

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

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

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

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING
held in the Board Room Corporate Office, Grey Base Hospital, on
Thursday 22 November held at Corporate Office at 4.08 pm

- PRESENT:** Ben Hutana (Chair), Te Rūnanga O Ngāti Waewae
Sharon Marsh, Maori Community
Wayne Secker, Maori Community
Elinor Stratford, West Coast DHB Representative on Tatau Pounamu
Marie Mahuika-Forsyth, Te Rūnanga O Makaawhio
Richard Wallace, Te Rūnanga O Makaawhio
- IN ATTENDANCE:** Gary Coghlan, General Manager Māori Health, West Coast DHB
Claire Robertson, HEHA and Smoke free Services Manager, West Coast DHB
Carol Horgan, Team Leader Primary / Secondary Care, Planning and Funding, CDHB
- MINUTE TAKER:** George Atfield, Administrator Maori Health
- APOLOGIES:** Francois Tumahai, Te Rūnanga O Ngāti Waewae
Peter Ballentyne, Acting Board Chair, West Coast DHB

WELCOME

The Chair welcomed everyone to the meeting and said the opening karakia. Carol Horgan, Team Leader Primary / Secondary Care, Planning and Funding, Canterbury DHB and West Coast DHB was welcomed to the meeting and apologised that she will leave the meeting earlier to drive back to Christchurch.

All attendees provided a quick introduction to Carol.

1. AGENDA / APOLOGIES

Apologies were received from Francois Tumahai and Peter Ballentyne.

Motion: THAT the apologies are accepted.

Moved: Marie Mahuika-Forsyth **Seconded:** Wayne Secker

2. DISCLOSURES OF INTEREST

No amendments required.

Motion: THAT Disclosures of Interest were a true and accurate record.

Moved: Wayne Secker **Second:** Sharon Marsh

3. MINUTES OF THE LAST MEETING - THURSDAY 11 OCTOBER 2012

Motion: THAT the Minutes of Thursday 11 October they were accepted as a true and accurate record.

Moved: Richard Wallace **Second:** Ben Hutana

4. MATTERS ARISING

- 4.1 DHB annual plan – A copy has been provided to Marie Mahuika-Forsyth
- 4.2 DHB Maori Plans and annual plans – Information emailed to Marie Mahuika-Forsyth and the HEHA Manager provided a verbal update and advised that the 2 year plan is in draft, and once finalised a copy will be forwarded to Marie Mahuika-Forsyth and an update can be discussed at the next meeting.
- 4.3 Tatau Pounamu distribution – Minute Secretary ensured that the Chair of Makaawhio Runanga is on the distribution list.
- 4.4 The PHO has been invited to attend the Tatau Pounamu meetings.

The GM Maori Health advised that Jenny Woods will be attending Tatau Pounamu to discuss Oral Health.

5. CHAIR'S REPORT

The Chair advised that Rata have appointed a General Manager, Dr Melissa Craig and the two positions at Kawatiri/Buller have been advertised. These are for a Maori nurse and a Maori health navigator

The Chair sought feedback from Committee members about Tatau Pounamu members who are on other Advisory Committees reporting back items of significance from these meetings. His question was would this process be worth progressing? It was agreed that Elinor Stratford would seek approval from the Board that a one page document (of significant items) from other Advisory Committee members who are also a Tatau Pounamu member could be submitted to Tatau Pounamu under the Information papers tab. Examples of items of interest would be immunisation, oral health, smoking cessation.

Action: Elinor Stratford

Jenny Woods, Quality Coordinator/Dental arrived at 4.30pm and was introduced and explained was here to discuss Oral Health particularly in relation to Maori.

6. GENERAL MANAGER MAORI HEALTH

The GM Maori Health report is taken as read.

Kaizen Workshop

The Workshop held 7& 8 November went well. This workshop provided an opportunity for a number of clinicians to look at the pathway of a Maori patient. Worksheets from the workshop are pinned to the walls in the Maori Health offices. The worksheets look at case scenarios and what currently occurs for a patient in the real world. One Committee member felt that the workshop would have been of more benefit if it was solely Maori looking at Maori pathways but did acknowledge that the workshop was a good idea. Ideally the key would be to have a Maori navigator from the beginning of a Maori patient's journey through to the end of the Maori patient's journey.

Other committee members who were present at the workshop felt that the workshop was valuable as it highlighted many pathways of a patient and how much one patient has several contacts from healthcare providers within their one health event. It was a good opportunity to analyse duplication and how areas can be improved whilst identifying all cultural issues.

The General Manager Maori Health acknowledged all points of view and explained it is now a matter of ensuring that all this hard work is followed through to ensure the Maori Health pathway is successful. The recent opening of Te Whare Oranga Pai is one way to reinforce a strong Maori Health pathway.

The General Manager Maori Health advised that the Te Whare Oranga Pai was opened 26 October and acknowledged all the hard work that has been undertaken by Marie Mahuika-Forsyth and those who have assisted her to establish whare oranga pai. The committee were advised that Whare Oranga Pai, focus is on nutrition / physical exercise. The goal is ultimately to reduce chronic conditions amongst Maori Community members that have registered with Whare Oranga Pai have an age range from 16-73 years.

Associate Minister of Health – Visit To the West Coast

The postponement of the Ministers visit was disappointing but out of her control as it was due to mechanical issues with the plane. A tentative date had been scheduled for 10 December. The General Manager Maori Health was advised that the Waka ama is scheduled for that day at Lake Kaniere. The General Manager Maori Health will contact the Minister's Office to possibly review this date.

Carol Horgan excused herself from the meeting and left at 4.51pm.

The School Dental Services Quality Plan was tabled. Jenny Woods, Quality Co-ordinator/Dental, provided an update as to the purpose of the plan and provided a verbal update on points to note.

- Recruitment is continuing for a dental therapist
- Have arrears of approximately up to 426 children to be seen, a plan has been developed to address this – if urgent appointments cannot be seen the plan is to refer them to the Community dentist
- Mobile screening to be reviewed and consider other options to deliver mobile screening
- A number of good initiatives in place e.g. lift the lip. It was raised that another committee has looked at lift the mouth rather than lift the lip – Jenny advised that she is currently researching into lift the mouth
- A referral form has been developed to refer to the service which can be completed by a school teacher or other health professional e.g. B4 Schools. An acknowledgment letter will be sent and followed through until after the appointment is completed.
- She is working with the Maori health team to look at reducing health inequalities, look at what we can do better and to make it more Whanau friendly.
- Enrolment packs to continue to be supplied to Rata Te Awhina for all ages.
- There is a concept of having a screening unit at Arahura – to be further addressed with Maori Health Services. A committee advised that Kohanga Reo children are bused in on a daily basis so this could work exceptionally well.
- Review all communication ensuring that it is friendly and appropriate. Feedback on this project is ongoing.
- Encourage community organisations continue to provide education on oral health for children.
- Did Not Attends needs to be addressed, to find out what the barriers of care are, to be more accommodating for people, e.g. if coming into town that day arrange the appointment then, look at, transport options and what can we put in place for support, look at working with the Grandparents to ensure child attends the appointment.
- The 3 strikes policy has changed, to reduce DNA for General Anaesthetics a courtesy call occurs 3 days prior to see if any help is required to attend the appointment e.g. transport. No child is to be

cancelled from the GA waiting list with out input and follow up from the Dental Coordinator to ensure required care is provided.

Achievements for the end of calendar 2011 were:

- preschool enrolments target for 2011 was 75% as at the end of September 80.7% was achieved
- % of Maori preschoolers enrolled was 72.5%
- at the end of the 2011 calendar year we achieved and exceeded our DAP target for the % of all 5 year olds caries free (target 55%) by 6% which was an increase of 9% over 2010
- the % of Maori 5 year old's has improved from 38% in 2010 to 47% in 2011 and increase of 9%

Other achievements to note:

- From January - June 2012 63% of all 5 year olds and 60% of Maori 5 year olds seen at the school dental service were caries free, an indication that the caries free rate is improving.
- The number of adolescents enrolled has increased by 20%

The Quality Co-ordinator/Dental was commended on all her work to date. She advised that it has been a good year with noticeable improvements to date. She also acknowledged the assistance of the General Manager Maori Health and the Portfolio Manager, it has been great support.

Committee members felt that this is a very good draft document.

The Quality Co-ordinator/Dental advised that any further input from Committee members would be gratefully received.

Jenny Woods left the meeting at 5.06pm.

7. HEHA SMOKEFREE SERVICES UPDATE

The HEHA Manager spoke to the report and advised that it is primarily focused on smokefree, the two health targets being primary / secondary health with more of a focus on primary health.

The statistics supplied within the report is collected from, PPP (Primary Performance Programme) and unfortunately does not define the Maori population within the data. It is also part of a national database.

The primary health target results for the West Coast are just above the national average, the Health target that was introduced requires the primary practice to ask patients about their smoking and provide advice. The PHO is working with the practices to see if how they can support the practices for data collection and linking patients to cessation services.

The Waka ama festival is scheduled for 10 December. The Waka Ama kaupapa is progressing well, including key involvement from the Polytechnic with good community support. A third Waka has just been purchased. The HEHA Manager advised that the Waka Ama HEHA contract ends in February with Rata.

Breastfeeding results have focused on the 6 week Maori breastfeeding rate, the target is 81 but it is currently at 78. These results need to improve. The committee was advised that Plunket, will be fully staffed in 2 weeks, so this should assist with the 6 week Maori breastfeeding rate.

The question was asked whether the quit smoking programme was still available for staff as there is still a number of staff who smoke. The Committee were advised that it is still available but it might be timely to undertake another push.

8. RATA TE AWHINA UPDATE

Francois Tumahai was unavailable for an update.

9. MAORI HEALTH PLAN – QUARTER 1 PROGRESS

The HEHA Manager spoke to the report on behalf of Robson Lumaka, Planning & Funding Analyst.

- Access to care – it was noted that the percentage of Maori enrolled at the PHO has declined
- Immunisation rates – the two year old immunisation rates focus is on opt off rates. However, it was discussed immunisation may have occurred but they have just come off of the register.
- Cardiovascular screening – the health targets for CVD continue to improve
- Cervical screening – eligible Maori women cervical screening results are not favourable which is of concern. The committee discussed in further detail and agreed that a recommendation would be sent to the Board requesting that this is reviewed further to see what barriers is preventing more favourable results.

The following recommendation to be sent to the Board:

Tatau Pounamu queried the low numbers of Maori accessing cervical screening services and request that a report on strategies to remedy this is provided. The target for 2012/2013 is 75% increasing to 80% by December 2014.

It is important that these low numbers are investigated and that the West Coast DHB commits to improving numbers in the near future.

The data provided in this report is critical to monitor to make a difference in Maori Health. The report writer is providing valuable information to the committee.

Workforce

Progress is being made in West Coast Maori enrolled in the Kia ora Hauora programme. The Treaty of Waitangi workshops continue with very good attendance.

10. 2013 TATAU POUNAMU MEETING DATES

Committee members accepted the dates. Alternative venues to the Boardroom Corporate Office will be addressed in 2013.

Gary thanked members for their support throughout the year and wished everybody a happy Christmas

There being no further business the meeting closed at 5.46pm.

MATTERS ARISING JANUARY 2013

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1.	11 October 2012	DHB MAORI PLANS AND ANNUAL PLANS Provide an update on the 2 year Bi-annual Physical Activity and Nutrition Plan	General Manager Maori Health	March 2013
2.	11 October 2012	TATAU POUNAMU DISTRIBUTION Ensure the Chair of Makaawhio receives Tatau Pounamu papers.	Minute Secretary	Ongoing
3.	11 October 2012	PHO Make a request to the PHO that Tatau Pounamu receive PHO quarterly reports and that an invitation is extended to the PHO to attend future meetings.	Chair	Ongoing
4.	22 November 2012	CHAIRS REPORT Request Board's permission for TP members who are on other Advisory Committee's report on items of significance for Tatau Pounamu's interest.	Elinor Stratford, Member	January 2013

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **14 January 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: 14 January 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.

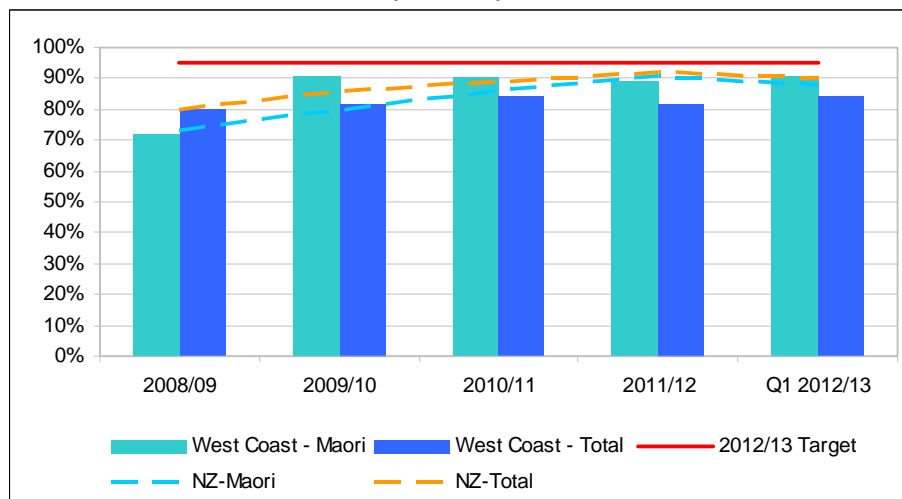
3. SUMMARY

Progress on Key Maori Health Indicators

Immunisation

The data from 2008/09 to date shows a steady increase across immunization over the last five years. Work on reducing the decline rates and achieving the highest possible immunization coverage rate continues to be a focus in both primary care and Outreach Immunisation. Maori health work closely with the Primary Health Organisation (PHO), practices and Maori Health Provider to ensure we are working on strategies to improve even further.

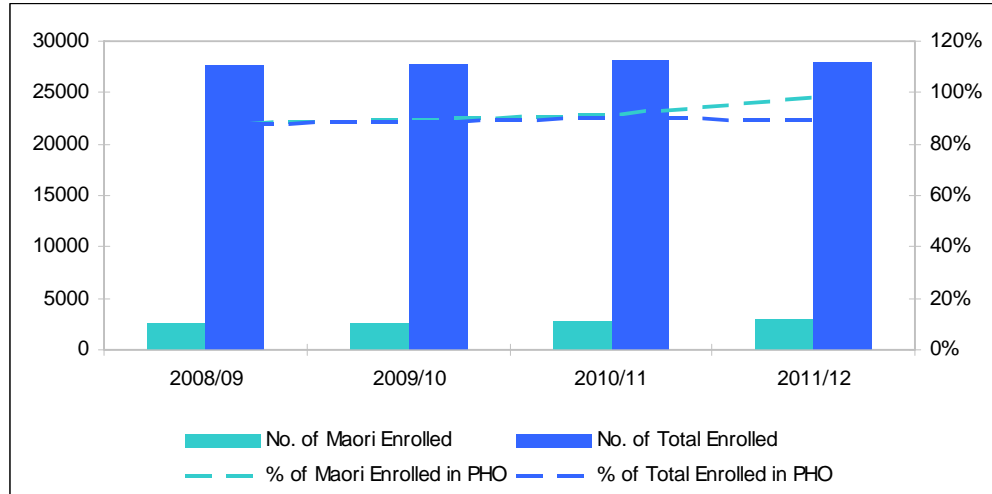
Maori – 2 year fully immunised



PHO Enrolment

The PHO enrolment has dramatically improved since 2006 with Maori/Pacific enrolments increasing by 52%. At the end, of 2011/12, 98% of Maori were enrolled with the PHO.

Improving access to primary health care - Percentage of Maori enrolled with Primary Health Organisation



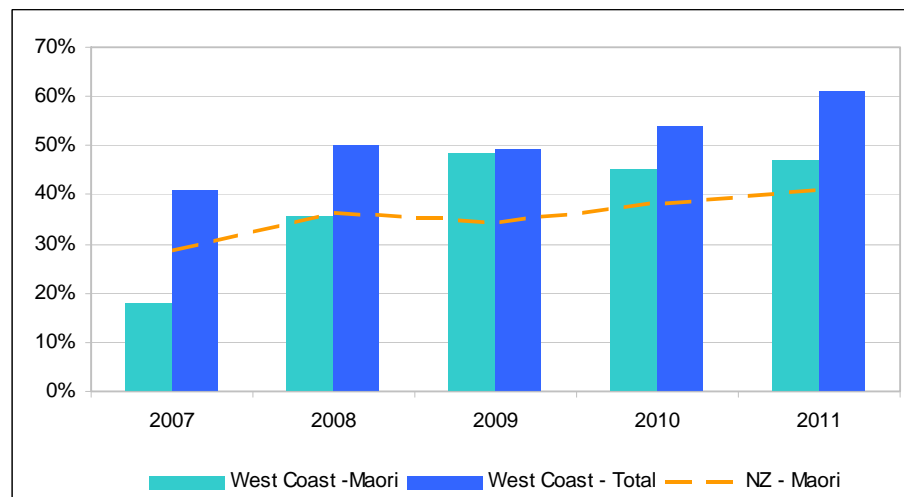
Oral Health

The data shows a steady increase in Maori 5 year olds dental caries free from 18% in 2007 to 47% in 2011. For the six month period of January to June 2012 60% of Maori 5 year olds seen at the school dental Service were caries free, an indicator that caries free rate is steadily improving.

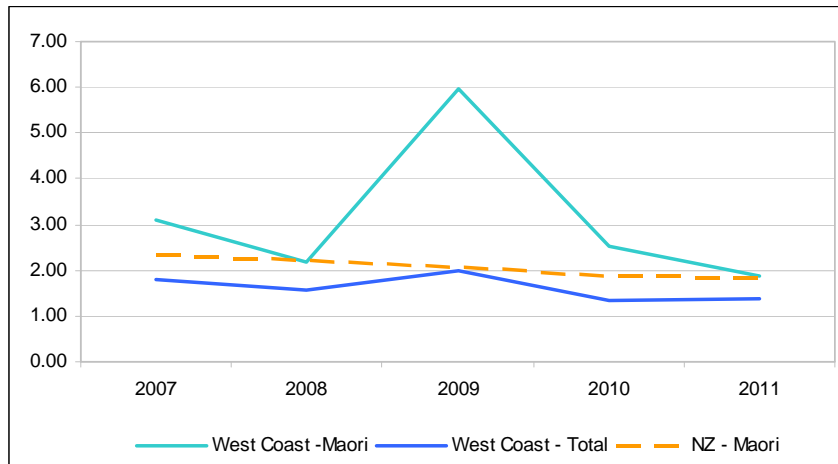
In addition, the mean decayed, missing and filled (mean DMFT) rate for Maori Year 8 children has significantly improved from 3.10 in 2007 to 1.88 in 2011.

We work very closely with Jenny Woods, Quality Co-ordinator Dental and the Dental Quality Plan 2012/2013 shows some really proactive initiatives to continue improvement of Maori Oral health.

Percentage of Five Year Olds who are Caries-Free



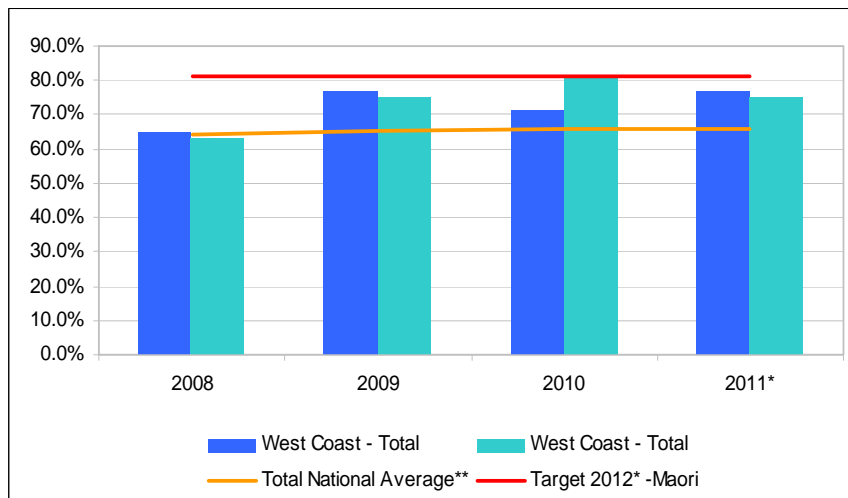
Year 8 - Decayed (D); Missing (M); Filled (F); Teeth (T)



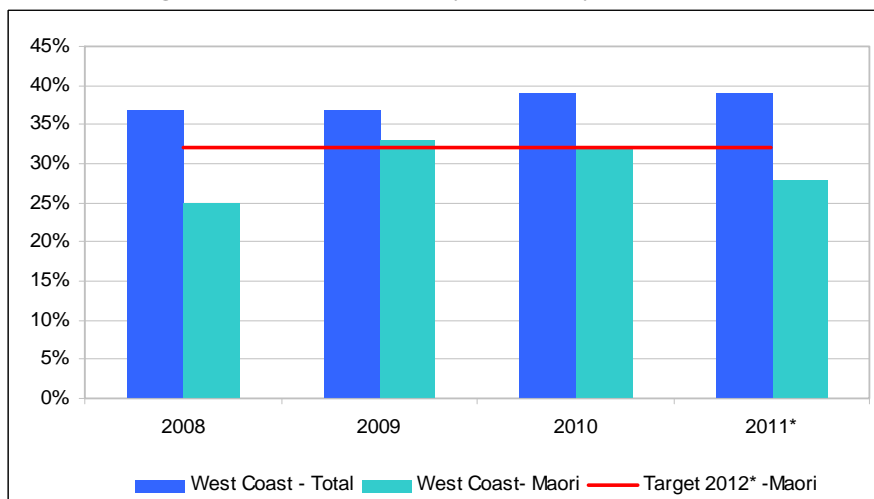
Breastfeeding

The 6 week full breastfeeding percentages are just under the target of 81% at 75% currently. We have some work to improve the length of time mums are breastfeeding although we are only 4% away from achieving the national target of 32% target at 6 months and are only half way through the year. We are working with the Maori Provider on this and have strategies in place for further support through mum 4 mums.

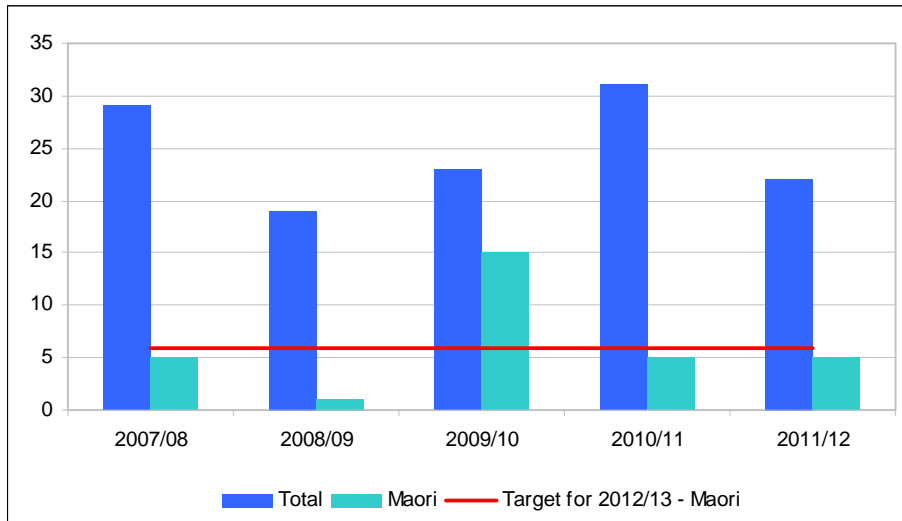
Percentage of West Coast babies fully/exclusively breastfed at 6 weeks



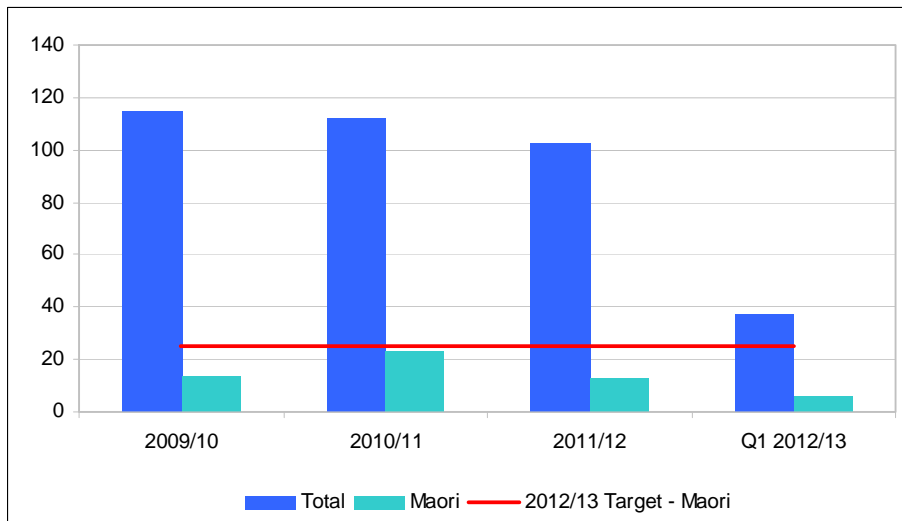
Percentage of West Coast babies fully/exclusively breastfed at 6 months



Mum for Mum Graduates



Mothers accessing lactation consultancy

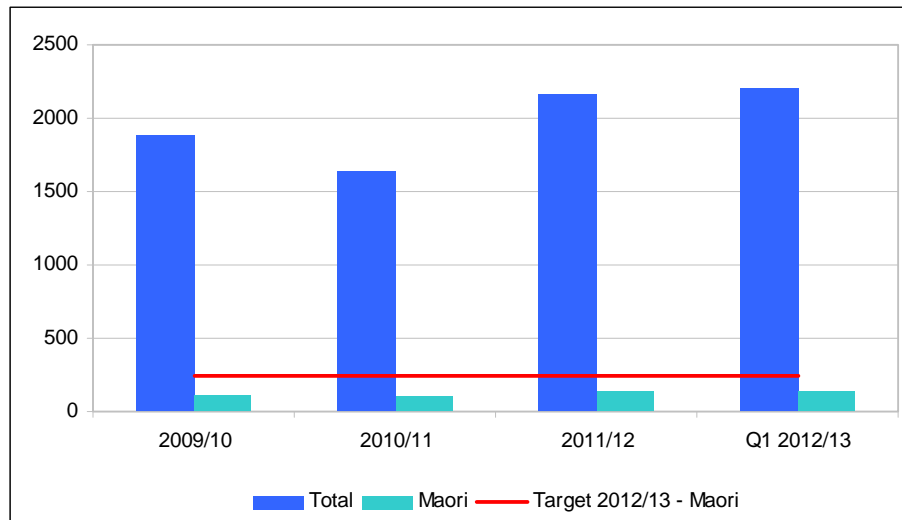


Long Term Conditions (LTC)

Maori enrolments currently make up 6.2% of all enrolments in the LTC programme to date. For comparison Maori make up 5.3% of the enrolment population aged 45+ years – the prime age group of people in the Long Term Conditions programme.

Kaupapa Maori Nurses inside the Integrated Family Health Centre's will be prioritizing working with the proportion of the Maori population with Long Term Conditions this will be a new way of working and we believe will have a significant impact for these people.

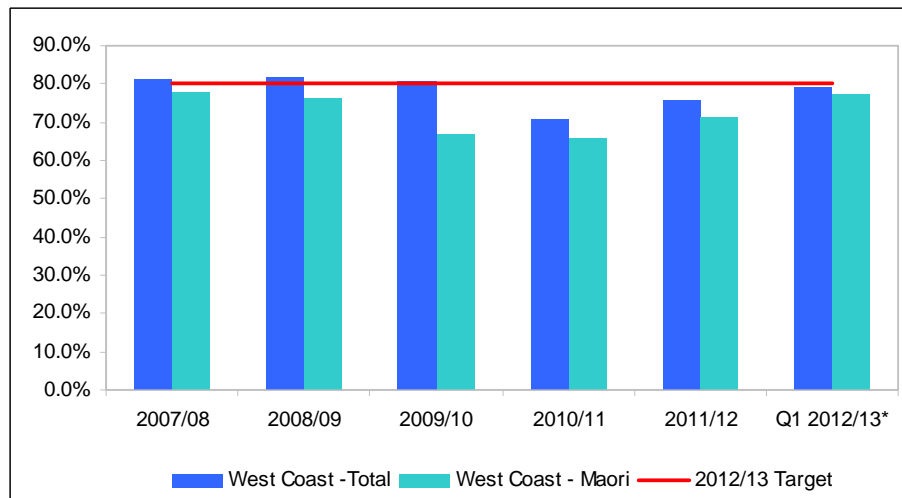
Enrolment in Long-Term Conditions Programme



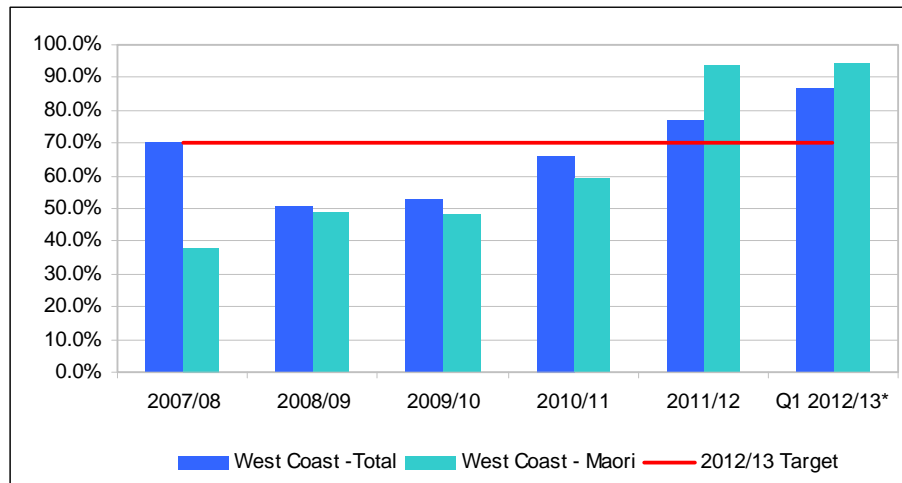
Diabetes

A sustained increase in the percentage of Maori accessing free annual diabetes check from 38.2% to 94% in the 1st quarter of 2012/2013. Diabetes management is also on target at 77% having good control of their diabetes. As above the Kaupapa Maori Nurses will be working closely to ensure these people are supported to manage their conditions to the best of their ability.

An increase in the proportion of people identified with diabetes having 'satisfactory' management of their diabetes.



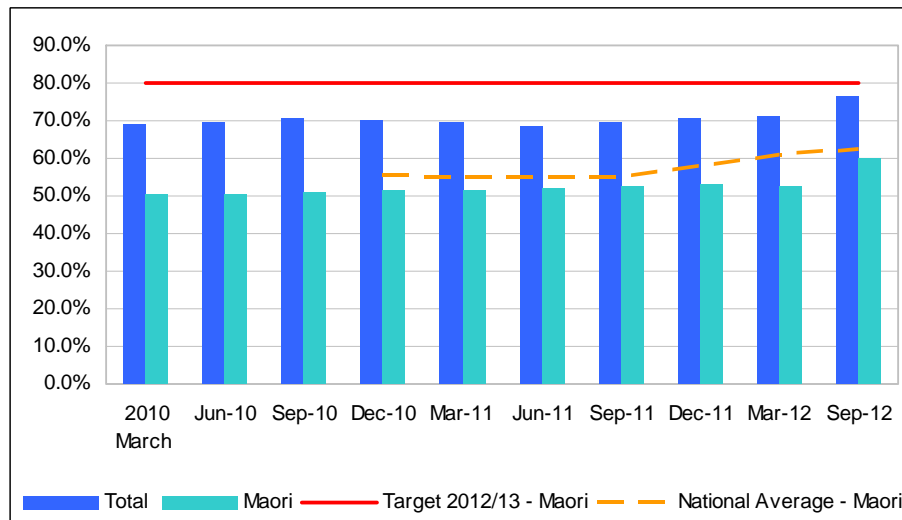
Percentage of patients with diabetes accessing free diabetes annual check



Cervical Screening

While a 10% increase for Maori eligible women has been made from March 2010 to 60% at December 2012 we still fall short of the target which is 75% by June 2013. We have in place a Maori Screener who works .4 FTE and have been working closely with the PHO and practices to improve the utilisation of this service.

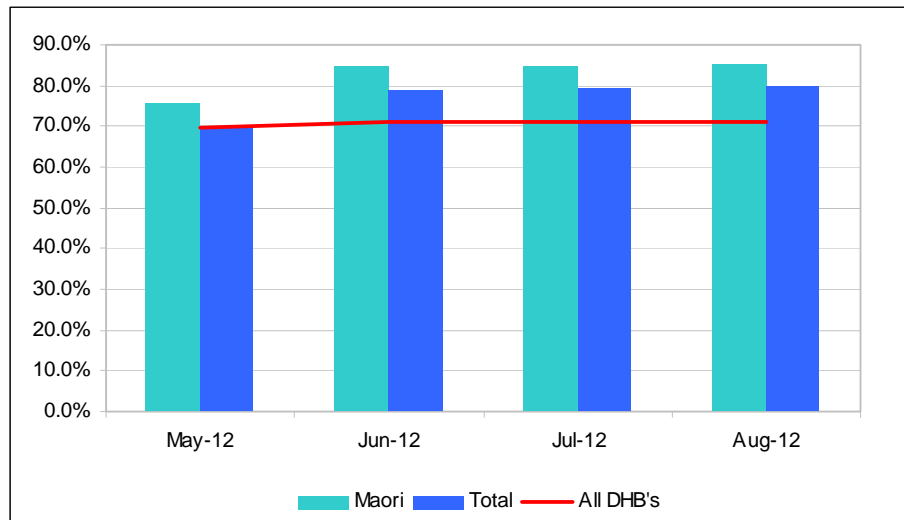
Cervical screening - 3 year coverage



Cancer/Breast Screening

The Breast Screening rate for eligible Maori women has steadily increased over the last 5 years and is higher compared to all other ethnicities on the West Coast at 86%.

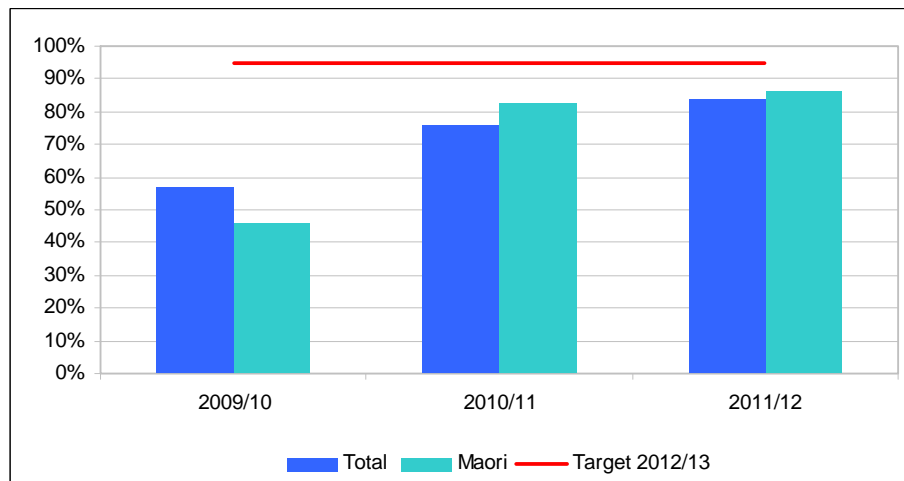
West Coast DHB Breast Screening - 24 months coverage ending



Smoking

Sustained improvement has been made in the ABC for hospitalised smokers. Additionally of the 605 enrolments in the PHO’s coast-quit smoking cessation programme 58 (9.6%) were Maori. This year we are increasing focus on improved collaboration between Rata Te Awhina Trust and the PHO Smokefree Service Co-ordinator as well as improved contracted deliverables within the Maori Provider contracts.

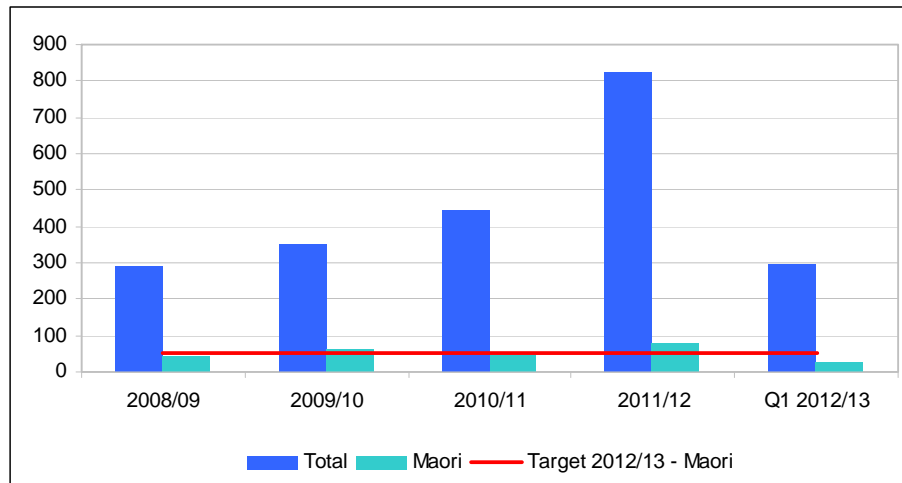
Better help for smokers to Quit: Hospitalised smokers provided smoking cessation advice and help to quit



Navigation Services

PHO Annual Report 2012 – Maori access to Navigation Services continues to exceed targets set by the PHO for Maori.

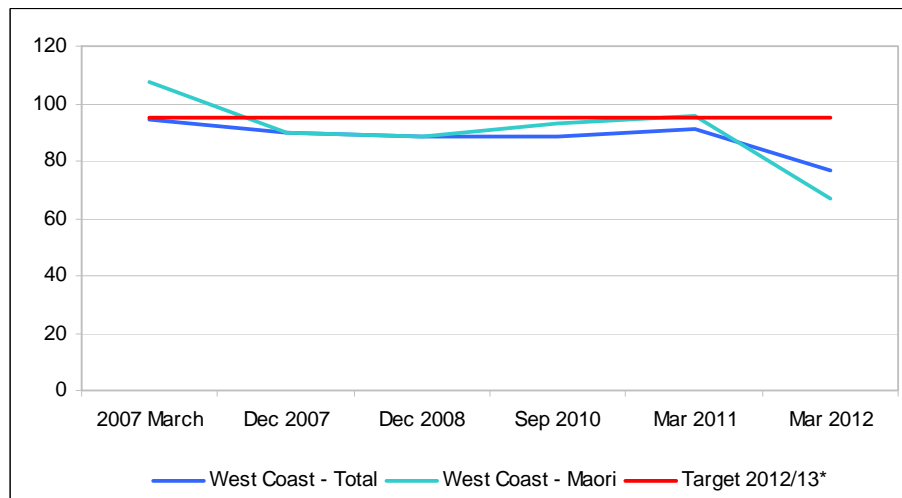
Number of Maori supported to access navigation services



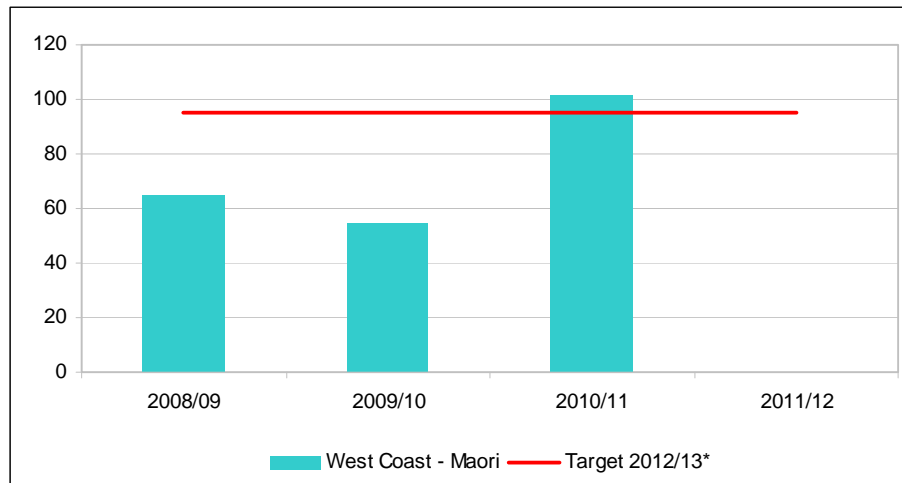
Avoidable Sensitive Hospital (ASH)

Maori continue to compare favorably in the indirect standardized discharge ratio (SDR) in four of the top 5 national conditions in the 12 months to 31 March 2012, these are, cellulitis, pneumonia, angina and chest pain and asthma. However, in the admissions for dental conditions local Maori fared poorly with a ratio of 123.4 for dental conditions (15 patients).

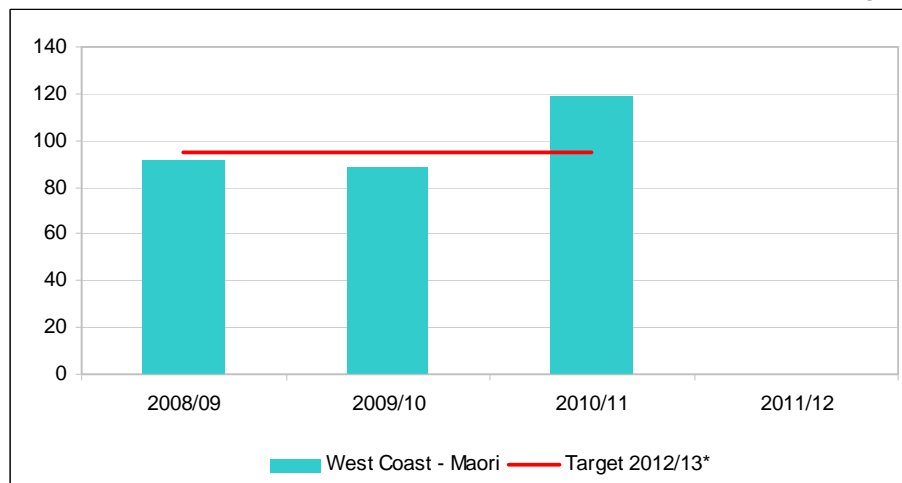
A reduction in the proportion of the population admitted to hospital with conditions considered 'avoidable' or 'preventable' - Standardised Ratio of Actual to Expected Avoidable Admissions for the Population Aged 0-74 (ASH - SI1)



Standardised Ratio of Actual to Expected Avoidable Admissions for the Population Aged 0-4



Standardised Ratio of Actual to Expected Avoidable Admissions for the Population Aged 45-64



Rata Te Awhina Trust

Dr Melissa Cragg has been appointed as General Manager of Rata Te Awhina Trust. Recruitment for both the Kaupapa Maori nurse and a Kaiarataki (Maori health navigator) in Buller have been advertised and both positions have now closed.

TATAU POUNAMU ADVISORY GROUP HEHA SMOKEFREE SERVICES UPDATE

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: HEHA Smokefree, Planning and Funding

DATE: 10 January 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

Healthy Lifestyles & Smokefree Update is a regular agenda item.

2. SUMMARY

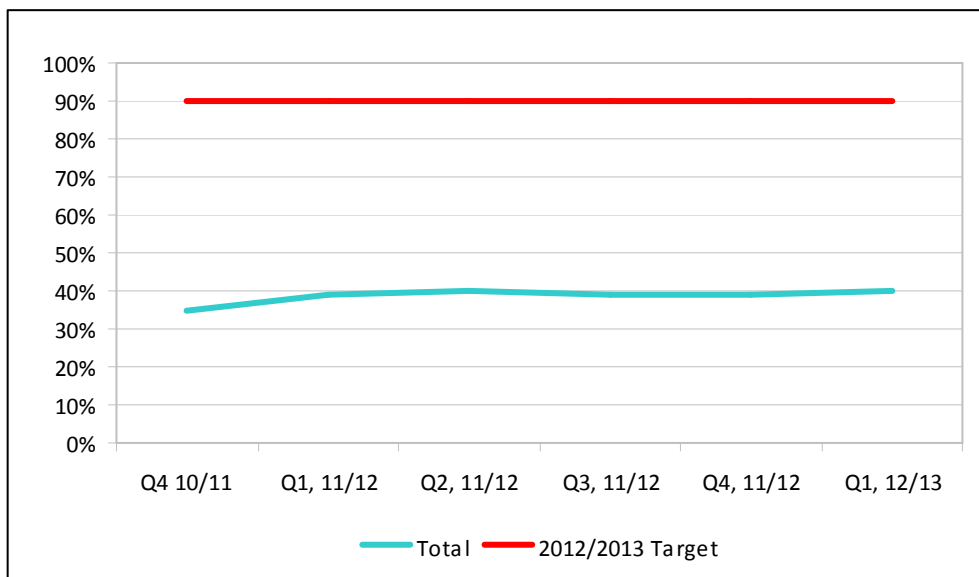
The report includes an update on:

- Smokefree Health Targets – Primary and Secondary
- Healthy Lifestyles
- Warm Up West Coast - Home Insulation Programme

3. DISCUSSION

Smokefree

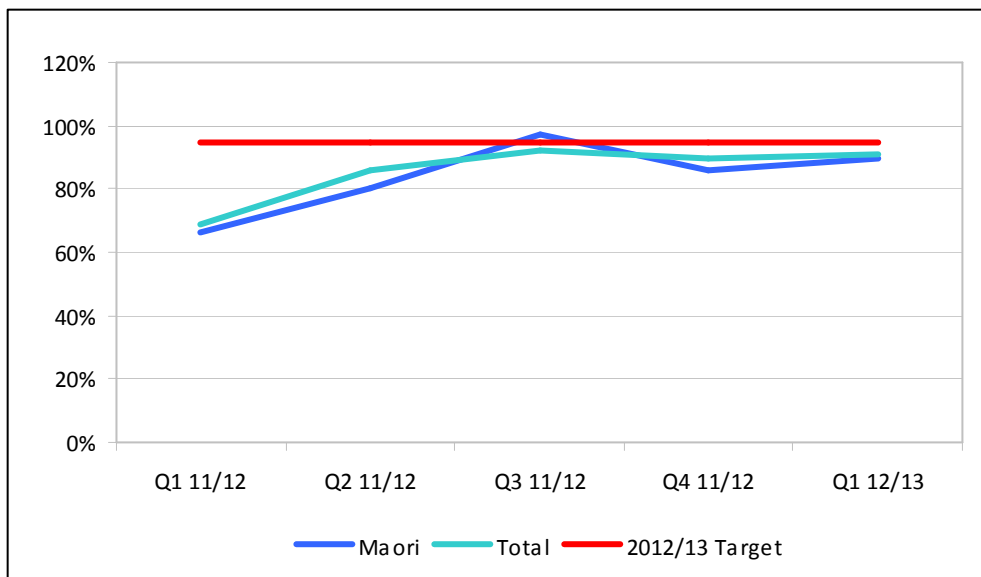
Primary Smokefree Health Target: 90% of smokers attending primary care given advice & help to quit



Starting with Buller and Reefton, the PHO has employed a suitably trained person, based within the practices, to support them to improve Brief Advice coding and to link patients to cessation. A similar process will be rolled out in Greymouth practices over the coming weeks, with the purpose of closing the gap between As (asking) and Bs (brief advice to quite) and improving the Primary Smokefree Tobacco Target.

Referrals through primary care to cessation support continue to increase. Quarter 2 quit rates for the primary cessation programme Coast Quit has improved from the previous quarter, with a quit rate of 36% at three months (48% excluding those not contacted). Out of the 159 participants, 13 were Maori (12%). Of the 13, 4 had quit at 3 months (31%).

Secondary Smokefree Health Target: 95% of hospitalised smokers given advice & help to quit



The Smokefree Services Coordinator spoke at a recent Senior Nurses meeting and has been working with Clinical Nurse Managers to support them to provide leadership to their staff around the target. This includes working with coders to pick up files of patients where brief advice to a smoker has not been delivered and providing this information back to the Clinical Nurse Manager. This will be helpful information in reaching the health target of 95%, as one identified smoker provided with brief advice can be more than one percent of the health target, due to the relatively small numbers involved.

Healthy Lifestyles

Contestable Funding

In late 2012 the Ministry of Health released an RFP for proposals for public health services to improve maternal and child nutrition and physical activity. There is \$3 million per year available over three financial years, with a minimum of \$30,000 per annum for initiatives. They are seeking proposals for services aimed at:

- Improving women’s health during pregnancy and postnatal period through promotion of healthy eating and physical activity;
- Promoting healthy feeding of babies including encouraging and supporting breastfeeding;
- Promoting healthy feeding (including the introduction of healthy first foods) and physical activity of pre-school age. Includes initiatives that promote the establishment of healthy physical activity patterns in early life, such as fundamental movement skills and initiatives that reduce screen time.

The West Coast and Canterbury DHB’s have been involved in discussions with the South Island Public Health Partnership to discuss a collaborative, regional approach to this RFP.

Warm Up West Coast – Home Insulation Programme

The WCDHB has received notice that the Warm Up West Coast programme has had to discontinue due to increasing financial constraints on the project partners. Arrangements have been made, through Healthy West Coast, for the final homes that have applied to the programme and met eligibility requirements, to be insulated in the New Year. 300 homes will be insulated under the project of the planned 500. Discussions regarding alternative options for a continued home insulation project on the West Coast are underway.

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **GM Maori Health**

DATE: **14 January 2013**

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is provided to Tatau Pounamu Manawhenua Advisory Group.

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group reviews the attached policy which is up for renewal in January 2013.

Any comments on the Use of Whanau/Family Facility Procedure will be presented to the appropriate Group for their review and/or adoption of Tatau Pounamu's comments.

3. APPENDICES

Appendix 1: Use of the Whanau / Family Policy Procedure

Appendix 2: Whakaruru Whanau / Family House Accommodation form for Admitting Office

Appendix 3: Whakaruru Whanau / Family House Accommodation details handout



Use Of Whanau/Family Facility Procedure

Procedure Number

CHC-PG-0061

Version Nos:

4

1. Purpose

This Procedure outlines the process associated with the use of the West Coast District Health Board (WCDHB) Whanau/Family Facility located at Grey Base Hospital.

2. Application

This Procedure is to be followed by all staff throughout WCDHB, and all other users of the Whanau/Family Facility.

3. Definitions

There are no definitions associated with this Procedure.

4. Responsibilities

For the purposes of this Procedure:

All *Whanua/Family and Support Persons* are required to ensure they abide by the requirements of this Procedure.

The *Admitting Office* is responsible for all bookings for the use of the Whanau/Family Facility.

The *Kai Arahi* and *Operations Support Co-ordinator* are jointly responsible for the operation of the Whanau/Family Facility.

5. Resources Required

This Procedure requires:

6. Process

1.00 Introduction

- 1.01 The WCDHB will operate a Whanau/Family Facility for the purposes of:
- i) providing short term accommodation to whanau/family and support people of Grey Base Hospital patients who want to be close to their whanau/family member;
 - ii) providing accommodation for patients requiring accommodation during treatment.
 - iii) providing an environment that is affordable and culturally safe.
- 1.02 The Whanau/Family Facility is to be run on Tikanga Maori practices that must be upheld at all times.
- 1.03 Guests of the Whanau/Family Facility under the age of 16 must be accompanied by an adult. This is to ensure appropriate support and supervision.
- 1.04 Due to fire and health and safety regulations occupancy of the Whanau/Family Facility is limited. Therefore there may be occasions when whanau/family and support people are asked to voluntarily reduce their numbers.



Use Of Whanau/Family Facility Procedure

Procedure Number

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- 1.05 The Whanau/Family Facility is available to all whanau/family and support people of inpatients of Grey Base Hospital on a first come, first served basis.
- 1.06 Whanau/Family and/or support persons may use the Whanau/Family Facility for short-term periods of up to 7 nights whilst their Whanau/family member is an inpatient. Upon discharge of the patient from Grey Hospital, the whanau/family are required to vacate the Facility. This is to ensure the availability of the Facility for other whanau/family support of inpatients.
- 1.07 The Whanau/Family Facility is smoke free and alcohol free.

2.00 Costs

- 2.01 A cost of \$20.00 per adult for the first night and then \$10.00 per adult per night for subsequent nights is to be charged.
- 2.02 Children under the age of 14 years are to stay free.
- 2.03 A \$10.00 deposit for the key is also charged and will be refunded on the return of the key. Deposits are to be paid in advance.
- 2.04 Payment is to be made in cash at the time of the stay as no credit will be given or invoices issued.
- 2.05 Where MOH Travel and Accommodation assistance is available, the rate will be amended to reflect the available funding.

3.00 Accessing The Whanau/Family Facility

- 3.01 The Admitting Office is responsible for all bookings for the use of the Whanau/Family Facility.
- 3.02 A request for accommodation is to be made as soon as a need is identified to the Admitting Office. The request is to include the name of patient, which ward and how many support people they have with them and/or arrival time.
- 3.03 If the Whanau/Family Facility is already booked, the Admitting Office is to contact the Ward Social Worker for alternative arrangements to be made.
- 3.04 The Admitting Officer will give written information regarding the operation and the use of the Whanau/Family Facility to all occupants at the time the booking is made. This will include information on emergency procedures.
- 3.05 The whanau/family will be asked to sign a WCDHB Whanau/Family Facility Agreement. Form. A copy is to be given to the whanau/family and a copy sent to the Maori Health Unit.
- 3.06 The Corporate Office Receptionist is to collect payment from the whanau/family staying in the facility, issue a receipt and bank the money into the WCDHB Operating Account.

	Use Of Whanau/Family Facility Procedure	Procedure Number <i>CHC-PG-0061</i>	Version Nos: 4
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4.00 Operation Of The Whanau/Family Facility

- 4.01 The Maori Health Unit will make daily checks of the Whanua/Family Facility to ensure the safety and well-being of the occupants.
- 4.02 The Ward Social Worker will also make daily contact with the whanau/family in the Wards.
- 4.03 Linen will be provided by the Hospital Laundry.
- 4.04 The daily household tasks are the immediate ongoing responsibility of the occupants of the Whanau/Family Facility. Cleaning material and a vacuum will be provided.
- 4.05 The Admitting Office will advise OCS (who will be responsible for cleaning of the Whanua/Family Facility) when the key has been returned at the end of each stay so that cleaning of the Facility can be carried out.
- 4.06 WCDHB security contactors will make checks on the Facility at night.
- 4.07 An inventory of all items in the Whanau/Family Facility is continually updated and checked by the Maori Health Unit for monthly reporting purposes.
- 4.08 A monthly report of the numbers of people staying in the Whanau/Family Facility is to be recorded and reported (to EMT) by the Maori Health Unit.
- 4.09 Any purchases for the Whanau/Family Facility need to be approved by the Kai Arahi or Operations Support Co-ordinator.
- 4.10 If any of the equipment in the Whanau/Family Facility needs to be repaired, the Kai Arahi or Operations Support Co-ordinator will give direction for the repairs to be carried out. (As per the *WCDHB Repairs and Maintenance Procedure*)
- 4.11 If there is any doubt, confusion or concerns about the operation of the Whanau/Family Facility, the Kai Arahi or Social Work Department should be consulted.
- 4.12 Whanau/Family and/or support persons who use the Whanau/Family Facility are required to:
- i) keep noise levels to a minimum;
 - ii) not damage or permit damage to occur to the Facility;
 - iii) not use the Facility for any unlawful purposes;
 - iv) leave the Facility clean and tidy and clear of rubbish and possessions when they vacate the Facility;
 - v) not exceed the limit set by the WCDHB on the number of occupants of the Facility;
 - vi) ensure that all of their personal items are covered by their own personal insurance policies.
- 4.13 Failure to comply with the requirements of this Procedure will result in whanau/family and support people being asked to leave the Whanau/Family Facility.



Use Of Whanau/Family Facility Procedure

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7. Precautions And Considerations

- ➔ The Whanau/Family Facility is to be run on Tikanga Maori practices that must be upheld at all times.
- ➔ Payment for use of the Whanau/Family Facility is to be made in cash at the time of the stay
- ➔ The whanau/family will be asked to sign a WCDHB Whanau/Family Facility Agreement Form.
- ➔ Failure to comply with the requirements of this Procedure will result in whanau/family and support people being asked to leave the Whanau/Family Facility.

8. References

There are no references associated with this Procedure.

9. Related Documents

WCDHB Repairs and Maintenance Procedure.

Revision History	Version:	4
	Developed By:	Whanua/Family Facility Steering Group
	Authorised By:	Chief Executive Officer
	Date Authorised:	March 2004
	Date Last Reviewed:	January 2011
	Date Of Next Review:	January 2013



Use Of Whanau/Family Facility Procedure

Procedure Number

CHC-PG-0061

Version Nos:

4

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

**WHAKARURU
 WHANAU / FAMILY HOUSE
 ACCOMMODATION**

To: Admitting Office
 Grey Hospital
 PO Box 387
 Greymouth

PHONE: 03 768 0499 ext 2886

FAX: 03-768 2699

DATE: _____

I/We would like to request accommodation for:

No. Adults		No. Children (14yrs & younger)	
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Contact Phone No.

Contact Details for Accommodation Request:

Surname	First Name	Relationship to Patient
Address:		New Family / Returning Family
From:	Until:	
____ / ____ / 200__	____ / ____ / 200__	Up to 7 days only

Patient Details:

Surname: _____	First Name: _____
	Ward: _____

Charges: The Whanau/Family facility does require payment of an accommodation fee to assist in covering cleaning costs, linen etc. These charges are:

- \$10.00 per night per adult (15 years +) each night.
- Children 14 years and younger stay free.
- \$10.00 deposit for the key – this will be refunded on the return of the key.
- Where Ministry of Health travel and accommodation assistance is available, the rate will be amended to reflect the funding available.

Payment needs to be made at the time of the stay.

Note: Please note, this form does not guarantee a booking. Confirmation of your booking should be made 24 hours before arrival date.

Hospital Use Only: Date Form Received: _____ Received by: _____
 Requestee Notified of Availability/Non-Availability: Yes / No



WHAKARURU WHANAU / FAMILY HOUSE ACCOMMODATION

This Agreement is between the West Coast District Health Board and the patient support/whanau/family detailed in this document.

The West Coast District Health Board agrees:

- To provide accommodation, if available, in the Whanau/Family House for a period of up to seven days in order to provide support for an inpatient at Grey Hospital.
- That sharing of the Whanau/Family House will only be requested if there is an urgent need and the whanau/family in residence agree.
- To provide clean linen and towels when you enter the Whanau/Family House.
- To receipt all monies.
- To assist the whanau/family to answer any questions and assist when and if possible, using appropriate support mechanisms.

The whanau/family agree:

- To nominate a whanau/family member to represent the whanau/family and to be responsible for accommodation matters, fire regulation compliance and whanau/family contact.
- That all persons staying in the Whanau/Family House are noted below. This is to assist with your security and fire regulations. This list must remain updated throughout the stay.
- To respect any other users of the house.
- To ensure all people under 16 years old are accompanied and supervised by an adult while using these facilities.
- That the Whanau/Family House is kept clean and tidy at all times.
- That full payment in cash, cheque, EFTPOS or credit card is made to the Corporate Office during normal business hours before leaving the facility. After-hours payment should be made to the main reception area in the hospital and can only be accepted there by cash or cheque.
- The key must be returned to the main reception area at Grey Hospital before you leave. This enables other people to be able to use the facility without inconvenience.

Whanau/Family House Contact Details:

Key Contact Person: _____

Address: _____

Contact Phone No: _____

Please list the names of all staying in the Whanau/Family House:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dated and Signed by Whanau/Family Key Contact Person:

_____	_____
Date	Signed

Dated and Signed by West Coast District Health Board Representative:

_____	_____
Date	Signed

Date In: _____ Date Out: _____

Please ensure both sides of this form are completed.



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

**WHAKARURU
(To Shelter)
WHANAU / FAMILY HOUSE**

**Grey Hospital
Greymouth**



***Accommodation for whanau / family supporting loved ones
in hospital.***

**Haeremai Naumai Haeremai
Welcome**

Welcome To The Whanau/Family House

This house is open style accommodation with one bedroom with two single beds, two couch beds and four mattresses. It is available to people to enable them to support a whanau/family member as a patient in Grey Hospital. Whanau/family can stay for up to seven nights in the Whanau/Family House.

Eligibility to stay in the Whanau/Family House is on a first come, first served basis, and at the discretion of the Grey Hospital management. Guests of the whanau/family under the age of 16 must be accompanied by an adult.

The Whanau/Family House is seen as a community within the hospital. We ask that whanau/family uphold the mana of the Whanau/Family House and care for it with us. The Whanau/Family House and outside areas are auahi kore/smokefree, as well as drug and alcohol free and we ask that you respect this. We also request that you remove shoes before entering the house.

The Whanau/Family House is situated at the far north end of the hospital between Parfitt Ward and the Corporate Office. Limited parking is available in the vicinity of the building. The Whanau/Family House is fully equipped, with its own kitchen, laundry, two bathrooms, dining area and a shared living area with television. It is also accessible by wheelchair.

All bedding, sheets, towels and tea towels are supplied and washed. Whanau/family require only to buy their food, wash their clothes and keep the Whanau/Family House clean and tidy.

The Whanau/Family Facility is within walking distance of the New World Supermarket.



The Social Work Department will support the whanau/family during their stay in the Whanau/Family House when requested. Assistance will also be given to whanau/family with applications for travel and accommodation costs. Families should request the name of the social worker for the ward their family member is a patient in.

Charges

The Whanau/Family House does require payment of an accommodation fee to assist in covering cleaning costs, linen etc. These charges are:

- \$10.00 per night each adult (15 years and older).
- Children 14 years and younger stay free.
- \$10.00 deposit for the key – this will be refunded on the return of the key.
- Where Ministry of Health travel and accommodation assistance is available, the rate will be amended to reflect the funding available.

Payment needs to be made at the time of the stay – invoices are not sent.

If you will have difficulty paying this please contact the Social Work Department. We will endeavour to assist where possible.



How to Pay

Full payment in cash, cheque, EFTPOS or credit card should be made to the Corporate Office (the building beside the Whanau/Family House) during normal business hours before you leave the facility.

After-hours payment should be made to the Admitting Office at the main reception in the hospital and can only be accepted there by cash or cheque.

The key must be returned to the Admitting Office at Grey Hospital before you leave. This enables other people to be able to use the facility without inconvenience.

Checking In

Please report to the main reception desk at the hospital on arrival.

To allow us time to clean the house between families, you are unable to check into the house until 3.00pm.

You will be asked to complete an agreement for the use of the facility. This includes paying a **key deposit of \$10.00**. This is refundable on return of the key.

Checking Out

- **Check out time is by 11.00am** – this allows us time to clean and restock the facility before the next occupants.
- Please leave the Whanau/Family House clean and tidy
- Strip all linen off the beds and place in the linen bag in the bathroom.
- Return any mattresses to the cupboard.
- Cleaning materials are in the laundry cabinet. Remember to wipe out the microwave and oven if you have used these.
- Empty household rubbish bins into the large outside rubbish bin (by the kitchen door). Ensure the household bins are clean and dry.
- If any items need repairing or are missing, let the Admitting Office know when you return the key. Also please note any damage.

If you leave without returning the key, please post it to:

Admitting Office
Grey Hospital
PO Box 387
Greymouth

We will then send you a refund of the \$10.00 key deposit.

Facilities Available

- All basic linen is provided, including bedding and towels.
- Whanau/families can cook their own meals in the fully equipped kitchen, or arrange meals via the hospital cafeteria.
- There are two bathroom facilities – one is suitable for disabled persons which has a wet area shower.
- In addition to the two single beds, two couches in the lounge fold out into beds. Please take care opening these. There are four mattresses available in the storage cupboard, along with a Port-a-Cot.
- The telephone has a toll bar. This phone is an extension number of the Grey Hospital system. The main hospital number is **(03) 769 7400 then extension 2867**. The operator is available for assistance 24 hours and can be contacted by dialling 0. Coin and card phones are available in the hospital. To dial an external local number you need to preface the number by dialling 1 for an outside line.
- There is a washing machine available, along with drying racks.
- Smoke detectors and a sprinkler system are installed. The facility, like all West Coast District Health Board sites is auahi/smokefree.
- Heating can be personally adjusted for comfort levels via the radiator controls or thermostats in lounge and bedroom areas.



Some Basic Rules While Staying At The Whanau/Family House

- Please remove shoes prior to entering the house, but ensure you place all footwear inside at night.
- Use mattress and pillow protectors on any mattresses or couch beds you use.
- No smoking, drugs or alcohol allowed in the house or outside areas.
- Children must not be left unsupervised in or outside the house.
- Please avoid eating in the lounge area, and use placemats to protect the table surface.
- Report breakages and any repairs or maintenance needed to the Admitting Office.
- Noise should be kept to a minimum.
- The house is to be kept clean and tidy at all times. Daily household tasks are the immediate ongoing responsibility of the occupants.
- Space is limited in the Whanau/Family House. Due to the physical structure, fire, health and safety regulations, **a maximum of 10 people** may reside in the house at any one time. If more than this are present, whanau/family may be asked to voluntarily reduce their numbers. Failure to comply with this may result in the occupants being asked to leave the house.
- If your behaviour is believed to be unacceptable, or you do not abide by the rules of the Whanau/Family House you may be asked to leave.
- Please ensure you make yourself and your whanau/family familiar with the Emergency Evacuation Plan displayed in the house.



Where To Find Things

- **Additional Linen**
In the white cupboard in the laundry or in the storage cupboard between bathroom and bedroom.
- **Mattresses / Additional Pillows**
In the storage cupboard between bathroom and bedroom.
- **Ironing Board**
In the hot water cupboard between the two bathrooms.
- **Laundry Racks**
Between the washing machine and tub.

Security / Safety

- Please ensure that you lock the Whanau/Family House when you are either absent or vacate it. The hospital cannot be responsible for any personal items that may go missing.
- You will be able to enter the hospital via the covered walkway from around 7.00am until approximately 7.00pm each night. Any entry after that will have to be made via the hospital main entrance.
- Make sure you are aware of how many people are staying with your group and that you have an up-to-date list of their names. You should take this with you in the event of an emergency.
- The hospital has security checks undertaken at night – these will include someone checking around the outside of the Whanau/Family House.



Emergency Services Information

Personal/Family Medical Emergency While in the Whanau/Family Facility

Dial 777 on the phone. This is a call immediately answered by the telephone operator who will endeavour to assist with appropriate help immediately.

Earthquake

Take shelter as you would at your own home in doorways, under tables etc. Please ensure you can account for all family members staying in the house.

Fire

- If the fire is in the Whanau/Family House you should break the glass and activate the alarm located in either the kitchen or laundry areas.
- Dial 777 on the phone and tell the operator where the fire/smoke is.
- Leave the building immediately, shutting all doors/windows if possible.
- Assemble in the car park outside the Corporate Office building.
- Ensure all family members in the house are accounted for.
- Either the Fire Service or West Coast DHB on-call tradesperson will attend and advise regarding re-entry.
- **DO NOT** re-enter the building until you are given the all clear.



Handy Telephone Numbers

To make local calls dial 1 for an outside line first

Grey Hospital Main Number:	(03) 769 7400
Whanau/Family Facility	Extension 2867
Grey Hospital Telephone Operator:	Dial 0
Morice Ward	Dial 2822
Critical Care Unit	Dial 2739
Hannan Ward	Dial 2824
Parfitt Ward	Dial 2782
Barclay Ward	Dial 2821
McBrearty Ward	Dial 2803
Manaakitanga Inpatient Unit	Dial 2515
Maori Health Unit (Te Hauora Maori)	Dial 2631 or 2802

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
To be held in the Boardroom, Corporate Office, West Coast DHB
Thursday 24 January 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**

22 November 2012

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

REPORTS 3.45 pm

4. **Chair's Update - Oral Report** Ben Hutana, Chair

5. **GM Maori Health Report** Gary Coghlan, General Manager Maori Health

6. **HEHA Smokefree Report** Claire Robertson, HEHA and Smokefree Service
Development Manager

7. **Policies and Procedure Review** Gary Coghlan, General Manager Maori Health

- **Use of Whanau / Family Facility**

Information Items

Tatau Pounamu meeting schedule for 2013

ESTIMATED FINISH TIME

NEXT MEETING