

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini



**DISABILITY SUPPORT
ADVISORY COMMITTEE
MEETING**

11 NOVEMBER 2005

**AGENDA
AND
MEETING PAPERS**

EMBARGOED UNTIL CONSIDERED BY THE COMMITTEE

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AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD DISABILITY SUPPORT ADVISORY COMMITTEE MEETING TO BE HELD IN THE BOARD ROOM, CORPORATE OFFICE, GREYMOOUTH ON FRIDAY 11 NOVEMBER 2005, COMMENCING AT 8.30 AM

Karakia

1. Welcome / Apologies / Standing Orders
2. Disclosure of Advisory Committee Members' Interests
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Morning Tea at 10.15am

KARAKIA

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o
kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini
mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this
time so that we may work together in the spirit of oneness on behalf of the
people of the West Coast.

DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
CHAIR John Vaile WCDHB Member	Member - CCS Westport Branch Director - Vaile Hardware Ltd Wife no longer works for DHB, has unresolved employment issues
DEPUTY CHAIR Mohammed Shahadat <i>WCDHB Member</i>	Principal Partner, Murdoch James and Roper Trustee West Coast Development Trust
Professor Gregor Coster Chairman WCDHB <i>Appointed February 2003</i>	Director – PHARMAC Director - Cornwall Management Limited Director - Cornwall Nominees Limited Chairman - Institute of Rural Health
Elinor Stratford	Manager - Disability Information Service Member - NZCCS Greymouth Branch Chairperson - West Coast Sub branch - Canterbury Neonatal Trust Trustee - Canterbury Neonatal Trust Vice-Chair Victim Support, Greymouth Grey District Councillor Grey District Council appointee to the West Coast PHO Member of Executive Federation of Disability Information Centres
Gloria Hammond	Co-ordinator - New Zealand CCS, West Coast Field Worker / Regional Co-ordinator - CCS West Coast Member – Early Intervention Team Member – Maori Women Welfare League
Maureen Frankpitt	Manager Kowhai Manor and Richard Seddon Hospital

**DRAFT MINUTES OF THE DISABILITY SERVICES
ADVISORY COMMITTEE MEETING HELD
30 SEPTEMBER AT 8.30 A.M IN THE BOARDROOM,
CORPORATE OFFICE, GREYMOUTH**

PRESENT John Vaile, Chairman, WCDHB member
Mohammed Shahadat, Deputy Chair, WCDHB member
Elinor Stratford
Maureen Frankpitt
Gloria Hammond
Patrica Nolan
Ned Tauwhere

IN ATTENDANCE Kevin Hague, CEO
Wayne Turp, General Manager Planning & Funding
Hecta Williams, General Manager Mental Health, Acting General Manager
Primary Care
Gary Coghlan, General Manager Maori Health
Melanie Penny, Planning & Funding Analyst
Bianca Kramer, Minute Secretary

APOLOGIES Gregor Coster, Chair, WCDHB

Karakia – Gary Coghlan

1. APOLOGIES, WELCOME

The Chair welcomed everyone to the meeting. The Chair waived standing orders.

3. DISCLOSURES OF INTEREST

The following amendments were made to the Disability Services Advisory Committee Members' disclosures of interest.

Elinor Stratford

- Add, Grey District Council appointee to the West Coast PHO

Gloria Hammond

- Remove, Chairperson C.O.G.S

Action: New members to provide Disclosure of Interest to Minute Secretary

4. **AGENDA CHECK**

- Add under Dementia Unit Update – Current facilities
- Add under General Business – Access for people with disabilities at Buller Medical Service

5. **MINUTES OF THE PREVIOUS MEETING HELD 19 AUGUST 2005**

- Item 6, first and seventh paragraph, amend spelling of Ila Heaphy to Isla Heaphy

Moved: Mohammed Shahadat Seconded: Elinor Stratford

It was RESOLVED that the Minutes of the Disability Services Advisory Committee meeting held 19 August 2005 were a true and accurate record subject to the amendments above.

6. **MATTERS ARISING / ACTION AND RESPONSIBILITY LIST**

- Further to last meetings presentation from Buller Alzheimer's Support Group, there is now an active Alzheimer's Support Group in Greymouth, run through the mental health unit at Grey Base Hospital
- Transport – The new General Manager Planning & Funding has written to the West Coast Regional Council indicating that he would like to attend meetings of the on a regular basis, feedback from those meetings can be provided to DSAC
- Item 7.1 on the Matters Arising/Action and Responsibility List – committee member to provide "Inclusive Community" has been completed. (This is to be an agenda item for the next meeting)

Action: New members to provide Disclosure of Interest to Minute Secretary

Action: Minute Secretary to copy and circulate questionnaire

7. **CORRESPONDENCE**

- Chair's letter of thanks to Dianne Lewis for her contribution to the committee and wishing her well for the future.

Moved: Maureen Frankpitt Seconded: Gloria Hammond

It was RESOLVED that the correspondence Outwards be endorsed.

With the new General Manager Planning & Funding in attendance, the committee and those present introduced themselves and gave a brief summary on their community based activities

CEO joined the meeting at 8.58am

8. **WORK PLAN**

The committee identified the dates and frequency for reporting on each aspect of the work plan (see updated work plan).

To receive a report on relevant section for DSAC:

DAP – the report from the first quarter will be presented at the next meeting, then quarterly there after.

Maori Health Plan – first quarter due – chair will set time frame for the reporting. General Manager Maori Health gave an over view of the plan for those that had not seen the document and explained the document is in need of updating.

It was suggested that the quarterly reporting on these plans be staggered.

Some issues were raised during the review of the work plan as follows:

To develop:

Disability Plan – There is already a Disability Plan. As no frequency for reporting has been stated, it was decided that six monthly reporting would be a suitable timeframe. The next report is due at the December meeting.

Advocacy Services – A short discussion followed as clarity was needed.

Action: General Manager Planning & Funding to seek clarification

At a previous meeting, a discussion was held regarding the possibility of having an advocacy service that could be called on to attend medical appointments with those that need help understanding what they are being told by either their GP or specialist.

This is additional to some content in the WISE Strategy, however it was identified ? this is an issue that broader older persons. The committee requested that the General Manager Planning and Funding consider how advocacy support services may be provided for people other than the elderly.

Work plan review – DSAC to provide.

Provide input into:

DSP – the community are consulted on this document and the committee are also asked for input the time frame for this is usually July/August – now done.

DAP – last meeting of each year (December) the committee are to decide what items from DSP they feel need to be prioritised in DAP. The Ministry of Health provide the DHB with guidelines for the composition of the DAP in December and then in February the DHB submit the DAP to the Ministry of Health. A draft copy of the new DAP will be provided at the Board and Committee Workshop in January 2006.

SOI – this has the same timeframe as DAP

Annual Report – July/August

To monitor:

WISE – report in December

Dementia Unit – this is a standing agenda item for the committee

9. MAORI DISABILITY ISSUES

As requested at the last meeting, General Manager Maori Health gave an update on the presentation given by Roger Jolley, Maori Development Manager Disability Services Directorate, at the Tumu Whakarae Hui in Auckland on 18 August 2005.

The Hui covered the following areas:

- What is the Disability Services Directorate?
- What do we do?
- What is the Maori disable population?
- What are we doing for Maori disabilities?
- What is the overlap with DHB Maori Services?

Maori have a higher age standardised rate of disability (24%) than non-Maori (17%), disease and illness are the most common cause of Maori disability. Rates for Maori with disability exceed those for non-Maori in all types of disability, with mobility, agility and seeing and hearing type disabilities significantly higher for Maori women than for Maori men.

Ethnic distribution of individuals receiving disability services are

- Mainstream 85.1%
- Maori 11.5%
- Pacific 3.4%

The breakdown of the Maori Disabled statistics obtained from DSS Specific Information for CCPS Data System in August show that

- 44% Intellectual
- 40% Physical
- 10.7%
- 2.5% Age Related
- 1.7% Sensory
- 1.0% Psychiatric
- 0.1% Unknown

There are 41 Maori DSS Providers post devolution nation way, only five of those in the South Island

The committee expressed an interest in meeting with Roger Jolly in the future to discuss the topic of Maori Disability Issues further. The General Manager Maori Health mentioned he would try and arrange a possible visit by Roger Jolly.

Action: General Manager Maori Health to arrange possible visit by Roger Jolly

The Chair thanked the General Manager Maori Health for the update

10. DEMENTIA UNIT UPDATE

The CEO gave a brief background on the Dementia Unit Project thus far.

The Board will be considering the new business case at the October meeting, with a view to speeding up the process so that the finance can be received and building started.

The current facilities pose a risk, with the older buildings etc. A committee member has personal experience with the current facilities and mentioned she has found the accommodation less than ideal and the standard very disappointing. She couldn't stress strongly enough the urgent need for the new facility.

Progress is being made, but with delays the finishing date is being moved out further than originally anticipated. The current availability of builders on the West Coast could be another delaying factor, as it has been with several other projects.

This item is on the agenda for the next board meeting.

12. **GENERAL BUSINESS**

Access issues for people with disabilities at Buller Medical Services (BMS).

The latest HAC papers have a "Barrier Free Audit" template included, one point in the template indicated that automatic doors were to be installed into the Medical Admin area, this prompted the following issue to be discussed.

It has been brought to the attention of the Chair that there are issues relating to access at BMS. There is a ramp for access, but at the top of the ramp there is a turn and then double doors. These doors are difficult to open and for those with a disability they can be even more so. It was suggested that the installation of automatic doors would eliminate this problem. As BMS is the sole practice in Buller, there are a large number of people going through these doors on a day to day basis.

The question was asked whether the move to integrate DHB premises in Buller would see BMS moving to other premises, this was thought to be unlikely.

A committee member mentioned the cost for a single automatic door to be installed cost the \$8,000.00.

The Chair is to write to the Chair of HAC, prior to their next scheduled meeting, outlining the discussion and recommending the installation of automatic doors at BMS be investigated.

Action: Chair to write to HAC Chair

13. **NEXT MEETING**

Friday, 11 November, 8.30am, Boardroom, Corporate Office Greymouth

14. **ATTENDANCE AND ADMINISTRATION FORMS**

The Chair requested that committee members complete their Attendance and Administration forms and return for signing.

There being no further business to discuss the meeting concluded at 10.24am

MATTERS ARISING FROM DISABILITY SERVICES ADVISORY COMMITTEE MEETINGS

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
	30 September	Copy and circulate questionnaire associated with "Inclusive Community" booklet	Minute Secretary		
	30 September	New members to provide Disclosure of Interest of Minute Secretary.	New members/ Minute Secretary/		
	30 September	Planning and Funding to seek clarification on work plan item (advocacy)	General Manager Planning and Funding.		
	30 September	Write to HAC Chair regarding Barrier Free Audit	Chair		
	30 September	General Manager Maori Health to arrange possible visit by Roger Jolly to discuss Maori Disability Issues	General Manager Maori Health		

WORKPLAN

Mission Statement: To fund a continuum of quality health services aimed at providing improved health outcomes and maximise the independence of people with disabilities.

Objective	Responsibility	Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
To receive a report on relevant section for DSAC							
1. District Annual Plan	GM Planning & Funding	11 Nov	Quarterly				Quarterly after 11/11/05
2. Maori Health Plan	GM Maori Health		Quarterly				Chair to set time frame
To develop							
1. Disability Plan / describe disability sector	GM Planning & Funding	9 Dec					Will be reported on six monthly
2. Advocacy Services	GM Planning & Funding						Clarification being sought
Provide input into							
1. District Strategic Plan	GM Planning & Funding		Annually				July/August
2. District Annual Plan	GM Planning & Funding		Annually				December meeting
3. Statement of Intent	GM Planning & Funding		Annually				December meeting
4. Annual Report	Chief Financial Manager		Annually				July/August
To monitor							
1. West Coast Improved Services for the Elderly (WISE)	GM Planning & Funding	9 Dec					
2. Dementia Unit building	CEO		Each meeting				A standing agenda item
To investigate/scope							

DAP IMPLEMENTATION REPORT

TO: Chair and Members
Disability Support Advisory Committee

FROM: General Manager Planning & Funding

DATE: 26 November 2005

Please find plan attached

Author:	Planning & Funding – November 2005
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Approved:	General Manager Planning & Funding
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Approved:	Chief Executive - November 2005
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- G** Progress entirely satisfactory
- O** In progress but delayed - to monitor
- R** Progress unsatisfactory remedial action

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
MAORI HEALTH	Actively seek any additional funding to improve Maori health and reduce Maori health and disability inequalities.	DAP	Pg.26	Gary/Wayne C		G A joint effort between the Finance Dept and Maori health saw a successful bid put to the MOH for Whakatataka funding for Te Tai Poutini Maori Health Prism
	Target for increase in spending on Maori health by 5%. Targets for further 5% increases for 06/07, 07/08.	DAP	Pg.26	Wayne T	05/06, 06/07, 07/08 respectively	O WCDHB is in contract negotiation with management of Rata Te Awhina Trust.
	Engage with Mana Whenua and other Maori communities to enable them to influence planning, purchasing and delivery of services to build Maori health.	DAP	Pg.28	Gary/Wayne		G Establishment of Tatau Pounamu Maori Health Advisory Committee. Membership consists of representatives from Te Runanga O Makaawhio, Te Runanga O Ngati Waewae, and Nga Maata Waka. This forum meet 6 weekly with WCDHB management.
	Review and renew all Memoranda of Understanding.	DAP	Pg.28	Gary/Wayne T		O Currently working with Tatau Pounamu to develop a Memorandum of Understanding.
	Work with the West Coast PHO and Rata Te Awhina Trust to work effectively together to support initiatives that positively contribute to whanau ora.	DAP	Pg.28	Gary/Wayne T		G Rata Te Awhina Trust has a representative on the WCPHO Board and continue to work with the WCDHB and WCPHO on initiatives that contribute to whanau ora.
	West Coast DHB to share and expand on existing best practice guidelines for clinicians.	DAP	Pg.28	Gary		G Extensive consultation has occurred with local iwi and with WCDHB clinical & management staff in relation to the implementation of Tikanga best practice. Training programmes is being developed. Te Pikorua Cultural Training is available to staff.

	Identify and develop relationships with other Maori community-based health initiatives.	DAP	Pg.28	Gary		G	Initiatives have been undertaken to develop relationships with the Maori community i.e. consultation on health issues such as diabetes, primary care, primary mental health, strategic plan, Maori health plan with Nga Maata Waka and Mana Whenua, and both Papatipu Runanga; Te Runanga O Makaawhio
	Implementation of the West Coast Maori Workforce Plan.	DAP	Pg.30	Ruth			The first draft of this plan was created in 2003. Due HR staff issues progress to date has been slow. Now that issues have been resolved, it will be good to get see work back on track.
	West Coast DHB will fund new services identified as needed by the Maori Health Needs Analysis process	SOI	Pg14	Gary/ Wayne T		R	No Maori Health Needs Analysis as yet.
	Tikanga Best Practice training to mainstream staff	SOI	Pg14	Gary		O	Work underway.
	Implementation of the West Coast DHB's Maori Health Plan (available on website)	SOI	Pg14	Gary		G	
N.Z. DISABILITY	Continue to implement the West Coast DHB's Disability Strategic Action Plan according to the actions specified in the document.	DAP	Pg.33	Hecta		G	Implementation continues, secondary plan about to be completed.
	In 2003/04 the West Coast DHB developed a Disability Action Plan (appended to the District Annual Plan and also available on the WCDHB website). 2005-06 will see the progressive implementation of this plan	SOI	Pg20				Audit has been completed in regard to facilites access .
INEQUALS	CPH to provide inequalities training to all Board Members, Senior Managers and staff of the WCDHB, and appropriate external organisations.	DAP	Pg.35	CPH			
MENTAL HEALTH	Complete the implementation of the rehabilitation support services review.	DAP	Pg.38	Hecta (SISSAL)		G	Level IV residence has now opened, implementation of remaining recommendations continues
	Continue to monitor access to specialist regional mental health services in other centres for West Coast residents	DAP	Pg.38	Hecta (SISSAL)		G	Ongoing

	Appropriate access to mental health services for people with severe mental illness	SOI	Pg18	Hecta		G	West Coast mental health services continue to provide the highest level of access [for any DHB] to specialist mental health services
	Better access to primary care services for people with severe mental illness	SOI	Pg18	Hecta		O	primary mental health project delayed but about to be implemented which will provide for education and support for primary practitioners in treating patients with mental health issues.
	Implement recommendations of the cross sectoral service development group for Alcohol and Other Drug services.	DAP	Pg.38	Hecta		O	AOD service development group planned to be established before December 2005
	Implement recommendations from Regional Alcohol and Other Drug review.	DAP	Pg.38	Hecta		O	AOD service development group planned to be established before December 2005
	Aim to have 95% of clients of the MHS linked to an appropriate primary care provider	DAP	Pg.38/39	Hecta	Jun-06	G	progressing
	Complete the implementation of the MH SMART project within the WCDHB. Review possibilities for implementation within NGOs.	DAP	Pg.39	Hecta		G	MH SMART data being collected within DHB.
	Implement a standardised measure of consumer feedback and provide a feedback loop between service users and service providers.	DAP	Pg.39	Hecta		O	National survey of mental health consumers being piloted on West Coast currently
	Work on retention and recruitment to ensure full complement of clinicians.	DAP	Pg.40	Hecta		O	Ongoing. Allied health staff difficult to recruit at present.
	Implement and review the Maori Mental Health Strategic Plan.	DAP	Pg.41	Hecta/Gary		O	Work underway with Maori mental health team, good progress made but yet to finalise the plan.

	Aim to increase the number of Maori staff working in mental health services	DAP	Pg.41	Hecta/Gary		O	Mental Health services are committed to increasing the numbers of Maori working in mainstream services particularly Alcohol and other Drug Services and Child and Adolescent Services and recruitment strategies are in place to encourage Maori to apply for positions as they arise.
	Maintain current resourcing levels for the Maori mental health service.	DAP	Pg.41	Hecta/Gary		G	Current resourcing levels for Maori mental health services exceed guidelines in recognition of the difficulty of providing services to a small population scattered over a large geographic area. Current resourcing levels will be maintained.
	Implementation of strategic plan.	DAP	Pg.41	Hecta/Gary		G	Work is progressing on implementing agreed strategies including the introduction of cultural assessment for Maori entering the service, provision of a culturally supportive network for staff and for consumers of the Maori Mental Health service.
	Implement early intervention/improved access strategy.	DAP	Pg.41	Hecta/Gary		G	
	Ensure mainstream services are culturally appropriate and responsive to needs of Maori consumers.	DAP	Pg.41	Hecta/Gary/SSSAL		O	Introduction to Tikanga best practice progressing well. Training for staff available in Tikanga and the Treaty of Waitangi. Tikanga Best Practice Guidelines Flipcharts are soon to be printed and to be placed throughout 100 identified key WCDHB sites.
	Maintain current dedicated resource levels.	DAP	Pg.41	Hecta		G	Achieved
	Continue to improve linkages with housing and employment agencies.	DAP	Pg.43	Hecta		G	ongoing-service level agreements in place, regular meetings held
	Continue involvement with Strengthening Families programme.	DAP	Pg.43	Hecta		G	close and ongoing involvement maintained
	Work with PHO to ensure primary health practitioners are trained in primary health care guidelines.	DAP	Pg.43	Hecta		O	delayed pending the establishment of the primary mental health service

	Implement the Primary Mental Health plan.	DAP	Pg.43	Hecta		O	some delays experienced but work is continuing
	Review memoranda of understanding with police and with NGOs to ensure relationships are maintained and issues resolved.	DAP	Pg.43	Hecta		G	currently under review
	Ensure an effective case management approach is in place which ensure care is coordinated when consumers are receiving services from more than one agency.	DAP	Pg.43	Hecta		G	service level agreements in place which ensure care coordination is achieved. Review process being developed
	Provide support to NGOs as necessary to encourage MHINC reporting.	DAP	Pg.44	Hecta		O	being monitored and will be referred as a South Island issue to the regional mental health network
	Continued participation in SIRMHN.	DAP	Pg.44	Hecta		G	ongoing
	Active engagement in planning processes with consumers, family and other stakeholders.	DAP	Pg.44	Hecta		G	ongoing
	Rehabilitation support services review implemented	SOI	Pg18	Hecta		G	Implementation continues, Level IV residence has just been established. Key agencies showing high level of collaboration in service provision.
	Development of a new Dementia Unit to be built on the Grey Base Hospital site, and Seaview Hospital to be completely closed	SOI	Pg18	Hecta		O	planning for a new dementia unit at Grey Hospital is well advanced following some delays. If final MOH approval is obtained it is anticipated construction can commence early in 2006, thus enabling the closure of Seaview Hospital.
	Compliance with the National Health Standards ensures quality and availability of mental health services is maintained.	SOI	Pg28	Hecta		G	An ongoing compliance programme is in place and regular audit takes place. Standards are complied with.
SUICIDE PREVENTION	Work collaboratively with CPH to implement the youth suicide prevention programme.	DAP	Pg.45	Provider Arm/Mental Health		O	Ongoing
	Review and widen the non-accidental injury data being collected by CPH from Grey Hospital to other DHB services.	DAP	Pg.45	Planning & Funding/Mental Health		O	A major programme in regard to implementation of suicide prevention guidelines is planned as part of a national initiative. Data collection is planned to roll out to other DHB services.

	Facilitate skill training among primary providers, mental health professionals, emergency department staff and community organisation staff and encourage use of MOH suicide prevention guidelines.	DAP	Pg.45	Hecta		O	Considerable work has taken place to implement the guidelines within the DHB and further work is planned .
	Participate in inter-sectoral initiatives to prevent suicide.	DAP	Pg.45	Planning & Funding/Mental Health		O	in planning stage.
	Continue to implement and monitor guidelines for emergency department and mental health services in managing people at risk of suicide.	DAP	Pg.45	Hecta		O	Ongoing
	Investigate the establishment of a West Coast suicide prevention planning group to develop an action plan.	DAP	Pg.45	Hecta		O	in early planning stage
	Review Emergency Department and MHS guidelines.	DAP	Pg.45	Hecta	Dec-05	G	achieved
PRIMARY MENTAL HEALTH	Implement the Primary Mental Health Plan.	DAP	Pg.46	Hecta		O	underway, some delays experienced
	Improve the physical health status of people with a mild to moderate mental illness presenting to primary health services.	DAP	Pg.47	Hecta		O	Primary Health Link project aimed at improving access to primary health services and therefore potentially physical health status of people with mild to moderate mental illness implemented in key localities with further roll out planned.
	Implementation of key outcomes in primary mental health strategic plan in a timely manner.	DAP	Pg.47	Hecta		O	some delay experienced
	Implement Primary Health Link programme to reduce cost to Mental Health clients of accessing GP services.	DAP	Pg.48	Hecta		G	implemented
	Ensure uptake of Care Plus (Priority Patient Funding) for mental health clients, where eligible.	DAP	Pg.48	Hecta/Planning & Funding /Mental Health		O	ongoing, expected to improve
	Encourage cross sectoral participation in Intermediate Training level programmes in Shared Care.	DAP	Pg.48	Hecta		O	ongoing training will be implemented when shared care project rolled out
	Evaluate the benefits of locating Methadone clinics in GP surgeries.	DAP	Pg.48	Hecta		O	will be considered by the AOD Service Development group due Dec 2005

	Evaluate Primary Health Link implementation.	DAP	Pg.48	Hecta		O	evaluation of first pilot completed, successful outcomes achieved
DISABILITY & OLDER PEOPLE	PAG Group to oversee implementation and further development of the Plan.	DAP	Pg.49	Planning & Funding/DSS/PAG		R	
	Coordinate service delivery for older persons within the DHB.	DAP	Pg.50	Hecta/Raewyn (Ebel)		R	plans currently being completed for coordination of older persons services
	Centralise NASC functions in Coordinating centre.	DAP	Pg.50	Hecta/Raewyn (Ebel)	Aug-05	O	planning underway for implementation in the first quarter of 2006.
	Packages of care developed and then progressively implemented	DAP	Pg.50	Hecta/Raewyn (Ebel)	Jul-05	R	will follow implementation of coordinating centre
	Reconfigure Structure of Older Persons service management within the DHB, as appropriate.	DAP	Pg.50	Hecta/Raewyn (Ebel)		R	plans being completed
	Review current levels of service provision for older people: home based support services [personal care, domestic assistance, carer support] and residential care [rest home, dementia and hospital level care].	DAP	Pg.51	Hecta/Raewyn/Planning & Funding/ OP		O	review currently underway
	Develop a funding plan to ensure service levels meet ICC objectives and provide equitable access within available funds.	DAP	Pg.51	Hecta/Raewyn/Planning & Funding		O	plan is being further developed
	Utilise improved information sources incl coordinating centre information, to determine most effective way of providing health and support services and maintain optimum independence.	DAP	Pg.51	Hecta/Raewyn/Planning & Funding		R	will follow implementation of coordinating centre
	Analyse current utilisation of residential accommodation and investigate and implement community based alternatives [Ageing in Place].	DAP	Pg.51	Hecta/Peter/Raewyn		O	planning underway
	Consider and adopt, if appropriate, recommendations from the study commissioned by Buller District Council.	DAP	Pg.51	Kevin		O	

	Progressive implementation of the West Coast Improving Services for the Elderly (WISE) plan with new initiatives in all aspects of health and disability support services affecting older adults. Full details of the plan, including timeframes for delivery are available in the WCDHB District Annual Plan and on the WCDHB website.	SOI	Pg20	Hecta		G	aspects of this plan have been implemented, further development and implementation in relation to secondary services required and underway
	Improved use of home based care services to reduce need for rest home and continuing care services.	SOI	Pg20	Hecta/Raewyn		O	Tthis will be an outcome of the NASC reconfiguration planned.
REDUCING THE INCIDENCE & IMPACT OF DIABETES	Work with CPH, WCPHO and other providers, to ensure education resources that promote physical activity and healthy eating are readily available and distributed for at-risk and high risk groups, including Maori.	DAP	Pg.53	Wayne/LDT		G	
	Work with local schools to encourage further uptake of the Health Promoting Schools / Healthy Eating Healthy Action ([HEHA) initiative throughout the region.	DAP	Pg.53	Wayne/CPH		O	Aspects of this action now to be included as part of the chronic disease management (in development).
	Progressive implementation of the "Get Checked" screening promotion programme.	DAP	Pg.53	PHO/		O	see above
	Provide free annual checks through the PHO.	DAP	Pg.56	PHO(?)		O	see above
	Investigate integration of primary and secondary diabetes information databases.	DAP	Pg.56	Jenny H/Carol/IT (Ebel)		G	Commenced investigating databases. March 2006 provisional date for further update.
	Development of comprehensive draft Long-Term Diabetes Service Improvement plan – plan sent out for consultation.	DAP	Pg.56		30/06/2005 - Consultation to be completed 30 September 2005	G	see above
	Finalisation of plan for implementation.	DAP	Pg.56		31-Dec-05	G	see above
	Development of a comprehensive West Coast-wide diabetes database.	DAP	Pg.56		– with a view to this being in place by 30 June 2006.	O	see above
	Improve access to retinopathy screening.	DAP	Pg.57			G	
	Mobile retinal screening service to be progressively delivered at main centres throughout the West Coast.	DAP	Pg.57		2005/06	G	

	Improve management of diabetes.	SOI	Pg21			G	See comments on chronic disease management plan
	Improve uptake of free annual checks.	SOI	Pg21			O	See comments on chronic disease management plan
	Implementation of diabetes action plan for the West Coast, incorporating both public health and chronic disease management interventions.	SOI	Pg20	CDM		G	See comments on chronic disease management plan
	Improved detection of diabetes-related eye disease	SOI	Pg21			G	See comments on chronic disease management plan
	Multi-disciplinary continuum of care plan for CVD.	SOI	Pg21			G	
	Work through PHO to implement a monitored approach to providing primary CVD risk assessments of at-risk people at determined time intervals.	SOI	Pg21			O	
	Develop a West Coast district centre of excellence for stroke rehabilitation in concert with the refurbishment of the AT&R Unit at Grey Base Hospital, with a community outreach component for post discharge follow-up care and monitoring (to lower risk factors for unplanned returns).	SOI	Pg21	Jenn H		R	Team established to plan a feasibility of stroke rehabilitation unit within Grey Hospital. Refurbishment of AT&R Unit yet to commence. Update March 2006.
REDUCING THE INCIDENCE & IMPACT OF CARDIOVASCULAR DISEASE & STROKE	Establishment of a multi-sector service development group to investigate best practice implementation of the national Cardiovascular Guidelines and a population health approach to CVD risk reduction strategies across health service providers and in the community.	DAP	Pg.59	Fiona		O	see above
	Build on work already undertaken with CPH, WCPHO, Sport West Coast and Sport Buller, and with other health service providers to promote better health and healthy lifestyles within the West Coast community.	DAP	Pg.60			G	
	Implement at least two major health promotion projects targeting CVD risk factors.	DAP	Pg.60		2005/06	G	see above. Sea to sea spring into action.

	Work through WCPHO to implement a monitored approach to providing primary CVD risk assessments of at-risk people at determined time intervals.	DAP	Pg.61			O	see above
	Actively monitor recorded 5-year absolute CVD risk, to best effect CVD detection and follow-up.	DAP	Pg.61	Carol A		O	see above
	Investigate the feasibility of the implementation of pre-hospital thrombolysis medication use for emergency response on the West Coast.	DAP	Pg.63	Jenn H/Carol A (Ebel)		G	Plan progressing within timeframes. Update March 2006.
	Completion of feasibility evaluation of the implementation of pre-hospital thrombolysis medication use for emergency response.	DAP	Pg.63	Jenn H/Carol A (Ebel)	30-Apr-06	G	Plan progressing to timelines.
	Establishment and monitoring of 5-year absolute CVD risk care plan dataset.	DAP	Pg.63			O	
STROKE	Aim to reduce the incidence of avoidable complications from strokes.	DAP	Pg.68	CDM		G	
	Aim to strengthen self-management capability of individuals, family & whanau through the same measures as outlined for CVD management.	DAP	Pg.68			G	
ORAL HEALTH	Provide information to key stakeholders and the public about the benefits and risks of water fluoridation.	DAP	Pg.71			G	
	Work with all relevant organisations to encourage the introduction of optimal levels of fluoride to West Coast water supplies.	DAP	Pg.71			R	
	Participation of Adolescent Oral Health Promoter in WCDHB Youth Health Committee.	DAP	Pg.72			O	
	Develop and implement a new delivery infrastructure for the SDS within the recommendations made by the SDS Review.	DAP	Pg.72			O	Subject to facilities plan
	Explore options for further initiatives in Maori Oral Health as they arise.	DAP	Pg.73			G	
	Continue to monitor SDS data.	DAP	Pg.73			G	

	WCDHB will continue to work towards fluoridation of drinking water supplies in conjunction with territorial local authorities, Community and Public Health and oral health professionals.	SOI	Pg18			R	
CHILD & YOUTH HEALTH SERVICES	Support the development of a primary, secondary and tertiary preventive approach to disease prevention.	DAP	Pg.76			G	
	Ensure the continued availability of antenatal parenting and pregnancy education programs to pregnant women (and their partners).	DAP	Pg.76	Jenny W (Ebel)		O	
	Encourage the Primary Health Organisation (PHO) and Lead Maternity Carers (LMCs) to ensure that a risk profile of pregnant women is recorded particularly with respect to smoking and nutrition.	DAP	Pg.76	Jenny W		O	
	Continue to ensure Tertiary prevention of low birth weight babies through the use of interventions while the woman is in preterm labour to reduce health problems for the baby.	DAP	Pg.76	Jenny W (Ebel)		O	The transfer rate to Christchurch has reduced due to the O & G Specialists currently employed. Assessing new equipment to support the service for this area
	Monitor data to assess need for further initiatives.	DAP	Pg.76			O	
	Support the implementation of the Baby Friendly Hospital Initiative at Grey Base Hospital and Buller.	DAP	Pg.77	Jenny W (Ebel)		G	Achieved 2005
	Ensure continued access to parenting and pregnancy education to all pregnant women and their partners.	DAP	Pg.77	Jenny W (Ebel)		O	Up & running in the following areas Grey, Buller Reefton, Hokitika , South Westland
	Increase breast-feeding promotion, advocacy and coordination on the West Coast, especially that which is acceptable and appropriate to Maori and Pacific Island families / whanau.	DAP	Pg.77	Gary/Mel/Shona/Jenny W (Ebel)		G	Running Babes in arms programme in the Ward.
	Monitor breast-feeding data to assess need for further initiatives.	DAP	Pg.77	Shona/C&Y committee		G	
	Implement the National Immunisation Register, to ensure accurate monitoring of Immunisation rates within agreed time frames.	DAP	Pg.78	Shona/C&Y committee		G	

	Work with CPH and other providers to support the maintenance, further development and implementation of the health promoting schools initiative.	DAP	Pg.78	CPH		G	
	Encourage CPH work through the Heart Foundation to promote the Healthy Heart Award to early childhood centres.	DAP	Pg.78	CPH		O	
	Monitor disparities between age and population groups to assist the Child and Youth Health Committee with planning to reduce disparities.	DAP	Pg.78	Shona/C&Y committee		G	
	Continued improvement to child oral health, and the development of longer term goals and strategies.	SOI	Pg18	Shona/C&Y committee		O	
	WCDHB intends to minimise "ambulatory sensitive admission" (those that could have been prevented by services offered through primary care) to hospital for children, through improved primary care.	SOI	Pg19	Shona/C&Y committee		O	
	Monitor breast-feeding data to assess need for further initiatives. Improve the quality of breast-feeding data held by General Practices and other early childhood providers.	SOI	Pg19	Shona/C&Y committee		G	
	Both the National Immunisation Register and the School Based (Meningococcal) Vaccination Schedule will be implemented on the West Coast.	SOI	Pg19	Shona/C&Y committee		G	
	A youth health strategy will be developed in conjunction with health professionals and community stakeholders. The strategy will be published on the WCDHB website.	SOI	Pg19	Shona/C&Y committee		G	
N.Z. PRIMARY HEALTH CARE	Implement the workforce strategy in the West Coast Primary Health Care Plan.	DAP	Pg.87			O	
	Continue to support continuing education through the (PHO).	DAP	Pg.87			O	
	Address the changing requirements in skill mix and increased diversity of roles and functions in	DAP	Pg.87			G	
	Support the development of the primary nurse practitioner role.	DAP	Pg.87	Hecta		G	

	Encourage and support the development and implementation of the locally developed training scheme for rural GP's.	DAP	Pg.87	GM OPS/Raewyn		G	New RMO/Med Student Coordinator commences duties end October. Her role is to develop this programme.
	Support initiatives and strategies which aim to recruit and retain sufficient GP's and nurses on the West Coast.	DAP	Pg.87	Human Resources		O	
	Implement Neighbourhood Nurses proposal.	DAP	Pg.87	Hecta		G	
	Work through the PHO to collect information on pharmaceutical and laboratory spending trends on the West Coast; and to manage increasing demand through a risk sharing approach.	DAP	Pg.88	SISSAL		O	
	Support the continuing education for referring practitioners on best practice prescribing.	DAP	Pg.88			O	
	Implementation of West Coast Primary Health Care Plan.	SOI	Pg16	Wayne T		O	
	Adequate service availability available throughout the West Coast at all times.	SOI PRISM	Pg16	Wayne C		G	
	Introduction of a full range of electronic communication mechanisms and protocols between primary and secondary care sites (see WCDHB District Annual Plan for more details).	SOI	Pg16	Wayne T			
	Consensus plans for chronic disease management development.	SOI	Pg16	Wayne T/CDM		G	see comments on chronic disease management plan
	In addition to recruiting, maintaining and managing its own workforce, the WCDHB will support and assist other organisations such as GP practices and the West Coast PHO in their efforts to attract and retain medical staff to West Coast.	SOI	Pg29	Wayne T		G	
	Where practical, the WCDHB will also work with non-health employers to promote common interests in the recruitment and retention of qualified employees.	SOI	Pg29	Human Resources		G	
	Appropriate management of major health incidents or emergencies	SOI	Pg29	Mark B			

WORKFORCE AND EMPLOYEE RELATIONS	Collaborate with other DHB's to provide negotiation teams with requisite information and data to expedite reaching settlement.	DAP	Pg.99	Human Resources	Ongoing	O	NZNO MECA achieved and working parties completed and signed off(HCA Merit Criteria and Senior Nurse Job Scoping). PSA MECA (Allied Health and Mental Health) awaiting ratification SMD MECA achieved and working parties in progress.
	Prepare in advance by involving key staff members in a review process of existing agreements and recommend changes to facilitate the cost effective management of our 'human resource'.	DAP	Pg.99	Human Resources	Ongoing	G	External advocate contracted to lead negotiation strategy.
	Designate key staff members to participate in negotiation. Monitor negotiation progress and alert the organisation to potential operational impediments/implications.	DAP	Pg.99	HR Manager	Ongoing	G	Key Managers, Finance and Payroll, Human Resources to be included throughout process.
	Annually review Human Resources polices and procedures.	DAP	Pg.99	Ruth	Ongoing	O	Process halted to allow policies and procedures to be aligned to a new strategic direction.
	Reduce performance management intervention.	DAP	Pg.99	Ruth	Ongoing	O	Performance Management System to be reviewed. Managers to be trained in use of Performance Management Systems, coached and supported in implementation and ongoing use of the system.
	Negotiate with staff (individually and collectively), employee representatives and unions consistent with relevant legislation.	DAP	Pg.100	Ruth	Ongoing	G	With reference to changes in ERA Amendments December 2004
	Ensure 'good employer' obligations as defined by the NZPHDA are maintained.	DAP	Pg.100	Ruth	Ongoing	G	In all employment relations matters this is adhered to.
	Compliance with DHBNZ Code of Good Faith.	DAP	Pg.100	Ruth	Ongoing	G	In all employment relations matters this is adhered to.
	Collaborate with all regional and national negotiations.	DAP	Pg.100	Ruth	Ongoing	G	Representation at meetings, Teleconferences and workshops is essential. Eg. SMO workshop September 2005
	Continue to foster a good working relationship with the NZ Medical Council.	DAP	Pg.101	Ruth	Ongoing	G	Representation sent to Registration workshops held in September 2005

	Enhance the collaborative and consultative relationship between Clinical staff and Management.	DAP	Pg.101	Ruth	Ongoing	O	Establishment of Joint Consultation Nov 05, first meeting - Working Party recommendation from SMO MECA
	Participate with MOH and other DHB's on national workforce planning strategies.	DAP	Pg.101	Ruth	Ongoing	G	HR Manager is workforce champion. Attendance at HR meetings. Fulfil Workforce Plan Year 1 in draft time.
	Collaborate with other West Coast organisations to develop the West Coast as a lifestyle choice when deciding on employment options.	DAP	Pg.101	Ruth	Ongoing	O	Established contact with local constabulary. Further contacts to be established with education. (Solid Energy etc)
	Work with external recruitment agencies, locum and permanent, public and privately funded, when necessary to secure staff required.	DAP	Pg.101	Ruth	Ongoing	G	Well established contracts between agencies based locally, regionally and globally.
	Identify and develop a plan to address, the impact of professional isolation on the organisations ability to retain key staff.	DAP	Pg.101	Ruth	Ongoing	O	Rec and Retention Strategy March 2005 recently reviewed. New committee set up from November 2005 to act as workforce Planning Champion for WCDHB
	Implementation of recommendations of Te Waipounamu Maori Workforce Development Plan.	DAP	Pg.102	Ruth	2005-2010	O	Ethnicity Survey completed by April 2005. Ethnicity data collection training run August 2005.
	Co-ordinate the development of a Maori Workforce Development Plan.	DAP	Pg.102	Ruth/Gary	Ongoing	R	To establish scholarships for future health careers to attract Maori into workplace.
	Identify and develop strategies to reduce barriers for Maori participation in the workforce.	DAP	Pg.102	Gary	Ongoing	O	Cultural support for Maori workforce to be developed.
	Work with Maori staff to create a supportive and culturally appropriate environment.	DAP	Pg.102	Gary/Ruth		O	Guidelines to be established regarding cultural aspects of interviews below Upper Management level. To consider cultural mentor system for key Maori staff.
	Continue programmes to improve cultural awareness within the organisation.	DAP	Pg.102	Gary/Ruth	Ongoing	G	Mandatory Training: Treaty training. Te Reo training available Tikanga Best Practise available

	Strengthen inter-agency links and training opportunities between the DHB and Rata Te Awhina Trust, and other health providers and agencies involved in Maori Health/Workforce.	DAP	Pg.102	Gary/Ruth	Ongoing	G	Identify appropriate courses that Tai Poutini Polytechnic could offer - returning to workforce, establish joint scholarships.
	Development of a Maori Health Workforce Plan.	DAP	Pg.102		Oct-05	G	Plan developed.
	Identify developmental opportunities that will facilitate the return to the work force of Maori who are e.g. unemployed or who have been caring for children.	DAP	Pg.102	Ruth		O	Part of Retention Strategy - "Boomerangs" Tai Poutini Polytechnic - return to workforce courses.
	Develop a workforce plan for the DHB that identifies numbers of staff and requisite competencies and provides resources and pathways to ensure staff achieves those competencies.	DAP	Pg.104	Ruth	Ongoing	O	Workforce Planning group to develop plans, reports support proactive recruitment, retention strategies, database of skills required, systems that reward achievement, and training and professional development appropriate to achieving competencies required.
WORKFORCE AND EMPLOYEE RELATIONS	Continue to develop career pathways for nurses.	DAP	Pg.104	Ruth		O	As above, in conjunction with Clinical Leaders
	Support needs and evidence based staff training/development programmes.	DAP	Pg.104	Ruth		O	As above, in conjunction with Clinical Leaders
	Further develop the Performance Management Programme to enhance staff performance.	DAP	Pg.104	Ruth		O	Performance Management System to be reviewed. Managers to be trained in use of Performance Management Systems, coached and supported in implementation and ongoing use of the system.
	Maintain and continue to develop the company-wide generic Staff Development programme.	DAP	Pg.104	Ruth		O	As above. Reactivate staff training and development committee.
	Conduct an organisation wide Training Needs Analysis targeted at 4 th tier and upwards.	DAP	Pg.104	Ruth	Completed	G	Not implemented. Training and staff development committee to be re-establish to drive training needs for WCDHB.
	Development of an organisation-wide training plan.	DAP	Pg.104	Ruth	Ongoing	O	Requires staff training and development committee to drive this.

	Monitor and evaluate staff development programmes – on going.	DAP	Pg.104	Ruth	Ongoing	O	Staff training and development committee to be re-activated to drive this.
	Report on progress of activities that support the DHBNZ/DHB work force action plan.	DAP	Pg.104	Ruth	Ongoing	O	Latest report to HAC and Board October 05.
	Actively pursue and promote the goal of excellence in the Management of Health & Safety in the workplace.	DAP	Pg.105	Ruth	Ongoing	G	OSH Audit due in January 2006. Health and Safety Team training on a regular basis. Rehab programmes in place. Health and Safety Team meeting on a regular basis. Five occupational Health Nurse now in post.
	Maintain an audit programme for the West Coast DHB's compliance with the Health and Safety in Employment Act.	DAP	Pg.105	Ruth	Ongoing	G	As above
	Maintain appropriate educational programmes that respond to identified Health & Safety needs.	DAP	Pg.105	Ruth	Ongoing	G	Health and safety reps to attend secondary level of training in Nov 05.
	Maintain strategies of screening, monitoring and surveillance of West Coast District Health Board employees at risk to specific workplace hazards.	DAP	Pg.105	Ruth	Ongoing	G	Occupational Health Nurse appointed in Sept. Attended audiometry training.
	Maintain specific preventative programmes.	DAP	Pg.105	Ruth	Ongoing	G	
	Maintain the Hepatitis B vaccination and MRSA programmes.	DAP	Pg.105	Ruth	Ongoing	G	Reviewing of processes to ensure all MRSA testing is completed before new employees start work. Completed Oct 05.
INFORMATION MANAGEMENT	Align the West Coast DHB's information and technology investment with the WAVE Report priorities and HIS-NZ action zones and build guides (refer to the West Coast DHB ISSP).	DAP	Pg.110		2005-2006	O	Underway.
	Work with SDHB and ODHB to implement the selected iSoft PMS/CIS by having input into the planning and implementation phases of the project.	DAP	Pg.110			O	Underway.

	Extend and enhance the Primary Integration Systems Management (PrISM) Project, completed in 2004/2005, enabling more Primary practices to access clinical knowledge bases such as Cochrane and Medline.	DAP	Pg.110			O	
IMPROVING IMMUNISATION	Successfully implement the National Immunisation Register, and School Based Vaccination System to ensure accurate monitoring of Meningococcal B Immunisation rates.	DAP	Pg.113	Shona		G	
	Roll out the Meningococcal B Vaccination Strategy through both school based and primary care programs.	DAP	Pg.113	Shona		G	
	Target of 90% of 6 month – 5 year olds receiving 3 rd dose of MeZNB™ vaccine assessed.	DAP	Pg.113	Shona	Dec-05	G	
	Target of 90% of school-enrolled children receiving 3 rd dose of MeZNB™ vaccine assessed.	DAP	Pg.113	Shona		G	
	Target of 90% of under 20's out of school receiving 3 rd dose of MeZNB™ vaccine assessed.	DAP	Pg.113	Shona		G	
	Mop up in Primary Care for hard to reach/at risk youth begins, if required.	DAP	Pg.113	Shona	Feb-06	G	
	Target of 90% of all populations received 3 rd dose.	DAP	Pg.113	Shona	Jun-06	G	
REGIONAL AND NATIONAL HEALTH EMERGENCIES	Further development and upgrading of the West Coast DHB Emergency Plan.	DAP	Pg.115	Mark B	2005/06.		New section of Influenza Pandemic has been completed and sent to MOH (awaiting feedback); work continues to incorporate new aspects to ensure Plan is consistent with South Island Regional Emergency Coordination Plan and West Coast Civil Defence Emergency Plan

	Continues participation in the development of the West Coast CDEM Plan.	DAP	Pg.115	Mark B	Ongoing		WCDHB part of CDEM Coordination Group; recent developments include Communications Plan and Welfare Plans for West Coast in event of CD emergency
	Ongoing training for staff in understanding and structure of the Coordinated Incident Management System.	DAP	Pg.115	Mark B	Ongoing		Training has been completed for Senior Managers and Middle Managers; Desktop exercise scheduled for November
	Senior management to participate in planning with MOH.	DAP	Pg.115	Raewyn/Mark B	Completed	G	Completed in February 2005. Training day has been undertaken with representatives of the Ministry and included Senior and Middle management
	Implementation of the National Health Emergency Plan.	DAP	Pg.115	Mark B (Ebel)	Ongoing		Requirements of National Influenza Pandemic Plan have been incorporated into WCDHB Emergency Response Plan; Work continues on incorporating requirements of National Hazardous Substances Emergency Guidelines into WCDHB Plan
IMPROVING ELECTIVE SERVICES (INC. ORTHOPAEDICS	Reduce costs of IDFs, reduction in travel and accommodation expenditure for patients needing to travel.	DAP	Pg.117				
	Significant work has been done around the orthopaedic initiative CQI and will continue to be rolled across other services.	DAP		Jenny W (Ebel)	2005/06	O	Work continues progress is continuing.
	West Coast DHB to seek access to increased ophthalmology services. Aim is to pursue a collaborative arrangement with Nelson-Marlborough DHB in regard to this.	DAP	Pg.121	Jenny W (Ebel)		G	In the final stages of the contract process with a Private provider. Surgical Bus in Buller continues.
	CQI plans will continue to be implemented in a staged process, for both ESPIs and productivity/efficiency.	DAP	Pg.121	Jenny W (Ebel)	2005/06	G	Meeting MOH requirements.
	CQI plans will continue to be regularly reviewed and monitored with the OI Team.	DAP	Pg.122	Jenny W (Ebel)	Monthly	G	Meetings occur to discuss the plans/progress

ELECTIVES	Patients referred to core elective surgical services provided by provider arm of the WCDHB should not wait longer than 6 months for first specialist assessments. It is not always	SOI	Pg24	Jenny W (Ebel)		O	Currently 6.4 % this is affected by visiting Specialists, we are working on extra clinics for some specialities
	Patients who have been offered publicly funded treatment by the provider arm of the WCDHB should not wait longer than 6 months for that treatment.	SOI	Pg24	Jenny W (Ebel)		G	We are meeting MOH requirements on this.(1.9%)
IMPLEMENTING THE NZ CANCER CONTROL STRATEGY	WCDHB is developing a comprehensive implementation plan that will support the six goals of the cancer control strategy within available resources.	DAP	Pg.125	Jenn H		G	Development continues on the Chronic conditions strategic plan. Cancer control implementation plan will be incorporated out of the strategic plan. Update April 2006.
	Establish a team to consider and investigate possible options for the long-term sustainable delivery of an integrated palliative care service on the West Coast.	DAP	Pg.127	Jenn H (Ebel)	30 September 2005.	G	Team is established to complete and implement palliative care plan. Members are multi agency incorporating Cancer Society, Home Hospice Trust and DHB.
	Draft reports on the Integrated Palliative Care Plan as well as the District Cancer Control Strategy Plan to the WCDHB Board for consideration.	DAP	Pg.127	Jenn H (Ebel)	Dec-05	O	The completion of the chronic conditions strategy plan will determine the parameters of the palliative care plan. The West Coast Cancer control strategy has submitted the patient journey and clinical pathway initiative to Ministry of Health. Funding decision due December 2005. Update on draft plans due March 2006.
IMPLEMENTING THE NZ CANCER CONTROL STRATEGY	Development of a comprehensive long-term Palliative Care Plan for the West Coast region.	DAP	Pg.127	Jenn H/Planning & Funding (Ebel)		G	Chronic conditions strategic plan being developed and will determine palliative care plan.
	Development of a comprehensive long-term Cancer Care Strategy Plan for the West Coast region.	DAP	Pg.127	Jenn H (Ebel)		G	Chronic conditions strategic plan being developed and will determine the cancer care strategy plan.
	Phased delivery of both the Palliative Care Plan and the Cancer Control Strategy Plan.	DAP	Pg.127				see above
	Support local and national Cancer Screening programme initiatives on the West Coast.	SOI	Pg22				

IMPLEMENTING HEALTHY EATING, HEALTHY ACTION	Work across sectors to develop policies that are consistent with the aims and objectives of the HEHA Strategy, including DHB participation on the Regional Land Transport Steering Group and Active West Coast.	DAP	Pg.130	Wayne/Melanie		G	
	Develop formal policies and procedures to guide staff and organisational activities, including the	DAP	Pg.130	Wayne/Melanie		G	
	Maintain the WCDHB breastfeeding policy.	DAP	Pg.131	Wayne/Melanie/Shona		G	
	Promote the Green Prescription through primary care providers	DAP	Pg.131			O	Seeking PHO support of this initiative
	Continue to develop Health Promoting Health Services within the West Coast DHB.	DAP	Pg.131			O	
	Continued interaction, support and collaboration with other health and intersectoral organisation, including participation on the Active West Coast group.	DAP	Pg.131			G	
	Continue to promote green prescriptions.	DAP	Pg.132			O	
	Evaluate programmes and initiatives for effectiveness and reach.	DAP	Pg.133			O	
	Adapt programmes as necessary based on feedback.	DAP	Pg.133			O	
PUBLIC HEALTH	Implementation of West Coast PHO Smokefree Plan.	DAP	Pg.137			G	
	Participate in events leading up to World Smokefree Day.	DAP	Pg.137			O	

	Provision of hospital-based smoking cessation services.	DAP	Pg.137	Jenn H (Ebel)	Completed	G	Two contracts secured incorporating primary and secondary services. Smoking cessation initiative program implemented.
	Reduction in smoking by West Coasters.	SOI	Pg22				subject to smoking cessation initiative by PHO
	Intersectoral collaboration with local and central government agencies aimed at improving health outcomes.	SOI	Pg15	Kevin		G	
	Collaboration with community and public health and other agencies active in the Inangahua community to improve the health outcomes of people in the Inangahua district using "healthy	SOI	Pg15			G	
	WCDHB to act in a leadership role in public health on the West Coast.	SOI	Pg15			G	
AOD/MH	Support LOAD as an effective working forum for intersectoral collaboration and projects which arise.	DAP	Pg.138	Hecta		O	ongoing
	Encourage use of the Alcohol and Drug helpline through increasing community and service user awareness of the service	DAP	Pg.138	Hecta		O	ongoing
	Target of 50% of all patients over the age of 14 years registered with the PHO, have a documented alcohol history in units of alcohol per week / maximum single weekly dose.	DAP	Pg.138	Hecta		O	not yet implemented
	Provide for small number of residential beds in newly developed rehabilitation model to support clients in their recovery.	DAP	Pg.138	Hecta		G	included in planning

	Support and contribute to the development of an intersectoral strategy aimed at minimising AOD issues in young people on the West Coast.	DAP	Pg.138	Hecta		G	ongoing
	Increase brief interventions in primary care settings.	DAP	Pg.138	Hecta		O	awaiting establishment [expected date Dec 2005] of primary mental health pilot
	Review health education and screening in relation to respiratory and other diseases	DAP	Pg.138	Hecta		O	not yet implemented
	Provide a range of alcohol and drug services [including methadone]- improve accessibility to Maori.	DAP	Pg.138	Hecta/Gary		O	will be addressed by AOD service development group
	Improve the responsiveness of mainstream AOD services to Maori.	DAP	Pg.138	Hecta/Gary		O	AOD services are currently engaged in a planning process to improve service delivery for Maori and for all service users
	Support other providers in the provision of drug and alcohol services	DAP	Pg.138	Hecta		O	ongoing
	Contribute to regional project in provision of, and access to, methadone services and implement recommendations	DAP	Pg.138	Hecta		G	
	Strengthen consumer participation in service planning and delivery	DAP	Pg.138	Hecta		O	
	Provide residential beds.	DAP	Pg.138	Hecta	Dec-05	G	
MINIMISE FAMILY VIOLENCE, CHILD ABUSE & NEGLECT	Create a 'can do' culture in responding to victims of family violence.	DAP	Pg.141	Hecta		O	
	Develop a DHB Family Violence Project Plan and report on progress.	DAP	Pg.141	Hecta/Raewyn (Ebel)		O	
	Ensure DHB staff are trained in the use of the Ministry of Health Family Violence Intervention Guidelines: Child and Partner Abuse.	DAP	Pg.141	Hecta/Raewyn		O	Trying to work through Family Violence process but slow due to other work and lost PDs etc.
FAMILY VIOLENCE	Ensure implementation and monitoring of internal documentation and referral procedures.	DAP	Pg.141	Hecta/Raewyn		O	
	Participate in intersectoral community initiatives to address family violence.	DAP	Pg.141	Hecta/Raewyn		O	

	Continue to participate in the Evaluation program run by the Auckland University of Technology (AUT).	DAP	Pg.141	Hecta/Raewyn		O	
CHRONIC	WCDHB intends to minimise "ambulatory sensitive admission" (those that could have been prevented by services offered through primary care) to hospital for older adults, through improved primary care.	SOI	Pg20	Hecta		O	

MAORI HEALTH PLAN

TO: Chair and Members
Disability Support Advisory Committee

FROM: General Manager Maori Health

DATE: 31 October 2005

Please find plan attached

Author: General Manager Maori Health – 31 October 2005

Approved: General Manager Planning & Funding – 31 October 2005

Approved: Chief Executive - 1 November 2005



Progress entirely satisfactory



In progress but delayed - to monitor



Progress unsatisfactory remedial action

**TE ARA WHAKAHAERE
THE PATHWAY AHEAD**

The aim of the WCDHB is to improve Maori health and reduce Maori health and disability inequalities in Tai Poutini. The WCDHB will utilise the framework set out in He Korowai Oranga and the pathways in Whakatataka to achieve this goal.

OBJECTIVE:	0.1 INCREASE RELATIVE INVESTMENT IN MAORI HEALTH		
ACTION:	PROGRESS	STATUS	
0.1.1 Identify existing funding for Maori health services	<ul style="list-style-type: none"> ▪ WCDHB spent \$940,116.00 (excl GST) in 2004/2005 on Maori health services. Services that have been funded include: Rata Te Awhina Trust (Maori Health Provider), Kaupapa Maori Mental Health Workers (3 FTE), Advocacy and Peer Support - Families and Whanau (0.5 FTE). 		
0.1.2 Improve knowledge of health status and gaps in health care			
0.1.3 Identify targets for Maori health funding	<ul style="list-style-type: none"> ▪ WCDHB's ability to deliver on this intention is limited by the extremely constrained funding environment in which it operates. In the 03/04 year the increase in proportion of funds spent on Maori health services was not significant. ▪ Small but significant increases (as well as changes to improve the effectiveness of current investment) are expected in 2005/2006 and later years. ▪ The WCDHB continues to fund Maori health initiatives, such as Te Waka Hauora (a targeted mobile health service) and Whanau Ora (a targeted community health service). Both provided by Rata Te Awhina Trust. ▪ Target for increase on Maori Health for a further 5% increase in 2005/2006, 2006/2007, 2007/2008 and later years. ▪ WCDHB is currently negotiating a new contract with Rata Te Awhina Trust and expects to meet this target in 2005/2006 on an annualised basis. 		



Progress entirely satisfactory



In progress but delayed - to monitor





Progress unsatisfactory remedial action

**TE ARA TUATAHI
PATHWAY ONE**

DEVELOPMENT OF WHANAU, HAPU, IWI, AND MAORI COMMUNITIES

The WCDHB will encourage Maori participation in the health and disability sector by continuing to fund targeted Maori health initiatives

OBJECTIVE:	FOSTERING MAORI COMMUNITY DEVELOPMENT	
	1.1 To increase whanau health and wellbeing through fostering Maori community development that builds on the strengths and assets of whanau and Maori communities	
ACTION:	PROGRESS	STATUS
1.1.1 The WCDHB will take an innovative approach working in collaboration with iwi, hapu, whanau and Maori communities to identify Maori aspirations and ways together to improve Maori health priorities	<ul style="list-style-type: none"> ▪ WCDHB Website. ▪ Feasibility of establishing a Maori Health Provider Website for all Maori Health Providers in Te Waipounamu ▪ Tatau Pounamu / Maori Health Advisory Committee established September 2005. ▪ Whakapiripiri Ratoka / Annual South Island Maori Provider Hui. ▪ Tai Poutini Maori Health PRISM PROJECT ▪ Maori Health Provider contracted to deliver health initiatives ▪ Preliminary discussions held with Canterbury Community & Public Health but is in the very early stages, possible collaboration around Health Needs Assessment. 	
1.1.2 The WCDHB in partnership with Tatau Pounamu will ensure existing and proposed services are effective in addressing inequalities in Maori health status and will work with Rata Te Awhina Trust and Maori communities to achieve these objectives	<ul style="list-style-type: none"> ▪ Terms of Reference established. Meetings occur every 6 weeks. Hui with Maori communities, contract with Maori provider to deliver health services. 	



Progress entirely satisfactory



In progress but delayed - to monitor



Progress unsatisfactory remedial action

REMOVING BARRIERS		
OBJECTIVE:	1.2 To remove barriers to Maori with disabilities and their whanau from fully participating in New Zealand society including Te Ao Maori	
ACTION:	PROGRESS	STATUS
1.2.1 The WCDHB will identify specific actions to address the participation of Maori with disabilities in Te Ao Maori and the wider society through the planned development of the West Coast Disability Plan	<ul style="list-style-type: none"> ▪ WCDHB Disability Plan completed 	



Progress entirely satisfactory



In progress but delayed - to monitor



Progress unsatisfactory remedial action

**TE ARA TUARUA
PATHWAY TWO
MAORI PARTICIPATION IN THE HEALTH AND DISABILITY SECTOR**

OBJECTIVE:	2.1 ESTABLISH EFFECTIVE RELATIONSHIPS AND COMMUNICATIONS BETWEEN IWI AND THE WCDHB		
Action:	2.1.1 Implement strategies to keep Iwi/Maori informed about health matters on the West Coast		
MILESTONES	PROGRESS	STATUS	
1. A Maori Health Hui will be held each calendar year with the Maori Community	<ul style="list-style-type: none"> ▪ Several hui held throughout the year ▪ Eg Strategic Plan, Primary Mental Health Care Plan, Diabetes, Oral Health ▪ Annual Staff Hui and Hui with Te Runanga o Makaawhio, Te Runanga o Ngati Waewae and Nga Maata Waka 		
2. The WCDHB Website will be further developed to include information on Maori Health, vacancies for Maori Health Workers and various initiatives and strategies to improve Maori health status	<ul style="list-style-type: none"> ▪ Web pages are updated as content becomes available for the WCDHB Website ▪ Work has been completed in conjunction with the IT Department to provide Maori Language and content for the West Coast DHB Website. ▪ Maori Health Plan is now on the Intranet/Internet as is information relating to the Whanau/Family Facility / Whakaruru. 		
3. Te Karere Hauora (Maori Health Newsletter), which is published twice a year, will be distributed to Maori organisations, iwi, hapu and whanau.	<ul style="list-style-type: none"> ▪ A variety of information is sent to Maori organisations, iwi etc on a range of health topics. These include invitations to attend hui, workshops to discuss and provide input and feedback. The Westerly (Te Hauauru) regularly features information regarding Maori Health 		
4. Establish effective communication strategies with Maori developing strong collaborative working relationships.	<ul style="list-style-type: none"> ▪ Meetings held between WCDHB and Papatipu Runanga and Maata Waka continue throughout the calendar year, as well as written communication between these parties occur. 		



Progress entirely satisfactory



In progress but delayed - to monitor



Progress unsatisfactory remedial action

OBJECTIVE: 2.2 IWI AND MAORI COMMUNITIES AND THE WEST COAST DHB WILL WORK TOGETHER IN EFFECTIVE RELATIONSHIPS TO ACHIEVE MAORI HEALTH OBJECTIVES.

Action: The WCDHB will work with iwi and Maori communities to establish appropriate partnerships

MILESTONES	PROGRESS	STATUS
1. The WCDHB will contract with Poutama Ora (Manawhenua Health Committee) to provide cultural and planning support in accordance with the principles of the Treaty of Waitangi	<ul style="list-style-type: none"> Poutama Ora, the Mana Whenua Health Committee was dis-established in 2004 and a new Maori Health Advisory Committee established in September 2005. This Advisory Committee is made up of representatives from both Papatipu Runanga and Nga Mataa Waka. 	
2. A framework to monitor the advancement of the WCDHB Maori Health Plan 2003 – 2006 is agreed to by the Board and Tatau Pounamu	<ul style="list-style-type: none"> Tatau Pounamu the new Maori Health Advisory Committee will work closely with the GM Maori Health, GM Planning & Funding, and CEO to develop a framework for monitoring the advancement of the current Maori Health Plan. 	
3. The WCDHB and Tatau Pounamu will develop a Memorandum of Partnership to provide guidance to Board activities at all levels	<ul style="list-style-type: none"> Tatau Pounamu and the WCDHB will work together to develop a Memorandum of Understanding. Further consultation with Te Runanga O Ngati Waewae and Te Runanga O Makaawhio will occur. 	
4. Develop initiatives in conjunction with Te Puni Kokiri that positively supports the development of community and whanau capacity	<ul style="list-style-type: none"> The RIF no longer exists. The GM Maori Health in conjunction with the former CEO, Glenys Baldick developed a Powerpoint presentation on Network Structures that was presented to a forum which included representation from the education sector, regional and district councils, and various government departments as well as representatives from Te Runanga O Makaawhio and Te Runanga O Ngati Waewae. 	
5. The WCDHB will continue a policy of parallel consultation with the Maori community at the same time consultation with the wider West Coast community is occurring	<ul style="list-style-type: none"> Ongoing collaborative relationship between the WCDHB Maori Health Unit and other departments within the WCDHB pertaining to consultation with stakeholders and the wider community. Policy includes at the time of any consultation with the West Coast community, a parallel strategy of consultation with Maori communities. 	



Progress entirely satisfactory



In progress but delayed - to monitor



Progress unsatisfactory remedial action

OBJECTIVE:	INCREASING MAORI PROVIDER CAPACITY AND CAPABILITY	
	2.3 To increase the capacity and capability of Rata Te Awhina Trust (Maori Health Provider) to deliver effective health and disability services for Maori	
Action:	2.3.1 The WCDHB will work in partnership with the Maori community and Rata Te Awhina Trust to develop strategies to ensure sustainable Maori Health Provider development.	
MILESTONES	PROGRESS	STATUS
1. Encourage the West Coast Primary Health Organisation (WCPHO) and Rata Te Awhina to support initiatives that positively contribute to whanau ora	<ul style="list-style-type: none"> Rata Te Awhina Trust has a designated position within the PHO Board This was advocated at the time that the West Coast PHO Steering Committee was developing the PHO. 	
2. Discuss with Rata Te Awhina Trust how opportunities for Maori provider development can be made available through WCDHB in service education training sessions	<ul style="list-style-type: none"> Opportunity for Rata Te Awhina Trust Staff to attend in service training sessions has been made available to them. 	
3. A Memorandum of Understanding / funding agreement agreed to by the end of 2004	<ul style="list-style-type: none"> WCDHB and Rata Te Awhina Trust have not as yet come to an agreement regarding this issue, however discussion is underway for a new funding agreement for 2005 – 2006. 	




Progress entirely satisfactory



In progress but delayed - to monitor



Progress unsatisfactory remedial action

<p>4. Planning, review and scoping completed with Rata Te Awhina Trust to establish capability and capacity building needs (Maori Provider Development Scheme – MPDS)</p>	<p>THE MAORI PROVIDER DEVELOPMENT SCHEME (MPDS) The MPDS reflects the governments commitment to 'building forward' from the considerable gains already made in Maori Provider Development. The purpose of the scheme is to grow the capacity of Maori Providers to develop more effective health and disability service provision.</p> <p>MPDS: 2003-2004 Work and Service Development I.e. Community Consultation, Internal Training and Project Manager Costs Gap Analysis Integration with West Coast Primary Health Care Providers Audit of Governance and Management Procedures & Audit of service delivery policies and procedures.</p> <p>MPDS: 2004-2005 Provider Assistance received: For a Tympanometer, equipment for outreach clinics x 2, dual adult baby scales, audiometer, adult cuff, Workforce and Service Developments, First Aid x 8, Life Support Training x 18, Refresher Training for 10, Training for Baby Massage x 2, Governance Financial Training</p> <p>Best Practice Support for specific work towards final stage for Accreditation.</p> <p>Opportunity for Rata to network with other Maori Health Providers at the Whakapiripiri Ratonga South Island Maori Health Provider Hui held over the past 2 years.</p> <p>2004 – Christchurch 2005 – Dunedin</p>	
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Progress unsatisfactory remedial action

	<p>Te Herenga Hauora o te Waka o Aoraki (South Island Maori Managers Network) are currently involved in a number of projects that relate to Maori Provider Development. These projects include:</p> <ol style="list-style-type: none"> 1. Te Waipounamu Review of the Maori Provider Development Scheme 2000 – 2004. Expected completion Date is October 2005. 2. Feasibility Study for the development of a Maori Health Provider Website. 3. Te Waipounamu Maori Health Providers and Workforce Information. Expected completion date is November. 	
5. The WCDHB will share and develop existing cultural Best Practice Guidelines with Rata Te Awhina Trust.	<ul style="list-style-type: none"> ▪ The Tikanga Recommended Best Practice Guidelines are in its final stages ready for implementation. Discussions with Rata Te Awhina Trust will occur at a later date. 	

OBJECTIVE:	DEVELOPING THE MAORI HEALTH AND DISABILITY WORKFORCE 2.4 Increase and strengthen the WCDHB Maori Health Workforce
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Action:	2.4.1 Increase the number of Maori in the workforce at all levels to reflect the percentage of Maori living on the West Coast
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MILESTONES	PROGRESS	STATUS
1. The WCDHB sets Maori workforce targets for the next three years to recruit Maori employees to the health and disability workforce based on demographic figures for the West Coast	<ul style="list-style-type: none"> ▪ Currently underway is a project called the Te Waipounamu Workforce Development Plan. This is being led by Te Herenga Hauora. (South Island Maori Managers Network). This plan will allow the WCDHB to consider its workforce targets over the next 2 – 3 years based on the findings of this plan. 	
2. A “Human Resource policy” that allows for the recruitment, retention and development of Maori staff by the WCDHB is implemented. This policy will actively target potential Maori employees through advertising and recruitment practices. Using less traditional approaches to targeting , i.e. sending copies of adverts to Maori community centres, marae, tertiary institutions, schools etc.	<ul style="list-style-type: none"> ▪ Work is currently underway by the Human Resources Department relating to Recruitment and Retention Policy Practices. This is in line with the HR Strategic Plan 2002 – 2012. ▪ Strategies identified in relation to Maori are as follows: <ol style="list-style-type: none"> 1. Review recruitment processes. 2. Collaborate with other organisations to attract Maori into health careers 3. Establish Scholarships 	



Progress entirely satisfactory



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Progress unsatisfactory remedial action

3. Actively targeting current resources to access training and development opportunities.	<ul style="list-style-type: none"> Need to establish programme for schools, careers fair etc, scholarships for rangatahi Maori in particular, and development of initiatives with local Polytechnic. Maori representation on the staff training and development committee is now established. 	
4. Utilising district, regional, national knowledge and experience development a “Maori Workforce Development Plan”	<ul style="list-style-type: none"> Draft Plan written: WCDHB Workforce Development Plan 2003 – 2009 Te Herenga Hauora is also leading a Project: Te Waipounamu Maori Workforce Development Plan. This will be of assistance to the WCDHB 	
5. Establish a database of workforce demographics identifying Maori employees.	<ul style="list-style-type: none"> Need to develop further analytical capacity. Goal would be to see a steady increase in the number of Maori employees at WCDHB. A survey was conducted among WCDHB staff to establish the number of employees identifying as Maori. The response rate was 52.9%, 2.5% of the workforce identified themselves as Maori. 	
TASK: Prioritise training and development opportunities for Maori staff.	<ul style="list-style-type: none"> Needs analysis and training plan need to be undertaken – priority for HR Department. Hui held in June for Maori staff, led to the establishment of Te Whanau Tahī – a network of Maori staff within WCDHB. 	
TASK: Implement HR/MH policy to ensure adequate representation of Maori in identified areas of need in Mental Health Services eg Rata AOD (Refer SI AOD Review), CAMHS (refer SI Kaupapa Maori review)	<ul style="list-style-type: none"> Work is progressing on implementing agreed strategies including the introduction of cultural assessment for Maori entering the service, provision of a culturally supportive network for staff and for consumers of the Maori Mental Health service and encouraging increased responsiveness to Maori within mainstream services. In addition the service is providing increased outreach to the Child and Adolescent Mental Health service and to AOD services. 	



Progress entirely satisfactory



In progress but delayed - to monitor



Progress unsatisfactory remedial action

**TE ARA TUATORU
PATHWAY THREE
EFFECTIVE HEALTH AND DISABILITY SERVICES**

OBJECTIVE:	ADDRESSING HEALTH INEQUALITIES	
	3.1 To improve health outcomes for Maori on Tai Poutini	
ACTION:	PROGRESS	STATUS
3.1.1 Improve information and understanding of Maori health status and issues relating to inequalities through conducting a Health Needs Assessment over the next two years in conjunction with the Papatipu Runanga & Nga Mataa Waka.	<ul style="list-style-type: none"> ▪ Health Profile completed by SISSAL and contains qualitative information. As yet there still needs to be a full health needs analysis of Maori on the West Coast. Preliminary discussions regarding a health needs assessment for Maori on Tai Poutini are underway. 	
3.1.2 Work to implement the plans to improve Maori health status as identified and prioritised in the WCDHB District Annual Plan.	<ul style="list-style-type: none"> ▪ GM Maori Health works collaboratively with EMT to ensure that actions as identified and prioritised in the WCDHB Annual Plan and Strategic Plan are being addressed. ▪ Written in to General Managers' Key Performance Indicators. 	
3.1.3 Work in partnership and collaboration with Tatau Pounamu, Maori communities, Maori and Mainstream Providers to develop innovative solutions to health and wider issues	<ul style="list-style-type: none"> ▪ Tatau Pounamu established. First inaugural meeting held in September 2005. Meetings to occur every 6 weeks. ▪ A number of hui with Maata Waka committee have occurred. 	
3.1.4 Be aware of the wider determinants of health and work collaboratively to address issues that have an impact on health status.	<ul style="list-style-type: none"> ▪ Develop a focus on local determinants with specific reference to Maori. 	



Progress entirely satisfactory



In progress but delayed - to monitor



Progress unsatisfactory remedial action

3.1.5 Apply an Inequalities Prioritisation Framework to reviewing existing and new funding opportunities	<ul style="list-style-type: none"> Inequalities training package for West Coast is under development. Behind schedule. 	
3.1.6 Work with the West Coast Primary Health Organisation (PHO) to ensure Primary Health Care services meets the needs of Maori more effectively	<ul style="list-style-type: none"> Progress being made, still at early stages, Draft WCPHO Plan has been developed. Needs consultation. 	
OBJECTIVE:	IMPROVING MAORI HEALTH INFORMATION 3.2 Improve Maori health outcomes in order to reduce disparities between Maori and non Maori	
ACTION:	PROGRESS	STATUS
3.2.1 The WCDHB will collaborate to improve collection and accuracy of ethnicity data in order to improve planning and service delivery for Maori	<ul style="list-style-type: none"> WCDHB undertook substantial internal and external efforts to publicise the importance of ethnicity data collection, developed a policy on the issue in consultation with staff and trained some key staff, but ongoing work now awaits a national training programme being developed by the Ministry of Health. 	
	<ul style="list-style-type: none"> More than 120 Staff have received training in ethnicity data collection over the past. Further training for staff is needed. Facilitators from the Ministry of Health delivered training to WCDHB staff, however would be advantageous to develop our own ethnicity data-training package. 	
	<ul style="list-style-type: none"> West Coast DHB uses standard MOH ethnicity questions. 	
TASK: A survey is conducted among staff to determine the various ethnicities within the WCDHB	<ul style="list-style-type: none"> Survey completed 52% of staff replied to a survey which was developed between HR & Maori Health. 2.5% of staff identified as Maori ethnicity. 	



Progress entirely satisfactory



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Progress unsatisfactory remedial action

OBJECTIVE:	IMPROVING MAINSTREAM EFFECTIVENESS	
	3.3 Improve the responsiveness of Mainstream Services to Maori needs and concerns	
ACTION:	PROGRESS:	STATUS
3.3.1 Establish a group of clinical people within the WCDHB who champion Tikanga Recommended Best Practice and advocate for the reduction of barriers to accessing services throughout the departments of the WCDHB	<ul style="list-style-type: none"> ▪ Group established; this comprises of Clinical staff, Mental Health staff, Quality Risk Manager, Community Liaison Officer, GM Maori Health 	
3.3.2 Provide training in inequalities to key staff within the WCDHB.	<ul style="list-style-type: none"> ▪ Training being developed. Executive Management Team has received training in Inequalities but as yet no one else in the organisation. 	
OBJECTIVE:	3.4 Understand and reduce barriers to Maori accessing Mainstream Services	
ACTION:	PROGRESS:	STATUS:
3.4.1 Establish a pilot project to identify and review pathways of care into and out of mainstream services.	<ul style="list-style-type: none"> ▪ Brian Emery of Brian Emery & Associates was contracted by the Ministry of Health to review the Pathways of Care and Best Practice throughout the DHB's. The WCDHB was involved. ▪ A report has been received from Brian Emery and findings of the report considered. Locally there has not yet been a pilot project established that reviews pathways of care in to and out of hospital. 	
3.4.2 Survey Maori accessing health services to determine barriers to access such as cultural inappropriateness and lack of understanding of cultural protocol.	<ul style="list-style-type: none"> ▪ A Hospital Kaiawhina 0.5FTE has been employed since July 2004. The Kaiawhina provides assistance and support to in-patients and outpatients who are accessing WCDHB health services within Grey Base Hospital. This includes assistance with the complaints procedure and advocacy support. ▪ Survey of Maori accessing services still to be completed. 	

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Progress entirely satisfactory

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In progress but delayed - to monitor

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Progress unsatisfactory remedial action

3.4.3 Develop strategies to implement and reduce barriers	<ul style="list-style-type: none"> Training programmes available to staff aimed at reducing barriers include: Te Pikorua Cultural Training, Te Reo classes, Brief Introduction to Maori Health. A Hospital Kaiawhina 0.5FTE employed. 	G
OBJECTIVE:	3.5 Develop a culturally appropriate environment for Maori receiving health services from the WCDHB	
ACTION:	PROGRESS	STATUS
3.5.1 Ensure the wairua (spiritual) Hinengaro (physiological) and Tinana (physical) wellbeing of Tangata mauiui (Maori consumers/clients/patients and their whanau (extended family group)	<ul style="list-style-type: none"> Whanau House, carvings, signage, Te Pikorua Cultural Training, orientation, Tikanga RBP, Te Reo Classes, Treaty of Waitangi & Maori Health – Ongoing 2005 – Introduced Maori language signage used for health services within the WCDHB. Signage for Buller Hospital is in the pipeline 	G
3.5.2 The WCDHB Maori Health Unit will work with all services within the WCDHB to develop and support the introduction of Tikanga Best Practice Guidelines	<ul style="list-style-type: none"> The GM Maori Health is working closely with a number of key WCDHB Staff. Group of Clinical people have been involved as well as the Executive Management Team 	G
3.5.3 Monitor in conjunction with Tatau Pounamu the progress and introduction of Tikanga Best Practice Guidelines	<ul style="list-style-type: none"> Tikanga Recommended Best Practice Guidelines is in its final stages. Consultation has occurred with Papatipu Runanga. Changes and improvements have been made to suit the needs of the WCDHB environment are now completed and quotes for Flip Charts have been received. Currently working on financial aspects of implementation. 	G
3.5.4 Training developed for WCDHB staff on Tikanga Best Practice Guidelines in terms of the importance to the delivery of effective standards of care to consumers of health services	<ul style="list-style-type: none"> Te Pikorua Cultural Training currently available Training package has been developed. To date Neighbourhood Nurses have undertaken training on Tikanga Recommended Best Practice. Te Pikorua Cultural Training also available to staff. 	G



Progress entirely satisfactory



In progress but delayed - to monitor



Progress unsatisfactory remedial action

**TE ARA TUAWHA
PATHWAY FOUR
WORKING ACROSS SECTORS**

The WCDHB will integrate with other agencies and work with other sectors to improve access to, the effectiveness of, and the outcomes from health and disability services for Maori.

OBJECTIVE:	4.1 ENCOURAGING INITIATIVES WITH OTHER SECTORS THAT POSITIVELY CONTRIBUTE TO WHANAU ORA <i>To ensure other sector agencies work effectively together to support initiatives the positively contribute to whanau ora.</i>	
ACTION:	PROGRESS/STATUS	STATUS
4.1.1 The WCDHB will work with relevant government agencies to establish mechanisms to co-ordinate intersectoral initiatives and to identify and expand successful models that positively contribute to whanau ora	<ul style="list-style-type: none"> ▪ Work is progressing with government agencies and NGO's to encourage and develop intersectoral activities. The GM Maori Health in conjunction with the former CEO, Glenys Baldick developed a Powerpoint presentation on Network Structures that was presented to a forum which included representation from the education sector, regional and district councils, and various government departments as well as representatives from Te Runanga O Makaawhio and Te Runanga O Ngati Waewae. To date this forum have met 3 times. ▪ Plan developed ▪ The DHB met this target while RIF continued to meet, but Te Puni Kokiri has not convened RIF since 2003. ▪ The WCHB Maori Health Unit works with a variety of organisations in the community and provides input into a number of initiatives 	

INFORMATION PAPERS

WEST COAST DISTRICT HEALTH BOARD & ADVISORY COMMITTEE MEETING TIMETABLE TO JUNE 2006

DATE	MEETING	TIME	VENUE
Wednesday 15 June 2005	DSAC	8.30am	Boardroom, Corporate Office, Greymouth
Wednesday 15 June 2005	CPHAC	10.30am	Boardroom, Corporate Office, Greymouth
Thursday 30 June 2005	HAC	10.00am	Boardroom, Corporate Office, Greymouth
Friday 1 July 2005	Board	9.30am	Boardroom, Corporate Office, Greymouth
Friday 29 July 2005	Board	9.30am	Boardroom, Corporate Office, Greymouth
Friday 19 August 2005	DSAC	8.30am	Boardroom, Corporate Office, Greymouth
Friday 19 August 2005	CPHAC	10.30am	Boardroom, Corporate Office, Greymouth
Friday 26 August 2005	HAC	9.00am	Boardroom, Corporate Office, Greymouth
Friday 9 September 2005	Board	9.30am	Westport (TBA)
Friday 30 September 2005	DSAC	8.30am	Boardroom, Corporate Office, Greymouth
Friday 30 September 2005	CPHAC	10.30am	Boardroom, Corporate Office, Greymouth
Friday 7 October 2005	HAC	9.00am	Boardroom, Corporate Office, Greymouth
Friday 21 October 2005	Board	9.30am	Boardroom, Corporate Office, Greymouth
Friday 11 November 2005	DSAC	8.30am	Boardroom, Corporate Office, Greymouth
Friday 11 November 2005	CPHAC	10.30am	Boardroom, Corporate Office, Greymouth
Friday 18 November 2005	HAC	9.00am	Boardroom, Corporate Office, Greymouth
Friday 2 December 2005	Board	9.30am	Boardroom, Corporate Office, Greymouth
Friday 9 December 2005	DSAC	8.30am	Boardroom, Corporate Office, Greymouth
Friday 9 December 2005	CPHAC	10.30am	Boardroom, Corporate Office, Greymouth
Friday 16 December 2005	HAC	9.00am	Boardroom, Corporate Office, Greymouth
Friday 20 January 2006	Board	9.30am	Boardroom, Corporate Office, Greymouth
Friday 3 February 2006	DSAC	8.30am	Boardroom, Corporate Office, Greymouth
Friday 3 February 2006	CPHAC	10.30am	Boardroom, Corporate Office, Greymouth
Friday 10 February 2006	HAC	9.00am	Boardroom, Corporate Office, Greymouth
Friday 24 February 2006	Board	9.30am	Boardroom, Corporate Office, Greymouth
Friday 17 March 2006	DSAC	8.30am	Boardroom, Corporate Office, Greymouth
Friday 17 March 2006	CPHAC	10.30am	Boardroom, Corporate Office, Greymouth
Friday 24 March 2006	HAC	9.00am	Boardroom, Corporate Office, Greymouth
Friday 7 April 2006	Board	9.30am	Boardroom, Corporate Office, Greymouth
Friday 28 April 2006	DSAC	8.30am	Boardroom, Corporate Office, Greymouth
Friday 28 April 2006	CPHAC	10.30am	Boardroom, Corporate Office, Greymouth
Friday 5 May 2006	HAC	9.00am	Boardroom, Corporate Office, Greymouth
Friday 19 May 2006	Board	9.30am	Hokitika (TBA)
Friday 9 June 2006	DSAC	8.30am	Boardroom, Corporate Office, Greymouth
Friday 9 June 2006	CPHAC	10.30am	Boardroom, Corporate Office, Greymouth
Friday 16 June 2006	HAC	9.00am	Boardroom, Corporate Office, Greymouth