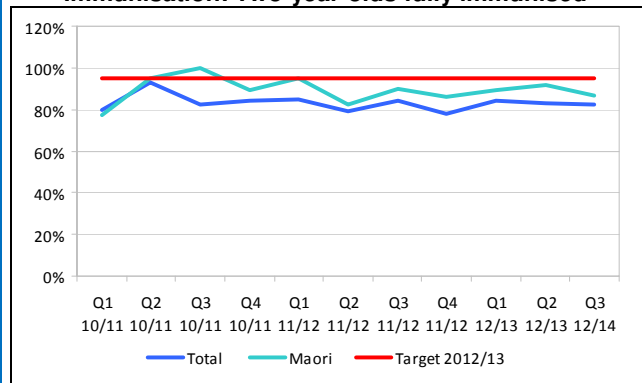
No new data available for ASH

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



ACHIEVEMENTS/ISSUES OF NOTE

Eight-month-old immunisation: 90% of Maori babies have been immunised on time at 8 months of age in quarter 3. So out of a total of 20 eligible babies 2 were not immunised on time.

Two-year-old immunisation: The West Coast DHB's total coverage for Quarter 3 is 88% - This remains high as was the case in Quarter 2 an indication of the continuous effort of primary care and Outreach Immunisation Services to achieve the highest possible coverage. Coverage for Māori two-year-olds sits at

87% - so 20 from 23 eligible Maori babies have been immunised for this age milestone. Work to improve immunisation coverage for both eight-month-olds and two-year-olds includes:

- A process timeline for all practices to use as guidance to ensure timely immunisation by eight months of age;
- NIR Administrator working with a key contact in each practice to identify children due, pending or overdue;
- Timely referral to Outreach Services; Tamariki ora nurse
- Collaboration with other Well Child service providers to refer children for immunisation
- Improving the enrolment process at birth; and
- Building strong links between Maori Provider Kaimahi and Maternity services (first of several meetings between WCTO nurse and Mothers and Pepe in June) to develop a pathway forward. This will include looking at antenatal education, working with high and complex whanau, building strong relationships with LMC's and increasing the profile of RTAT with Maternity services

Additionally we have a newly certified vaccinator within the Maori Health Provider and have hosted an Immunisation Day at the Maori Provider offices in Hokitika with the Immunisation Co-ordinator.

There is ongoing collaboration with Canterbury DHB around NIR and ways to identify unvaccinated children.

Oral Health: This is the current result for period 01 January -30 December 2012. The West Coast DHB 5 year caries free rate is 56% for 2012 calendar year against a target of 61%. Maori 5 year old caries rate has increased by 4% from 2011 to 51%. The DHB is (1) currently working on a project to continue to promote oral health in preschools; this includes getting feedback from families on the current available oral health education information used by the dental service and developing oral health information packs from this feedback. Part of this project includes putting together information packs to be given with the 5 months immunisations. (2) The Dental Service is working with Rata Te Awhina Trust (RTAT-Maori Health Provider) as part of the project mentioned in (1) and is also organising a "Lift the Lip" training with RTAT proposed for July 2013. (3) The Dental Coordinator has a monthly meeting with the General Manager and Portfolio Manager for Maori Health to discuss progress on the service plan to improve Maori oral health. (4) The Dental Service is part of a working group working on the newborn enrolment process for the West Coast which includes pre-enrolment of newborns with the dental service (5) Currently working on a survey to be conducted through the Paediatric Ward following dental general anaesthesia discharge. One of the information to be captured is the contact families have with a well child provider or if they are enrolled with well child provider. (6) Another initiative is the school/preschool referral; which if a teacher is concerned with a child, that child could be referred directly to the School Dental Service and for the school dental service to follow up on this child. The mean DMFT (decayed, missing and filled tooth) rate for Year 8 students has increased to 1.48 (1.39 in 2011) overall and 2.04 for Māori (1.88 in 2011). To assist in addressing this, a person has been employed for the next six months to work with the School Dental Service to promote oral health.

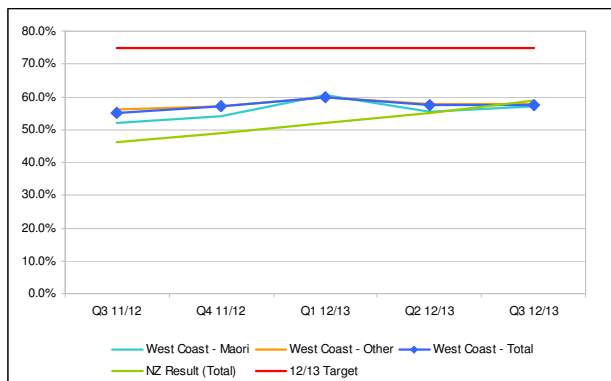
Mum4Mum: At the end of Q4, 2011/12, a total of 22 mothers were trained as Mum4Mums of which 22% (5) are Maori. The target for 2012/13 is to have 6 Maori Mum4Mum graduates. At The Breastfeeding Interest Group meeting in April the idea of co-facilitating a Mum4Mums with Rata Te Awhina Trust was suggested, we are currently following up on this idea.

Lactation consultancy contacts and services: For quarter 3 2012/13, there were 157 contacts in total, including 8 Maori, 5 Pacific and 144 Other ethnicity. Contacts were in homes, maternity ward, phone, Face book, e-mail and text messages about breastfeeding related issues.

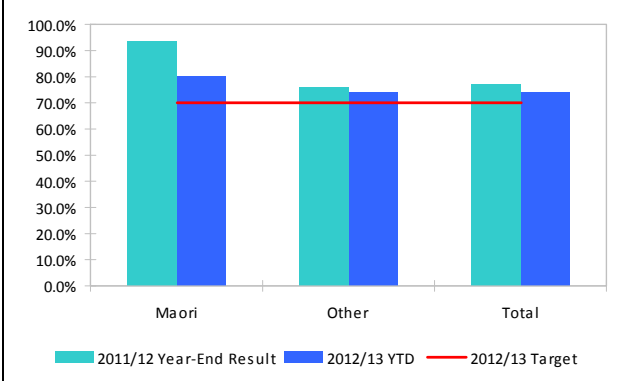
The target is to have 25 mothers with Maori babies referred to lactation support and specialist advice consultants in 2012/13 and we currently have 17 Maori mums who have been referred to the service.

Cardiovascular and Diabetes

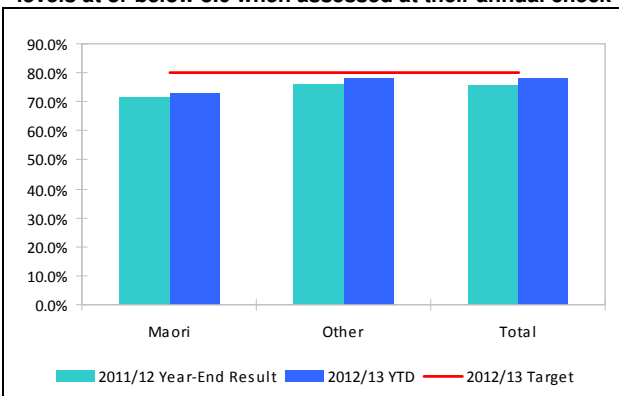
CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



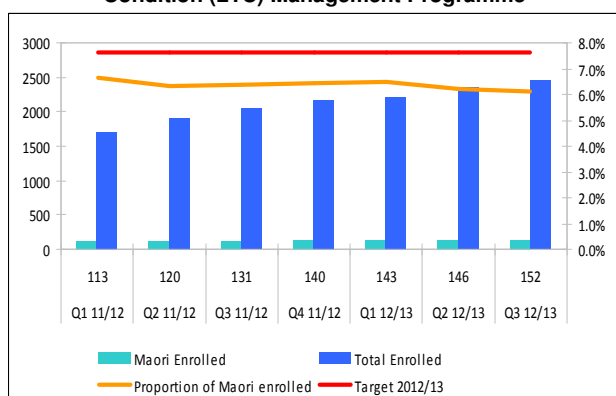
Diabetes Detection: % of people estimated to have diabetes who have had their annual check during the current year



Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Number and proportion of Maori enrolled in Long Term Condition (LTC) Management Programme



ACHIEVEMENTS/ISSUES OF NOTE

CVD Health Target: West Coast results have continued to improve and make progress towards meeting the Cardiovascular Disease (CVD) Health Target for more heart and diabetes checks. The percentage of enrolled people in the PHO within the eligible population who have had a CVD risk recorded in the last 5 years is up 5.2% in comparison to end of Quarter 3 2011/2012. Results for our Māori population rose from 52% in Quarter 3 2011/2012 to 57.2% in Quarter 3 2012/2013. Our progressive implementation targets are 68% by December 2012; and 75% by 30 June 2013.

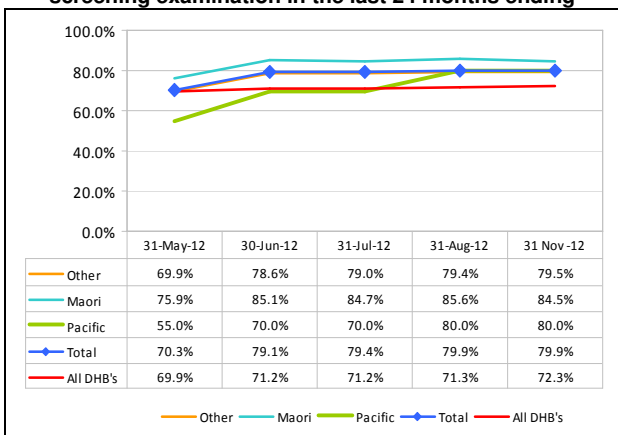
- We are working closely with the PHO and Rata Te Awhina Trust to develop a targeted programme to increase this number including a series of outreach clinics held in collaboration with the DHB, RTAT and the PHO, a process to identify those due or overdue through practice lists and a targeted process to make contact and subsequently screen these people which could be within a clinic setting, at home or a community clinic.

Diabetes care: The number of Maori accessing free annual diabetes reviews remains above target for the period to March 2013 with 80% having an annual review and 73% of them achieving good diabetes management for the period to 31 March 2013.

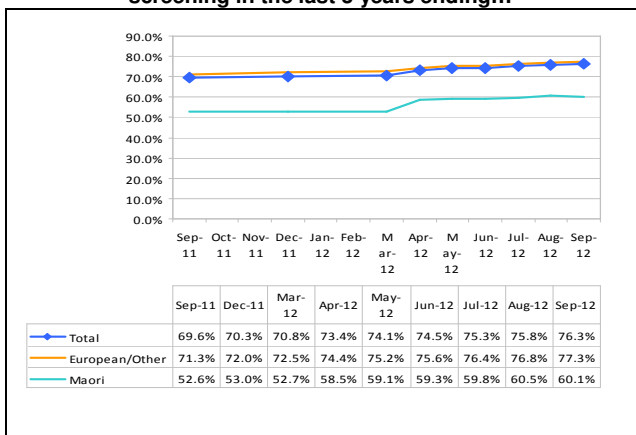
Long Term Condition Management (LTC): 152 Maori are enrolled in the Long Term Conditions programme as at March 31 2013 Maori enrolment makes up 6% of all enrolment in the LTC programme. For comparison Maori make up 5.3% of the enrolled population at the primary practices aged 45 years and above. The target is 7.6%.

Cancer

Percentage of eligible Maori women (45-69) receiving breast screening examination in the last 24 months ending



Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years ending...



ACHIEVEMENTS/ISSUES OF NOTE

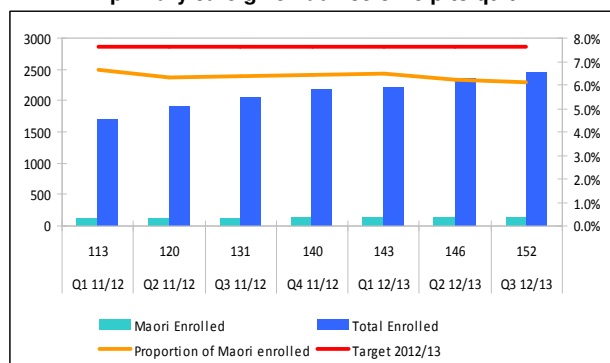
Breast Cancer Screening: Approximately 80% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the 24 month period ending 30th November 2012 – an increase of 1% from the previous 24 month period ending 30th June 2012. The coverage for eligible Maori women (84.5%) is higher compared to other ethnicities on the West Coast. (no further update on this for this quarter 3 2012/2013).

Cervical cancer screening: At the end of September 2012, the three year coverage rate for cervical screening on the West Coast has increased to 76% which is an increase of approximately 3% from the three year period ending 30th June 2012. The coverage rate for Maori eligible women is at 60%. There is a Maori Screener who is working closely with the PHO and practices to improve the utilisation of this service for Maori eligible women (awaiting data for this target).

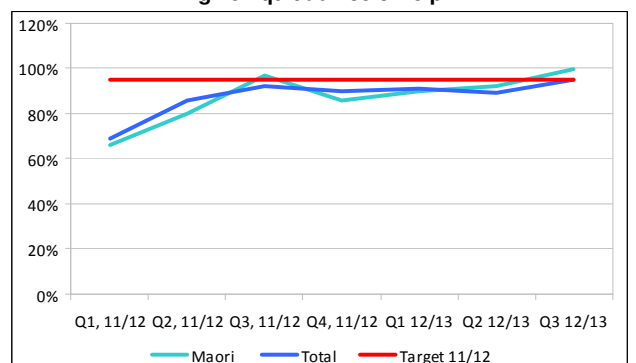
Navigation services: The Health Navigator Services among other things provides additional support for LTC patients and their whanau with complex social needs; improve access to health care and support services for patients and support the primary practices in caring for LTC. At the end of Q3, 2012/13, 30 Maori patients were referred to the Health Navigator services. The target for 2012/13 is to have 50 Maori patients supported to access navigation services. A lot of work is currently occurring around the Complex Clinical Care Network and how the navigation services link in to this.

Smoking cessation

Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



Secondary Smokefree Health Target: Hospitalised smokers given quit advice & help



ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target: The PHO are now using the healthstat tool to improve Brief Advice coding in the practices. Referrals to Coast Quit still remain high and support is being provided from

practices to link patients to cessation via their practice's own Coast Quit provider (or other cessation services available on the West Coast). You can see by the table below that the concentrated effort to improve the primary target is paying dividends with an increase of 10% in this quarter.

	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Q3 12/13
West Coast Result	39%	40%	39%	39%	40%	44%	54%
NZ Result	33%	34%	31%	34%	40%	43%	51%
12/13 Target	90%	90%	90%	90%	90%	90%	90%

Secondary Smokefree Health Target: In Quarter 3 West Coast's performance has increased to 95% for the secondary target with 100% of hospitalised Maori (15 from 15) provided with advice.

Aukati Kai Paipa: From July 2012 YTD the AKP service is working with 88 clients consisting of 46 self referrals, 28 from schools and workplaces and the rest from Hospital services and community and healthcare providers. Of these 88 clients 65% are female. Of the 88 clients 29% are recorded as validated abstinence at 3 months and 40% self reported abstinence at 3 months.

4. **APPENDIX**

- **Maori Health Quarterly Report – Q3, 2012/13**
Report prepared by: Kylie Parkin, Maori Health

Report approved for release by: Gary Coghlan, General Manager Maori Health

TATAU POUNAMU ADVISORY GROUP HEHA SMOKEFREE SERVICES UPDATE

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: Planning and Funding

DATE: 30 May 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

Healthy Lifestyles & Smokefree Update is a regular agenda item.

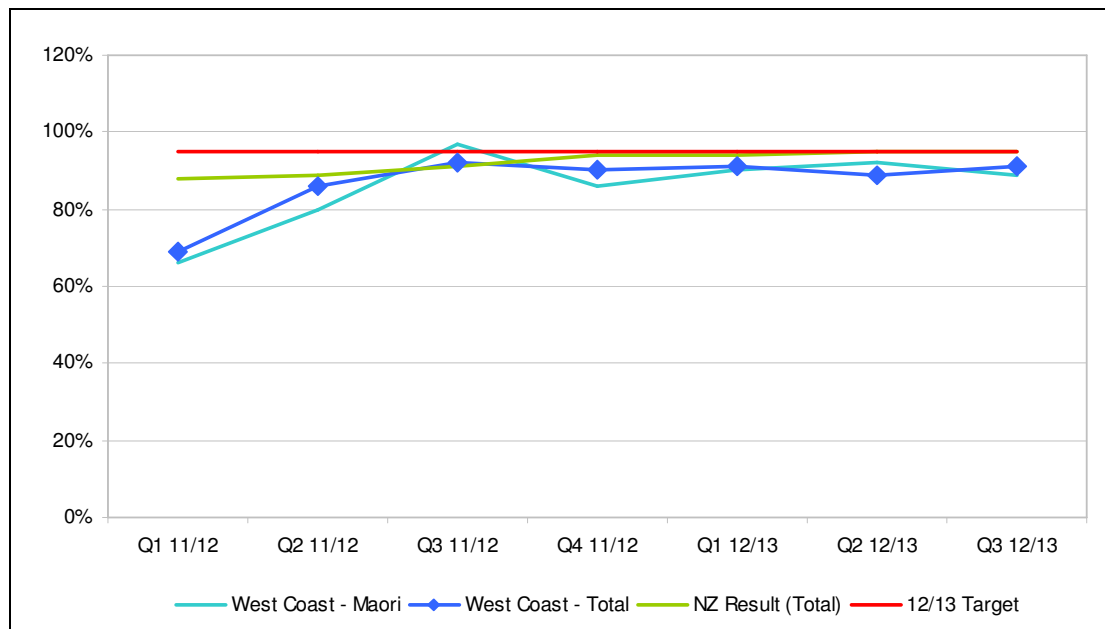
2. SUMMARY

The report includes an update on:

- Smokefree Health Targets – Primary and Secondary

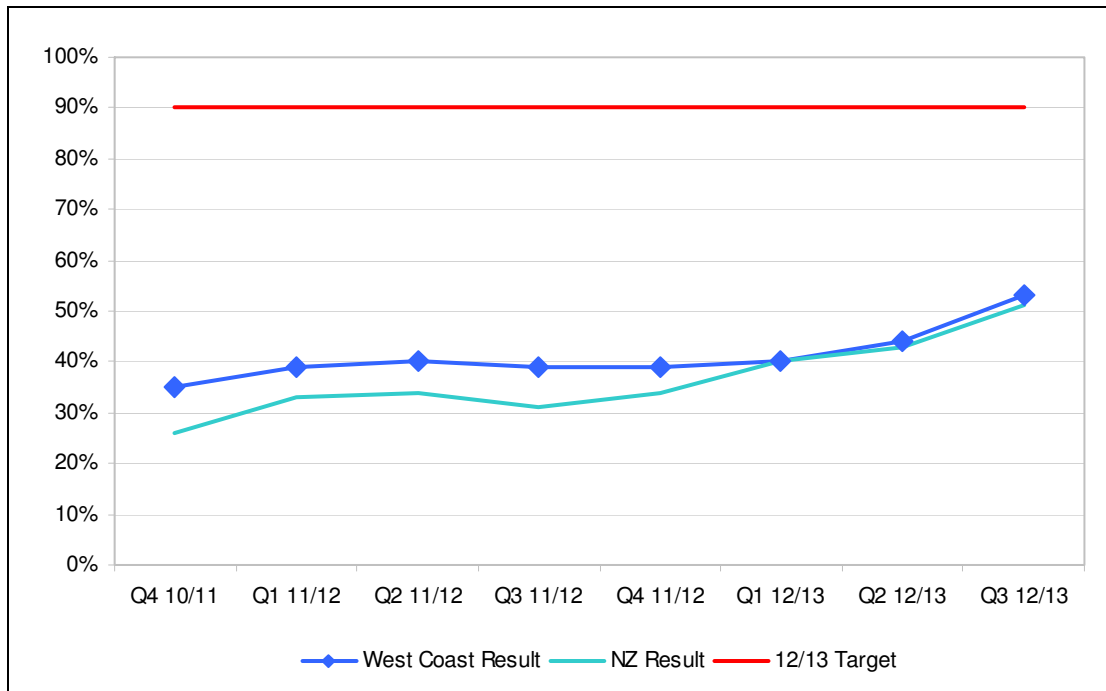
3. DISCUSSION

HT: Better Help for Smokers to Quit: Secondary Percentage of patients who smoke and are seen by a health practitioner in hospital and are offered brief advice and support to quit smoking



Primary Smokefree Health Target General practices' performance against the target increased 9% in Quarter 3, with 53% of smokers expected to attend primary care receiving help and advice to quit in the year to March 2013, compared with 44% in the year to December 2012. Activities focused on improving data capture and accuracy continue, with emphasis on the new IT tool HealthStat, which can provide more frequent, practice-specific feedback about the target. The installation of the Clinical Audit Tool is delayed while IT solutions are being sought. The tool supports clinicians to improve data capture around this target by enabling them to more easily identify patients who do not have a smoking status coded.

HT: Better Help for Smokers to Quit: Primary
Percentage of patients who smoke and are seen by a health practitioner in primary care
and are offered brief advice and support to quit smoking



Secondary Smokefree Health Target The Quarter 3 result of 91% is an improvement of 2% from the previous quarter. As we work to gain the last few percentage points, key actions include continuing to work with Clinical Nurse Managers to identify ‘missed’ patients to pinpoint and resolve any gaps at ward level, and working with the Critical Care Unit to improve ABC delivery and coding.

TATAU POUNAMU ADVISORY GROUP MEETING
To be held in the Boardroom, Corporate Office, West Coast DHB
Thursday 6 June 2013 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**
2 May 2013
3. **Carried Forward/Action List Items**
4. **Discussion Items**
 - Kaizen Maori Health Workshop
 - Maori Health Plan
 - Work Plan June 2013 – July 2014
 - Review of Tatau Pounamu Terms of Reference

REPORTS 3.45 pm

5. **Chair's Update – Verbal Report** Lisa Tumahai, Chair
6. **GM Maori Health Report** Gary Coghlan, General Manager Maori Health
7. **HEHA Smokefree Report** Claire Robertson, HEHA and Smokefree Service Development Manager

Information Items

- Tatau Pounamu meeting schedule for 2013
- Chair's Report to the Board

ESTIMATED FINISH TIME

NEXT MEETING

- Thursday 11 July 2013

TATAU POUNAMU MANAWHENUA ADVISORY GROUP 2013 MEETING SCHEDULE

DATE	TIME	VENUE
Thursday 24 January 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 7 March 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 2 May 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 6 June 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 11 July 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 22 August 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 10 October 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 28 November 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth

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

TATAU POUNAMU ADVISORY GROUP MEETING UPDATE – 2 MAY 2013



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Tatau Pounamu Advisory Group

DATE: 10 May 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Tatau Pounamu Advisory Group meeting of 2 May 2013. Following confirmation of the minutes of that meeting at the 6 June 2013 Tatau Pounamu Advisory Group meeting, full minutes of the 2 May 2013 meeting will be provided to the Board at its 28 June 2013 meeting.

For the Board's information the following is the role and aims of the Tatau Pounamu Advisory Group, as stated in the Memorandum of Understanding:

“Role

“To give advice on:

- *the needs and any factors that the committee believe may advance and improve the health status of Maori, also advise on adverse factors of the resident Maori population of Te Tai o Poutini, and;*
- *priorities for use of the health funding provided.”*

Aims

- *To provide advice that will maximise the overall health gain for the resident Maori population of Te Tai o Poutini through:*
 - *all service interventions the West Coast District Health Board has provided or funded or could provide or fund for that population; and.*
 - *all policies the West Coast District Health Board has adopted or could adopt for the resident Maori population of Te Tai o Poutini”*

2. RECOMMENDATION

That the Board:

- i. notes the Tatau Pounamu Advisory Group Meeting Update – 2 May 2013.

3. SUMMARY

Detailed below is a summary of the Tatau Pounamu Advisory Group meeting on 2 May 2013. A copy of the agenda for this meeting is attached as Appendix 1.

ITEMS OF INTEREST FOR THE BOARD

The Group noted the following key points:

- **Acknowledgement of Ben Hutana**

The committee acknowledged Ben Hutana's contribution to Tatau Pounamu as former Chair.

- **Appointment Tatau Pounamu Chair**

Lisa Tumahai has been nominated by Kati Waewae to be appointed as the new Kati Waewae representative on Tatau Pounamu. Lisa has also been appointed as the new Tatau Pounamu Chair, with her first Chaired meeting to be held June 2013.

- **Maori Health Plan**

Tatau Pounamu were updated on the feedback received from the Ministry of Health. Feedback highlighted areas that can be strengthened. Generally feedback was good. Further information was given to include in the plan for all DHBs.

- **Health Systems Changes**

The West Coast DHB Programme Director, briefed Tatau Pounamu on the progress to date of West Coast DHB Health System changes and the way forward.

4. **APPENDICES**

Appendix 1: Agenda – Tatau Pounamu Advisory Group Meeting – 2 May 2013

Report prepared by: Gary Coghlan, General Manager, Maori Health

TATAU POUNAMU ADVISORY GROUP MEETING
To be held in the Boardroom, Corporate Office, West Coast DHB
Thursday 2 May 2013 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

7 March 2013

3. Carried Forward/Action List Items

REPORTS

4. Chair's Update – Verbal Report

Marie Mahuika-Forsyth, Deputy Chair

5. Health System Changes – Verbal Report

Michael Frampton, Programme Director, WCDHB

6. GM Maori Health Report

Gary Coghlan, General Manager Maori Health

7. HEHA Smokefree Report

Claire Robertson, HEHA and Smokefree Service
Development Manager

8. Draft Maori Health Plan 2013-2014 – Verbal Update

Gary Coghlan, General Manager Maori Health

Information Items

- Tatau Pounamu meeting schedule for 2013
- Chair's Report to the Board

ESTIMATED FINISH TIME

NEXT MEETING

- Thursday 6 June 2013