WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

AGENDA

Combined Statutory Advisory Committee

Meeting date **Friday 6 September 2019**

Start time **9.30am**

Venue Board Room
Fourth Floor
Ward and Administration Building
Whanganui Hospital
100 Heads Road
Whanganui

Embargoed until Saturday 7 September 2019

Contact
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Also available on website
www.wdhb.org.nz

Distribution

Board members *(full copy)*

- Ms Dot McKinnon QSM, Board Chair
- Mr Graham Adams
- Mr Charlie Anderson QSM
- Mrs Philippa Baker-Hogan MBE
- Mrs Jenny Duncan
- Mr Darren Hull
- Mr Stuart Hylton, Combined Statutory Advisory Committee Chair
- Mrs Judith MacDonald
- Ms Annette Main NZOM
- Hon Dame Tariana Turia DNZM
- Ms Maraea Bellamy

External committee members *(full copy)*

- Mr Frank Bristol
- Dr Andrew Brown
- Mr Leslie Gilsenan
- Mr Matt Rayner
- Ms Grace Taiaroa
- Ms Heather Gifford

Executive Management Team and others *(full copy)*

- Mr R Simpson, Chief Executive
- Ms L Adams, Director of Nursing
- Mr M Dawson, Communications Manager
- Mr H Cilliers, General Manager, People and Performance
- Mrs R Kui, Director Māori Health
- Mr B Walden, General Manager, Corporate Services
- Mr P Malan, General Manager, Service and Business Planning
- Mr S Carey, Funding and Contracts Manager
- Ms K Fraser-Chapple, Business Manager, Medical, Community and Allied Health
- Mrs L Torr, Business Manager, Medical Management Unit
- Mr P Wood-Bodley, Business Manager, Surgical Services
- Mrs A Bunn, Portfolio Manager, Health of Older People
- Ms C Sixtus, Portfolio Manager, Primary Care
- Mrs L Allsopp, Manager Patient Safety and Quality and Acting Director Allied Health
- Mrs J Haitana, Associate Director of Nursing
- Mrs E O'Leary, Project Manager
- Mr D Rogers, Nurse Manager Surgical Services
- Ms A Van Elswijk, Acting Nurse Manager Medical Services
- Mrs J Smith, Acting Nurse Manager, Mental Health Services
- Mrs B Charuk, Portfolio Manager, Child and Youth
- Ms D Holden, Executive Assistant, Service & Business Planning

Others *(public section only)*

- Mrs K Anderson, Chief Executive, Hospice Wanganui
- Dr B Douglas, GP, Jabulani Medical Practice
- Ms A Stewart QSO, Archivist
- Whanganui Public Library
- Whanganui Chronicle
- Ms Mary Bennett, Hauora A Iwi Chair

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WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Agenda
Public session

Meeting of the Combined Statutory Advisory Committee

to be held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday 6 September 2019, commencing at 9.30am

Combined Statutory Advisory Committee members

Mr Stuart Hylton, Committee Chair
Ms Dot McKinnon, QSM, Board Chair
Mr Graham Adams
Mr Charlie Anderson, QSM
Mrs Philippa Baker-Hogan, MBE
Ms Maraea Bellamy
Dr Andrew Brown
Mr Frank Bristol
Ms Jenny Duncan
Mr Leslie Gilsenan
Mr Darren Hull
Mrs Judith MacDonald
Ms Annette Main, NZOM
Mr Matthew Rayner
Hon Dame Tariana Turia, DNZM
Ms Grace Taiaroa
Dr Heather Gifford

1 Apologies

2 Conflict and register of interests update Page 7

2.1 Amendments to the register of interests
2.2 Declaration of conflicts in relation to business at this meeting

3 Late items

Registration of minor items only. No resolution, decision or recommendation may be made except to refer the item to a future meeting for further discussion.

4 Minutes of the previous committee meetings Page 15

Recommendation
That the minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 26 July 2019 be approved as a true and correct record.

8 Reference and Information Section

9 Date of next meeting

Friday 18 October 2019

11 Exclusion of public

Recommendation

That the public be excluded from the remainder of this meeting under clause 32, Schedule 3 of the New Zealand Public Health and Disability Act 2000 on the grounds that the conduct of the following agenda items in public would be likely to result in the disclosure of information for which good reason for withholding exists under sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

Agenda item	Reason	OIA reference
Combined Statutory Advisory Committee minutes of the meeting held on 26 July 2019 (public-excluded session)	For the reasons set out in the committee's agenda of 26 July 2019	As per the committee's agenda of 26 July 2019
Annual Plan 2019/2020 update	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations).	Section 9(2)(i) and 9(2)(j)

Persons permitted to remain during the public excluded session

That the following person(s) may be permitted to remain after the public has been excluded because the committee considers that they have knowledge that will help it. The knowledge is possessed by the following persons and relevance of that knowledge to the matters to be discussed follows.

Person(s)	Knowledge possessed	Relevance to discussion
Chief executive and senior managers and clinicians present	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Committee secretary or executive assistant	Minute taking	Recording minutes of committee meetings

WHANGANUI DISTRICT HEALTH BOARD

REGISTER OF CURRENT CONFLICTS AND DECLARATIONS OF INTEREST

Up to and including 12 June 2019

BOARD MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Graham Adams	16 December 2016	Advised that he is: ▪ A member of the executive of Grey Power Wanganui Inc. ▪ A board member of Age Concern Wanganui Inc. ▪ Treasurer of NZCE (NZ Council of Elders) ▪ A trustee of Akoranga Education Trust, which has associations with UCOL.
Charlie Anderson	16 December 2016 3 November 2017	Advised that he is an elected councillor on Whanganui District Council. Advised that he is now a board member of Summerville Disability Support Services.
Philippa Baker-Hogan	10 March 2006 8 June 2007 24 April 2008 29 November 2013 7 November 2014 3 March 2017	Advised that she is an elected member of the Whanganui District Council. Partner in Hogan Osteo Plus Partnership. Advised that her husband is an osteopath who works with some surgeons in the hospital on a non paid basis but some of those patients sometimes come to his private practice Hogan Osteo Plus and that she is a partner in that business. Advised that she is Chair of the Future Champions Trust, which supports promising young athletes. Philippa Baker-Hogan declared her interest as: ▪ A member of the Whanganui District Council District Licensing Committee; and ▪ Chairman of The New Zealand Masters Games Limited Philippa Baker-Hogan declared her interest as a trustee of Four Regions Trust.
Maraea Bellamy	7 September 2017 4 May 2018 1 February 2019	Advised that she is: ▪ Te Runanga O Ngai Te Ohuake (TRONTO) Delegate of Nga Iwi O Mokai Patea Services Trust. ▪ Secretary of Te Runanga O Ngai Te Ohuake. ▪ Hauora A Iwi - Iwi Delegate for Mokai Patea. Advised that she is: ▪ a director of Taihape Health Limited. ▪ a member of the Institute of Directors. Trestee of Mokai Patea Waitangi Claims Trust
Jenny Duncan	18 October 2013 1 August 2014 5 April 2019	Advised that she is an elected member of the Whanganui District Council Advised that she is an appointed member of the Castlecliff Community Charitable Trust Member of the Chartered Institute of Directors Trustee of Four Seasons Trust
Darren Hull	28 March 2014 27 May 2014	Advised that he acts for clients who may be consumers of services from WDHB. Advised that he: ▪ is a director & shareholder of Venter & Hull Chartered Accountants Ltd which has clients who have contracts with WDHB ▪ acts for some medical practitioners who are members of the Primary Health Organisation ▪ acts for some clients who own and operate a pharmacy ▪ is a director of Gonville Medical Ltd
Stuart Hylton	4 July 2014	Advised that he is: ▪ Executive member of the Wanganui Rangitikei Waimarino Centre of the Cancer Society Of New Zealand.

		▪ Appointed Whanganui District Licensing Commissioner, which is a judicial role and in that role he receives reports from the Medical Officer of Health and others.
	13 November 2015	Advised that he is an executive member of the Central Districts Cancer Society.
	15 March 2017	Advised that he is appointed as Rangitikei District Licensing Commissioner.
	2 May 2018	Advised that he is: ▪ Chairman of Whanganui Education Trust ▪ Trustee of George Bolten Trust
	2 November 2018	Advised that he is District Licensing Commissioner for the Whanganui, Rangitikei and Ruapehu districts.
Judith MacDonald	22 September 2006	Advised that she is: ▪ Chief Executive Officer, Whanganui Regional Primary Health Organisation ▪ Director, Whanganui Accident and Medical
	11 April 2008	Advised that she is a director of Gonville Health Centre
	4 February 2011	Declared her interest as director of Taihape Health Limited, a wholly owned subsidiary of Whanganui Regional Primary Health Organisation, delivering health services in Taihape.
	27 May 2016	Advised that she has been appointed Chair of the Children's Action Team
	21 September 2018	Declared her interest as a director of Ruapehu Health Ltd
Annette Main	18 May 2018	Advised that she a council member of UCOL.
Dot McKinnon	3 December 2013	Advised that she is: ▪ An associate of Moore Law, Lawyers, Whanganui ▪ Wife of the Chair of the Wanganui Eye & Medical Care Trust
	4 December 2013	Advised that she is Cousin of Brian Walden
	23 May 2014	Advised that she is a member of the Health Sector Relationship Agreement Committee.
	31 July 2015 and 10 August 2015	Advised that she is appointed to the NZ Health Practitioners Disciplinary Tribunal
	2 March 2016	Advised that she is a member of the Institute of Directors
	16 December 2016	Advised that she is Chair of MidCentral District Health Board
	3 February 2017	Advised that she is on the national executive of health board chairs
	8 June 2018	Advised that she is: ▪ a Director of Chardonnay Properties Limited (a property owning company) ▪ Chair of the DHB Regional Governance Group ▪ an advisory member on the Employment Relationship Strategy Group (ERSG)
Tariana Turia	16 December 2016	Declared her interests as: ▪ Pou to Te Pou Matakana (North Island) ▪ Member of independent assessment panel for South Island Commissioning Agency ▪ Life member CCS Disability Action ▪ National Hauora Coalition Trustee Chair ▪ Cultural adviser to ACC CEO
	15 November 2017	Recorded that she has been appointed Te Pou Tupua o te Awa.

COMBINED STATUTORY ADVISORY COMMITTEE MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Frank Bristol	8 June 2017	Advised that he is: ▪ Member of the WDHB Mental Health and Addiction (MH&A) Strategic Planning Group co-leading the adult workstream. ▪ In a management role with the NGO Balance Aotearoa which holds Whanganui DHB contracts for Mental health & addiction peer support, advocacy and consumer consultancy service provision. ▪ Working as the MH & A Consumer Advisor to the Whanganui DHB through the Balance Aotearoa as holder of a consumer consultancy service provision contract. ▪ Member of Sponsors and Reference groups of National MH KPI project. ▪ Member of Health Quality and Safety Commission's MH Quality Improvement Stakeholders Group. ▪ ▪ Has various roles in Whanganui DHB MHA WD, Quality Improvement programmes and Strategic planning ▪ Member of Whanganui DHB CCDM Council ▪ Steering group partner via Balance Aotearoa with Ministry of Health on Disability Action Plan Action 9d).This is legal and improvement work associated with MH Act, Bill of Rights and UN Convention on Rights of Disabled people. ▪ Balance Aotearoa is a Disabled Persons Organisation (DPO) and a member of the DPO Collective doing work with the Disability Action Plan representing the mental health consumers. ▪ Life member of CCS Disability Action
	14 July 2017	Advised that he is doing consultancy work for Capital and Coast District Health Board
	1 September 2017	Advised that he has been appointed to the HQSC Board's Consumer Advisory Group
	22 March 2019	Appointed to Te Pou Clinical Reference group.
Andrew Brown	13 July 2017	Advised that: ▪ he is an independent general practitioner and clinical director of Jabulani Medical Centre; ▪ he is a member of Whanganui Hospice clinical governance committee; and ▪ most of his patients would be accessing the services of Whanganui District Health Board.
Heather Gifford	20 November 2018	Advised that she is: ▪ Ngāti Hauiti representative on Hauora a Iwi; ▪ Senior Advisor and founding member of Whakauae Research for Māori Health and Development (currently engaged in research with WDHB); ▪ Member of Te Tira Takimano partnership Board of Nga Pae o Te Maramatanga (Centre for Māori research excellence, Auckland University); and ▪ Director Health Solutions Trust.
Leslie Gilsenan	11 September 2017	Advised that he is the Service Manager, CCS Disability Action Whanganui (formerly Whanganui Disability Resources Centre).
Matt Rayner	11 October 2012	Advised that: ▪ He is an employee of Whanganui Regional PHO – 2006 to present ▪ His fiancée, Karli Kaea-Norman, is an Employee of Gonville Health Limited
	26 October 2012	Advised that he is a member on the Diabetes Governance Group
	31 July 2015	Advised that he is: ▪ employed by the Whanganui Regional Health Network (WRHN) ▪ a trustee of the group "Life to the Max"
	27 May 2016	Advised that he is a member of the Health Solutions Trust
	1 September 2017	Advised that he is now a trustee of Whanganui Hospice

Grace Taiaroa	1 September 2017	Advised that she is: ▪ Hauora A Iwi (Ngā Wairiki Ngāti Apa) representative ▪ General Manager Operations – Te Runanga o Ngā Wairiki Ngati Apa (Te Kotuku Hauora, Marton) ▪ Member of the WDHB Mental Health and Addictions Strategic Planning Group ▪ Member of the Maori Health Outcomes Advisory Group.
	16 March 2018	Advised that she is deputy chair of the Children's Action Team

RISK AND AUDIT COMMITTEE MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Malcolm Inglis	12 September 2018	Advised that: ▪ He is Board member, Fire and Emergency New Zealand. ▪ He is Director/Shareholder, Inglis and Broughton Ltd.
	10 April 2019	▪ His niece, Nadine Mackintosh, is employed by Whanganui DHB as Board Secretary and EA to the chief executive.

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Anne Kolbe	26 August 2010	▪ Medical Council of NZ – Vocational medical registration – Pays registration fee ▪ Royal Australasian College of Surgeons – Fellow by Examination – Pays subscription fee ▪ Private Paediatric Surgical Practice (Kolbe Medical Services Limited) – Director – Joint owner ▪ Communio, NZ – Senior Consultant - Contractor ▪ Siggins Miller, Australia – Senior Consultant - Contractor ▪ Hospital Advisory Committee ADHB – Member – Receives fee for service ▪ Risk and Audit Committee Whanganui DHB – Member – Receives fee for service ▪ South Island Neurosurgical Services Expert Panel on behalf of the DGH – Chair – Receives fee for service
	18 April 2012	Advised that she is an employee of Auckland University but no longer draws a salary.
	20 June 2012	Advised that she holds an adjunct appointment at Associate Professor level to the University of Auckland and is paid a small retainer (not salary).
	17 April 2013	Advised that her husband John Kolbe is: ▪ Professor of Medicine, FMHS, University of Auckland ▪ Chair, Health Research Council of New Zealand, Clinical Trials Advisory Committee (advisory to the council) ▪ Member Australian Medical Council (AMC) Medical School Advisory Committee (advisory to the board of AMC) ▪ Lead, Australian Medical Council, Medical Specialties Advisory Committee Accreditation Team, Royal Australian College of General Practitioners ▪ Member, Executive Committee, International Society for Internal Medicine ▪ Chair, RACP (Royal Australasian College of Physicians) Re-validation Working Party ▪ Member, RACP (Royal Australasian College of Physicians) Governance Working Party
	12 February 2014	Advised that she is a Member of the Australian Institute of Directors – pays membership fee
	18 February 2016	Joined the inaugural board of EXCITE International, an international joint venture sponsored by the Canadian Government, to consider how to pull useful new technology into the marketplace. No fee for service, although costs would be met by EXCITE International.
	13 April 2016	Advised that she: ▪ is an observer to the Medicare Benefits Schedule Review Taskforce (Australia).
	10 August 2016	Advised that: ▪ Transition of the National Health Committee business functions into the NZ Ministry of Health was completed on 9 May 2016. The Director-General has since disbanded the NHC executive team.

	▪ Emma Kolbe, her daughter, has taken up a position at ESR (Institute of Environmental Science and Research), Auckland as a forensic scientist working in the national drugs chemistry team. ▪ She is chair, Advisory Council, EXCITE International. ▪ She is member of MidCentral District Health Board's Finance, Risk and Audit Committee.
12 September 2018	Advised that she: ▪ Is strategic clinical lead for Communio and its consortium partners – to deliver coronial post-mortem services from Waikato, Rotorua, Nelson, Dunedin and Southland hospitals, and forensic and coronial post-mortems from Wellington Hospital. ▪ provides strategic governance and management work for Hauora Tairawhiti (Tairawhiti DHB).

Combined Statutory Advisory Committee member attendance schedule – 2019

Name	22 February (AP workshop)	22 March	3 May	14 June	26 July	6 September	18 October	22 November
Graham Adams	✓	×	✓	×	✓			
Charlie Anderson	✓	✓	×	×	✓			
Maraea Bellamy	✓	✓	✓	×	✓			
Frank Bristol	✓	✓	×	×	✓			
Philippa Baker-Hogan	×	✓	✓	✓	×			
Andrew Brown	×	✓	×	✓	×			
Jenny Duncan	✓	✓	✓	✓	×			
Heather Gifford	✓	×	✓	✓	×			
Leslie Gilsenan	×	×	✓	✓	✓			
Darren Hull	✓	✓	✓	×	✓			
Stuart Hylton (committee chair)	✓	✓	✓	✓	✓			
Judith MacDonald	✓	×	✓	✓	✓			
Annette Main	✓	✓	✓	✓	✓			
Matthew Rayner	✓	✓	✓	×	✓			
Grace Taiaroa	×	✓	✓	✓	✓			
Tariana Turia	✓	✓	×	✓	×			
Dot McKinnon (board chair)	✓	✓	×	✓	✓			

Legend

✓ Present
× Apologies given
✦ No apology received
✸ Attended part of the meeting only
Absent on board business
⊙ Leave of absence

Unconfirmed

Minutes

Public session

Meeting of the Combined Statutory Advisory Committee

held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday 26 July 2019, commencing at 9.30am

Combined Statutory Advisory Committee members in attendance
Mr Stuart Hylton, Committee chair
Mr Charlie Anderson (QSM)
Mrs Philippa Baker-Hogan (MBE)
Mr Frank Bristol
Mr Matthew Rayner
Dr Andrew Brown
Ms Dot McKinnon (QSM)
Ms Judith MacDonald
Ms Jenny Duncan
Ms Grace Taiaroa
Mr Darren Hull

In attendance for Whanganui District Health Board (WDHB)
Mr Russell Simpson, Chief Executive
Mr Paul Malan, General Manager Service & Business Planning
Mrs Nadine Macintosh, Executive Assistant to the Chief Executive, Board Secretariat

Presenters
Mr Chester Penaflor, Health Promoter
Mr Kilian O'Gorman, Business Manager, Service and Business Planning
Ms Candace Sixtus, Portfolio Manager, Service and Business Planning

In attendance at this meeting
Ms Jackie Broughton,
Mr Steve Crew, Portfolio Manager
Ms Harriet McKenzie, Project Co-ordinator
Ms Eileen O'Leary, Portfolio Manager, Service & Business Planning

Media
There was no media in attendance at this meeting

Public
Ms C McCully, President, Whanganui Alzheimer's Society
Ms Ailsa Stewart, Committee member, Whanganui Alzheimer's Society
Ms M Campion, Committee member, Whanganui Alzheimer's Society
Ms Wend Paterson, Manager, Whanganui Alzheimer's Society
Ms Marlene Wallace, Whanganui Alzheimer's Society

Procedural

1 Welcome and apologies

1.1 Karakia/reflection

Mr M Rayner opened the meeting with a karakia.

The chair acknowledged the attendance of the members of the public and thanked them for their attendance and interest in all things rural.

1.2 Welcome

The chair acknowledged the attendance of the members of the public and thanked them for their attendance and interest in all things rural.

1.3 Apologies

The members of the Combined Statutory Advisory Committee **accepted** the apologies received from Mr C Anderson, Mr Leslie Gilsenan, Ms Maraea Bellamy, Dame T Turia

Moved: F Bristol **Seconded**: P Baker-Hogan **CARRIED**

2 Conflict and register of interests update

2.1 Updates to the register of interests

Nil.

2.2 Declaration of conflicts in relation to business at this meeting

The members of the Combined Statutory Advisory Committee **received** a declaration of conflict in relation to the liquor licensing process from Mr F Bistrol, Mr S Hylton, Ms D McKinnon, Ms P Baker-Hogan, Mr C Anderson.

Mr D Hull arrived at 9.41am

3 Late items

As indicated in the papers the Liquor licensing process paper was **accepted** as a late paper.

Moved S Hylton **Seconded** C Anderson **CARRIED**

4 Minutes of the previous meeting

The Committee resolved

That the minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 14 June 2019 be **accepted** as a true and correct record, subject to the following amendments:

Page 15, V Teki, Jigsaw Whanganui was not in attendance
Page 19, second dot point Oranga Tamariki, Children's team.
Page 20, Maria Potaka was in attendance not via a recorded interview.

Moved: D McKinnon **Seconded**: J MacDonald **CARRIED**

5 Matters arising

Action
The chief executive will follow up with the HAI chair and request that the outcomes are reported to HAI board in regards to Maori representation on WALT.

6 Committee Chair's report

The committee chair advised that members were looking forward to receiving the presentations on the agenda today.

7 Whanganui DHB Annual Plan Work Programme

7.1 Whanganui Alliance Leadership Team (WALT)

Lead | Russell Simpson, Chief Executive

A verbal update was provided by the chief executive. The following key items were noted.

- Acute demand remains a critical focus area and there has been a change at the front door of the Emergency Department.
- HealthPathways has been adopted and we are in the process of localising the pathways
- The SLM has been signed by the three chief executives of Whanganui Regional Health Network, National Health Coalition and Whanganui District Health Board.

The chief executive had been involved in the HealthPathways design with a previous DHB and will provide assistance were required. The GM Services and Business Planning noted that HealthPathways is now being adopted in the UK and map of medicine has become obsolete.

Action
A future presentation on HealthPathways to be provided to the Committee.

Grace Taiaroa joined the meeting at 9.42am

7.2 Rural Health

The paper was taken as read.

7.2.1 DHB Rural Information Presentation

Lead: Candace Sixtus, Portfolio Manager and Killian O'Gorman, Business Manager, Service and Business Planning

The presentation to the committee illustrated the demographic data highlighting the rural context with the following points noted.

- Data sets collected are used to form a view of the rural population and demographic profiles
- Deprivation is linked to the mesh block areas rather than an individual
- Ethnicity datasets of the PHOs and NHI will be more up-to-date
- The age group percentages for the rural areas
- We have seven rural areas, most with high deprivation
- The data is based on 2013 census data, although trends match the enrolment data
- The population projection will be important and trend data so that we are more predictive with reporting on social drivers of health, housing, employment, income and relationships.

A Main arrived at 10.05am

Apologies were provided for the exclusion of Bulls from our maps.

7.2 Whanganui Regional Health Network PHO Snapshot of Rural Health

Presenter, J MacDonald, Chief Executive

The presentation provided a context of the challenges with access to equitable and sustainable health and support services across the region.

The following points were highlighted:

- The PHO contract receives capitative funding
- The latest data indicates population growth for Raetihi, Taihape and Bulls
- Taihape serves Waiouru with Defence providing health services for their own employees. We provide a doctor and nurse two days per week for defence. This area has big hinterland with large farming stations.
- Marton is an interesting catchment area, 23% growth, the biggest problem is growth in Pacific community, with high needs that do not meet our residential compliance for health care.
- Tourists that are sick are required to have health insurance or it is fee for service. ACC cover funding for accidents.
- Rental accommodation is in high demand.
- The GP services across the region

There are very few services provided to Whanganui River Road although there is a vision to provide an accessible outreach service, similar to what was provided approx. 10 years ago.

ACTION a picture of the services for the isolated communities, school services etc. as a base

Transformational will be able to become a one stop shop and want to see us working as one.

If we believe that the population will migrate to the isolated rural areas we need to understand the requirements for their regional plan and this will be about health, social and housing. We need to ensure we have good health services to support people moving into these areas.

It is important that a range of mobile services are available for accessible outpatient services for our rural communities and the community identify what is important for them. Rural people don't rely on a hospital service, they support one another to provide what they need in the home environment.

There could be an opportunity for a hui on a marae up river road, people that live in those areas accept that an ambulance will not arrive in time to save their lives. We need to plan with our staff that have affiliations with our rural communities to inform us on what they believe is important.

The presentation closed with a Whakatauki about our awa.

7.2.3 Whanganui DHB district nursing, public health and community services

Presenter: Itayi Mapanda, Clinical Nurse Manager Public Health

A verbal update was provided on the WDHB services delivered in our rural areas with the following key points mentioned:

- The DHB have two GP services
- Public health nurses service all rural health communities with services allocated to the schools
- District nurses are in all rural services, for Waimarino we have all services with referrals made by the GPs.
- There are challenges with recruitment, particularly paediatrics. We have developed nurse led services in these areas and works closely with the GPs and provides training to up skill local nurse practioners.
- Nurse Practioners provide mobile services for the rural communities for diabetes and renal and wanting to extend services to support long term conditions such as respiratory and sexual and public health services.

A member of public asked what the DHB is doing to support the workforce requirements in Alzheimer's to support the service demand, with acknowledgement of the funding provided for training workshops are funded by the DHB.

It is important to find out what the needs of our rural communities are and work with them to co-design solutions. We could provide an emphasis on services that exist for our rural communities as a starting point to co-design future solutions for these communities.

Ruapheu Whanau Transformation Project is a great example of community led outcomes with specialist inputs.

The chair thanked all the presenters for their presentations and this has started to raise the profile of our rural communities and supports the need for further work to help this population address their current and future needs.

The Committee:

a. **Received** the 'Rural Health' paper

b. **Received** the presentations

c. **Discussed and advised** on factors to be considered when prioritising decisions about rural health services.

Action

1. Provide an update paper on school based health services for rural communities at a future meeting.
2. Circulate the presentations with the committee members.

7.3 Liquor Licensing – process for DHB input and submissions

Lead: Paul Malan, General Manager Service and Business Planning

Due to the declarations of interest received for this paper discussion was led by D Hull.

The paper was taken as read. Mr C Penefold provide a brief outline of the process with the key requirement being on the DHB process, with some discussion on the issues of the outlets and in some instances close to schools and petrol stations.

A medical officer of health (MOH) has an obligation to provide an objection, in this instance neither the MoH or the Police provided objections. Section 36 of the act was shared with a focus on an outlet having access from a petrol station. That off license comes up for renewal in December 2019 and it was recommended that we consider this section of the act to support our objection.

Alcohol is a detrimental to our population and we wish to work and respond with a heightened statement, which will need to be provided to the board.

We currently have 14-15 off licenses with an additional off license being given to 4 square eastside, which allows for the maximum outlets in our city.

The Committee:

a. **Received** the late paper entitled "Liquor Licencing Process"
b. **Note** that we have two other TLAs in our district
c. **Confirms** that the DHB position statement is extended to all TLAs
d. **Request** that all councils' communications processes cover all media
e. **Endorsed** that the board support delegation of submissions to the chief executive when time constraints exist and that those submissions are provided to the board for their information. It time does permit then submissions should obtain board approval.

Moved D Hull **Seconded** J MacDonald **CARRIED**

Action:
Provide the DHB position statement to councils' advising that we understand that this is likely to be discussed at a future meeting and we request that our position is submitted and discussed at that meeting with the council's decisions reported back to the DHB.

7.4 Financial Performance

Lead: Russell Simpson

The report was taken as read.

The chief executive reported on the June position noting that the team had applied historical information to provision for the wash-up position.

The budget submission was $7.8m we have submitted a final position of $9.068 which is excluding NOS and Holiday Act impairments. The major contributing factors were:

- Community pharmacy
- IDFs
- In between travel, noting flights have increased by $200/hour.

Our DHB was the only one to meet all ESPIs.

The Committee:

1. **Received** the 'Summary financial report for May 2019'
2. **Noted** the May 2019 month-end result is favourable to budget by $9k
3. **Noted** the year-to-date May 2019 result is unfavourable to budget by $198k
4. **Note** that the forecasted $8.086 million deficit is subject to the following risks:
    - Operating risks – mainly inter-district flows inpatient outflows, IDF community pharmacy, IDF outpatient, and community pharmacy expenditure. The IDF risk is around $600k.
    - Operating risk – the Ministry of Health have funded all significant MECA settlements above 2.43% to date, except the SECA settlement which particularly impacts Spotless Services staff. Spotless have claimed $200k for the 2018/19 year.
    - Provision has been made in the 2017/18 annual accounts of $550k for Holidays Act compliance, but the cost is likely to be greater.
    - One-off impairment of the National Oracle Solution (now known as Finance, Procurement and Information Management project) asset of $1,048k held as shares in NZ Health Partnerships is a risk depending on sector-wide agreed treatment. At its June meeting, the board approved the impairment of these shares.

Moved A Main **Seconded** P Baker-Hogan **CARRIED**

8 Reference and Information Section

The information papers noted below were taken as read:

1. Whanganui District Health Board funded services - rural
2. Health and safety with a focus on rural staff/areas.

9 Date of next meeting

Friday, 6 September 2019.

10 Glossary and terms of reference

For information only.

11 Exclusion of public

It was resolved that:

The public be excluded from the remainder of this meeting under clause 32, Schedule 3 of the New Zealand Public Health and Disability Act 2000 on the grounds that the conduct of the following agenda items in public would be likely to result in the disclosure of information for which good reason for withholding exists under sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

Agenda item	Reason	OIA reference
Minutes of meeting held on 14 June 2019 (public excluded session)	For the reasons set out in the committee's agenda of 14 June 2019	As per the committee's agenda of 14 June 2019

Persons permitted to remain during the public excluded session

The following person(s) may be permitted to remain after the public has been excluded because the board considers that they have knowledge that will help it. The knowledge possessed by the following persons and relevance of that knowledge to the matters to be discussed follows.

Person(s)	Knowledge possessed	Relevance to discussion
Chief executive, senior managers and clinicians	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Committee secretary	Minute taking	Recording minutes of meeting

Moved S Hylton **Seconded** C Anderson **CARRIED**

The public session of the meeting ended at **11.50am**

5 Matters arising from previous meetings

6 Committee Chair's report

A verbal report may be provided at the meeting.

7. Whanganui DHB annual work programme

7.1 Whanganui Alliance Leadership Team

	**Committee paper** ☑ **Information paper** ☐ **Discussion paper** ☐ **Decision paper**
	Date: 6 September 2019
Lead / Author	Russell Simpson, Chief Executive Officer
Subject	Whanganui Alliance Leadership Team update
Purpose	To update the committee on activities of the Whanganui Alliance Leadership Team (WALT)
Equity considerations	Acute demand, System level measures and HealthPathways will be prioritised to help us address equity supported by our data analytics.

RECOMMENDATION

Management recommend that the Committee:

a. **Receive** the paper entitled 'Whanganui Alliance Leadership Team update'.
b. **Note** that HealthPathways has been approved.
c. **Note** that the respiratory and bowel screening HealthPathways were agreed as priorities for initial development
d. **Note** the agreement that as leaders WALT will demonstrate their collegial approach to ensure that the community is receiving the benefits of a joined up service that is unique to our community.
e. **Note** that the results of the recent ASMS (senior doctor union) survey shows we are tracking positively in regards to clinical engagement at a national level.

1. Purpose

The purpose of this paper is to provide a brief update on the current Whanganui Alliance Leadership initiatives.

2. Initiatives

2.1 HealthPathways

HealthPathways has been approved by both PHO chief executives and the WDHB chief executive. The governance group of HealthPathways has good representation from WALT, this group will have the mandate to make decisions on the priorities. Each pathway will require a

measure and reporting of achievement. The following priorities were supported for initial development:

- Respiratory
- Bowel screening

Other pathway priorities will be decided based upon the data to help us address equity, acute demand and service level measures.

2.2 System Level Measures

The system level measures for 2019/20 was approved at the July 2019 meeting and has been approved by the Ministry of Health.

2.3 Hospital Front Door Service Level Alliance (SLA)

WALT agreed the Hospital Front Door SLA. The vision of the Whanganui Hospital Front Door Service Level Alliance is that a collaborative stakeholder approach is taken by the key partners i.e. Whanganui District Health Board (WDHB) / National Hauora Coalition (NHC) and Whanganui Regional Health Network (WRHN) to ensure services provided at the hospital front door by Whanganui Accident and Medical (WAM) and Emergency Department (ED) are cohesive and ensure our population receive the right care in the right place, are culturally responsive and enhance and support the performance of the health system locally. We intend to co-construct a system wide response to address presenting issues such as viability and risk containment for both ED and WAM as the service providers that support walk in patient presentations.

2.3 ASMS survey

The ASMS (senior doctor union) survey was circulated on Monday, 19 August 2019. The survey shows how we are tracking with clinical engagement with our senior medical officers compared to the other 19 DHBs. The survey rates our DHB favourable at a national level. The document is attached as *Information paper one.*

7.2 Child and youth wellbeing

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**COMMITTEE PAPER** ☑ **Information Paper** ☐ **Discussion Paper** ☐ **Decision Paper**
	Date: 6 September 2019

Lead/Author	Barbara Charuk, Portfolio Manager
Endorsed by	Paul Malan, GM Service and Business Planning
Subject	Child and youth wellbeing
Synopsis	The NZ Child and Youth Epidemiology Service reports provide invaluable data and information for the planning and funding of health services for children and young people.
Purpose	To inform the CSAC of the latest epidemiological information and report.
Equity considerations	Children and youth living in areas of deprivation are more susceptible to poorer outcomes.
Financial considerations	Nil
Appended information papers	Nil

Recommendations

Management recommend that the committee:

1. **Receive** the paper entitled 'Child and youth wellbeing'.
2 **Receive** the presentation.
3 **Identify** key perspectives to be included in strategic co-design.

The New Zealand Child and Youth Epidemiology Service (NZCYES), Otago University is contracted to provide yearly data and information for DHBs on the wellbeing of New Zealand children. The NZCYES provides annual reports specific to individual DHBs based on a monitoring framework, as well as a national report on the health of children and young people in New Zealand. These reports are aimed to assist DHBs in the planning and funding of services to improve, promote and protect the wellbeing of children and youth. The report also identifies areas where there are disparities in child and youth health or where service provision inequities exist that mean children and young people are not able to reach their full potential.

The NZCYES 2018 report indicators cover the under-15 age group with a focus on the school years. The full report can be accessed at: https://ourarchive.otago.ac.nz/handle/10523/9440.

Presentations and discussion aim to inform the committee of the local data and context.

A report on the progress against the 2018/2019 Whanganui DHB's annual plan will be tabled in conjunction with the annual report.

7.2.1 Health and wellbeing of under-15 year olds in Whanganui 2018

Dr Mavis Duncanson, NZ Child and Youth Epidemiology Service, Otago University

Dr Duncanson is a public health physician with interest and experience in child population health. In her current position as clinical epidemiologist with the New Zealand Child and Youth Epidemiology Service (NZCYES) she contributes to the provision of up to date and accurate information of the health of children and young people to each district health board in New Zealand as well as to the Ministry of Health. In collaboration between NZCYES and other organisations, Dr Duncanson also contributes to the annual Child Poverty Monitor.

Dr Duncanson's presentation will provide a brief outline of our local demographics and discuss the following five indicators from the annual report:

- **Health behaviour**
  Healthy behaviours that include nutrition and physical activity are vital to the overall wellbeing, growth and long-term health of children and young people. This section reports on nutritional indicators, including intake of fruit and vegetables, fast food, fizzy drink, and physical activity or sedentary indicators including television, screen watching and active transport.

- **Oral health**
  Oral health is an important aspect of overall health and wellbeing. This section covers data on access to fluoridated water, caries-free permanent teeth, modifiable risk factors, decayed, missing or filled permanent teeth, and hospitalisation due to severe oral health.

- **Asthma and wheeze**
  Asthma is the most common non-communicable disease in children (Ministry of Health, 2012). Genetic predisposition and environmental exposure (dust mites, pet dander, pollen, mould and smoke) are the strongest risk factors for developing asthma. It is reported that higher rates of respiratory disease occur in areas of high deprivation and that inequities exist across the socio economic continuum and ethnic groups.

- **Serious skin conditions**
  Skin conditions are very common in children and it is reported that New Zealand has one of the highest rates of childhood skin infections in the Western world. High rates are reported in Māori and Pacific Island children living in areas of high socio economic deprivation. This section covers information on hospitalisations for skin infections for under-15 year olds.

- **Nurture and protection**
  Two of the rights under the United Nations Convention of the Rights of the Child (UNROC) are to "grow up in a family environment of happiness, love and understanding"; and," protection from sexual exploitation, abuse and economic exploitation". This section covers information on physical

punishment of under-15 year olds and also on deaths and hospitalisations due to assault, neglect or maltreatment.

7.2.2 Hauora Niho initiative, Te Oranganui Trust (TOT)

Wheturangi Walsh-Tapiata, CEO TOT and Jamie Proctor, Service Manager, TOT

The engagement of Kōhanga Reo, whānau, hapū and iwi to support the development of Māori oral health resources and a research project to gage whānau understanding of, the importance of good oral health, their individual needs and the oral health system in Whanganui. This was done by engaging whānau in a survey and interviews being completed with key stakeholders.

The aim of both these projects is to highlight the importance of oral health among our whānau and Kōhanga Reo in a creative and engaging way. The data collected from the research component will be used to identify possible areas of change within the oral health system and help inform how Te Oranganui and other stakeholders may be able to contribute.

7.2.3 Before School Checks (B4SC)

Nicola Metcalfe, B4SC Coordinator, Whanganui Regional Health Network

The B4 School Check is a universal programme offering a free health and development check for children turning four years old. It is the last core contact delivered under the Well Child Tamariki Ora schedule and aims to identify and address any health, behaviour, social and/or developmental issues prior to starting school. The B4SC includes the following: anthropometry, vision and hearing, oral health, development and behavioural assessment.

7.2.4 Next steps

- Implement the initiatives outlined in the 2019/2020 Annual Plan.
- Develop a 3-5 year strategic plan for maternal, child and youth health.

7.3 Children's worker safety checks within Whanganui DHB

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**COMMITTEE PAPER** ☑ **Information Paper** ☐ **Discussion Paper** ☐ **Decision Paper**
	Date: 6 September 2019
Lead/Author	Susan Watson, People and Performance Consultant Louise Torr, Business Management Medical Management Unit
Endorsed by	Hentie Cilliers, GM People and Performance
Subject	Whanganui DHB compliance with children's worker safety checks
Synopsis	Outline measures taken by Whanganui DHB to ensure compliance with requirements as set out in Part 3 of the Children's Act 2014
Purpose	To confirm how the Whanganui DHB complies with obligations to safety check all children's workers
Equity considerations	Nil
Financial considerations	Nil
Appended information papers	Nil

Recommendations

Management recommend that the committee:

1 **Receive** the report entitled 'Children's worker safety checks within Whanganui DHB'.
2 **Note** compliance of the Whanganui DHB in relation to the Children's worker safety checks within Whanganui DHB.

Background

The Children's Act 2014 (The Act) was amended in 2015 to include obligations in respect of safety checking of children's workers. In 2016, Whanganui DHB completed an exercise to identify all roles subject to the legislation. All staff are now classified as children's workers or not and all children's workers are further classified as core or non-core. The Act provides the relevant definitions. The allocation was based upon assessment by a panel which included the General Manager, People and Performance (P&P), the Director of Nursing and Midwifery, and the Director Allied Health.

Excluding medical positions, as at 13 August 2019 there were 1228 staff employed at WDHB, with 843 staff (68.6 per cent) in positions classified as children's workers. All doctors are classified as children's workers and there were 87 doctors employed on 28 August.

Measures to ensure compliance

The following measures are undertaken by people and performance to ensure children's workers compliance:

Completed Actions

- Initially managers were informed whether roles in their budget area were defined as core, non-core children's workers or non children's workers positions
- Recruitment forms were updated to require managers to confirm to P&P which positions were core and non-core positions within their budget areas
- P&P Policies were amended to confirm core workers are not allowed to commence employment until children's workers clearance is received
- P&P recruitment staff are required to obtain a police clearance application form and to obtain certified copies of primary and secondary identification documents for all new employees
- Employment agreement templates were updated to include a requirement that initial and continued employment, for core and non-core positions, is dependent upon obtaining a 'clean' children's workers when employment commences and thereafter every three years
- A master spreadsheet of existing staff was created and all personal files were searched for evidence of primary and secondary identification documents. Staff who did not have certified copies of primary and secondary documents on file were requested to provide these to P&P. As documents were returned to P&P they were noted on the spreadsheet until all existing staff had identification documents on file
- Human Resource Information System (HRIS) was set up to capture all police clearance applications and, on a monthly basis, the expiry date

Ongoing actions

- Advertising authorities and forms for new positions require managers to indicate whether the position is core, non-core or non-children's workers
- P&P recruitment staff send out police clearance applications to preferred candidates to ensure applications are received in a timely manner and correct documentation is collated. The medical management unit include police clearance applications in their processes for SMOs and RMOs.
- P&P consultants do not sign employment agreements without identity documents being sighted. The medical management unit check individual identities of SMOs at interview, employment offers are subject to satisfactory police clearance, and applicants do not commence without a comprehensive risk review. RMOs similarly have a risk assessment before commencing and offers are subject to satisfactory police clearance.

- HRIS generates a monthly report listing staff whose clearances are due to expire in the next three months

- The P&P consultant and medical management unit contact staff identified and provides an application for renewal form for completion and return

- Timely reminders by the P&P team and medical management unit are provided to staff identified as requiring renewal of children's workers documentation

- As staff return their police clearance application the spreadsheet is updated. The medical management unit update the HRIS system which generates regular reports to ensure all doctors have a current police clearance.

- If staff have not sent in an application within one month of the expiry date reminders are sent with a copy to the manager. The medical management unit escalate concerns to the CMO upon delays receiving the police clearance request.

7.4 Non-financial performance

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**COMMITTEE PAPER** ☑ **Information Paper** ☐ **Discussion Paper** ☐ **Decision Paper**
	Date: 6 September 2019

Lead/Author	Kilian O'Gorman, Business Support Manager
Endorsed by	Paul Malan, GM Service and Business Planning
Subject	Non-Financial Performance
Synopsis	This is a summary of our ratings from the Ministry of Health for our 2018/19 quarterly reporting for Quarter 4.
Purpose	To provide the Committee with transparency in respect of non-financial performance reporting.
Equity considerations	Several measures report by ethnicity so performance does highlight aspects of equity
Financial considerations	Nil
Appended information papers	Nil

Recommendations

Management recommend that the committee:

1. **Receive** the non-financial performance report.
2. **Accept** the non-financial performance report.

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Non Financial Quarterly Reporting
Quarter 4 2018-19
FINAL RATINGS

Achieved
Partially Achieved
Not Achieved
Not Applicable

Measures *(Notes follow at base of report)*	Detail	WDHB 2018/19 Performance target	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Focus Area 1 (a) Improving equity for priority populations - pregnancy, early years, and and adolescence						
HT4: Increased Immunisation	Indicator: 95 percent of eight months olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time	≥95% Total	90%	86.2%	88.0%	90.7%
HT7: Raising healthy kids	Indicator: by December 2017, 95% of children identified in B4SC will be offered a referral to a health professional	≥95% Total	88%	91%	93.0%	95.0%
PP10: Oral Health- mean DMFT score at year 8	Ratio year 1 (Jan to Dec 2017) of Drilled, Missing or Filled Teeth : to healthy teeth	≤0.83			0.88	
	Ratio year 2 (Jan to Dec 2018)	≤0.83			0.82	
PP11: Children caries-free at five years of age	Ratio year 1 (Jan to Dec 2017) of children who are caries free as a % of all children	≥56%			55.0%	
	Ratio year 2 (Jan to Dec 2018)	>56%			57.0%	
PP12: Utilisation of DHB-funded dental services by adolescents (school year 9 up to and including age 17 years) *see note 1	% utilisation of services year 1 (Jan to Dec 2017)	≥85%				80%
	% utilisation of services year 2 (Jan to Dec 2018)	≥85%				69%
PP13: Improving the number of children enrolled in DHB funded dental services	Measure 1 : Pre-school children enrolled in DHB funded oral health services 0-4 years % year 1 (Jan to Jun)	≥95.0%			124%	
	Measure 1 : Pre-school children enrolled in DHB funded oral health services 0-4 years % year 2 (Jul to Dec)	≥95.0%			125%	
	Measure 2 : Enrolled pre-school and primary children overdue for their examinations 0-12 years % year 1 (Jan to Jun)	≤10.0%			2.0%	
	Measure 2 : Enrolled pre-school and primary children overdue for their examinations 0-12 years % year 2 (Jul to Dec)	≤10.0%			3.0%	
PP21: Immunisation coverage (previous health target)	Indicator 1: 95 per cent of two year olds are fully immunised	≥95%	86%	91%	89%	90%
	Indicator 2: 95 per cent of four year olds are fully immunised	≥95%	90%	86%	87%	89%
	Indicator 3: least 75% of girls 2004 birth cohort are fully immunised for HPV	≥75%		n/a	n/a	69%
	Indicator 4: at least 75% of those aged 65 years and over received an influenza vaccine	≥75%	71%	n/a	n/a	70%
	Report on activities in the Annual Plan	Narrative				
PP25: Prime Minister's youth mental health project	Indicator: Progress local alliance Service Level Agreement plan to implement named initiatives/actions to improve primary care responsiveness to youth	Narrative report				
PP27: Supporting vulnerable children	Indicator: Progress actions and milestones identified in DHB Annual Plans / support the implementation of the Children's Action Plan and the Vulnerable Children Act 2014.	Narrative report				
PP37: Child Health Breastfeeding	70% of infants are exclusively or fully breastfed at three-months	≥70%			51%	
PP39: Supporting health in schools	Reporting on activities in the Annual plan	Narrative report				
PP44: Maternal Mental Health	Reporting on activities in the Annual plan	Narrative report				
SI2: Delivery of regional service plans	A single progress report on behalf of the region agreed by all DHBs within that region	Narrative report				
SI5: Delivery of Whānau Ora	Meet performance expectations across the five priority areas of Mental health, asthma, Oral health, Obesity, and Tobacco	Narrative report				
SI18: Newborn enrolment with General Practice	55% of newborns enrolled by six-weeks of age	≥55%	n/a	n/a	n/a	83.70%
	85% of newborns enrolled by three-months of age	≥85%	86.00%	67.00%	79.00%	98.50%
	Report on activities in the Annual Plan	Narrative report	n/a	n/a	n/a	
Focus Area 1 (b) Improving equity for priority populations - Adulthood and healthy ageing						
HT3: Faster cancer treatment *see note 2	Indicator: patients to receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks	90%	88%	86%	85.5%	79.5%
HT5: Better help for smokers to quit *see note 3	Primary - 90 percent of enrolled patients who smoke and are seen by a health practitioner in General Practice are offered brief advice and support to quit smoking	≥90%	85.7%	91.2%	90.5%	88.40%
	Maternity -90 percent of pregnant women who identify as smokers, being offered advice and support to quit smoking		91.2%	97%	90%	91.30%
PP6: Improving the health status of people with severe mental illness through improved access	Percentage of people domiciled in the DHB region, seen per year : Age 0-19	≥4.0% Maori		5.3%		5.0%
		≥4.0% Other		5.1%		5.4%
		≥4.0% Total		5.2%		5.2%
	Percentage of people domiciled in the DHB region, seen per year : Age 20-64	≥5.36% Maori		10.1%		10.2%
		≥5.36% Other		6.1%		6.1%
		≥5.36% Total		7.1%		7.2%
	Percentage of people domiciled in the DHB region, seen per year : Age 65+	≥1.8% Total		2.3%		2.4%
PP7: Improving mental health services using transition planning *see note 4	The percentage of Child & Youth clients discharged from the community mental health and addiction services with a transition plan (95% of clients discharged will have a quality transition or wellness plan)	≥95%	98%	97%	n/a	86.0%
	95% of audited files meet accepted good practice	≥95%	93%	93%	86.0%	80.0%
PP8: Shorter waits for non-urgent mental health and addiction services	80% of people referred for non-urgent mental health or addiction services are seen within three weeks and 95% of people are seen within 8 weeks this year. 1) 0-19 yrs mental health provider arm <= 3 weeks 2) < = 8 weeks 3) 0-19 yrs addictions (provider arm & AOD NGO) <= 3 weeks 4) <= 8 weeks	1) ≥80%	83%	75.3%	84.2%	86.9%
		2) ≥95%	99%	96.9%	97.6%	98.4%
		3) ≥80%	88%	79.5%	80.2%	83.8%
		4) ≥95%	96%	91.6%	92.3%	92.5%
PP20: Improved management for long term conditions (CVD, diabetes and stroke)	**Focus area 1** Long term conditions - Report on delivery of the actions and milestones identified in the Annual Plan.	Reported via teleconference Qrtrs 1 & 3				
	Focus area 2: Diabetes Management (HbA1c) Improve or, where high, maintain the proportion of patients with good or acceptable glycaemic control <65mmol	<65mmol		61.0%		61.0%
	>65<80mmol	>65<80mmol	87.80%	17.0%		18.0%
	>81<100mmol	>81<100mmol		9.0%		9.0%
	>100mmol	>100mmol		4.00%		4.00%
	Focus area 3: Cardiovascular (CVD) health 90% of eligible population have had their CVD risk assessed in the last five years	≥90.0%	88.5%	89.7%	89.2%	85.50%
	Percentage of Maori men aged 35-44 years who have had their CVD risk assesses in the last five years		61.6%	60.7%	68.2%	61.80%
	Focus area 4: Acute heart service 70 percent of high-risk patients will receive an angiogram within 3 days of admission.	≥70.0%	63.0%	60.0%	68.0%	44.10%
	Over 95% of patients presenting with ACS who undergo coronary angiography have completion of ANZAC QI ACS and Cath/PCI registry **data collection within 30 days.**	≥95.0%	100.0%	100%	100%	97.20%
	Over 99% of patients presenting with ACS who undergo coronary angiography have completion of ANZAC QI ACS and Cath/PCI registry **data collection within three months**	≥99.0%				100.0%
	Focus area 5: Stroke Services 10 percent of potentially eligible stroke patients thrombolysed	≥10%	23.0%	11.0%	8.0%	3.0%
	80 percent of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway	≥80.0%	94.0%	100.0%	100.0%	100.0%
	80 percent of stroke patients transferred to ATR are transferred within 7 days of acute admission	≥80.0%	100.0%	78.0%	50.0%	100.0%
PP21: Immunisation FA 3 Influenza 65+	Indicator 4: at least 75% of those aged 65 years and over received an influenza vaccine	≥75%	70%			

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Non Financial Quarterly Reporting
Quarter 4 2018-19
FINAL RATINGS

Achieved
Partially Achieved
Not Achieved
Not Applicable

Measures *(Notes follow at base of report)*	Detail	WDHB 2018/19 Performance target	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PP23: Improving wrap around services – health of older people	Indicator: Progress on delivery of the actions and milestones to improve wrap around services for older people identified in DHB Annual Plans	Narrative report				
PP26: Rising to the Challenge The Mental Health & Addiction Service Development Plan	Focus area 1: Primary mental health integration initiatives	Narrative report				
	Focus area 2: Draft suicide prevention and postvention plans	Narrative report				
	Focus area 3: Improving crisis response services	Narrative report				
	Focus area 4: Improve outcomes for children	Narrative report				
	Focus area 5: Improving employment and physical health of persons with low prevalence conditions	Narrative report				
PP30: Faster cancer treatment	Part A 31 day indicator : patients to receive their first cancer treatment (or other management) within 31 days of the decision to treat	≥ 85%	94%	93%	89.9%	88.9%
PP31: Better help for smokers to quit in public hospitals *(Previous Health Target)*	Secondary - 95 percent of hospitalised patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking	≥95%	85%	81.6%	87.9%	88.7%
PP36 Maori under the Mental Health Act	DHBs will reduce the number of Maori under s29 MHA by the end of the year	≤173 per 100,000	179	274	278	378
PP43: Population Mental Health	Report on activities in the Annual Plan	Narrative report				
Output 1: Mental health output delivery against plan Volume delivery for specialist Mental health and addiction services is within:	a) five percent variance (+/-) of planned volumes for services measured by FTE	100%	106%	106%	100%	106%
	b) five percent variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day	85%	96%	96%	98%	96%
	c) actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan	n/a				
OS3: Inpatient length of stay	Elective LOS	≤1.45 (days)	1.47	1.43	1.43	1.41
	Acute LOS	≤2.30 (days)	2.25	2.22	2.22	2.26
OS08:Reducing Acute readmissions to hospital	Less than 11.8% of discharges will be readmitted acutely within 28 days	<11.8%		14.70		
SI1: Ambulatory sensitive (avoidable) hospital admissions	Age 45-64 (Maori)	5,565 per 100,000		12110		11592
	Age 45-64 (Total)			6538		6310
SI10: Cervical Screening	Improving cervical screening coverage to over 80% of all ethnicities	80%		79.9%		76.2%
SI11: Breast Screening	Improving breast screening coverage to over 70% of all ethnicities	70%		79.1%		79.3%
SI14: Disability Support Services	Report on activities in the Annual Plan	Narrative report				
SI15: Addressing local population challenges by life course	Report on activities in the Annual Plan	Narrative report				
SI17: Improving Quality	Report on activities in the Annual Plan	Narrative report				
Focus Area 2: EQUITABLE access to clinical services						
HT1: Shorter stays in emergency departments	Indicator: 95 percent of patients will be admitted, discharged, or transferred from an Emergency department (ED) within six hours.	≥95% Total	89%	89%	92%	91%
		≥95% Maori	91%	n/a	94%	92%
		≥95% Pacific	93%	n/a	95%	92%
PP29: Improving waiting times for diagnostic services	Coronary angiography 95% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)	95%	n/a	n/a		
	Colonoscopy (Urgent) a. 75% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 days)	90%	82%	100%	91.3%	100.0%
	Colonoscopy (Diagnostic) b. 65% of people accepted for a diagnostic colonoscopy will receive their procedure within six weeks (42 days)	70%	67%	73%	75.2%	75.3%
	Surveillance colonoscopy c. 65% of people waiting for a surveillance colonoscopy will wait no longer than twelve weeks (84 days) beyond the planned date	70%	84%	75%	66.7%	79.0%
	CT – 95% of accepted referrals for CT scans will receive their scan within 6 weeks	95%	99%	96%	97%	99.0%
	MRI - 85% of accepted referrals for MRI scans will receive their scan within 6 weeks	85%	95%	89%	81%	98.0%
PP45: Elective surgical discharges	Former Health Target					
SI2: Delivery of regional service plans	A single progress report on behalf of the region agreed by all DHBs within that region	Narrative report				
SI4: Standardised intervention rates (SIRs) per 10,000 of population	Major joint replacement	>21	34.9	32.5	30.2	26.32
	Cataract procedures	>27	19.0	25.8	25.7	26.32
	Cardiac surgery	>6.5	4.8	3.8	5.4	5.50
	Percutaneous revascularization	>12.5	11.7	11.3	11.3	11.82
	Coronary angiography services	>34.7	28.0	28.8	29.1	30.33
SI17: Improving Quality	Report on activities in the Annual Plan	Narrative report				
Focus Area 3: ENABLERS of BETTER HEALTH & INDEPENDENCE						
HS: Supporting delivery of the New Zealand Health Strategy	Each DHB provides one highlight per strategy per quarter	Achievement report				
PP22: Improving system integration and SLMs	Indicator: Progress on delivery of the actions and milestones to improve integration identified in DHB Annual Plans	Narrative report				
PP32 Ethnicity Data in PHO and NHI registers *see note 5	Combination data and narrative report on Progress with EDAT Ethnicity Data Audit Toolkit	Report				
PP33 Maori Enrollment in PHOs	Combination data and narrative report on Improving Maori enrollment to 90%	90%				
PP40: Responding to climate change	Report on activities in the Annual Plan	Narrative				
PP41 : Waste disposal	Report on activities in the Annual Plan	Narrative				
SI3: Ensuring delivery of service coverage	Report progress during the quarter towards resolution of exceptions to service coverage identified in the Annual Plan	Narrative report				
SI16: Strengthening Public Delivery of Health Services	Meeting service coverage requirements and supporting sector inter-connectedness	Narrative report				
SI17: Improving Quality	Report on activities in the Annual Plan	Narrative report				
OS10: Improving the quality of data submitted to national collections	Focus area 1 - Improving the quality of identity data within the national health index	Various ratings against national collections			n/a	
	Focus area 2 - Improving the quality of identity data in the national health index and data provided to the national collection systems (NCS)					
	Focus area 3 – Improving the quality of PRIMHD					

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	Non Financial Quarterly Reporting Quarter 4 2018-19 FINAL RATINGS	Achieved Partially Achieved Not Achieved Not Applicable				
Measures *(Notes follow at base of report)*	**Detail**	**WDHB 2018/19 Performance target**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
SYSTEM LEVEL MEASURES PLAN		**Target**	**Tracking against annual target**			
SI1: Ambulatory sensitive hospitalisations (0-4)	Keeping children out of hospital Improvement milestone 7,149 presentations per 100,000 Maori	7,149 per 100,000	10153	9796	7662	9796
SI12 Youth access and utilisation of health services (SLM)	Youth receive oral health preventative service annually until their 18th birthday Improvement milestone 85% of youth will access DHB funded adolescent dental services	85%	79%	79%	n/a	69%
SI13: Babies in Smokefree Homes	Healthy start Improvement milestone 40% of Maori babies live in a smokefree home by 30 June 2019	40%	37%	14%	14%	14%
SI7: Acute Bedday	Using health resources effectively Improvement milestone Reduce equity gap by 50% for Maori (490-438 bed days)	438 Bed days	396	388	388	390
SI18: Patient experience of care	A single progress report on behalf of the region agreed by all DHBs within that region	Narrative report	n/a	n/a	n/a	n/a
SI19: Amenable Mortality	Preventing and detecting diseases early Improvement milestone Reduce the equity gap between Maori & non-Maori 25% over the next two to four years	25% within 4 years	133.20	133.20	133.20	133.20

System level measure results are included for information only - there are no quarterly ratings assigned by the Ministry

Information:
a. The 'Achieved/Not Achieved' status of some measures reflects a combination of performance to agreed targets and the content of supporting narrative reports.
b. Some measures require a narrative or verbal report only, therefore no quantitive measure is reported.
c.The DHB monitoring framework aims to provide a rounded view of performance using a range of performance markers. Dimensions are identified reflecting DHB functions as owners, funders and providers of health and disability services. The identified dimensions of DHB performance cover:

HT - Health Targets	Health targets support the health and disability system outcome of 'New Zealanders living longer, healthier and more independent lives'
DV - Developmental measures	Typically these are new measures being developed to become part of the DHB monitoring framework
PP - Policy Priorities	Achieving Government's priority goals/objectives and targets or 'Policy priorities'
SI - System Integration measures	Meeting service coverage requirements and Supporting sector inter-connectedness or 'System Integration'
SLM - System Level Measures	
OS - Ownership measures	Providing quality services efficiently or 'Ownership'
OP - Output measures	Purchasing the right mix and level of services within acceptable financial performance or 'Outputs'

Notes on Quarter Four 2018-19 for measures 'Not Achieved'

Note 1 - PP12 Utilisation of DHB-funded dental services by adolescents

While the coverage rate for adolescents has decreased overall, the number of patients treated has increased. The decrease is largely due to reduction in private practice coverage.

Note 2 - HT3: Faster cancer treatment

Whanganui DHB are aware of the shortfall in the health target results for Faster Cancer treatment. We are working with internal and external stakeholders to reduce overall treatment times. This includes audits and root cause analysis for patients where the timeframe is greater than 62 days, risk management processes and an internal steering group with the mandate to make change to processes and pathways across the system. We continue to make this an area of priority across services.

Note 3 - HT5: Better help for smokers to quit (Primary)

Primary care continues to focus on achieving the target through active clinical leadership, updating patient information & smoking status and outreach service to contact smokers offering brief advice and cessation support.

Note 4 - PP7: Improving mental health services using transition planning

New forms being introduced and not yet fully utilised. Reliant on Risk Assessment and Client Notes to obtain data. Data collected straight from WebPAS and not previous reporting. Transition plan current data manually filtered.

Note 5 - PP32: Ethnicity Data in PHO and NHI registers

Mechanisms supporting EDAT toolkit processes are inherent in patient management systems, and all users are trained in their application, however WDHB will investigate further that these protocols are followed across the system, including PHO and NGO providers.

7.5 Public Health Annual Plan 2019/2020

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**COMMITTEE PAPER** ☑ **Information Paper** ☐ **Discussion Paper** ☐ **Decision Paper**
	Date: 6 September 2019

Lead/Author	Public Health Team
Endorsed by	Paul Malan, GM Service & Business Planning
Subject	Whanganui DHB Public Health Annual Plan 2019/2020
Synopsis	The Whanganui DHB Public Health Annual Plan 2019/20 has been approved by the Ministry of Health. This document outlines the strategic focus for Public Health services to increase the wellbeing of families and whānau across the Whanganui DHB region for 2019/20.
Purpose	For noting by the Committee.
Equity considerations	Refer to Whanganui DHB Public Health Annual Plan 2019/20 document
Financial considerations	Refer to Whanganui DHB Public Health Annual Plan 2019/20 document
Appended information papers	Nil

Recommendations

Management recommend that the committee:

1. **Receive** the report entitled 'Whanganui DHB Public Health Annual Plan 2019/20'.
2. **Support** that the board endorse the Whanganui DHB Public Health Annual Plan 2019/20.
3. **Note** that the plan has been approved by the Ministry of Health.

WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

2019 - 2020 MĀHERE TAU ANNUAL PLAN PUBLIC HEALTH

Better health and independence
He hauora pai ake, he rangatiratanga

www.wdhb.org.nz

RĀRANGI KIKO
TABLE OF CONTENTS

MIHI
INTRODUCTION

'Better health and independence'
through integrity – fairness – looking forward – innovation

Whanganui District Health Board

The primary aim of the Whanganui District Health Board (Whanganui DHB) is to ensure people living in our community get the services they need to help them to be as healthy and independent as possible.

long term, the Whanganui DHB aims to:

- Improve the life expectancy for the DHB population, with improvement in equity for Māori
- Reduce mortality rates for the DHB population, with improvement in equity for Māori
- Reduce morbidity by improving the quality of life for the DHB population, focusing on those with the highest need
- Improve equity by reducing the health status gap between Māori and non-Māori across all measures, and also between the Whanganui region and New Zealand

Whanganui DHB has made four specific commitments to support achievement of the vision:

- Advancing Māori health and Whānau Ora
- Investing to improve health outcomes and live within our means
- Growing the quality and safety culture
- Rising to the challenge to build resilient communities.

Whanganui DHB Public Health Centre

Public health is part of our wider health system that works to keep our population well.

The Public Health Centre (PHC) sits within the Whanganui DHB service and business planning team. The PHC delivers health promotion and public health nursing services. The health protection component is provided by MidCentral District Health Board, however the health protection team and medical officer of health are co-located in the PHC building.

PHC staff work towards improving, promoting and protecting the health and wellbeing of our community and to reduce inequalities. Activities are focused around the social and physical environments in which our population live, learn, work and play, across the life course, as well as on approaches that promote healthy change and outcomes.

The PHC mission statement is that our service is committed to working with communities to promote health and wellbeing.

The Whanganui DHB recognises the value and importance of health promotion and health protection in enabling people to increase control over and improve their health. The PHC continues to be committed to working collectively with other organisations and communities inside and outside of the health sector, to deliver on local, regional and national health priorities, and are committed to:

The Treaty of Waitangi

Commitment to the principles of partnership, participation and protection that underpin the relationship between the Government and Māori under the Treaty of Waitangi:

- **Partnership** involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.
- **Participation** requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.
- **Protection** involves the Government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

The New Zealand Health Strategy

Commitment to delivering the New Zealand Health Strategy. To support our population to live well, stay well and get well we aim to be:

- **People Powered**
  - By working in a way that supports our local communities to mobilise and engage with deciding, designing and developing health interventions and systems that meet their needs.
  - By working in a way that supports greater integration of PHC services with treatment and support services.

- **Closer to home**
  - By working in a way that better focuses PHC interventions to evidence-based practice, local needs, stories and context.
  - By working in a way that enables communities, community leaders, community organisations and other agencies to develop local solutions to causes of health problems for their communities.

- **Value and high performance**
  - By working in a way to address health inequalities through improved access to the right information and the right resources at the right time.
  - By working in a way that delivers effective public health initiatives with outcomes that have real impact.

- **Our team**
  - By working in a way that enables leadership development, grows prevention and population health skills, grows capability in our team as well as local organisations, including our DHB, Māori providers and NGOs.
  - By working in a way that strengthens the role for our people in our communities to support health.

- **Smart system**
  - By working in a way that improves public health service delivery across priority populations
  - By working in a way that supports effective evaluation of interventions and sharing of learnings across organisational and professional networks

He Korowai Oranga 2014

Commitment to the Māori health strategy He Korowai Oranga 2014, with the overall aim of Pae ora - healthy futures, which incorporates three interconnected elements:

- **Whānau ora** – healthy families - whānau wellbeing and support, participation in Māori culture and Te reo
- **Wai ora** – healthy environments - education, work income housing and deprivation
- **Mauri ora** – healthy individuals - life stage from pepi/tamariki to rangatahi then pakeke and a section that includes individuals of all ages

Achieving Equity in Health and Wellness

Commitment to embedding a pro-equity approach into PHC service delivery, with the aim to address the significant health outcome inequalities in the Whanganui district, particularly for Māori.

In 2018, a pro-equity check-up was completed to assess how well Whanganui DHB is embedding a pro-equity approach into its work. The primary focus for the check-up was to identify opportunities and create a strong foundation for Whanganui DHB as it works towards equity.

Findings from this assessment were grouped into four key themes:

- leadership and accountability,
- capability,
- transparency
- and partnership

Recommendations from this assessment to help respond to the 4 key themes:

- Strengthen leadership and accountability for equity capability
- Build Māori workforce and Māori health and equity capability
- Improve transparency in data and decision making
- Support more authentic partnership with Māori

In efforts to strengthen and refocus our PHC service delivery, in 2018 our health promotion and public health nurse team began reviewing opportunities to better focus our service delivery efforts.

The following has been identified to support our commitment to embed a pro-equity approach:

- Develop and implement a service delivery framework that embeds a whānau ora wellness model, better focuses PHC efforts through a life course approach and better targets priority populations where people live, learn, work and play.

Working in Partnership

Commitment to achieving collective impact through interventions and services closer to home, to do this we understand the importance of strengthening our collaborative partnerships and collaborative action with other parts of the health system, across sectors and with key interagency networks, including:

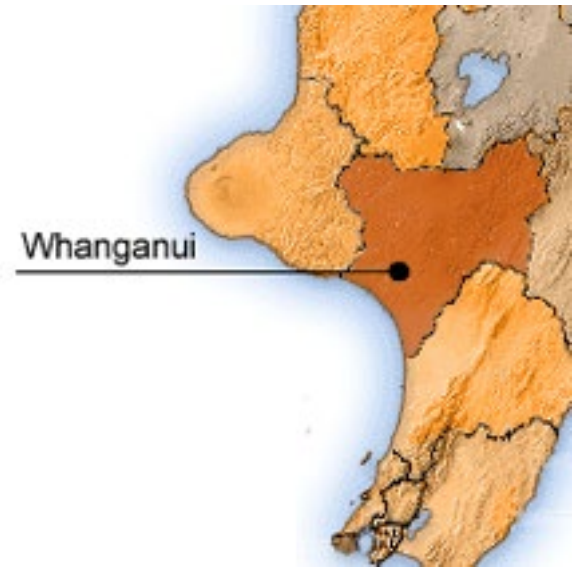
- Whanganui DHB Planning and Funding
- Mid-Central DHB Health Protection team
- Primary care services
- Iwi services and organisations
- Local authorities
- Government agencies
- Non-Government Organisations
- Local, Regional and National Interagency networks
- Education institutes, sport and private sector agencies and priority settings
- Community groups

Keeping our people well

Commitment to making a significant difference to the health and wellbeing of the population we serve.

The Whanganui DHB covers a large geographical area with our population living in the Whanganui and Rangitīkei territorial authority areas as well as the Ruapehu territorial area wards of Waimarino and Waiouru – known as South Ruapehu.

Population growth is growing with just over 64,000 people living in our region, approximately one third of the population live in small towns and rural communities.



Compared to the New Zealand average (Census 2013, Statistics New Zealand), the Whanganui DHB population is characterised by a large percentage of Māori (26.5 percent), a small but growing population of Pacific and Asian people (2 percent per group), and a relatively large and growing percentage of older people over the age of 60 (26 percent). Compared to New Zealand's 21.5 percent, Whanganui DHB's population has a higher percentage of children and young people, with 27 percent under 17 years of age, of which more than a third are of Māori ethnicity.

To support keeping our people well, our PHC is committed to the WDHB key focus areas for providing integrated service for the following priority population groups:

- Maternal, Child and Youth Health
- Health of Older People
- People with Long-Term Conditions including mental health
- Delivering equitable access to clinical services for our population

The work of the PHC aligns directly with the first of the three key focus areas - improving equity for priority populations across life course

Focus Area 1(a) Pregnancy, early years, and adolescence

- Maternal mental health services
- Child wellbeing
- Supporting health in schools, including school based health services
- Increased immunisation
- Raising healthy kids
- Mental health and wellbeing

Focus Area 1(b) Adulthood and healthy ageing*

- Mental health and wellbeing
- People with disabilities
- Cardiovascular and diabetes risk assessment
- Better help for smokers to quit
- Pharmacy Action Plan
- Cancer prevention (including faster cancer treatment and bowel screening)
- Healthy ageing

PHC Service Delivery

Commitment to the following priorities for PHC service delivery in 2019-2020:

- Collective impact and partnership
- Achieving equity in health and wellness
- Improving Māori health outcomes
- Improving child, Infant and maternal health outcomes
- Enabling health promoting environments with emphasis on a "Health in all Policies" approach
- Regional approaches to both alcohol and tobacco harm reduction
- Regional approaches to promote community resilience, mental health and psycho-social well-being
- Promotion of living safer, healthy and active lifestyles

The key principles for PHC service delivery are:

- To focus on the health of communities as a population rather than individuals
- To influence health determinants
- To prioritise improvements in Māori health
- To contribute to reducing health disparities
- To base practice and service delivery on the best available evidence
- To build effective partnerships across the health sector and other sectors
- To remain responsive to new and emerging health threats.

Forward focus

This PHC annual plan groups and displays the way in which our public health service will deliver and focus efforts for improving population health outcomes.

The plan identifies key service lines, priority settings and priority areas known as service areas. For each service area, the plan identifies key priorities and outcomes that we are working towards as a service for 2019-2020.

Annual action plans are developed for each service area and contain key 'activities'. Within each activity there are a number of 'tasks' which break the work down further into manageable elements.

Each action plan aligns with our PHC service delivery framework to embed a pro-equity approach and utilises Results Based Accountability™ (RBA) performance measures to provide outcome-based measures. These activities and tasks are not included in the annual plan as they are for operational planning and monitoring.

This plan should also be read in conjunction with Māhere Tau, the Whanganui DHB Annual Plan 2019 – 2020.

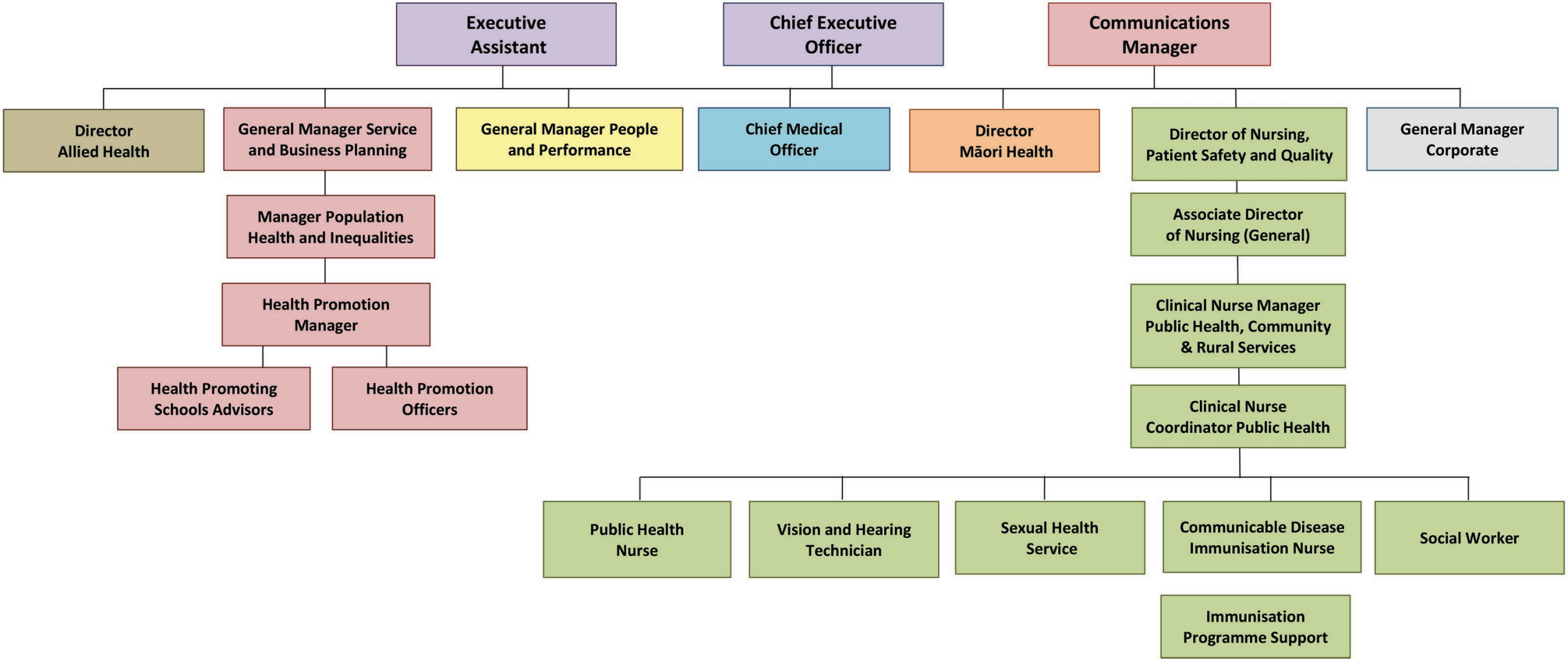
Reporting

The PHC will provide formal reports to the Ministry of Health and our DHB in January and July. Reports will relate to the priorities and outcomes described in this plan, and will outline key achievements for the previous six months and describe any challenges and emerging issues. These reports are as follows:

- Summary Progress Report - January
- Whole-of-year Report - July

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Whanganui District Health Board Organisation Chart as at March 2019



Healthy Public Policy	*Supporting the development of health-promoting policies and approaches across our communities*

The outcomes we are working towards are that policies, practices and environments support health and wellbeing, improve Māori health, and reduce disparities.

The key healthy public policy outcomes we are working towards are:	The key healthy public policy priorities for 2019-20 are:
• Health in All policies approach positively influencing determinants of health and health outcomes for those most vulnerable	• To improve the overall health of communities through the adoption of healthy public policy e.g. mental health and wellbeing, tobacco control, alcohol use • Continue to work alongside local authorities, priority settings and community agencies to advocate for health in all policies

Community Action	*Supporting our communities to improve their health*

The outcome we are working towards is to enable healthy change through community action

The key community action outcomes we are working towards are:	The key community action priorities for 2019-20 are:
• Communities are enabled and empowered to influence healthy outcomes • Delivery of focused and culturally appropriate health promotion initiatives within priority settings and communities where people live, learn, work and play	• To provide an accessible and responsive health information resource center • Support under-served and priority communities to identify and address their health priorities e.g. workplaces, sexual health, rural communities • Work alongside Healthy Families Whanganui Rangitīkei Ruapehu to support innovation of change activities where people live, learn, work and play

Public Health Capacity	*Supporting our workforce to continue to grow and develop as health professionals*

The outcome we are working towards is to build public health knowledge and expertise

The key public health capacity outcomes we are working towards are:	The key public health capacity priorities for 2019-20 are:
• A minimum of 75% of public health workforce will hold a tertiary qualification in public health or an equivalent qualification	• Continued support public health staff to attend training, study and professional development opportunities which supports their public health role • Continued support public health staff to lead and participate in local/regional/national networks

Education Settings	*Supporting our children and young people to learn well and be well*

The outcome we are working towards is to enable education settings to support student, whānau and staff wellbeing

The key education setting outcomes we are working towards are:	The key education setting priorities for 2019-20 are:
• Education settings make the healthy choice the easy choice for students, whānau and staff	• To continue delivery of the health promoting schools initiative in low decile schools, kura kaupapa Māori, and priority kāhui ako. • To work with education settings to develop, promote, evaluate and implement wellbeing promotion resources and programmes • Prioritisation and delivery of health promotion initiatives in te kōhanga reo and early childhood settings

Workplace Settings	*Supporting workplaces improve wellbeing*

The outcome we are working towards is to enable workplace wellbeing within organisations in our region

The key workplace setting outcomes we are working towards are:	The key workplace setting priorities for 2019-20 are:
• Workplace settings make the healthy choice the easy choice within their organisations	• Development of workplace wellbeing package and regional approach to deliver programmes and resources like WorkWell, Good4Work, MHF mental wellbeing • Support workplaces settings to develop, promote, evaluate and implement workplace wellbeing programmes and resources • Prioritisation and delivery of health promotion initiatives within settings with focus on reaching priority populations

Injury prevention	*Supporting people to enjoy healthy lifestyles within a healthy environment*

The outcome we are working towards is to reduce incidences unintentional and intentional injury in our region

The key injury prevention outcomes we are working towards are:	The key injury prevention priorities for 2019-20 are:
• Collaborative approach to reduce injury	• Work alongside interagency networks, communities and key settings to create supportive and safe environments

Family and Sexual Violence	*Supporting safe communities, safe homes, safe people*

The outcome we are working towards is to reduce incidences of family violence and sexual violence in our region

The key family and sexual violence outcomes we are working towards are:	The key family and sexual violence priorities for 2019-20 are:
• Contribute to reduced assault rates on children and vulnerable populations • Increased amount of organisations, settings and communities that are responsive to preventing family violence and sexual violence • Increased collaborative efforts and strategies to raise awareness about preventing family violence and sexual violence • Multiagency support for vulnerable pregnancies	• Work alongside interagency networks, communities and key settings to raise awareness, strengthen community action and response to family violence and sexual violence • Support communities and key settings to create supportive and safe environments • Advocate and support adoption of healthy public policy, such and Child Abuse and Neglect and Intimate Partner Violence (IPV) prevention policies

Alcohol and Other Drugs (AOD)	*Supporting our communities to end harm from alcohol and other drugs*

The outcome we are working towards is to minimise and reduce the levels of harm from alcohol and other drugs in our region.

The key AOD outcomes we are working towards are:	The key AOD priorities for 2019-20 are:
• Reduced incidences of AOD related harm • Increased AOD treatment opportunities • Increased awareness, collaborative efforts and strategies to reducing AOD related harm • Healthy public policy that supports safer environments, demand reduction and supply control strategies.	• Work alongside interagency networks, communities and key settings to reduce AOD related harm • Develop, implement and advocate for healthy public policy and initiatives that address AOD related harm. • Raising awareness on preventing Fetal alcohol spectrum disorder (FASD) • Support priority populations and communities access appropriate training, information and resources that address AOD related harm. • To undertake appropriate regulatory functions required under the Sale and Supply of Alcohol Act 2012

Mental Health and Wellbeing	*Supporting people to enjoy healthy lifestyles within a healthy environment*

The outcome we are working towards is connected community action to support and improve mental health and wellbeing in our region.

The key mental health and wellbeing outcomes we are working towards are:	The key mental health and wellbeing priorities for 2019-20 are:
• Local strategies and initiatives support people maintain and improve mental health and wellbeing • Increased awareness of local and national support services • Strengthened community action to access appropriate wrap around and support services • Alignment of activities with recommendations from the Mental health enquiry	• Working alongside interagency networks, communities to support achieving better mental health and wellbeing outcomes for priority populations • Promotion of mental health and wellbeing strategies, resources, support and programmes with particular focus on vulnerable populations and youth. • Support organisations and priority settings where people live, learn, work and play to create supportive health promoting environments

Maternal, Infant and Child health	*Supporting our children to flourish in life*

The outcome we are working towards is children in our region are supported to have the best start to life

The key maternal, infant and child health outcomes we are working towards are:	The key maternal, infant and child health priorities for 2019-20 are:
• Increased collaborative efforts and strategies to support achieving better maternal, infant and child health outcomes • Increased knowledge and support around positive parenting programmes and prevention programmes • Reduction in Māori sudden unexpected death in infancy rates • Increased access to oral health support for Māori • Increased awareness on rheumatic fever • Service delivery aligned to improve tamariki ora and whānau ora outcomes • Alignment of activities with the Child Wellbeing strategy	• Work alongside interagency networks, communities and key settings; - to support achieving better health outcomes during the first 1000 days of life - to prevent and respond to adverse childhood experiences (ACE's) - to implement and promote positive parenting programmes and resources - to implement the Whanganui SUDI prevention plan • Support priority settings where Māori live, learn, work and play to create supportive health promoting environments • Raise awareness on key modifiable risk factors, protective factors, treatment and support services with a focus on at risk, vulnerable and priority populations

Nutrition and Physical Activity	*Supporting people to enjoy healthy lifestyles within a healthy environment*

The outcome we are working towards is to create health promoting environments that support health and wellbeing, improve Māori health, and reduce disparities.

The key nutrition and physical activity outcomes we are working towards are:	The key nutritional and physical activity priorities for 2019-20 are:
• Contribute to reducing incidences of long term conditions • Adoption of healthy food and drink policy and health promoting practices • Increased collaborative efforts and strategies to support and promote breastfeeding, healthy food choices and increased physical activity.	• Work alongside interagency networks, communities and key settings to raise awareness on the importance of screening, early intervention and protective factors with focus on preventing some long term conditions. • Support organisations and priority settings where Māori live, learn, work and play to create supportive health promoting environments • Promotion of key prevention and intervention messages, programmes, campaigns and support services with a focus on reaching priority populations

Sexual Health & Diversity	*Supporting healthy sexual health in our communities*

The outcome we are working towards is to reduced rates of sexually transmitted infections in our region

The key sexual health & diversity outcomes we are working towards are:	The key sexual health & diversity priorities for 2019-20 are:
• Regional response to syphilis epidemic • Contribute towards reduced rates of teenage pregnancy with a focus on Māori • Contribute towards reduced rates of sexually transmitted infections • Increased awareness of the core concepts of gender, equity and human rights	• Support implementation of regional actions provided through national guidelines for STI management e.g. National Syphilis Action Plan • Increased collaborative efforts and strategies to support raising awareness about sexual and reproductive health issues • Promote access to free, confidential and widely available sexual health clinical services • Work alongside interagency networks, communities and key settings to create supportive environments and to raise awareness of sexual diversity

Tobacco Control	*Supporting our communities to be smokefree*

The outcome we are working towards is to reduce smoking rates with focus on Māori who smoke in our region.

The key tobacco control outcomes we are working towards are:	The key tobacco control priorities for 2019-20 are:
• Contribute to a reduction in smoking rates among Māori and pacific populations, youth and pregnant women • Increased smokefree and vapefree environments • Increased collaborative efforts and strategies to support achieving Smokefree Aotearoa 2025	• Support priority settings where Māori live, learn, work and play to create supportive health promoting environments • Promotion of key prevention and intervention messages, programmes, campaigns and support services with a focus on reaching priority populations • Advocate for adoption of healthy public policy that supports smokefree and vapefree environments • Effective and efficient delivery of quality stop smoking services across the Whanganui DHB region • Monitor and support ABC Smoking cessation strategy with systematic brief intervention (e.g ABC) and quality referrals to Ngā Taura Tuhono – Regional stop smoking service

Communicable Disease Control	*Supporting increased immunisation rates in our region*

The outcome we are working towards is to prevent and reduce incidence of communicable diseases

The key communicable disease outcomes we are working towards are:	The key communicable disease priorities for 2019-20 are:
• Improved immunisation rates among Māori • Maintain high uptake of school based immunisation programme • Raising awareness of communicable disease and access to immunisation • Protection against the introduction of communicable diseases into New Zealand	• Effective and efficient recording of immunisation data within local and national databases (e.g. NIR) • To monitor and report on communicable disease trends and outbreaks. • Promotion of immunisation with a focus on Māori • Delivery of a robust school based immunisation programme to year 7 and 8 students • Promote national, regional and local information and issues

FINANCIAL ACCOUNT

WDHB PUBLIC HEALTH CENTRE FOR 2019-2020

CS Detail	*Extended Description of Service*	*Purchase Unit ID*	*2019/20*	*Service Start Date*	*Service End Date*
1	Prevention of Alcohol & Other Drugs	RM00100 Alcohol & Other Drug Related Harm	$86,938	1 July 2019	30 June 2020
2	Communicable Diseases	RM00101 Communicable Diseases	$19,320	1 July 2019	30 June 2020
3	Unintentional Injury Prevention	RM00104 – Injury Prevention	$48,299	1 July 2019	30 June 2020
4	Intentional Injury Prevention	RM00104 – Injury Prevention	$33,809	1 July 2019	30 June 2020
6	Mental Health and Wellbeing	RM00105 – Mental Health	$82,619	1 July 2019	30 June 2020
7	Nutrition and Physical Activity	RM00107 – Nutrition & Physical Activity	$162,516	1 July 2019	30 June 2020
8	Sexual Health	RM00109 – Sexual Health	$48,299	1 July 2019	30 June 2020
9	Social Environment	RM00110 – Social Environment	$28,979	1 July 2019	30 June 2020
10	Tobacco Control	RM00111 – Tobacco Control	$81,939	1 July 2019	30 June 2020
11	Well Child Parenting/ SUDI/ Rheumatic fever	RM00112 – Well Child	$83,639	1 July 2019	30 June 2020
12	Workforce/Health Infrastructure	RM00103 – Public Health Infrastructure	$72,278	1 July 2019	30 June 2020
			$748,635.00		

8 Information papers

Attachment	Description	Page
1	ASMS survey	59
Reference attachments – combined committee interest		
1	Glossary	73
2	Combined Statutory Advisory Committee - Terms of Reference	77

9 Date of next meeting

Friday 18 October 2019

ASMS SNAPSHOT

ASMS TOI MATA HAUORA

Issue 3 | August 2019

Preliminary findings from the 2018/19 survey on Distributed Clinical Leadership

Introduction

There is strong evidence that health services led by clinicians improves patient outcomes and makes better use of available resources. High-quality health care requires service-specific knowledge which is constantly changing. Further, the quality of the health service as a whole is determined by the quality of 'front line' clinical practice. It is well recognised that 'command-and-control' leadership is incompatible with participative environments needed for effective patient centred care.

Distributed (also known as 'distributive') clinical leadership (leadership from senior doctors and dentists) is required to ensure clinicians can deliver services based on the best evidence adapted for local needs. Distributed clinical leadership (DCL) is not limited to the DHB as an institution but includes responsibility for patients and the public health system as a whole. It is much broader and extensive than formal clinical leadership (for example, clinical leaders (CDs) and heads of departments (HoDs).

The 2019 Distributed Clinical Leadership survey was released to ASMS members in two parts. Initially the survey was released in late 2018 but, due to a poor response rate, it was sent out again in March 2019 to those who had not responded to the initial survey. The overall final response rate was 26% (1158/4407), which was in line with previous responses rates to DCL surveys in 2015 (1182/3737- 32%) and 2013 (1060/3573- 30%). The poor response rate is noted as a significant limitation of this research but, nevertheless, the survey data provides an important measure of the views of members concerning their workplace environments and relationship with DCL.

This brief report compares key questions posed in the 2019 survey with the answers from previous years. It then delves into overall trends before examining DHB-specific responses to key questions.

List of Figures:

Results

As outlined in Figure 1, there is little change in terms of members views concerning the culture of their DHBs in supporting DCL. While fewer answered 'no', there was a slight decrease in those answering 'yes' and the proportion of people who were undecided had grown. Similarly, as detailed in Figure 2, a much larger proportion disagreed that their Chief Executive was working to enable effective DCL and the proportion of those answering either 'a great extent' or 'some extent' had declined since the previous surveys. A very similar trend was found in members' views concerning the role of their DHBs' senior management (Figure 3).

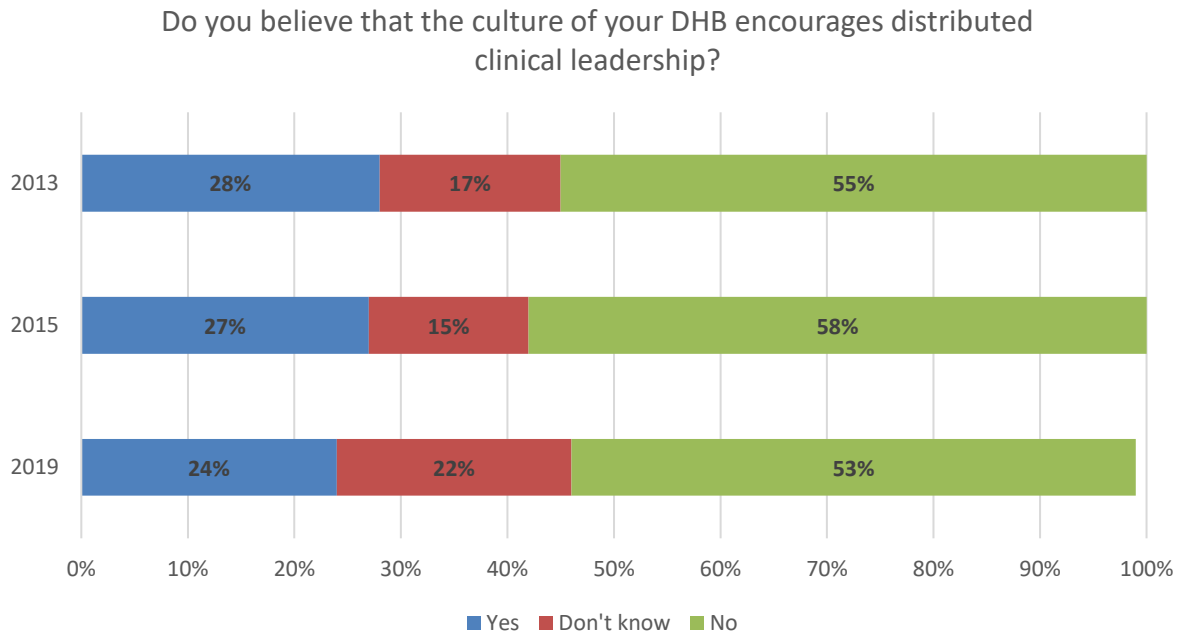


Figure 1: Comparative answers 2013-2019 DHB Culture

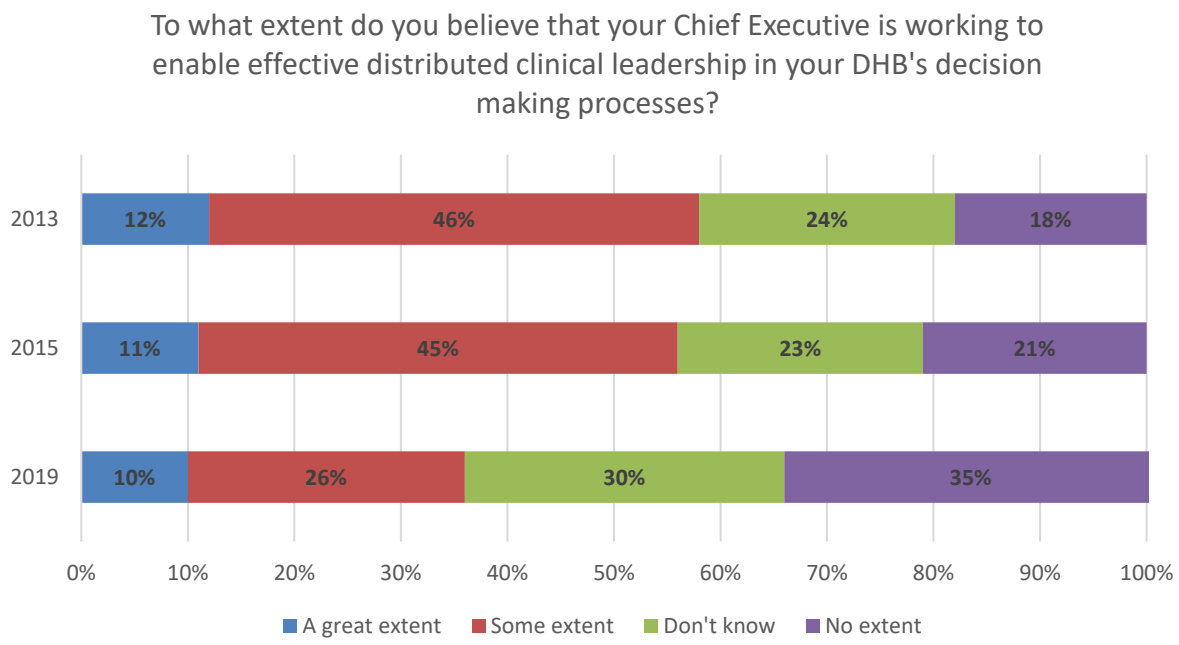


Figure 2: Comparative answers 2013-2019 Chief Executive role

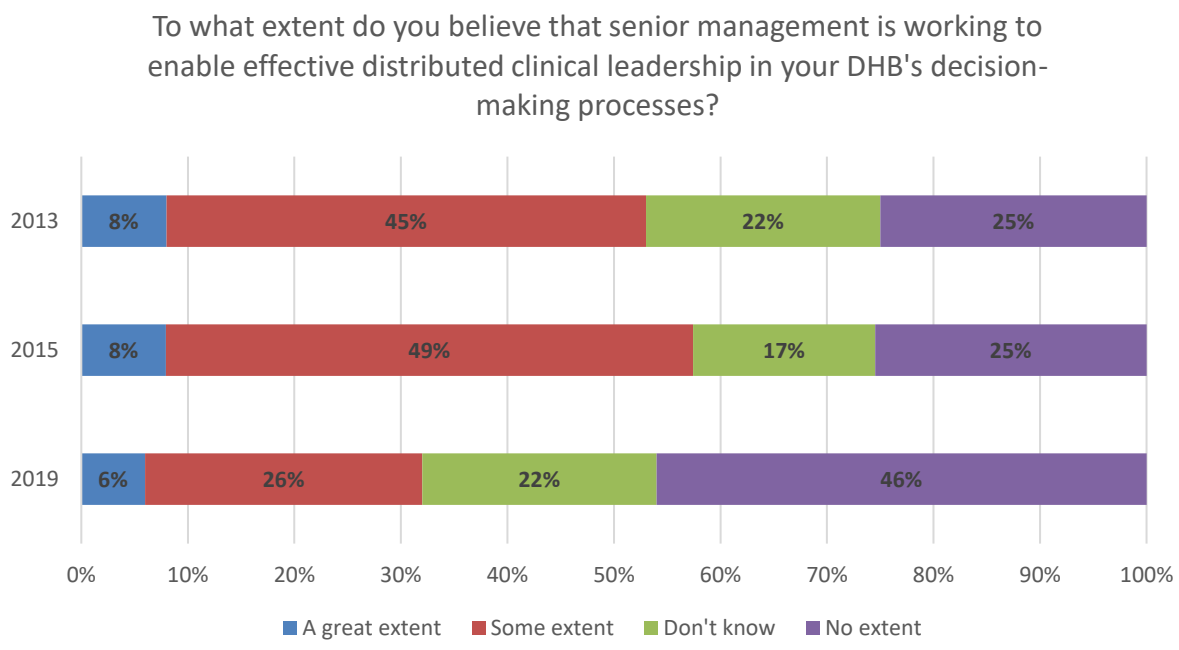


Figure 3: Comparative answers 2013-2019 Senior Management

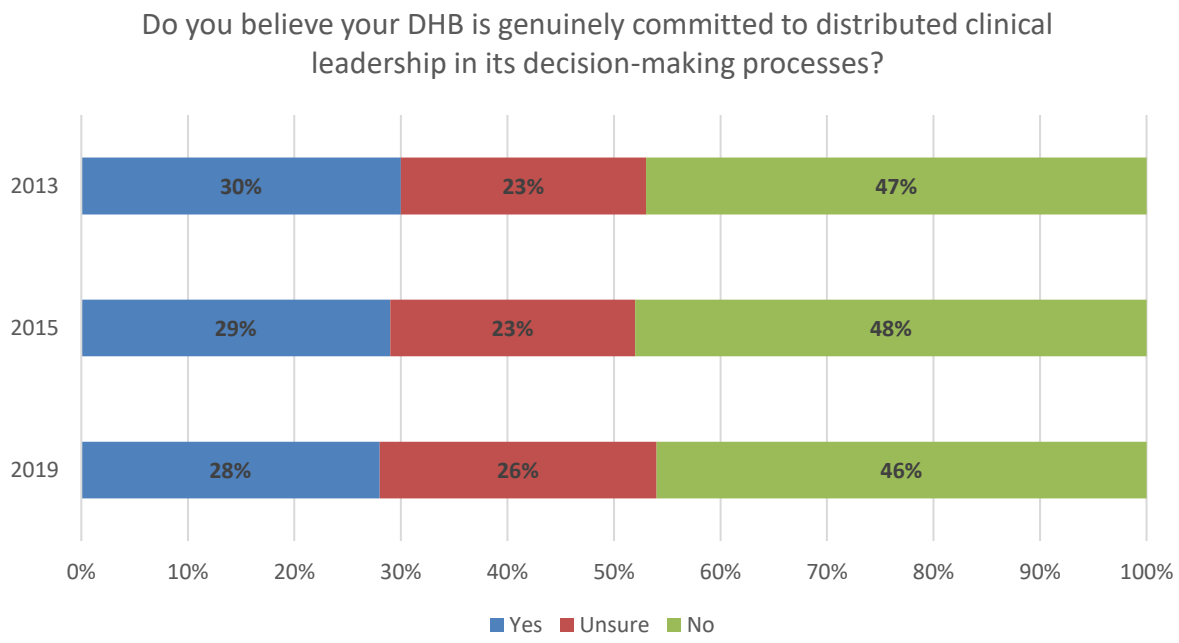


Figure 4: Comparative 2013-2019 DHB commitment

Very little had changed in terms of members' views concerning whether their DHB was genuinely committed to DCL in its decision-making processes (Figure 4). When broken down by DHB (Figure 5), the 2019 responses revealed more than half of respondents held positive views in South Canterbury (64%) and Whanganui (53%), with Canterbury (n=120) a close third (49% 'strongly agree' and 'agree'). This was a change from the 2015 survey where Canterbury, Northland and Hawke's Bay were ranked in the top three (53%, 53% and 50% responding 'yes' respectively). Wairarapa DHB fell to the bottom of the rankings in 2019 (0% 'strongly agree' or 'agree' 2019 compared with 22% responding 'yes' in 2015).

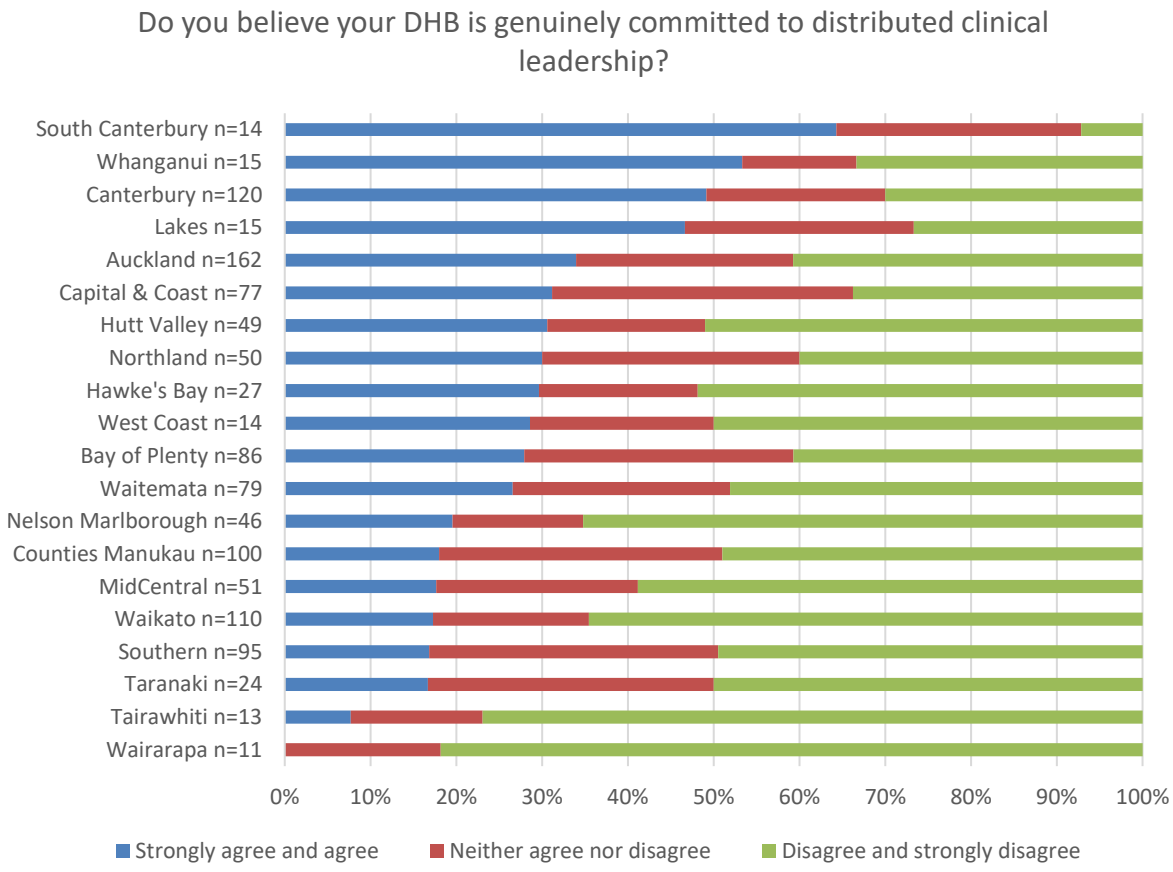


Figure 5: DHBs commitment to DCL

As detailed in Figure 6, the smaller DHBs of Whanganui and South Canterbury again topped the table with over 50% of respondents from Canterbury also agreeing that their Chief Executive was working to enable DCL. No respondents from Wairarapa agreed with this sentiment and very few thought their Chief Executive was enabling DCL at Tairawhiti and Southern (8% and 18% 'to a great extent and to some extent' respectively). This was another change from the previous 2015 survey where DHBs of West Coast and Canterbury topped the charts (89% and 84% 'to a great and to some extent' respectively). At the bottom, Wairarapa remained poorly ranked while Tairawhiti dropped from 7th to 19th and Southern from 12th to 18th in the 2019 rankings. On a positive note, Hutt Valley DHB significantly rose in the rankings from 19th in 2015 to 7th in 2019.

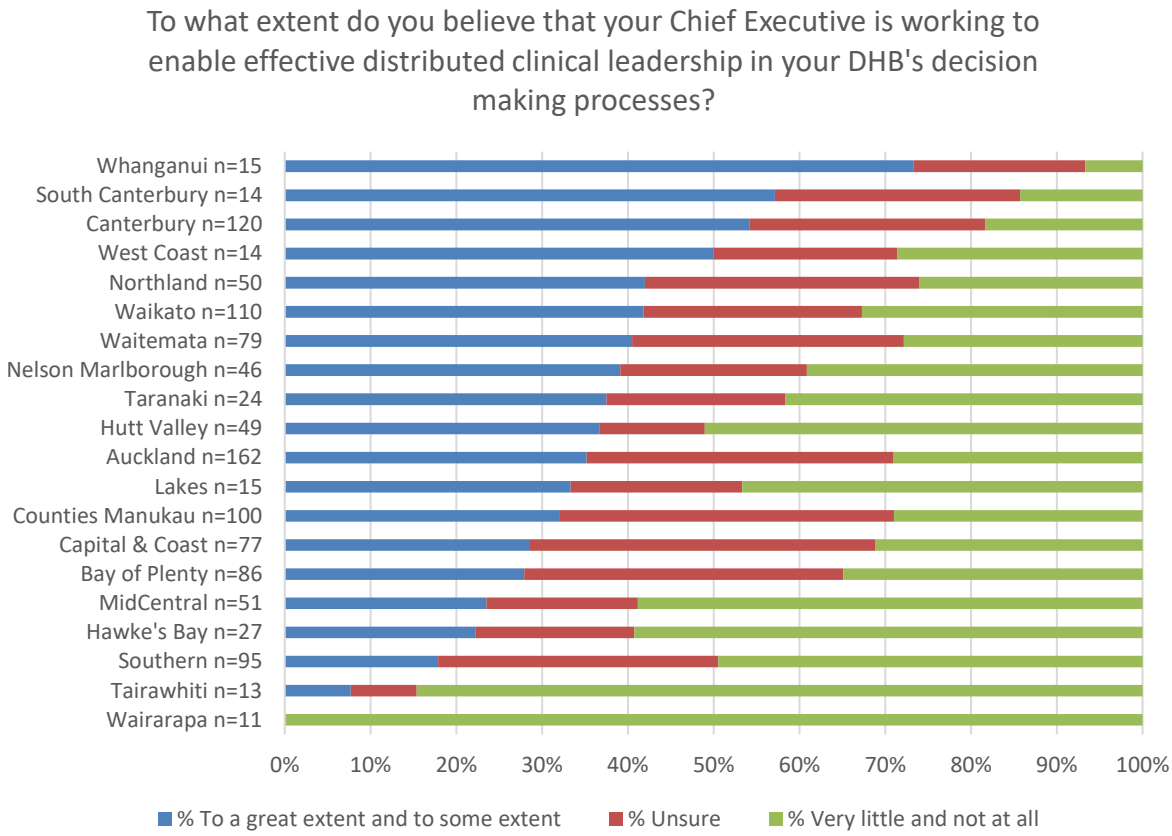


Figure 6: DHB specific views on role of Chief Executive

In the 2019 survey we introduced a suite of new questions to investigate DCL in more detail. These gauged whether members feel they have sufficient information about DCL and adequate opportunities for training and time to engage with DCL in practice. As detailed in Figure 7, while a third feel they have sufficient information regarding DCL, they felt they had limited opportunities for training, and little time. Figure 8 details the main reasons respondents felt they had limited time for DCL.

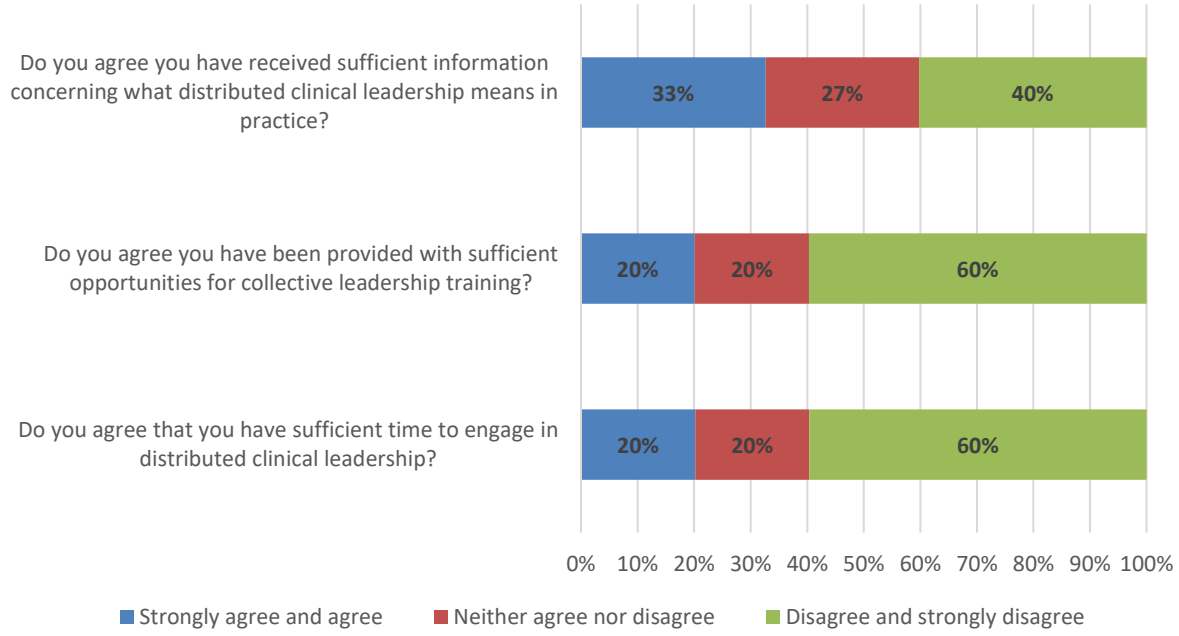


Figure 7: Questions regarding opportunities for DCL

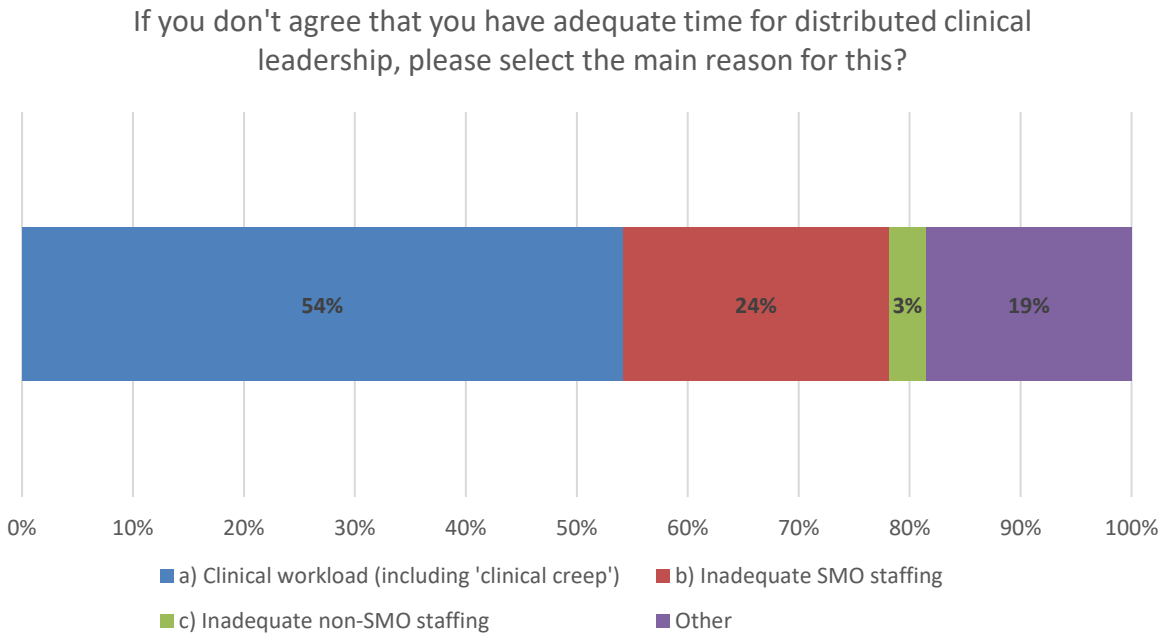


Figure 8: Reasons for inadequate time for DCL

Significantly, many wrote under 'other' that all the reasons were relevant (the question was structured in such a way that respondents had to select one reason). Qualitative comments included the following:

- "The demands of clinical leadership require much more time allocated to it than the DHB provides. This and remaining clinically competent require more sessions than a working week provides" "severely constrained by inadequate SMO and job creep workload -finally getting some relief but has taken years to get agreement for more staff -even to replace those retired"
- "Inadequate clinical support staff is a very big issue in our department."
- "Workload appears the immediate reason but the larger reason is that there are not the routes to participate"
- "Time is not the issue. Lack of support by most senior management is. Management not receptive to ideas from clinical staff, pathways between managers and clinical leaders are opaque and appear to be poorly developed"
- "Process and policy centred service provision ("top-down") creates inefficiencies on the clinical floor, thus all too often compromising the quality of the medical outcome for the patient, and ultimately (unnecessarily too often) the safety of individual patients. Patients SAFETY is declared to be the responsibility of an individual clinician. Clinicians are micro-managed according to financial (KPI) > political (hospital policies and protocols) goals. Proof? - Throughout all departments, the DHB does extensive reporting about patient throughput and financial cost centre spending per SMO, but there is no measurement of clinical parameters, let alone medical outcome (the latter has been replaced by patient satisfaction surveys which get "team celebrated"; complaints always fly under the radar and hit individual clinicians)"
- "It is clinical workload, but also a lack of commitment from the DHB executive to involve SMOs in vital issues except mere symbolically".

When the data was analysed on a DHB-specific basis (Figure 9), it was notable how DHBs which felt they had time for DCL corresponded with those which felt they had a good culture and good support from their senior management and Chief Executive. Similarly, we noted DHB-specific views concerning the impacts on their time for DCL (Figure 10) with DHBs such as Taranaki, Whanganui and Wairarapa emphasising the burden of their respective clinical workloads.

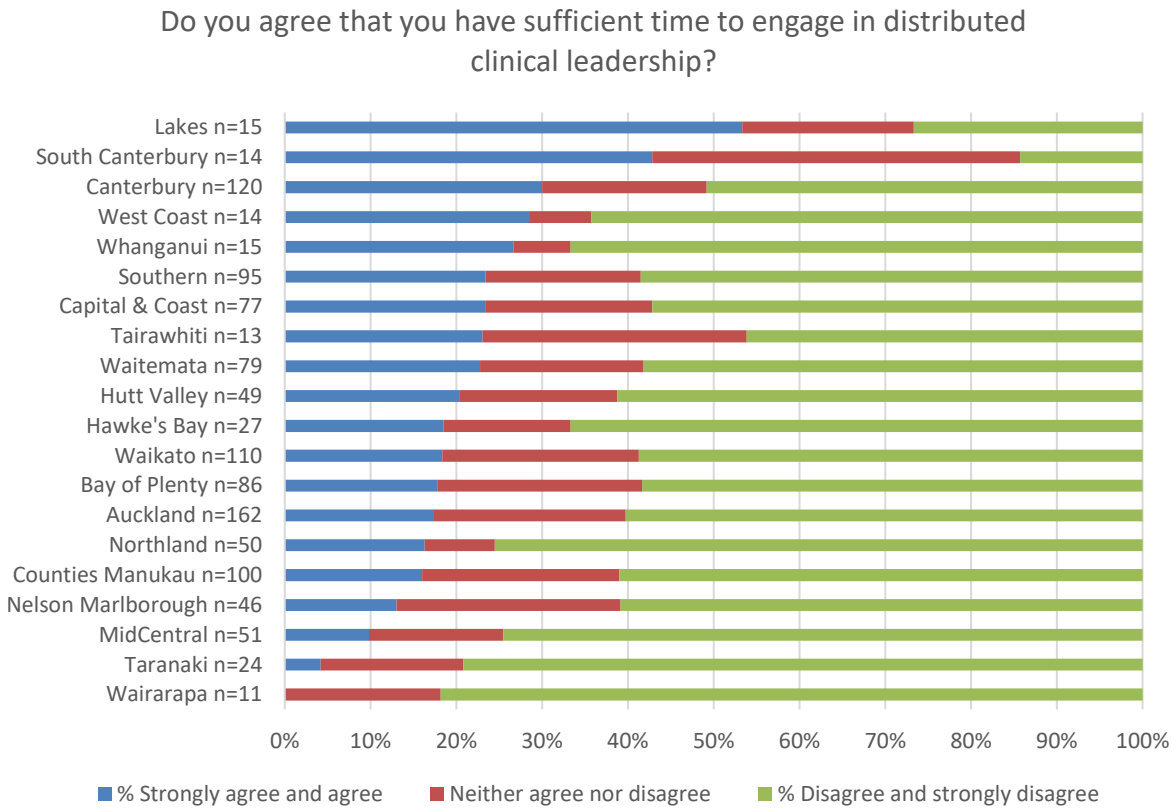


Figure 9: DHB specific views concerning time for DCL

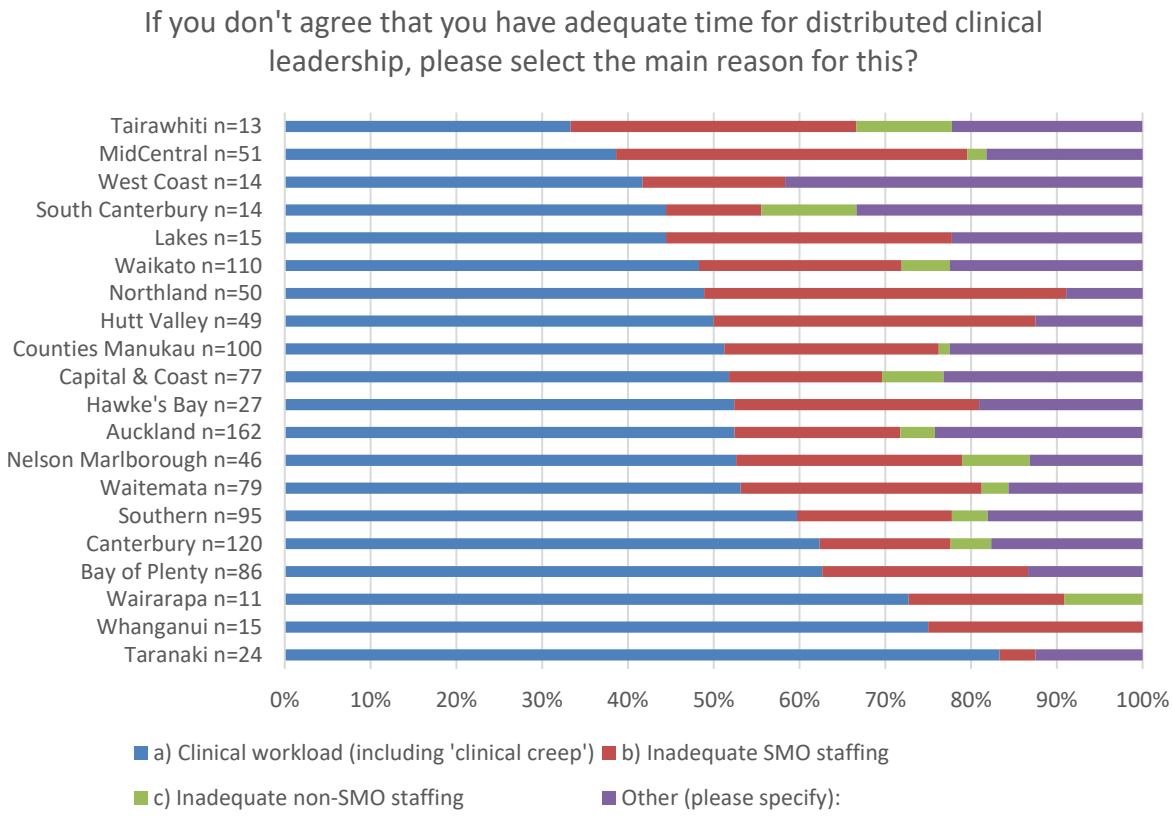


Figure 10: DHB specific views concerning lack of time for DCL

We also asked members whether they feel able to speak out on issues concerning minimum standards. Reassuringly, the vast majority felt able to speak to their colleagues about such issues with more than half agreeing that they felt able to speak out to their clinical head, the ASMS and respective service managers. Perhaps more worryingly, less than half of respondents felt able to speak out to their CMO or equivalent, and only a quarter felt able to discuss with their Chief Executive (Figure 11). The following figures detail the specific responses about speaking out by DHB.

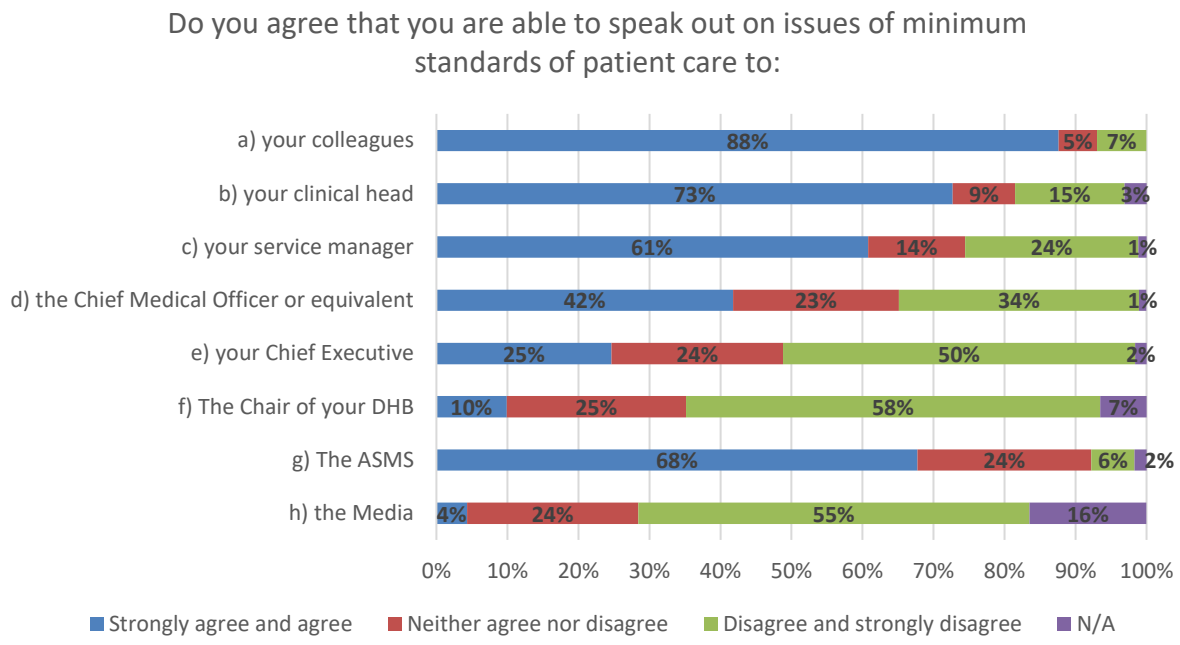


Figure 11: Summary views on speaking out

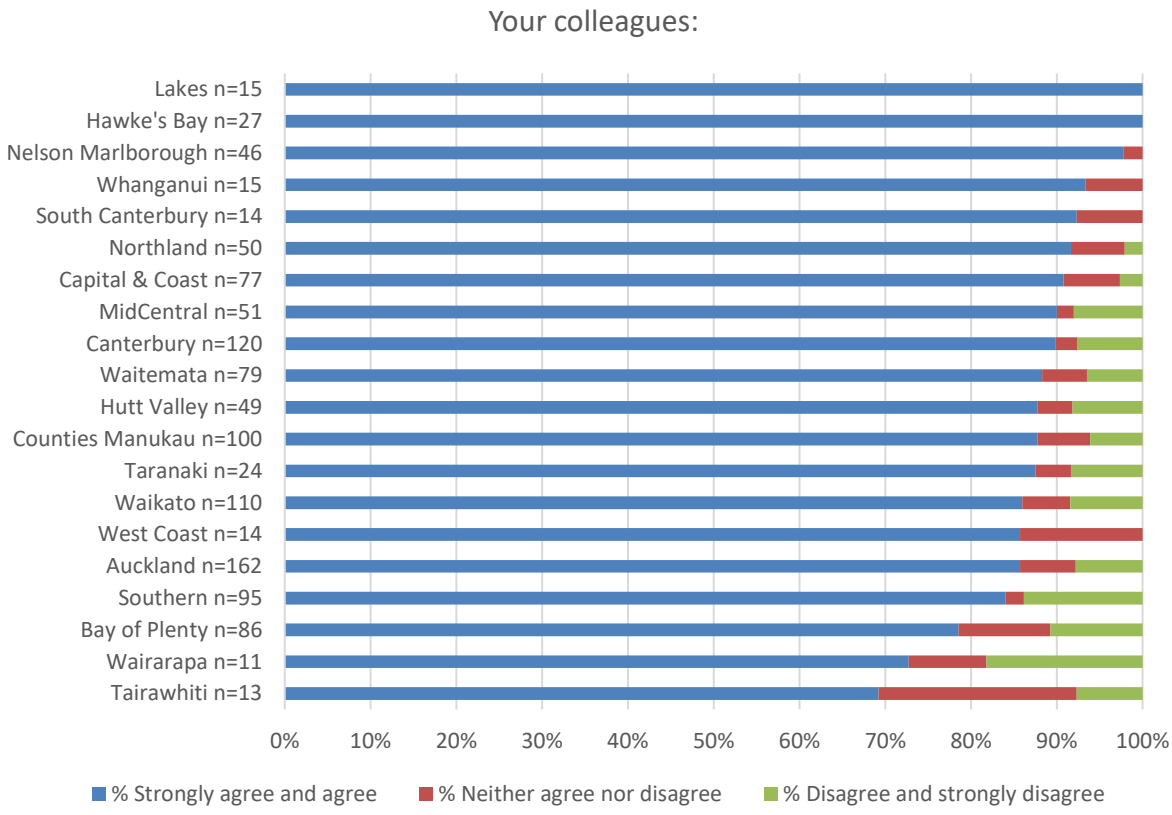


Figure 12: DHB specific responses on speaking out to colleagues

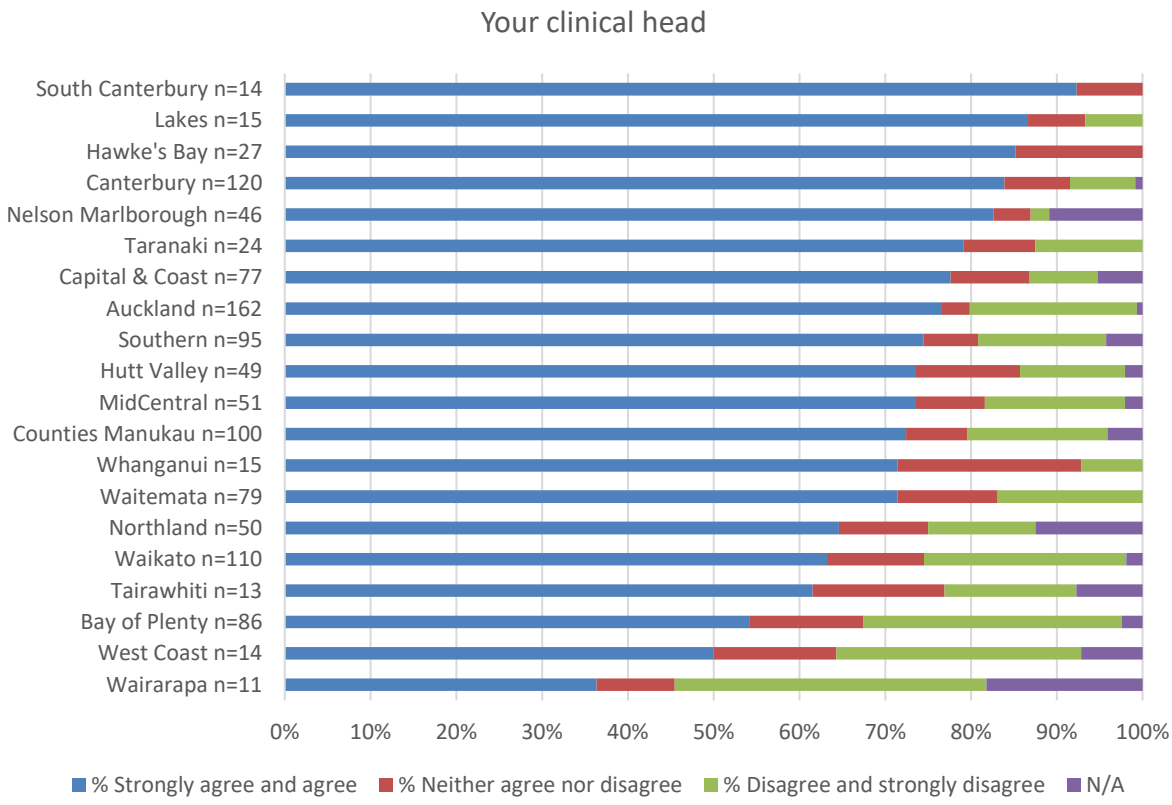


Figure 13: DHB specific responses on speaking out to clinical heads

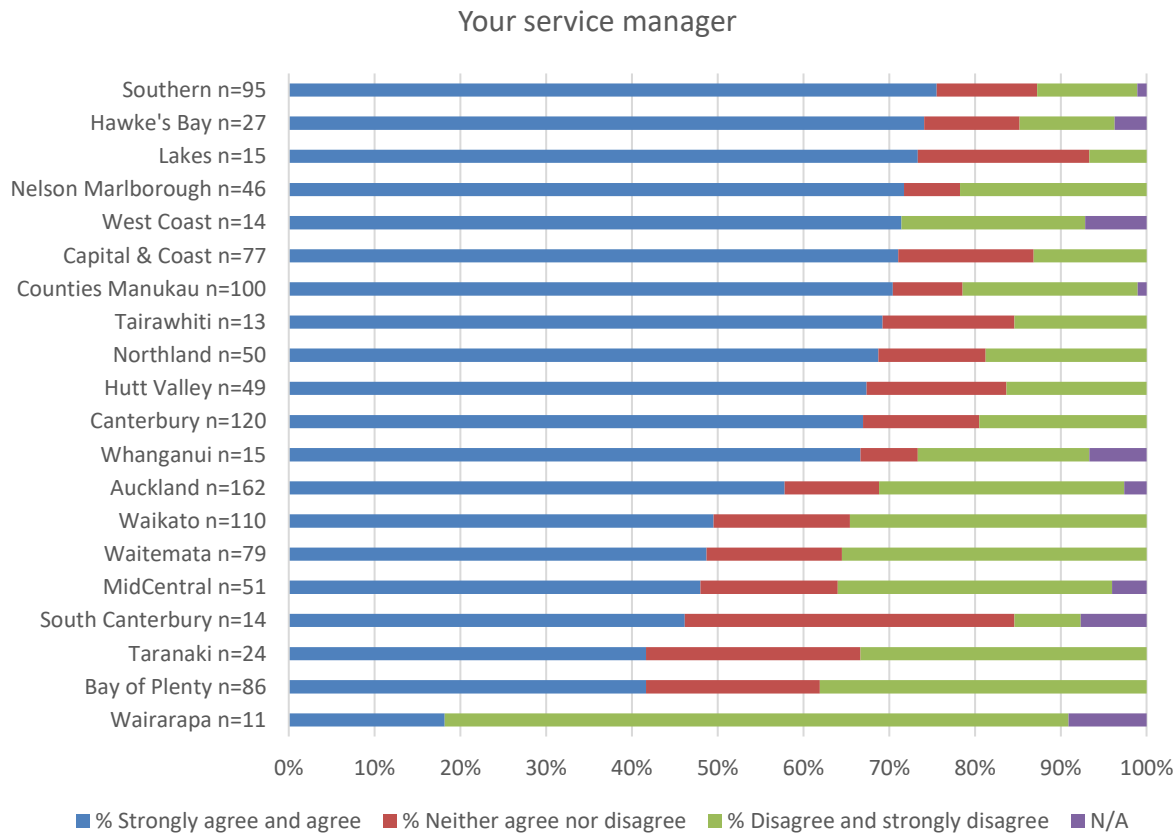


Figure 14: DHB specific responses on speaking out to service managers

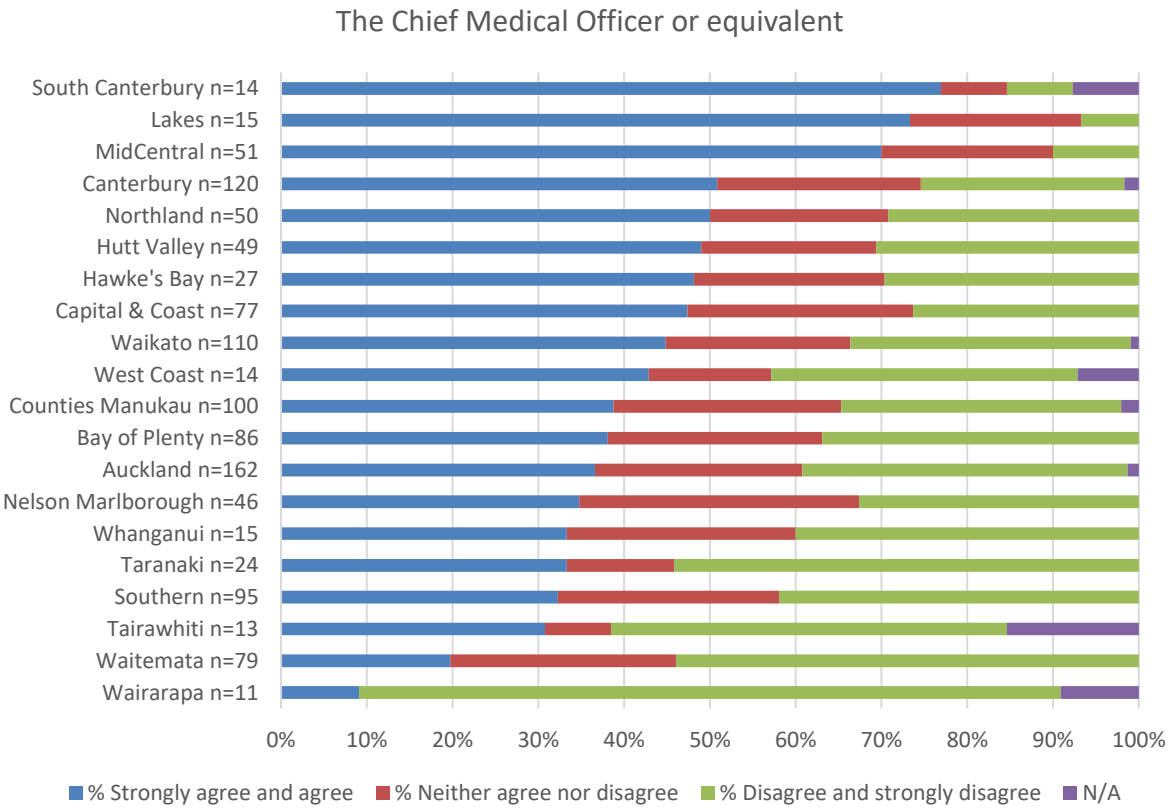


Figure 15: DHB specific responses on speaking out to Chief Medical Officer or equivalent

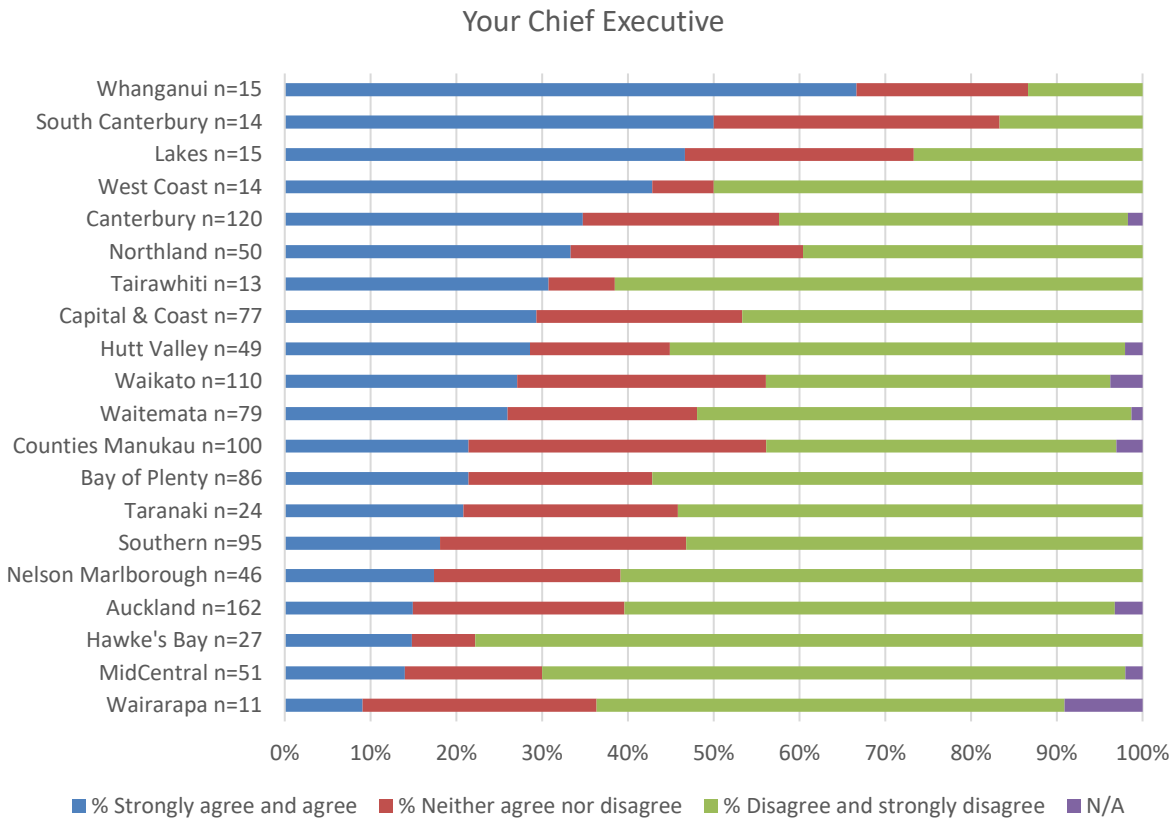


Figure 16: DHB specific responses on speaking out to Chief Executive

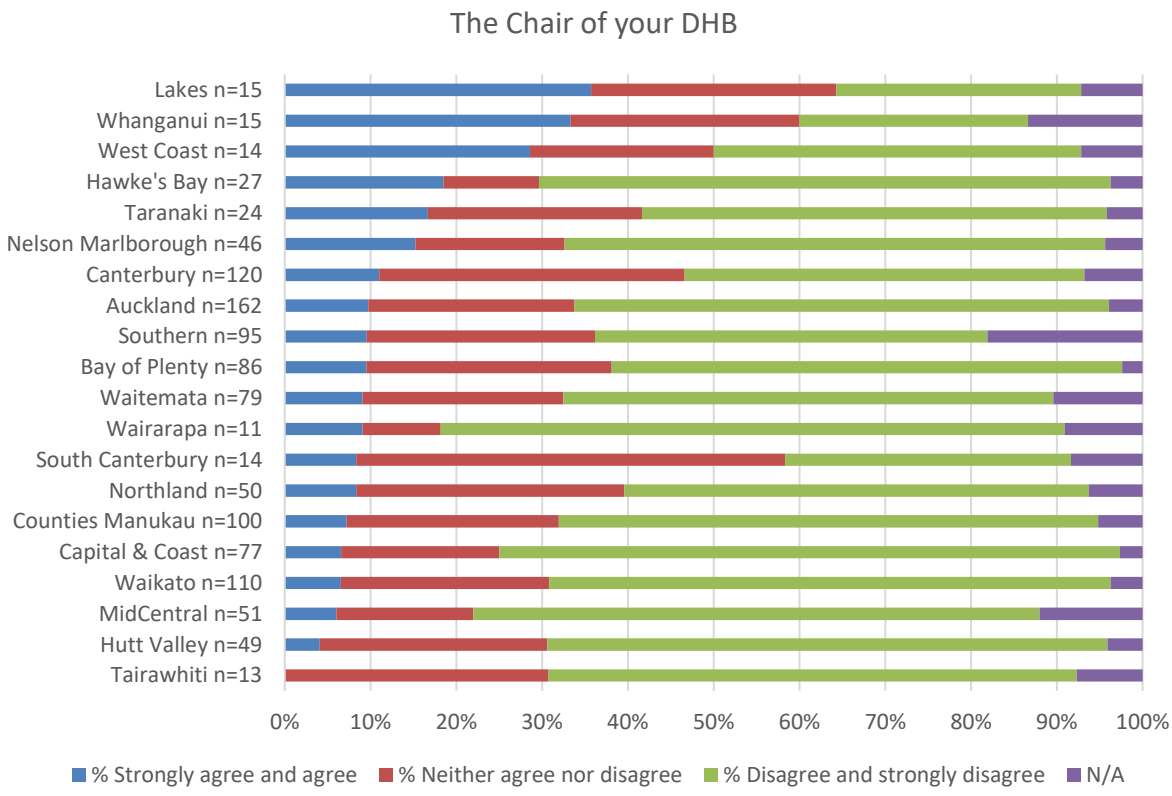


Figure 17: DHB specific responses on speaking out to Chair of DHB

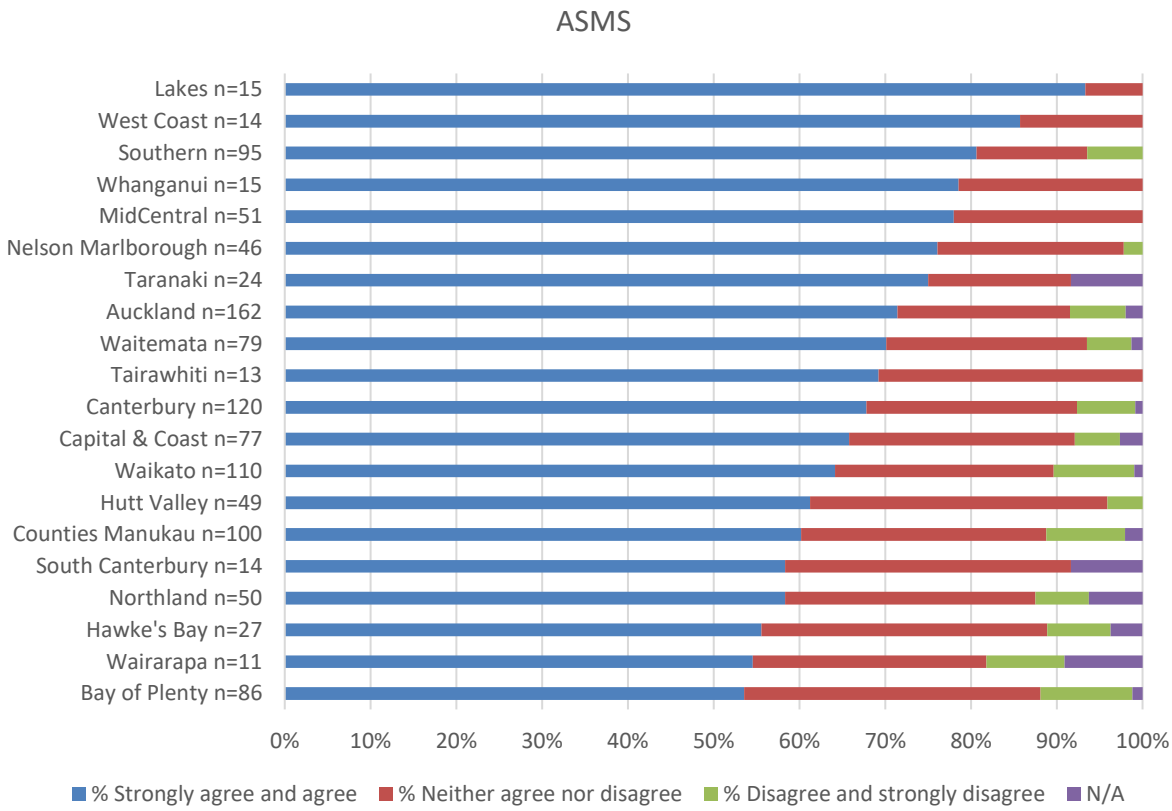


Figure 18: DHB specific responses on speaking out to ASMS

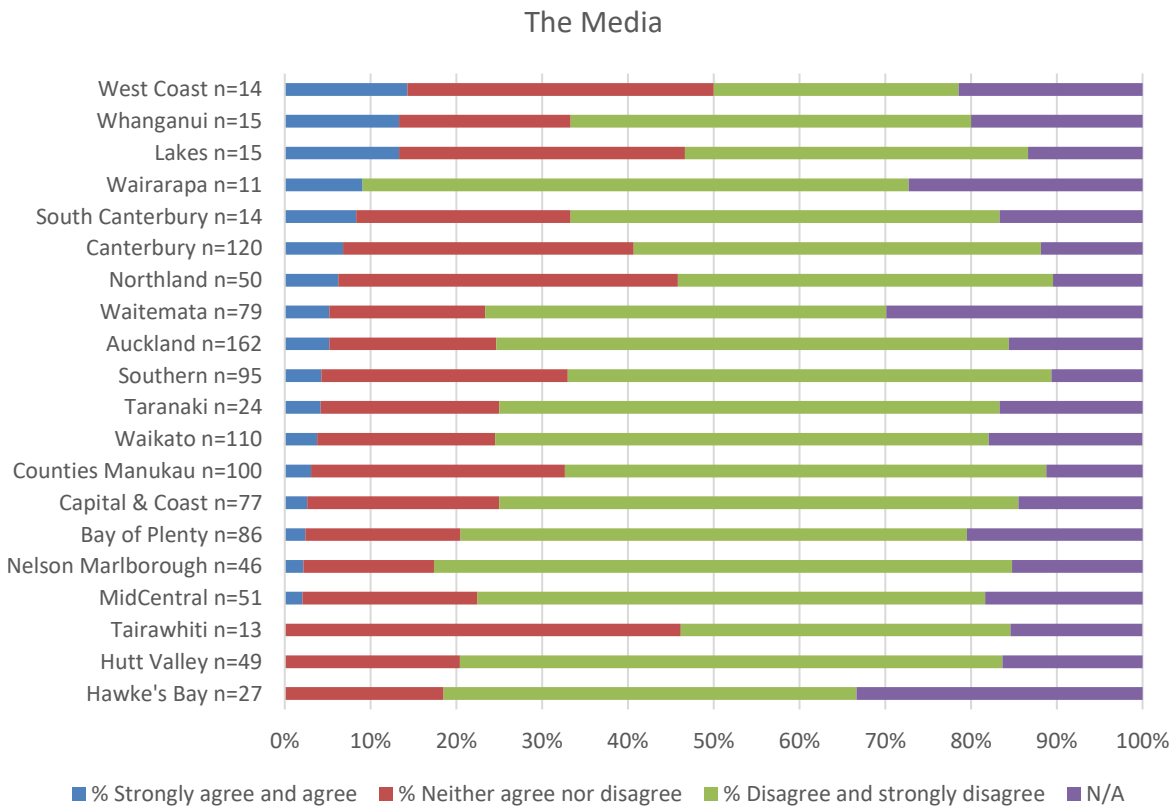


Figure 19: DHB specific responses on speaking out to media

Glossary and terms of reference *(for information and reference)*

AAU	Acute Assessment Unit
ACE	Advanced Choice of Employment
AH	Allied Health
AOD	Alcohol and Other Drugs
AoG	All of Government
APEX	Association of Professional and Executive employees
APC	Annual Practising Certificate
ASD	Autism Spectrum Disorder
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation
Capex	Capital expenditure
CAR	Corrective Action Request
CCU	Critical Care Unit
CMO	Chief Medical Officer
CSAC	Combined Statutory Advisory Committee
CSA	Critical Systems Analysis
CTA	Clinical Training Agency
CWD	Case Weighted Discharge
DNA	Did Not Attend
DSS	Disability Support Services
ED	Emergency Department
EN	Enrolled Nurse
ESPI	Elective Services Performance Indicator
FTE	Full Time Equivalent
GP	General Practitioner
HAI	Hauora a Iwi
HDC	Health and Disability Commission(er)
HPPPD	Hours Per Patient Per Day
HQPP	Hospital Quality and Productivity Programme
HQSC	Health Quality and Safety Commission
HRT	Health Round Table
HWNZ	Health Workforce New Zealand
IANZ	International Accreditation New Zealand
InterRAI	International Resident Assessment Instrument
LMC	Lead Maternity Carer
MERAS	Midwifery Employee Representation and Advisory Services
MERT	Medication Error Review Team
MHAHT	Mental Health Assessment Home Treatment
MHOAG	Maori Health Outcomes Advisory Group
MoH	Ministry of Health
NASC	Needs Assessment Service Coordination Agency
NETP	Nurse Entry To Practice (Nursing)
NHC	National Hauora Coalition
NRT	Nicotine Replacement Therapy
NZHP	New Zealand Health Partnerships
NZNO	New Zealand Nurses Organisation
NZPHDA	New Zealand Public Health and Disability Act, 2000
NZRDA	New Zealand Resident Doctors' Association
OAG	Office of the Auditor-General
Opex	Operational expenditure
PACS	Picture Archive Communication System
PATHS	Providing Access To Health Solutions

PDRP	Professional Development and Recognition Programme (Nursing)
RAC	Risk and Audit Committee
RCA	Root Cause Analysis
RIS	Radiology Information System
RFI	Request for Interest
RFP	Request for Proposal
RMO	Resident Medical Officer
RN	Registered Nurse
RSP	Regional Service Plan
SAR	Severity Assessment Rating
SCBU	Special Care Baby Unit
SLT	Speech Language Therapist
SWIS	Social Workers In Schools
TAS	(Central Region) Technical Advisory Services
TOT (formally TOIHA)	Te Oranganui Trust (formally Te Oranganui Iwi Health Authority)
TOR	Terms Of Reference
VIP	Violence Intervention Prevention
WDHB	Whanganui District Health Board
webPAS	Web-based Patient Administration System
WRHN	Whanganui Regional Health Network

Kupu Māori	**English**
Aotearoa	Land of the long white cloud – New Zealand
Aroha	Love
Hapai te Hoe	Name of WDHB Education Programme
Hapū	Sub-tribe of a large tribe. It also means pregnancy or to be pregnant
Hariru/Hongi	Acknowledge (Pressing noses x2)
Haumoana	Family/whanau navigator
Hinengaro	Psychological realm, mental well-being
Hui	Meeting, gathering
Ipu Whenua	Container for placenta
Iwi	Tribe
Kai	Food
Kaiarahi	Clinical Management - Te Hau Ranga Ora Framework
Kaihoe	Frontline Staff - Te Hau Ranga Ora Framework
Kaikorero	Speaker (on behalf of group)
Kaitakitaki	Operational Management - Te Hau Ranga Ora Framework
Kaitiaki	Protector, caretaker
Kaitiakitanga	Protection, Guardianship
Kaihautu Hauora	CEO - Te Hau Ranga Ora Framework
Kaiuringi	Executive Management Team - Te Hau Ranga Ora Framework
Karakia	Blessings, incantations, prayer
Karakia tuku i te wairua	A prayer/incantation for the safe departure of the spirit from the deceased
Karanga	Calling (done by women)
kāumatua	Elder (usually male)
Kaupapa	Policy, protocol, theme, rule, topic. It also means a fleet (of ships)
Kia ora	Greetings
Kia piki te ora	Get well/May you be well
Koha	Gift

Kupu Māori	English
Koroheke	Elder (male)
Kotahitanga	Unity, cohesion, sharing vision, working together, trust, relationships
Kuia	Elder (female)
Kupu	Words
Mana	Status, standing, power, influence. The spiritual power/authority to enhance and restore tapu
Manakitanga	Ultimate respect and care
Manatangata	Dignity of relationships
Māoridom	Plural of Māori world
Māoritanga	Maori culture and perspective
Marae	Traditional meeting place
Mātua	Parents
Mauri	Life essence
Mauri Ora	Emergency Housing of families on WDHB Campus (Name of building)
Mihi or Mihimihi	Greeting/welcome, acknowledgement
Mihi Whakatau	Informal welcome
Noa	Free from tapu. Tapu and noa are terms used to describe a state or condition affecting both the animate and inanimate. Tapu denotes a state of restriction or sacredness. Noa is free from tapu
Pae Ora	Healthy Futures – Aim of the Ministry of Health Maori Health Strategy – He Korowai Oranga.
Pēpē	Baby infant
Pou tuara	Back bone
Pōwhiri	Formal Māori welcoming ceremony
Rangaimārie	Humility, peace
Rangatahi	Youth
Rongoa	Traditional Māori methods of healing
Take	Subject, topic, purpose
Tamariki	Children
Tāngata Whaiora	Māori mental health service user
Tangata Whenua	Local people Māori
Tangihanga	The mourning process before burial. Funeral
Tāonga	Treasure, valuables. Tāonga is interpreted to mean in its broadest sense an object or resource which is highly valued. Children and future generations are also regarded as tāonga
Tapu	Sacred. Tapu and noa are terms used to describe a state or condition, affecting the animate and inanimate. Tapu denotes a state of restriction or sacredness. Noa is free from tapu
Tapu o te Tinana	Respect for people
Te Hau Ranga Ora	WDHB Māori Health Services
Te Piringa Whanau	Building on WDHB campus under Tikanga of the Whanganui Iwi.
Te Puawai Arahi	Māori Mental Health Cultural Advisor
Te Reo Māori	Māori Language
Te Whare Whakatau Mate	Building on WDHB campus under Tikanga of the Whanganui Iwi – Temporary resting place for the deceased.
Tena koutau/koutou katoa	Greetings/to all
Tikanga	Customs, protocols or policies. Tikanga is used as a guide to moral

Kupu Māori	English
	behaviour and within a health context indicates the way resources, guardianship, responsibilities, obligations and future generations will be protected
Timatanga	Beginning
Tinana	The physical body
Tino Rangatiratanga	Māori chieftainship, self-determination, and absolute sovereignty
Toihau	Board/Chairperson – Te Hau Ranga Ora Framework
Tūpāpaku	Deceased person
Waiata	Song
Waiora	Health
Wairua	Spirit. Wairua refers to the spiritual element, an integral part of tapu and noa
Wairuatanga	Spirituality
Wananga	Place of learning
Whakamutunga	End
Whakanoa	Ceremony to make an area safe to use again
Whakapapa	Genealogy
Whakatauki	Proverb
Whakawhanaungatanga	Family/make connections
Whānau	Family. It also means to be born/give birth. Whānau in this document refers to Māori patients and their families and can include groups regarded as extended family as well as groups outside the traditional family structure
Whanaungatanga	Relationship
Whare	House, Building
Whenua	Placenta. Also means land

*The English definitions for Kupu Māori are reflective of the WDHB context.

Terms of Reference

Combined Statutory Committee	
Applicable To: Whanganui District Health Board	**Authorised By:** Whanganui District Health Board
	Contact Person: Chief Executive

1. Committee of the board

The Combined Community and Public Health, Disability Support and Hospital Advisory Committee is a standing committee of the board, established in accordance with Section 34 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act and Schedule 4 of the Act.

2. Functions of the committee

- To provide advice to the board on the needs, and any factors that the committee believes may adversely affect the health status of the resident population of the district health board.
- To provide advice to the board on the disability support needs of the resident population of the district health board.
- To provide advice to the board on policy and priorities for use of the health and disability support funding provided.
- To ensure that all service interventions the district health board has provided or funded, or could provide or fund for the population, maximise the overall health and independence of the population whilst contributing to improving equity of outcomes for all people.
- To promote, through its services and policies, the inclusion and participation in society, and maximise the independence of people with disabilities within the district health board's resident population.
- To advocate to external parties and organisations on the means by which their practices may be modified so as to assist those experiencing disability.
- To monitor and advise the board on the financial and operational performance of the hospitals (and related services) of the district health board.
- To assess strategic issues relating to the provision of hospital services by or through the district health board.
- To recommend policies relative to the good governance of hospital services.
- To report regularly to the board on the committee's findings (generally the minutes of each meeting will be placed on the agenda of the next board meeting).

3. Delegated authority

The advisory committee shall not have any powers except as specifically delegated by the board from time to time. The following authorities are delegated to the Combined Statutory Committee.

- To require the chief executive officer and/or delegated staff to attend its meetings, provide advice, provide information and prepare reports upon request.
- To interface with any other committee(s) that may be formed from time to time.

4. Membership and procedure

Membership of the Committee shall be as directed by the board from time to time. All matters of procedure are provided in Schedule 4 of the Act, together with board and committee Standing Orders.

Membership will consist of:

- All board members, one of which will be appointed to chair the committee
- External (non-board member) appointments:
  - Up to two members following nomination from Hauora A Iwi
  - Up to five members able to advise on matters relating to the DHB's functions and objectives.

5. Meetings

The Advisory Committee shall hold meetings as frequently as it considers necessary or upon the instruction of the board. It is anticipated that 8-10 meetings will be held annually, including the annual planning workshop.

Note
For the purposes of this document, the definitions of 'public health and disability support services' is incorporated in the Act, which means the health and disability support of all of the community in the district health board's region.

'Hospital' means all public health services owned by the Crown and previously known as 'Hospital and Health Services'.