WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

AGENDA

Combined Statutory Advisory Committee

Meeting date	**Friday 22 November 2019**
Start time	**9:30am**
Venue	Board Room Fourth Floor Ward and Administration Building Whanganui Hospital 100 Heads Road Whanganui

Embargoed until Saturday 23 November 2019

Contact
Phone 06 348 3348
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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
- Ms Jenny Duncan
- Mr Darren Hull
- Mr Stuart Hylton, Combined Statutory Advisory Committee Chair
- Mrs Judith MacDonald
- Ms Annette Main ONZM
- 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 Te Aroha McDonnell
- 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 A McKinnon, General Manager, Corporate Services
- Mr P Malan, General Manager, Service and Business Planning
- Mrs L Allsopp, General Manager Patient Safety and Quality
- Ms A Forsyth, Director Allied Health Scientific and Technical
- 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 B Charuk, Portfolio Manager, Child and Youth
- Mrs J Haitana, Associate Director of Nursing
- Mrs E O'Leary, Project Manager
- Mr D Rogers, Nurse Manager Surgical Services
- Ms A Van Elswijk, Nurse Manager Medical Services
- Mrs J Smith, Acting Nurse Manager, Mental Health Services
- Ms D Holden, Executive Assistant, Service and 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

Agendas are available at www.wdhb.org.nz one week prior to the meeting

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

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	×	✓	✓	✓	✓	✓	-	-
Te Aroha McDonnell	-	-		-	-	-	✓	
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

WHANGANUI DISTRICT HEALTH BOARD

REGISTER OF CURRENT
CONFLICTS AND DECLARATIONS OF INTEREST
Up to and including 20 September 2019

BOARD MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Graham Adams	16 December 2016	▪ A member of the executive of Grey Power Wanganui Inc. ▪ A board member of Age Concern Wanganui Inc. ▪ The treasurer of NZ Council of Elders (NZCE) ▪ A trustee of Akoranga Education Trust, which has associations with UCOL.
Charlie Anderson	16 December 2016	An elected councillor on Whanganui District Council.
	3 November 2017	A board member of Summerville Disability Support Services.
Philippa Baker-Hogan	10 March 2006	An elected councillor on Whanganui District Council.
	8 June 2007	A partner in Hogan Osteo Plus Partnership.
	24 April 2008	Her husband is an osteopath who works with some of the hospital surgeons, on a non paid basis, on occasions hospital patients can attend the private practice, Hogan Osteo Plus, which she is a Partner at.
	29 November 2013	Chair of the Future Champions Trust, supporting promising young athletes.
	7 November 2014	A member of the Whanganui District Council District Licensing Committee.
	3 March 2017	A trustee of Four Regions Trust.
	20 September 2019	A director of The New Zealand Masters Games Limited.
Maraea Bellamy	7 September 2017	▪ Te Runanga O Ngai Te Ohuake (TRONTO) Iwi Delegate for Nga Iwi O Mokai Patea Services Trust. ▪ The secretary of Te Runanga O Ngai Te Ohuake. ▪ Hauora A Iwi - Iwi Delegate for Nga Iwi O Mokai Patea Services Trust.
	4 May 2018	▪ A director of Taihape Health Limited. ▪ A member of the Institute of Directors.
	1 February 2019	A trustee of Mokai Patea Waitangi Claims Trust.
Jenny Duncan	18 October 2013	An elected councillor on Whanganui District Council.
	1 August 2014	▪ An appointed member of the Castlecliff Community Charitable Trust. ▪ A member of the Chartered Institute of Directors.
	5 April 2019	A trustee of Four Regions Trust.
Darren Hull	28 March 2014	Acts for clients who may be consumers of services from WDHB.
	27 May 2014	▪ 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. ▪ A director of Gonville Medical Ltd
Stuart Hylton	4 July 2014	▪ Executive member of the Wanganui Rangitikei Waimarino Centre of the Cancer Society of New Zealand. ▪ The 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	An executive member of the Central Districts Cancer Society.
	15 March 2017	The Rangitikei District Licensing Commissioner.
	2 May 2018	▪ The chairman of Whanganui Education Trust ▪ A trustee of George Bolten Trust
	2 November 2018	The District Licensing Commissioner for the Whanganui, Rangitikei and Ruapehu districts.

Judith MacDonald	22 September 2006	▪ The chief executive of Whanganui Regional Primary Health Organisation ▪ A director, Whanganui Accident and Medical
	11 April 2008	A director of Gonville Health Centre
	4 February 2011	A director of Taihape Health Limited, a wholly owned subsidiary of Whanganui Regional Primary Health Organisation, delivering health services in Taihape
	27 May 2016	The chair of the Children's Action Team
	21 September 2018	A director of Ruapehu Health Ltd
Annette Main	18 May 2018	A council member of UCOL.
Dot McKinnon	3 December 2013	▪ An associate of Moore Law, Lawyers, Whanganui ▪ Husband is the chair of the Wanganui Eye & Medical Care Trust
	4 December 2013	Cousin is employed by Whanganui DHB as GM Corporate
	23 May 2014	A member of the Health Sector Relationship Agreement Committee
	31 July 2015	Appointed to the NZ Health Practitioners Disciplinary Tribunal
	2 March 2016	A member of the Institute of Directors
	16 December 2016	The chair of MidCentral District Health Board
	3 February 2017	A member of the national executive of district health board chairs
	8 June 2018	▪ A director of Chardonnay Properties Limited (a property owning company) ▪ A chair of the DHB Regional Governance Group ▪ An advisory member of Employment Relationship Strategy Group (ERSG)
Tariana Turia	16 December 2016	▪ Pou to Te Pou Matakana (North Island) ▪ A member of independent assessment panel for South Island Commissioning Agency ▪ Life member CCS Disability Action ▪ National Hauora Coalition Trustee chair ▪ Cultural adviser to ACC chief executive
	15 November 2017	Appointed Te Pou Tupua o te Awa.

COMBINED STATUTORY ADVISORY COMMITTEE MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Frank Bristol	8 June 2017	▪ A member of the WDHB Mental Health and Addiction (MH&A) Strategic Planning Group co-leading the adult workstream. ▪ Management role with the NGO Balance Aotearoa which holds Whanganui DHB contracts for Mental health & addiction peer support, advocacy and consumer consultancy service provision. ▪ The MH&A consumer advisor to the Whanganui DHB through Balance Aotearoa as holder of a consumer consultancy service provision contract. ▪ A member of Sponsors and Reference groups of National MH KPI project. ▪ A Member of Health Quality and Safety Commission's MH Quality Improvement Stakeholders Group. ▪ Various roles in Whanganui DHB MHA WD, Quality Improvement programmes and Strategic planning ▪ A member of Whanganui DHB CCDM Council ▪ A 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. ▪ A member of the Balance Aotearoa DPO Collective doing work with the Disability Action Plan representing the mental health consumers. ▪ Life member of CCS Disability Action
	14 July 2017	Consultancy work for Capital and Coast District Health Board
	1 September 2017	Appointed to the HQSC Board's Consumer Advisory Group
	22 March 2019	Appointed to Te Pou Clinical Reference group.
Andrew Brown	13 July 2017	▪ An independent general practitioner and clinical director of Jabulani Medical Centre; ▪ 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	▪ Ngāti Hauiti representative on the Hauora a Iwi Board; ▪ A senior advisor and founding member of Whakauae Research for Māori Health and Development (currently engaged in research with WDHB); and ▪ A member of Te Tira Takimano partnership Board of Nga Pae o Te Maramatanga (Centre for Māori research excellence, Auckland University).
Leslie Gilsenan	11 September 2017	The Service Manager, CCS Disability Action Whanganui (formerly Whanganui Disability Resources Centre).
Matt Rayner	11 October 2012	▪ An employee of Whanganui Regional PHO – since 2006 ▪ His fiancée is an Employee of Gonville Health Limited
	26 October 2012	A member on the Diabetes Governance Group
	31 July 2015	▪ An employee of Whanganui Regional Health Network (WRHN) – formerly Whanganui Regional PHO ▪ A trustee of "Life to the Max"
	27 May 2016	A member of the Health Solutions Trust
	1 September 2017	A trustee of Whanganui Hospice

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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 22 November 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, ONZM
Mr Matthew Rayner
Hon Dame Tariana Turia, DNZM
Ms Te Aroha McDonnell
Dr Heather Gifford

Procedural

1 Apologies

2 Conflict and register of interests update **Page**

2.1 Amendments to the register of interests 4
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**

That the minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 18 October 2019 be approved as a true and correct record. 11

Combined Statutory Advisory Committee Page 7

8 Reference and Information Section

Attachment	Description	Page
Reference attachments – combined committee interest		
1	Disability Action Plan – Letter to DHB's	48
2	The Disability Survey 2013	55
3	2019 Disability Strategy Framework	56
4	Accessibility Charter	57

9 Date of Next Meeting

Annual Planning Workshop – Friday 21st February 2020

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.

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Agenda item	Reason	OIA reference
Combined Statutory Advisory Committee minutes of the meeting held on 18 October 2019 (public-excluded session)	For the reasons set out in the committee's agenda of 18 October 2019	As per the committee's agenda of 18 October 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

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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 18 October 2019, commencing at 9:30am

Combined Statutory Advisory Committee members in attendance
Mr Stuart Hylton, Committee Chair
Mr Graham Adams
Mrs Philippa Baker-Hogan (MBE)
Ms Maraea Bellamy
Mr Frank Bristol
Ms Jenny Duncan
Mr Darren Hull
Ms Annette Main (NZOM)
Mr Matthew Rayner
Hon Dame Tariana Turia (DNZM)
Dr Heather Gifford
Ms Te Aroha McDonnell

In attendance for Whanganui District Health Board (WDHB)
Mr Russell Simpson, Chief Executive
Mr Paul Malan, General Manager, Service & Business Planning
Ms Deanne Holden, Executive Assistant to GM Service & Business Planning, (Secretariat)

In attendance
Ms Rowena Kui, Director of Māori Health
Ms Eileen O'Leary, Project Manager, Service & Business Planning
Ms Barbara Charuk, Portfolio Manager, Service & Business Planning
Ms Itayi Mapanda, Public Health, Community & Rural
Ms Jacqueline Pennefather, Clinical Manager, Patient Safety & Quality
Mr Andrew McKinnon, General Manager, Corporate Services
Mr Steve Carey, Funding and Contracts Manager, Service & Business Planning

Public
Mr John Chandulal-Mackay, Observer

Karakia/reflection

M Rayner opened the meeting with a karakia/reflection.

PROCEDURAL

The Chair extended a warm welcome to the following:

- Mr J Chandulal-Mackay recently elected member of the Whanganui District Health Board, attending committee as an observer.
- Mr Andrew McKinnon, newly appointed general manager, corporate services, Whanganui District Health Board
- Ms Te Aroha McDonnell, interim Hauora A Iwi representative following the resignation of Ms Grace Taiaroa.

1 Apologies

It was resolved that apologies be accepted and sustained from the following:
C Anderson, J MacDonald, D McKinnon, L Gilsenen, and A Brown

Moved:J Duncan **Seconded** A Main **CARRIED**

2 Conflict and register of interests update

There were no declarations of amendments to the register, or conflicts in relation to business at this meeting.

3 Late items

There were no late items.

4 Minutes of the previous committee meeting

It was resolved that:

The minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 6 September 2019 be approved as a true and correct record.

Moved: J Duncan **Seconded**: A Main **CARRIED**

5 Matters Arising

The matters arising, as listed below were noted.

Meeting Date	Detail	Response	Status
09/19-01	Update committee on car park strategy, challenges and learnings	As requested at the board meeting in April 2019 a consultation and implementation plan has been developed by management. This is expected to be in place by December 2019	Complete
09/19-02	Local Medical Officer of Health to provide an outline of the planning and process for such an event [epidemic management/public health in regions]	To be addressed: Item 7.2 on agenda 10/19	Complete

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6 Committee Chair's Report

The Chair passed congratulations to members of the committee recently re-elected to the Whanganui DHB. Ms J Duncan was thanked for her commitment and it was noted she had stood down from re-election. The chair looked forward to welcoming Mr J Chandulal-Mackay who has been duly elected. Government appointees have not yet been confirmed.

Thanks was passed to management for an item on the agenda, providing feedback from the Medical Officer of Health, as requested to committee. The opportunity to provide input to the Draft Commissioning Framework was also welcomed.

The CEO was thanked for the proactive approach shown in managing the impact of a recent slip on State Highway 4 (SH4) which is of concern within our rural community.

R Simpson gave a status update on the road closure on SH4 with key points being:

- magnitude of slip is significant, preparing for a minimum of 12 months disruption which may be extended.
- WDHB working closely with New Zealand Transport Association, Police, Fire and Emergency, Land Transport, Ruapehau Health, Ruapehau District Council, St John's Ambulance, local providers and community
- current focus is on ascertaining risk and response for acute services
- discussions ongoing with Waikato DHB regarding transporting those in northern part of region to Taumaranui hospital accident and emergency
- business as usual for non acute DHB and primary services
- Acute Care Plan:
  - Status 1 (immediate threat to life) no change. Patient airlifted to closest appropriate hospital
  - Status 2 – decision to be made at site in regards to air or road transport to nearest hospital/location best suited to manage clinical ideation
- discussions ongoing with MoH regarding likely cost implications of increase in air transport
- weekly telephone conversations with all parties continuing to ensure level of connection maintained
- importance acknowledged of timely and accurate communication relating to status updates
- noted no impact to outpatient clinics as WDHB staff continue to travel to Waimarino

Bowel Screening Programme

- Programme going live next week (22/10). Endorsement of programme by Mayor noted and congratulations passed to the team for their excellent work.

Fit for Surgery Programme

- In body bio scan onsite, on loan from Australia. Funding options being explored to allow equipment to be retained by Whanganui DHB.

The Chair formally noted:

- Ms Grace Taiaroa's resignation as the Hauora A Iwi representative to CSAC, and the appointment of Ms Te Aroha McDonelle as interim representative of Haurora A Iwi.
- Ms McDonelle introduced herself.

It was agreed:

A letter of thanks from the chair, on behalf of the committee, be sent to Ms Taiaroa acknowledging her mahi and commitment.

Moved J Duncan **Seconded** A Main **CARRIED**

7 Whanganui DHB Annual Work Programme

7.1 Whanganui Alliance Leadership Team (WALT)
Russell Simpson, Chief Executive Officer

A verbal report was provided by R Simpson with summary of the key points below:

- Apologies given for verbal report which was due to the most recent WALT meeting being held after CSAC papers went to print.

WALT – overview and objective
- definition of WALT acronym – "Whanganui Alliance Leadership Team"
- statutory requirement of charter under public health disability act
- arrangement between primary health organisations and district health board

HealthPathways
- Now live, with excellent collaboration continuing between primary health, Mid Central, and Whanganui district health boards.

National Bowel screening
- Official launch will take place on 22 October at 10:30am, 4th floor meeting room, WDHB. Committee welcome and encouraged to attend
- WALT has challenged partners to the alliance agreement to consider lowering screening age for Whanganui Māori men and women from 60 to 50. WALT and clinicians were supportive of further discussion with implications regarding logistics (ie: technology) currently being worked though. Committee, Board and Hauora A Iwi will be kept informed of outcome.

Planned Care
- MoH have released guidelines for planned care
- Previously referred to as "Electives Initiative", a measurable outcome by MoH
- Guidelines being reviewed for opportunities that may exist for WDHB.

Mental health and addictions
- WALT well positioned to tender as appropriate for expected RFPs
- MoH has approved a tranche approach to rollout
- Tranche 1 - focus on expansion of existing service, with entry via general practice. Response due mid October
- MoH working group have advised 2 FTE approval per 10,000 population. For Whanganui approximately 12 FTE
- FTE allocation to include both peer/cultural support and health improvement practitioners (HIP). HIP will be based with or aligned to GP practices
- Possibility for further funding of NGO support workers
- Additional funding will be requested for integration of health & wellness tool / training
- Aspects of the RFP still under negotiation with MoH
- Collaboration has included discussion with NGO's, Regional Health Network, National Hauora Coalition and interested stake holders

- Discussion focused on apprehension that the model used for Tranche 1 could remove the ability for self determination by Whānau. It was strongly felt that any response to the RFP should keep Whānau self sufficiency at its core, and that this can only be achieved by providing capacity and capability to allow self determination of care.

- The committee was reassured that:
  - the wellness tool is fully embedded in a Whānau Ora approach to response. Further, post RFP there will be a 6 month window for development.

- Whanganui Rising to the Challenge partners, Iwi provider organisations and NGO's will continue to be engaged and proactive during this development phase.

- Concerns remained that a model that has not worked for Māori in the past is being revisited. Building resilience at Whānau level is imperative for positive change.

- This concern was noted by management and the committee reassured although the model of care may appear pre-determined, our challenge is to mould our response to ensure a Whanganui approach.

- R Simpson noted that although a contracting a model may appear prescribed, we look at how, as a district it can be utilised to best serve our people. This was evidenced recently with the bowel screening programme whereby potential inequity of the screening age for Māori is being reviewed locally.

Utilisation of Whanganui Accident and Medical (WAM)

- Analysis of WAM utilisation has been carried out with presentations to both WAM and Emergency Department (ED). Patient presentations are disproportionately high for a district of our size. Work continues with the health network and WAM to explore and address issues to ensure best approach for community.

R Simpson advised the chair he will be absent for two weeks due to unexpected family leave with an unconfirmed return date of 5 November 2019. Lucy Adams will be acting as CE over this period with full delegations.

R Simpson left meeting 10.15

7.2 Overview of Health Protection Activity from Medical Officer of Health
Lead: Patrick O'Connor, Medical Officer of Health

A paper entitled "Overview of Health Protection Activity" was tabled by P Malan, on behalf of P O'Connor with a verbal summary of the key points below:

P Malan gave apologies for P O'Connor who was unable to attend the meeting, however had provided a paper tabled in response to a request from Committee. I Mapanda and J Pennefather, WDHB, were introduced and available for questions if further context required.

A summary of key points included:

- recent outbreak of measles prompted discussion regarding clarification of communication and process related to such occurrences
- it was felt, although process is robust, the public health communication was not clear during recent events.
- timely and accurate communication could have reduced fear in the community
- I Mapanda advised that, as per National Guidelines, the community is kept informed with timely updates being provided to the primary healthcare providers (GP)
- committee members suggested, and it was agreed, that it may be useful to expand this by providing information on ie: social media, newspapers, schools and DHB website.
- T Turia asked if all messages to Te Kōhanga Reo's were provided in Te Reo Māori. I Mapanda advised the nurse attending Te Kōhanga Reo has knowledge of Te Reo Māori.

It was resolved that the Combined Statutory Advisory Committee

Receive the paper entitled "Preparing for a pandemic or large-scale epidemic"

Note "outbreak" refers to localised increase, epidemic is larger scale across a wider region and pandemic is a widespread epidemic that affects a global region, continent or world

Note New Zealand has a National Health Emergency Plan which details the health sector response alongside other emergency agencies

Note Locally we abide by the WDHB Pandemic Plan 2019-2022

Moved: S Hylton **Seconded** G Adams **CARRIED**

7.3 Te Huringa – Commissioning Cycle Framework (Draft)
Steve Carey, Portfolio Manager, Service & Business Planning

A paper entitled "Te Huringa – Commissioning Cycle Framework (Draft)" was tabled by S Carey with a verbal summary of the key points below:

- commissioning policy framework is at development stage
- feedback from committee welcomed to inform next stage of development
- challenge is to develop a framework that provides certainty and clarity to the way in which commissioning will be approached from a strategic and project management perspective
- framework will provide clarity of approach and engagement for external and ministry mandated providers
- framework will assist in identifying the health needs of district through engagement with local Iwi, business, and wider audience
- commissioning and kaitakitaki working side by side will inform locality planning and partnership approach
- implementation will enable providers to succeed as tools made available for evaluation and growth.
- committee historically has been informed on process, however the framework will enable opportunities for engagement earlier where feasible
- approximately 300 contracts are commissioned per year.

T Taura stated that the approach of government to commissioning policies may result in a local framework that results in providers informing practice who are not tangata whenua. She was further concerned that the government policy will take Iwi kāinga back to a framework that has not worked in the past. Comments were noted by management.

S Carey responded:

- at the planning and design stage discussion of commissioning with Iwi and hapū would take place to allow ownership of the model. Further, the team are working closely with Te Hau Ranga Ora to ensure the commissioning cycle supports input with Iwi.
- government policy is to move away from a structured approach of the past with rules of procurement focusing on public value.

P Malan noted, the Te Huringa – Commissioning Cycle Framework (draft) is a document the WDHB is developing. As it is not a ministry document if, in practice, the framework does not reflect WDHB values it will be amended to do so.

Committee congratulated those involved in the creation of the draft framework and asked for assurance that there are levers in the model that will provide a real difference for the community.

Response as follows:

- the framework takes a rigid model and explores how can it can be tailored to ensure it works for us and our rohe.
- to achieve this requires engagement at a level this document does not go into, it is rather a framework to be built upon
- at design stage we will ensure commissioning is equitable by reviewing how it is linked to our strategy, and how this is increasing public value. (ie culturally responsive, sustainable)

Committee noted:

- importance of ensuring translation from Māori phrase to English provides correct and meaningful context
- supports the equity and the values based approach theme from Hapai te Hoe as being key to this document
- importance of ensuring engagement and actions are followed through to completion to ensure Te Reo is not tokenised.
- confidence in the executive leadership and operational leadership teams to take draft paper forward

T Tauria remained concerned at aspects of the framework and noted that as a people Māori are moving along pathway to empowerment. She holds concern that mainstream idealisms may result in forward momentum being lost. She stated the Māori community has worked hard to get commissioning right and following the equity exercise Māori must be trusted to know what's right for themselves. T Tauria appreciated the attempt to whakamana this paper, however, had not heard any discussion outside of committee relating to it with hapū, Whānau or Iwi. She reiterated the importance of tangata whenau engagement and ownership of the process to ensure change.

S Hylton thanked management for the opportunity to review the draft framework. He noted the very worthwhile discussion and that the draft paper will be tabled to the Haurora A Iwi (HAI) Board for comment and feedback.

It was resolved that the Combined Statutory Advisory Committee

Receive the paper entitled "Te Huringa – Commissioning Cycle Framework (draft)"

Note that the draft framework was supported by the executive leadership team on 1 October 2019

Moved:S Hylton **Seconded** A Main **CARRIED**

It was further agreed:
Draft commissioning cycle framework be re-visited by committee for further discussion following inclusion of any response and comment from HAI Board if required.

Implementation summary document be provided to committee following implementation. To include examples of change and how learnings have been impacted.

Action:

- draft commissioning cycle framework be re-visited by committee for further discussion following inclusion of any response and comment from HAI Board
- Implementation summary document be provided to committee following implementation
- Implementation summary document to include examples of change and how learnings have been impacted

Moved: C Anderson **Seconded** A Main **CARRIED**

7.4 People and Performance Update
Hentie Cilliers, GM People and Performance

A paper entitled "People and Performance Update" was tabled by H Cilliers with a verbal summary of the key points below:

- there are no concerns regarding staff turnover
- challenges remain regarding appointment to specific medical vacancies including:
  - audiologist
  - ophthalmologist
  - local midwifes

    - Risk and Audit Committee are aware of concerns regarding replacement ophthalmologist
- locum ophthalmologist to commence employment at WDHB and may undertake permanent move to region
- audiologist and cardio-sonographer positions difficult to recruit nationwide
- A McKinnon, general manager corporate and A Forsyth, director, allied health scientific and technical recently welcomed to executive leadership team by way of Powhiri on 14 October 2019.
- change proposal programme now at implementation stage and due to be completed end November.

Receive the paper entitled "People and performance update"

Note WDHB has low staff turnover compared with other DHB's

Note there were no notifiable injuries or events notified by WDHB, to WorkSafe New Zealand, between July and September

Moved: A Main **Seconded** S Hylton **CARRIED**

8 Reference and Information

The paper entitled "Te Huringa – Commissioning Cycle Framework (Draft)" was accepted as read

9 Date of next meeting

Friday 22 November 2019 from 9:30am in the Board Room, Whanganui District Health Board, 100 Heads Road, Whanganui.

10 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.

Moved: S Hylton **Seconded**: M Bellamy **CARRIED**

Agenda item	Reason	OIA reference
Combined Statutory Advisory Committee minutes of the meeting held on 18 October 2019 (public-excluded session)	For the reasons set out in the board's agenda of 18 October 2019	As per the board's agenda of 18 October 2019
Emerging issues and alerts	To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information	Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)

Agenda item	Reason	OIA reference
	should continue to be supplied; or would be likely otherwise to damage the public interest	
Multi-employer collective agreement or negotiations	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)
Staff matters	To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest	Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
Adverse events	To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest	Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)

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 and senior managers and clinicians present	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Board secretary	Minute taking, procedural and legal advice and information	Recording minutes of board meetings, advice and information as requested by the board

The public session of the meeting ended at 12:25 pm

Adopted this day of 2019

.....

Chair

5 Matters arising from previous meetings

Meeting Date	Detail	Response	Status
~~09/19-01~~	~~Update committee on car park strategy, challenges and learnings~~	~~As requested at the board meeting in April 2019 a consultation and implementation plan has been developed by management. This is expected to be in place by December 2019~~	~~Complete~~
~~09/19-02~~	~~Local Medical Officer of Health to provide an outline of the planning and process for such an event [epidemic management/public health in regions]~~	~~To be addressed: Item 7.2 on agenda 10/19~~	~~Complete~~
10/18-01	Draft commissioning cycle framework be re-visited by committee for further discussion following inclusion of any response and comment from HAI Board		
10/18-02	Implementation summary document be provided to committee following implementation		
10/18-03	Implementation summary document to include examples of change and how learnings have been impacted		

6 Committee Chair's Report

The Chair will provide a verbal report at the meeting

7 Whanganui DHB annual work programme

7.1 Whanganui Alliance Leadership Team

Russell Simpson, Chief Executive Officer will provide a verbal update at the meeting.

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7.2 Non Financial Performance Reporting

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Committee paper** ✓ **Information paper** ☐ **Discussion paper** ☐ **Decision paper**
	Date: 22 November 2019

Lead/Authors	Kilian O'Gorman, Business Manager, Service & Business Planning
Endorsed	Paul Malan, General Manager, Service & Business Planning
Title	Non Financial performance reporting
Synopsis	To provide an update to committee on non financial quarterly performance reporting & progress reporting against the current annual plan (2019-20)

Recommendations

Management recommend that the committee:

1. **Receive** the paper titled 'Non-Financial Performance Reporting' (NFPR)
2. **Note** new reporting requirements against Annual Plan and Q1 feedback.

1 Purpose

This paper presents a summary of the available Quarter 1 NFPR report feedback.

2 Background

The Quarterly reporting requirements and guidelines have changed.
The Ministry of Health have recently introduced five new reporting requirements to the non-financial reporting suite concerning progress against our WDHB Annual Plan (Jul 2019 to Jun 2020).

- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention.
- Better population health outcomes supported by strong and equitable public health services
- Better population health outcomes supported by primary health care

3 Next Steps

We are reviewing the performance reporting changes to ensure results are distributed to ELT and CSAC effectively and efficiently.

A summary of the Q1 results are shown below for information.

7.2.1 Ministry of Health Non–Financial Performance Reporting Feedback Quarter 1 2019/20

Improving Child Wellbeing	
B CW05 Immunisation coverage -FA1: 8-month-old immunisation coverage 19/20	**Partial**
Ministry Feedback National immunisation coverage at eight months has increased by 0.5% this quarter and coverage for Māori children has increased by 1%. We look forward to seeing the results of your actions to reduce declines on your coverage in future quarters.	
B CW05 Immunisation coverage -FA2: 5-year-old immunisation coverage 19/20	**Partial**
At age five years the national coverage has decreased by 0.3%, but coverage for Māori children has increased 0.6%. Your DHB has total coverage of 86.5% and Māori coverage of 82.8% at five years. We appreciate the pressure that the measles outbreak response has put on immunisation services nationwide at the end of this quarter. This will, however, provide an opportunity for us all to leverage the current focus on immunisation and reach children that we have previously been unable to reach. This will be supported by your work on data quality and opportunistic vaccination in paediatric wards. The change from eight months to two years as the primary measure also supports a focus on the timely delivery of the first dose of MMR to children in the second year of life. We look forward to seeing the results of your actions to reduce declines on your coverage in future quarters.	
B CW05 Immunisation coverage -FA4: Influenza immunisation at age 65 years and over 19/20	**Partial**
Thank you for providing actions to improve influenza immunisation coverage for those aged 65 years and over. The coverage for influenza vaccine recorded in the NIR for those aged 65+ years was 69% for Whanganui DHB and 68% for your Mâori population. Although your DHB has not achieved the 75% target, these are the highest and most equitable DHB results. Congratulations. Please continue to work with your practices to ensure that all influenza immunisations are being entered on to the NIR and patients opted-on correctly. We note that the influenza vaccine stock shortage impacted on service delivery at a busy time of year.	
B CW06 Improving breastfeeding rates 19/20	N/A
NA for this quarter (Due to a data quality issue, there won't be any rating for this quarter. However, the assessor would like your reporting team to provide some narrative reporting on breastfeeding at 3 months.)	
B CW07 Improving newborn enrolment in General Practice 19/20	**Achieved**
Well done - your results are very good - keep up the good work with a continuing trend of upwards.	

B CW08 Increased Immunisation (at 2 years) 19/20	Partial
National immunisation coverage at two years has increased by 0.5% this quarter and coverage for Māori children has increased by 2%. Thank you for your ongoing commitment to delivering high-quality, equitable immunisation services to your region. However, national immunisation coverage at age two years is still below the 95% target and coverage for Māori is 5% lower than for non-Māori. This is the same as Q1 2018/19. Your DHB has total coverage of 85.3% and Māori coverage of 85.3% at age two years. There is significant work to do to reach the 95% target for your population. We look forward to seeing the results of your actions to reduce declines on your coverage in future quarters.	
B CW10 Raising healthy kids 19/20	**Achieved**
Thank you for your report and thoughtful comments. It is great to see a maintenance of the referral rate at close to the target of 95%; and a very low decline rate, well below the national average. We look forward to hearing about progress in developing a localised approach for Māori whānau to reduce further inequities.	
B CW12 Youth mental health initiatives (Initiative 3 and Initiative 5 only) 19/20	**Partial**
Thank you for your report. Congratulations on completing the integration of maternal mental health service, and well done for keeping actions on track.	

Improving Mental Wellbeing	
B MH02 Improving mental health services using wellness and transition (discharge) planning 19/20	**Partial**
Thank you for your report - please outline when the data will have greater degree of certainty Response: Following completion of the HQSC Connecting Care programme completion, Transition planning should improve along with the accompanying data. Expected results around late 2020.	
B MH03 Shorter waits for non-urgent mental health and addiction services for 0-19 year 19/20	**Achieved**
Thank you for your report and achievement against targets.	
B MH04 Mental Health and Addiction Service Development - Focus Area 1 - Primary Mental Health 19/20	**Achieved**
Thank you for your report YOUTH (rating in CW12): Please provide youth BIC for quarter 1. Please confirm there were no group therapies for youth this quarter.	
B MH04 Mental Health and Addiction Service Development - Focus Area 2 - District Suicide Prevention and Postvention 19/20	**Achieved**
Thank you for your report outlining action towards a new strategy and plan. Could you please resubmit a full report, using the required template (as you did last quarter).	

B MH04 Mental Health and Addiction Service Development - Focus Area 3 - Improving crisis respnse services 19/20	Achieved
Thank you for your Q1 report. We note that you have developed a proposal regarding a hospital based rapid response team to work in conjunction with MHAHT. We also note you have a MHAHT continuous quality improvement project underway and the interface of ED / MHAHT is being reviewed currently. Please update us with progress on these initiatives in the next quarterly report.	
B MH04 Mental Health and Addiction Service Development - Focus Area 4 - Improve outcomes for children 19/20	**Achieved**
Well done on all your activity. Please continue to source resources for those other services to respond to need.	
B MH04 Mental Health and Addiction Service Development - Focus Area 5 - Improving employment and physical health needs of people with low prevalence conditions 19/20	**Achieved**
Thanks you for the Employment update. I note the economic development and opportunities and greatly appreciated the Client Success Story. For future reporting - do you have trends or targets you can report? I note the action to support physical health. I am interested to hear progress updates in future reports, especially any progress and insight from embedding the Health and Wellbeing Framework in GP practices.	
B MH05 Reduce the rate of Maori under the Mental Health Act: section 29 community treatment orders 19/20	**Not Achieved**
Please outline what activities are being under taken to reduce the rate of Maori under community treatment orders Response: Unfortunately numbers of Maori under s29 of the Mental Health Act is increasingly in line with acute demand on all our services. Notwithstanding, the rate continues to remains beneath the NZ rate. Our Treaty of Waitangi training and Tikanga programme (Hapae to hoe) for all clinicians continue. All Multi-Disciplinary teams are aware of this target.	
B MH06 Mental health output delivery against plan 19/20	**Achieved**
Thank you for your report	

Better population health outcomes supported by primary health care.	
B PH01 Improving system integration and SLMs 19/20	**Partial**
25/10 - Thank you for the report. Can you please confirm once your alliance has endorsed the report?	
B PH04 Better help for smokers to quit (primary care and maternity) 19/20	**Achieved**
Thank you for sending through Whanganui DHB's narrative report for Quarter one. This quarter 86.7% of pregnant women were given brief advice and/or support to stop smoking; this is a decrease of 4.6% from the previous quarter. Your result for Māori pregnant women was 83.3%, a 4.2% decrease from the previous quarter. But, we note that both of these comments are based on very small numbers. We are glad to know that you have scheduled training sessions for an interview approach that addresses the emotional as well as cognitive aspects of a person's behaviour. We would love to hear about your experiences with this approach. We note that you stated that it is difficult to have the conversation with pregnant women. Would you be able to	

elaborate on this?

The number of events is likely to be lower than the number of births recorded in any one quarter; however until the National Maternity Record is fully operational (approx. 2020) then reporting on this indicator will be from data collected from MMPO and DHB employed midwifes and remains developmental.

See the attached file for both the overall and Māori results for the DHB in Q1.
Whanganui- health target.docx

Better population health outcomes supported by strong and equitable public health services	
B SS01 Faster cancer treatment (31 days) 19/20	**Achieved**
B SS02 Delivery of Regional Service Plans 19/20	Partial
Your DHB's Regional Service Q1 Final Review will be available on 15 November 2019.	
B SS03 Ensuring delivery of Service Coverage 19/20	N/A
Ministry Feedback - confirmed no report is required this quarter	
B SS04 Implementing the Healthy Ageing Strategy 19/20	**Achieved**
Thank you for the report HCSS: A Falls: A – please note that the %people 75+ in their own home will be calculated by Ross Judge as a snap shot as at the last day of the quarter and sent to DHBs in subsequent quarters to facilitate reporting of this measure for DHBs unable to report it currently and ensure a consistent methodology across DHBs. Acute drivers: A Locally prioritised: A interRAI: A- we note your comments regarding the contact assessment Dementia: A	
B SS06 Better help for smokers to quit in public hospitals 19/20	**Partial**
Thank you for your report on the activities to support this DHB performance measure. There has been a 2.7% increase in your overall result compared to the previous quarter, well done. Sadly, there has been a 1.4% decrease in your result for Māori. You have mentioned that you are looking at working with the neo natal team 'second hand'. Can you please provide us with more information on what this means?	
B SS07 Planned Care Measures 19/20	No Rating
To improve your rating, please provide a report detailing your actions to improve access to minor procedures. You should include information on your expected timeframe for reaching expectations for this measure. Congratulations on meeting expectations in Q1 for all the other components of the SS07 measure, so no other reporting for planned care is required for this quarter.	

B SS08 Planned Care Three Year Plan 19/20	**Partial**
Thankyou for your report, the requirements for the Q1 report are as follows: (1) to provide an outline of your planned engagement, analysis and development activities for developing the 3 Year Plan. (2) provide a plan that outlines the proposed approach to developing the 3 year plan. The report you have provided is focussed on what you will do with opthalmology and gynaecology services. Unfortunately this doesn't meet the Q1 reporting requirements. Can you please be more broad and strategic in what you provide rather than focussing on changes that will be made in two services.	
B SS09 Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections FA1:Improving the quality of identity data within the NHI 19/20	N/A
There will be no rating for Central TAS	
B SS09 Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections FA2: Improving the quality of data submitted to National Collections 19/20	**Partial**
Whanganui DHB has achieved a good match rate to NMDS data for Indicator 1, NPF has accurate dates and links to NBRS, NMDS and NNPAC, but reporting is incomplete for First Specialist Assessment and NBRS service sequences. The Data Management team is available to work with the DHB to improve National Patient Flow reporting. Please contact if there is any assistance required. The percentages for NMDS, NNPAC and PRIMHD look good for Indicator 2, National Collections completeness, however the Ministry request an update on the DHB's plan to begin reporting Primary Maternity data.	WDHB have not had the ability to adequately collect Primary maternity data following a regional agreement to rely on the now decommissioned Badgernet, rather than maternity modules within webPas. Discussions are scheduled with the Ministry for early 2020 to look at an updated Badgernet product, and until then discussions continue between WDHB and the MoH through existing channels.
B SS09 Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections FA3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD) 19/20	
Thank for your report. Please outline when the legal status reporting issue will be resolved.	Currently WDHB are reporting their legal status records through to PRIMHD via our webPAS system. These records are audited regularly within our system via our Mental Health Act Administrator and reports generated through our Information Technology and Information department. WDHB now also receive reports from the MOH to check legal status records that appear to remain open longer than expected in PRIMHD. PRIMHD legal status errors are corrected prior in a timely manner and before the next extract is completed which is approximately every 2-4 weeks.
B SS10 Shorter stays in Emergency Departments 19/20	**Partial**
Thanks for your report. Your result, at 87%, is below the expected rate but is above the national result of 85%. We are interested to hear how the process goes with the new patients arriving and being triaged. This could have an impact on timeliness over the longer term	

B SS11 Faster Cancer Treatment (62 days) 19/20	**Not Achieved**
80.9 percent achieved - 90 percent required	
B SS13 Improved management for long term conditions FA4: Acute heart service 19/20	**Achieved**
Thank you for your results, which are largely influenced by actions at the tertiary centre	
B SS13 Improved management for long term conditions FA5: Stroke service 19/20	**Achieved**
Thank you for your report. Great to see the improved results that your 'code stroke' is showing. Further work to be done to sustainably improve rehab results. Congratulations on the work you are doing to promote the FAST message to your vulnerable communities. It is also great to see the collaborative work with CCDHB to improve acute stroke intervention 24/7 and the improvements in radiology services locally to support SCR	
B SS15 Improving waiting times for colonoscopies 19/20	Partial
We note your ongoing achievement for urgent & surveillance wait times. We encourage you to sustain support for colonoscopy wait times to ensure achievement of targets. Particularly in light of the increase in people waiting longer than maximum. We look forward to seeing the impact of your additional capacity by end of Q2.	

Crown Funding Authority- Variations to Omnibus Agreement	
C CFA B4 School Check Services 19/20	**Achieved**
Thank you for submitting your quarter one report on B4 School Check performance. The Ministry appreciates your efforts to maintain target pace and provide an equitable service for Māori and Pacific children and their families during quarter one. Good job.	
C CFA Disability Support Services 19/20	**Partial**
Thank you for your report. Is this the correct report for Assessment, Treatment & Rehabilitation Services for services DSS214, DSS215, DSS216 and DSS217? If it is, please use the codes DSS214 etc rather than HOP214. Thanks. Response: Unfortunately those codes are hard-coded into the report structure, however we will raise it with the report designer in IT.	
C CFA Primary Health Care Services 19/20	**Partial**
Awaiting further information.	
C CFA Well Child / Tamariki Ora Services 19/20	**Achieved**

Status update reports - actions included in annual plans	
E Better population health outcomes supported by primary health care 19/20	**Achieved**
Thank you for your reports. Please identify one Quarter One action to be included on the performance dashboard as the quarter highlight. Response: We would like to highlight the following action: Diabetes and other long-term conditions Close the equity gap for Māori in diabetes/CVD screening & management (On Track)	
E Status update reports - actions included in annual plans - Better population health outcomes supported by strong and equitable public health services 19/20	**Achieved**
Thank you for your update on progress against your annual plan actions and initiatives. We note the CCDM section is missing in this report. Please note the Ministry review of your bowel screening and quality actions will be completed shortly. Response: The report highlights those areas where a Milestone falls within the period reported and the CCDM milestones fall in Quarter 2.	
E Status update reports - actions included in annual plans - Improving child wellbeing 19/20	Partial
Immunisations It is great to see that your planned work is on track. We look forward to additional updates in Q2. Midwifery workforce - hospital and LMC Please provide a status update on the progress of delivery of the actions and milestones in your annual plan First 1000 days Well done on the achievement of all but one of your First 1000 Days Q1 milestones. We note the reason for the delay in developing the strategic plan and the intention to complete it once the foundations are in place. Family Violence and Sexual Violence Well done on development of a EAN policy and it is great to see training on this being delivered to DHB staff and community partners. SUDI Note your comments. Look forward to progress on the development of the strategic plan. For Q2-4, to prevent any duplication only include the actions that are not included in your CW12 report General comment Please identify one Quarter One action to be included on the performance dashboard as the quarter highlight. Thank you. Response: We have identified the following as Q1 highlight: Family Violence and Sexual Violence	

E Status update reports - actions included in annual plans - Improving mental wellbeing 19/20	Partial

Inquiry into mental health and addiction

Thank you for you report we note 10 actions appear to be off track.

Population mental health TBA

Mental health and addictions improvement activities

Thank for your report we note the seclusion project appears to be off track.

Addiction TBA

Maternal mental health

Can you please clarify if the actions have been completed or merely shifted to MICAMHAS?

Response: Maternal Mental Health (MMH) has recently moved to Infant, Child, and Adolescent Mental Health and Addition Service (ICAMHAS), which already has an established stocktake of primary mental health services. Now that MMH is attached to ICAMHAS, it has made it easier to work with and plan engagement with targeted services, such as Te Oranganui Iwi Health Service. ICAMHAS already have a good foundation for seamless service integration, with Te Oranganui attending referral and multidisciplinary team meetings.

ICAMHAS has a commitment to quality improvement work believing building and improving relationships are a key to improved services. The move for the Maternal Mental health role will ensure access to MMH is that is both supportive and seamless for women and children throughout services. The relationship ICAMHAS has with local iwi providers should ensure strengthened relationships with Maori and Pacifica women, however there is still work to do in improving services in which these women feel culturally comfortable

E Status update reports - actions included in annual plans - Improving wellbeing through prevention 19/20	**Achieved**

Thank you for the reports provided. Please identify one Quarter One action to be included on the performance dashboard as the quarter highlight. Thank you.

Response: We would like to highlight the action:

Maori health providers located across the region support women to Cervical screening including offering transport information and support (On Track).

Recommendation

WDHB Management recommend that the committee:

1 **Receive** the paper titled 'Non-Financial Performance Reporting' (NFPR)

2 **Note** new reporting requirements against Annual Plan and Q1 feedback.

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7.3 Disability overview and update

	**Committee paper** ✓ **Information paper** ☐ **Discussion paper** ☐ **Decision paper**
	Date: 22 November 2019

Lead/Authors	Eileen O'Leary, Portfolio Lead Community Responsiveness
Endorsed	Paul Malan, General Manager, Service & Business Planning
Title	Disability overview and update
Synopsis	The focus on disability in the New Zealand health system is intensifying. Change is driven by demands for earlier interventions, person/whānau-centred care and a more connected system. The fundamental shift is from a system designed around organisation requirements and structure to a system that meets the needs of individuals and their whānau/families and their expectation of: equity; recognition of human rights; and strengthened whānau/family and community capability. At the same time the prevalence of disability and costs are outstripping funding leading to consideration of how to transform to a more sustainable and equitable disability support system.
Equity considerations	Equity is a pivotal issue for disabled people accessing health services. Generally disabled people are susceptible to poorer health outcomes than non-disabled people. This inequity is exacerbated for Māori and Pacifika peoples.

Recommendations

Management recommend that the committee:

1. **Receive** the Disability Overview and Up-date paper
2. **Note** the Ministry of Health's six actions for health sector leadership
3. **Receive** the presentation
4. **Note** the Accessibility Charter
5. **Endorse** further work to develop an Accessibility Charter Action Plan, in preparation for HAI endorsement WDHB signing the charter.

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1. Purpose

To inform the Combined Committee about the structure of disability support services in New Zealand, the prevalence of disability in the population, the Ministry of Health's direction for focused actions for the health sector and 'transformation change' for disability support across the country and learnings from a prototype being trailed in MidCentral DHB. This paper also provides an overview of WDHB disability services, planned disability responsiveness and introduces the NZ Government Accessibility Charter and the Ministry of Health's most recent letter on disability *(appendix 1).*

2. Overview

The New Zealand Disability Support System
New Zealand signed the United Nations Convention on Rights of Persons with Disabilities (UNCRPD) at the United Nations in 2007. The purpose of the convention is to 'promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.'

> *'Persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.' UNCRPD*

In NZ Te Tiriti o Waitangi (Treaty of Waitangi) sits over the Public Health and Disability Act 2000 (NZPHD Act), requiring equitable health outcomes for Māori.

The NZ Disability Strategy (NZDS) launched in 2001 and updated in 2016 aims to guide the work of government agencies in addressing disability issues until 2026.

> *'Disability is not something individuals have. What individuals have are impairments. … disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have.' NZDS*

The DHBs' Service Coverage Schedule 2019/20 sets out that DHBs are to provide quality care for all people with disabilities.

Other documents that provide the strategic framework around disability support in NZ include:

- He Korowai Oranga: Māori Health Strategy (2014)
- Whāia Te Ao Mārama: The Māori Disability Action Plan (2012)
- Faiva Ora: National Pasifika Disability Plan (2016)
- New Zealand Disability Action Plan (2001)
- Whanganui District Health Board's Strategic Direction and Vision: "He Hapori Ora – thriving Communities"

The Waitangi Tribunal's WAI2575 inquiry and the Health and Disability Systems Review are both expected to have implications for the management and delivery of disability support services and especially services for disabled Māori.

In the interim report of the Health and Disability Systems Review it is stated:

> *"The prospect of ever-increasing numbers of people with disabilities compels us to recognise that living with disability should no longer be treated as the exception. People living with disabilities have the right to expect equitable outcomes from the system, and we must ensure services strive to achieve that.*

"Disabled people want more control over their own lives, and more flexibility and inclusion from the system."

The interim report highlighted living well and prevention with a need for: better data collection and information use; greater inclusion and participation of people with disabilities in all levels of the system and workforce; whānau and caregiver support and a more joined up information, advice and service provision.

This month the MOH has issued a letter to all DHBs outlining the Disability Action Plan 2019-2023 with six actions for the health sector to lead. The letter also sets the expectation that DHBs have Accessibility Plans that addresses physical and non-physical access for people with disabilities. DHBs will also have to have their own, or regional Disability Action Plans. MoH will be running workshops and providing further advice in 2020 on these expectations.

Definition

The definition used by the MoH is that: 'disability can include physical, mental health, intellectual, sensory and other impairments. Disability is created by various barriers that hinder the full and effective participation of people in society on an equal basis with others.

Statistic NZ defined disability as any self-perceived limitation in activity resulting from a long-term condition or health problem lasting or expected to last 6 months or more and not completely eliminated by an assistive device. People are not considered to have a disability if an assistive device such as glasses or crutches eliminated their impairment.

The office for Disability Issues within the Ministry of Social Development stated:

Disability is something that happens when people with impairments face barriers in society; it is society that disables us, not our impairments, this is the thing all disabled people have in common. It is something that happens when the world we live in has been designed by people who assume that everyone is the same. That is why a non-disabling society is core to the vision of the New Zealand Disability Strategy.

In this paper when the term 'disabled people' is used, this is in line with current disability sector terminology because it describes the system 'disabling people' who live with an impairment which they may or may not have adequate support to overcome whatever barriers the impairment presents.

Whāia Te Ao Mārama uses the term tangata whaikaha to describe a Māori person with a disability. Tāngata whaikaha describes two or more Māori people with a disability. The term 'whaikaha' means 'to have ability' or 'to be enabled'.

Data

The NZ Disability Survey 2013 *(appendix 2)* is currently the most comprehensive source of information on disabled people in NZ.

Disability Survey key findings included:

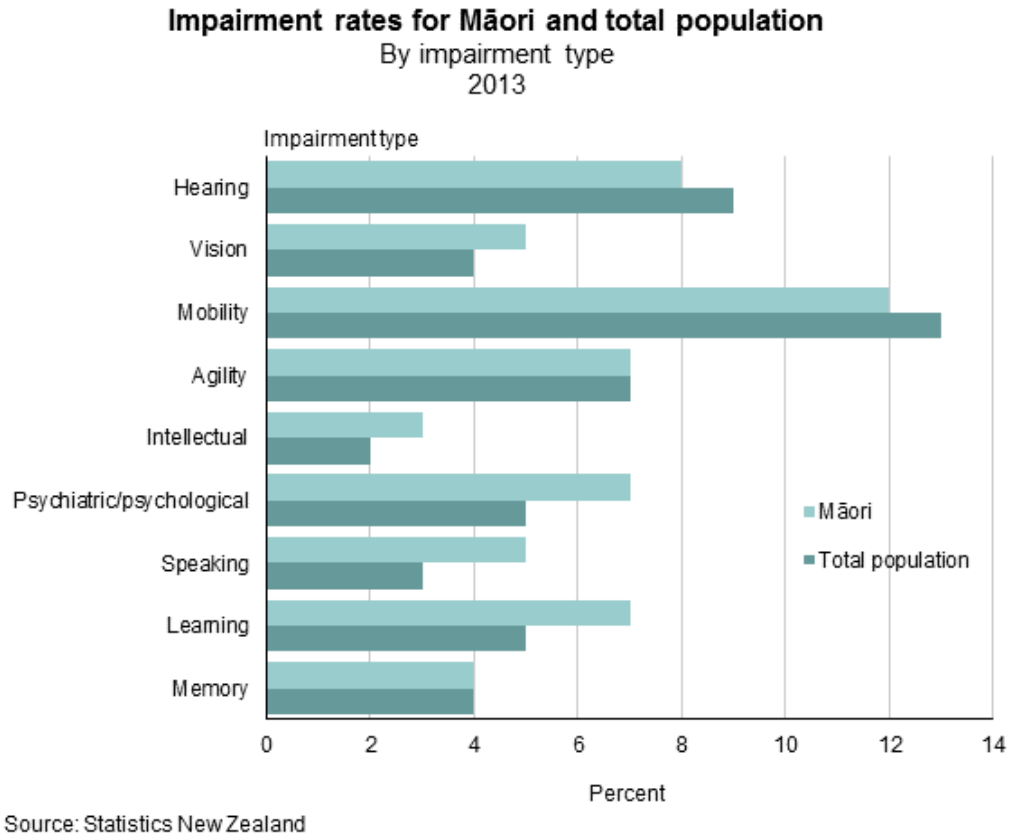
- 24% of the population were identified as disabled, a total of 1.1 million people.
- The disability rate increased from 2001 by 20%, partly explained by ageing.
- People aged 65 or over were much more likely to be disabled (59%) than adults under 65 years (21%) or children under 15 years (11%).
- Māori and Pacific people had higher-than-average disability rates, after adjusting for differences in ethnic population age profiles. 32% of Māori and 26% of Pacific peoples had a disability.
- The Manawatu-Whanganui region had a higher rate of disability at 27% than the national rate. The Auckland regional rate was 19%, while other higher areas included Northland at 29% and Taranaki at 30%.

- For adults, physical limitations were the most common type of impairment. 18% of people aged 15 or over, 64% of disabled adults, were physically impaired.
- For children, learning difficulty was the most common impairment type. 6% of children and 52% of disabled children, had difficulty learning.
- The most common cause of disability for adults was disease or illness (42%). For children, the most common cause was a condition that existed at birth (49%).
- Just over half of all disabled people (53%) had more than one type of impairment.

From the survey, and likely increase in disability rates since 2013, it is reasonable to estimate that by 2019 more than one third of Māori and more than 30% of non-Māori in the Whanganui region will be 'disabled' according to the above definition.

Tāngata Whaikaha
From the 2013 survey an estimated 12 percent of all Māori had mobility impairments, while 8 percent had hearing impairments, and similar proportions had impairments relating to agility, learning, and psychiatric or psychological conditions (7 percent each).

Of these, psychiatric or psychological impairments and learning impairments were more common in the Māori population than in the total population. Speaking, vision, and intellectual impairments were also more common among Māori.



Source: Statistics New Zealand

Funding
The majority of disability support services are purchased and funded nationally by the Ministry of Health, Ministry for Social Development, Ministry of Education and the Accident Compensation Corporation.

The Ministry of Health reports that over the last five years the funding increases have not kept pace with growth. Disability expenditure was significantly lower than the cost base when adjusted for population growth CPI and minimum wage. The MoH client base has increased 2.7% pa over the last 5 years whereas the population growth of under 65 has increased by 1.6% pa.

In the Whanganui region the MoH spend on disability support was $3.58m in the 2018/19 year.

3. Accessing health and disability services

(NB: this section does not detail the range of Mental Health and Addiction services in the Whanganui region although it is recognised that these services are largely for people with disabilities.)

Clinical services
All WDHB clinical services serve people with a disability. The following services primarily serve people with a disability:

- Child Development Service
- Autism Spectrum Disorder service (through a regional contract with MidCentral funded directly by the MoH)
- WDHB employs a behaviour support co-ordinator who works with the nationally funded Behaviour Support service.
- Assessment Treatment and Rehabilitation (inpatient and community)
- Mental Health and Addiction services.

Some other WDHB services have a higher proportion of patients with a disability such as Occupational Therapy, Physiotherapy, Speech Language Therapy, Social Work, Audiology, Ophthalmology and long-term conditions services.

Disability support services
Generally to access MoH funded disability support services, people need to be assessed by a Needs Assessment and Service Co-ordination (NASC) service or, where eligible, through a National Intellectual Disability Care Agency (NIDCA). In the Whanganui DHB region AccessAbility holds the NASC contract.

MOH funded disability support services in the community include:

- Individualised Funding
- Home and Community Support Services
- Respite Care
- Carer training
- Community Day Services
- Supported Living
- Community Residential Support Service
- Regional Intellectual Disability Supported Accommodation
- Funded Family Care
- Behaviour Support Services
- Day Activity and Day Care

WDHB funds disability support services for older people, people with long-term conditions and those who are not eligible for MoH funded support. To be eligible for this support people are assessed by the WDHB's Community Assessment, Rehabilitation and Treatment (CART) team using the interRAI assessment tool. AccessAbility coordinate the service.

WDHB funds:

- services through aged residential care including long-term care, respite and day care in the following levels of care:
  - Psychogeriatric
  - Hospital
  - Dementia
  - Rest home
- a range of providers including Iwi who provide kaupapa community disability support including the Kaumatua Luncheons, Personal Cares and Household Management and the Living Well with Dementia programme.
- a wide range of contracts with community-based and Iwi provider organisations which include disability support often within wider specifications for accessible health services.

WDHB is also a major facilities owner and employer in the region and needs to ensure all its facilities are accessible to people with disabilities. This year WDHB introduced new Disability Responsiveness training for all staff with a new E-Learning module. By July 30% of administration staff had completed the module and 25% of all other staff. The training has been made part of mandatory training all new staff complete the training as part of their induction.

Whanganui Patient Feedback

WDHB through the Haumoana Service undertook a survey of whānau earlier this year on accessibility of hospital-based services. Overall the feedback was positive with the one specific area of complaint being access to Lambie building. This access has since been addressed with a renovation of the entrance way which includes two sets of automatic sliding doors, the removal of a small step, new ramps and hand rails.

An audit of WDHB patient feedback and complaints for the 2018 year and 2019 to date showed no disability-specific complaints.

Equipment and Modification Services (EMS)

MoH funds Equipment and Modification Services to support disabled people of all ages live as independently and safely as possible in the community.

A health professional can refer people under 65 years who they identify as having functional limitations which are likely to be continuing for more than 6 months to Child Development, Occupational Therapy or Physiotherapy.

WDHB EMS assessors (predominantly Occupational Therapists and Physiotherapists) from prioritise the referral then visit the person to complete an assessment. If the person needs long-term equipment or home modifications, the EMS applies to Enable NZ which is directly funded by the MoH.

Enable supply the equipment and home modifications with the WDHB EMS assessor providing continuity for the person and whānau/family.

WDHB has recently introduced a new system to review people with long-term use of wheelchairs to ensure they have the best available chair for them as their needs change.

In the past we used to assess patients for a complex wheelchair, supply the wheelchair and close the patient from our case load with no future appointment in place. When the wheelchair breaks down we would end up reacting or caught unaware with no backup plan.

Now we provide the patients with annual review appointments, which allows for any adaptations before the wheelchair breaks or is no longer suitable for the person. This also reduces the possibility of the person's condition deteriorating.

Data from Enable NZ shows it spent $1,289,412 on equipment and modifications in WDHB, supporting 818 people.

Short-term equipment
WDHB supplies short-term loan equipment to patients who may be experiencing functional limitations caused by acute illness or events. The aim is to help prevent unnecessary hospital admissions or facilitate early discharge from acute care into the community. This equipment is only supplied to patients who live in the WDHB area.

As at 11 November 2019 the DHB had 814 items out on short term loan to 400 patients.
The loan period ranges from 6 weeks to 3 months and dependent on the patient's condition this may be extended until a long-term solution is in place.

Annual Plan
In the 2019/20 Annual Plan, under Disability Responsiveness WDHB is to:

- Have 60% of staff completed the WDHB Disability Responsiveness E-Learning module.
- Strengthen participation of disabled people in advisory roles particularly Māori. Discussions are been had with Te Pukaea to broadened its representation.
- Engage in qualitative study of consumers to test the effectiveness/usefulness of the Health Passport.
- Through the pro-equity framework and using co-design principles establish what patient information about impairment/disability needs is currently being gathered.
- Assess the potential of Clinical Portal and webPAS to collect information of disable people's needs and alert staff as required.

4. Call for Change

Over recent decades disabled people have advocated for a change in the way disability is defined. Over the same period de-institutionalisation has occurred nationally so people formerly 'locked away' have become visible in the community. Both policy and philosophy have led to a shift from what is known as a 'medical model of disability' with the focus on a person's 'deficiencies' to the more inclusive 'social model of disability' which distinguishes between impairments (which people have) and disability (which lies in their experience of barriers to access).

Disabled people and whānau have been calling for change for a long time because the current system is seen as:

- providing a one-size fits all support
- fragmented and siloed support and funding across government
- being about what the system needs (e.g. assessments for eligibility), not the disabled person and their whānau
- delivering poorer life outcomes for disabled people than many other New Zealanders
- having rising costs – but limited evidence of better outcomes.

In WDHB where patient/whānau-centred care is the care delivery model, the person's preferences, needs and values should be central to decision making about that person's care. This provides a means of greater understanding of the health experience of people with disabilities. This model benefits all people who have multiple interactions with health services and will improve the experience of those with long-term health conditions, as well as people of all ages with life-long impairments.

While national disability data and analytics is poor, in WDHB we know the region has a higher rate of disability than the national average and that that Māori and Pacific disability prevalence rates are higher than the total population.

There is overwhelming evidence of the need to improve access to health and disability services for Māori and Pacific people.

The direction of change is largely being led by the MoH and is set out in the attached *Appendix 3 (Disability Strategy Framework)* which identifies some of the main issues to transforming to a sustainable and equitable disability support system.

MoH Director General Ashley Bloomfield has elevated disability within his restructured organisation to form a directorate headed by former Wairarapa DHB CE Adri Isbister. The directorate have been holding community conversation around NZ including Whanganui to hear feedback from individuals, whānau and providers.

The three major themes have been the need for:

- a single source of truth in information
- greater flexibility in all support packages, and
- more options and support for 'exhausted' carers/family/whānau to get respite.

The MoH working with Ministries of Social Development and Education has already embarked on transformational change. MoH Programme Lead for this work, James Poskitt, will present to the committee on this work.

Part of that transformational change is the MidCentral prototype Mana Whaikaha.

Mana Whaikaha

Mana Whaikaha is co-designed with disabled people and whānau, and others in the disability sector and is based on the Enabling Good Lives vision and principles and aims to:

- provide disabled people and whānau with more flexible support options
- give disabled people and whānau greater decision making over their support and lives
- improve outcomes for disabled people and whānau
- create a cost-effective disability support system.

Mana Whaikaha is being closely monitored and evaluated with advice due to be provided to Cabinet on the final model and expanding the transformed system beyond the MidCentral DHB region in late 2020.

Key features

- People are welcomed into the system in multiple ways, and can then be provided with information, and linked with a Connector, peer network, government agency or disability organisation.
- Connectors – an ally for disabled people and their whānau, who can walk alongside, if wanted, to help identify what they would like in their lives, how to build that life and the range of supports and options available.
- Easy to use information and processes for disabled people and whānau.
- Connected support across government – support for disabled people to find out about what assistance might be available and how to connect with other government support.
- A straightforward process for accessing funding, with flexibility about what can be purchased and easy reporting on how funding has been used.
- Capability funding for disabled people and whānau.
- Greater system accountability to disabled people and their whānau – disabled people and whānau are involved in monitoring and evaluating the system, and making recommendations to Ministers about changes to the system.

5. Accessibility Charter

It is recognised in health that those people who have a range of clinical and support requirements tend to have the most complex interactions with the health system. The easier it is to navigate vital health services, the more enabling the health system becomes.

The Accessibility Charter *(appendix 4)* was launched in NZ in 2018, and endorsed by public service Chief Executives' who are committed to the provision of accessible information and online tools to progress the development of equitable public services for disabled people by removing barriers.

The purpose of the accessibility Charter is to:

- improve access to information provided by government agencies to people who experience barriers in accessing information;
- provide affected people with a consistent experience when accessing information; and
- meet international obligations under the United Nations Convention on the Rights of Persons with Disabilities.

To date 38 of the 39 public sector agencies and one local government authority have signed the charter. MoH is working with Canterbury DHB around them signing the charter and planning to work with other DHBs and local government in 2020.

For WDHB, the chart aligns with: the Strategic Direction set by the Board; the Pro-Equity Framework; planned activity under Disability Responsiveness and Health Literacy; work of the Communications Department in auditing the WDHB's website and ensuring patient/whānau information is accessible and Te Pukaea.

The charter would commit WDHB to working progressively over the next 5 years with consumers to ensure all information intended for the public is accessible to everyone and that everyone can interact with services in a way that meets their individual needs and promotes their independence and dignity. This includes meeting the government's web accessibility and usability standards, ensuring information is available in a range of accessible formats and compliant with accessibility standards. It also involves responding positively when customers make staff aware of instances of inaccessibility and adopting a flexible approach to interacting with the public, actively championing accessibility within the organisation.

WDHB has been in discussion with Capital & Coast DHB which is developing its action plan for making the Accessibility Charter business as usual, starting with a focus on the outpatient department which is primarily patient-facing with a high level of engagement with disabled people. Two other areas are being considered as part of this work these are the provision of emergency alerts being issued by the DHBs and information/advice relating to medication.

The chart requires Plain Language, Easy Read, NZ Sign Language, Braille, Audio, and Large Print.

It is proposed that the committee note the Charter and that is aligned to current and planned activity and would be part of a wider DHB Accessibility Plan. However further work is required, to fully scope necessary work and resource implications and set out a timeline for implementation.

6. Next steps

1. Implement the initiatives outlined in the 2019/2020 Annual Plan
2. Work with MoH on specifications for Accessibility Plan and Disability Action Plan
3. In consultation, develop an Accessibility Charter Action Plan
4. Offer future Combined Committee meetings the opportunity to focus on specific aspects of disability such as child and whānau disability responsiveness in the Whanganui DHB region

Recommendations

Management recommend that the committee:

1. **Receive** the Disability Overview and Up-date paper
2. **Note** the Ministry of Health's six actions for health sector leadership
3. **Receive** the presentation
4. **Note** the Accessibility Charter
5. **Endorse** further work to develop an Accessibility Charter Action Plan, in preparation for HAI endorsement and WDHB signing the charter.

7.4 People and performance update

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Committee paper** ✓ **Information paper** ☐ **Discussion paper** ☐ **Decision paper**
	Date: 22 November 2019

Lead/Authors	Hentie Cilliers, General Manager, People and Performance
Endorsed	n/a
Title	People and Performance update, November 2019
Synopsis	To provide an update to committee on areas of focus for the People and Performance team

Recommendations

Management recommend that the committee:

1. **Receive** the paper entitled "People and performance update, November 2019"
2. **Note** WDHB has a low staff turnover percentage compared with other DHBs
3. **Note** from an employment perspective the WDHB is an equal employment opportunity employer and does not discriminate against anyone with a disability
4. **Note** There were no notifiable injuries or events notified to WorkSafe New Zealand in October

1. Staffing status

The WDHB turnover for 2018/19 was 8.8%, slightly higher than 7% in 2017/18. The current year to date turnover is 3.2%. WDHB has one of the lowest turnover percentages compared with other DHBs.

Sick leave taken trends continue to be similar to previous years. The year to date sick leave (paid and unpaid) for 2019/20 as a percentage of total hours paid is 4.31%. This is slightly higher than the previous YTD trends.

The year to date 2019/20 excessive annual leave balance as a percentage of employees whom have an annual leave balance in excess of two times their annual leave balance is 4.2%. This is slightly higher than the 2018/19 year to date balance of 3.79%.

2. Recruitment / resignation issues

Current medical vacancies include a consultant psychiatrist, consultant ophthalmologist, O&G consultant, emergency consultant and senior house officers (for quarters 3 and 4).

Other clinical vacancies include a director of midwifery, registered nurses in Te Awhina, audiologist, physiotherapist, cardiac sonographer, casual and core midwives, lactation consultant/BFHI coordinator and opioid substitution treatment case manager.

The table below provides details regarding hard to fill vacancies:

Hard to fill position as at Nov 2019	Length of advertising period	Recruitment strategies/advert placement	Infilling in meantime
Consultant psychiatrist	Never managed to staff 100%	Shortage of Psychiatrists Advertised on all regular platforms including social media. Use of recruitment agency	Locums C&CDHB resources
Consultant ophthalmologist	3 months	Letter of Offer sent to candidate Full staffing anticipated by end April 2020	Locums
O&G consultant	18 months	Contract sent.	Locums
Emergency consultant	Increased FTE earlier in 2019.	2 starting in Feb 2020 – 1 permanent, 1 long-term locum 3 new CVs received – organising interviews	Part-timers in place Highest number of FTE employed to date.
Cardiac Sonographer	2.5 months	Nationwide shortage of Sonographers Advertised on all regular platforms including social media Some interest in the role	New service
Audiologist	18+ months	Advertised nationally on regular platforms, social media and NZAS Advertised internationally on Audiology membership websites in Canada, UK and Australia	Infrequent use of locums
Occupational Therapist - Child Therapy	6 months (current incumbent left on maternity leave Sep 2019).	Advertised nationally on all regular sites, and internationally in UK Use of recruitment agency Exploring alternative options for filling the role	Specialist OT role - No one available to provide service

3. Employee Relations

Bargaining continues for the Medical Radiation Technologist and Psychologist MECAs. Bargaining for the Sonographer MECA is scheduled to commence in December.

During 2020 bargaining for the following MECAs will take place:

- Senior Medical Officers
- Nursing and Midwifery
- Mental Health and Public Health Nursing
- Allied, Public Health and Technical
- Specialty Trainees of New Zealand (RMOs)

In addition to the above bargaining, 2020 will potentially include pay equity bargaining for nursing (NZNO and PSA), midwifery (MERAS) and clerical / administrative (PSA) employees.

4. Disability

Sixteen staff have declared disabilities. This represents 1.6% of the WDHB staff headcount, and excludes casual staff. The information is voluntary and potentially under-reported.

All office based staff and staff identifying specific health requirements are offered an ergonomic assessment at the start of their employment. Appropriate chairs, screens and desks are regularly provided to staff. If any barrier is identified to a staff with a disability performing their role this is addressed.

All buildings have wheelchair access and the entrance to Lambie was recently upgraded with sliding doors installed.

Disabled toilet facilities are available throughout the campus as well as disabled parking facilities close to building entrances and elevators in all areas with more than one level.

From an employment perspective the WDHB is an equal employment opportunity employer and does not discriminate against anyone with a disability. The WDHB encourages any person meeting the required role competencies and associating with the DHB values to apply for vacancies. WDHB does not currently have a specific strategy focused on increasing the number of staff employed with a disability but this is something that could be considered in future.

Whanganui DHB is a member of Diversity Works New Zealand (Equal Employment Opportunities Trust - EEO), promoting EEO practice within the WDHB including encouraging diversity by promoting the recruitment and development of people on the basis of merit and generates awareness of the business benefits and rewards of an inclusive workplace. As an organisation we value diversity, equity and equality of opportunity.

5. Health and Safety

Thirteen injuries were reported in October, seven of which are an ACC claim. There were three lost time injuries recorded in October.

In October, one employee with a work related injury, seven employees with a non-work related injury and three with a medical condition were on return to work plans.

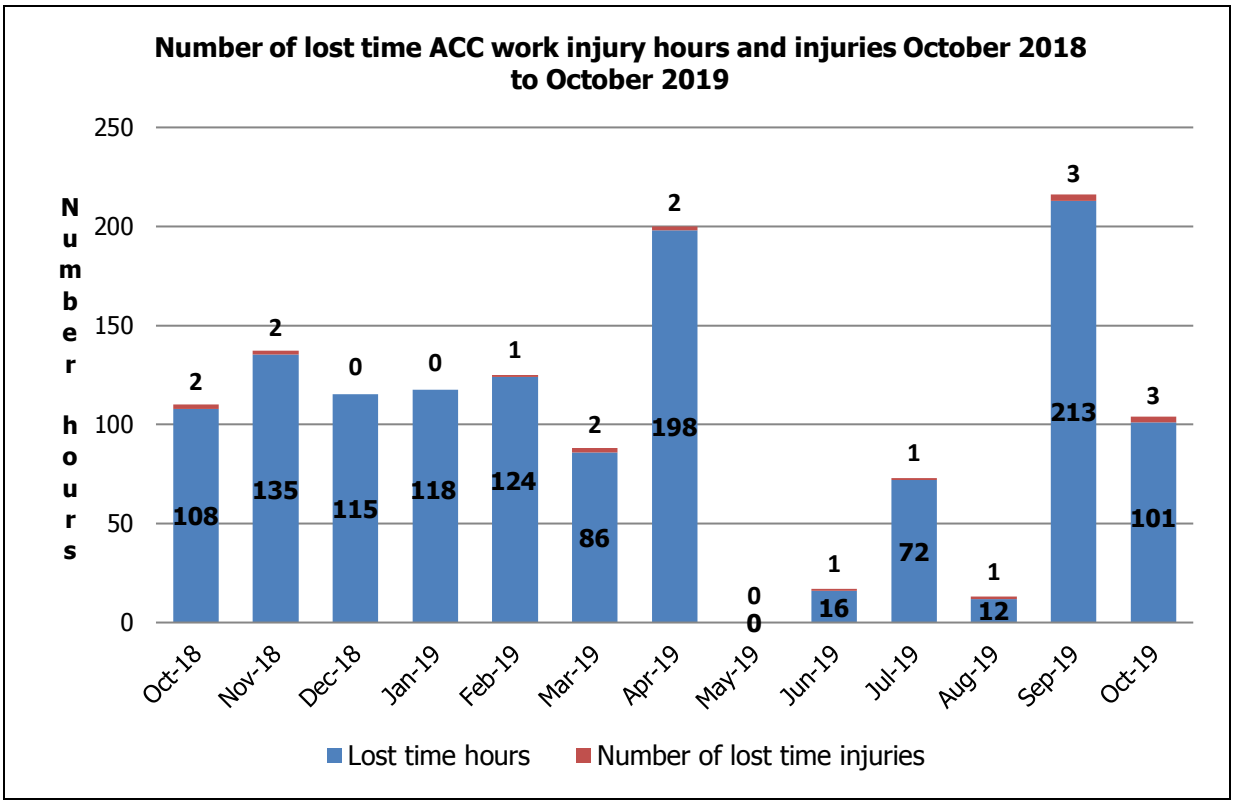
There were no notifiable injuries or events notified to WorkSafe New Zealand in October.

The graph below details lost time ACC work injury hours from October 2018 to October 2019. The numbers above the columns represent the number of lost time injuries. The lost time hours include all hours lost following an accident.

The spike in lost time work injury hours in September 2019 relates to one work related injury claim where the cover decision was only made after a full investigation. This resulted in lost time hours from previous months recorded in September.

There were three ACC lost time injuries registered through payroll in October 2019:

- Injured shoulder and neck making beds and lifting mattresses to wipe them down
- Lumber sprain whilst putting a patient back to bed
- Pain in shoulder joint from pushing a sliding shelf



Recommendations

Management recommend that the committee:

1. **Receive** the paper entitled "People and performance update, November 2019"
2. **Note** WDHB has a low staff turnover percentage compared with other DHBs
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8 Information papers

Appendices	Description	Page
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9 Date of next meeting

Annual Planning Meeting - Friday 21st February 2020

MINISTRY OF HEALTH
MANATŪ HAUORA

APPENDIX 1

133 Molesworth Street
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New Zealand
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8 November 2019

To: District Health Board Chief Executives

cc: District Health Board General Managers, Planning and Funding
Dr Ashley Bloomfield, Director-General of Health

Tēnā koutou

Disability Action Plan 2019-2023 – health and disability sector actions and planning

This letter is to advise that the Government has approved the Disability Action Plan 2019-2023 (Action Plan) with six actions for the health sector to lead. I am also signalling our interest in working more closely with District Health Boards (DHBs) on disability issues in general.

Disability Action Plan to be published

The Action Plan is led by the Minister for Disability Issues, co-developed with the Disabled Peoples' Organisation (DPO) Coalition and coordinated by the Office for Disability Issues.

The Action Plan is a package of cross-government work programmes to progress the New Zealand Disability Strategy 2016-2026 (Disability Strategy) which represents New Zealand's collective realisation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The purpose of the Convention is to ensure that disabled people have full and effective participation in society on an equal basis with others.

The Cabinet paper associated with the Action Plan will be published on the Office for Disability Issues website (https://www.odi.govt.nz/) on 12 November 2019 as part of the Government's proactive release of decisions. The formal Action Plan will be published on 14 November. As information on the Action Plan is being published prior to the draft DHB planning package for health and disability being sent out in early December, I would like to provide you with a brief overview of the lead health actions, which have implications for DHBs.

Actions for health and disability sector leadership

The six actions for health sector leadership listed below are described further in Appendix 1:

- repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992
- reduce the use of seclusion and restraint in mental health services
- improve health outcomes and access to quality healthcare for disabled people
- transformation of the disability support system
- protecting bodily integrity of disabled people against non-therapeutic medical procedures
- Funded Family Care policy change.

Reducing health inequalities for disabled people

While all actions will help to improve outcomes for disabled people, the action to 'improve health outcomes and access to quality healthcare' is particularly relevant and includes a focus on access, data and workforce.

Many disabled people experience poor health, wellbeing and life outcomes. Disabled people also face barriers in accessing healthcare. A systematic approach is needed to address these issues. Appendix 2 provides more information on disability context and landscape.

Strengthening the Ministry and DHB disability issues working relationship

As mentioned, we are keen to work with DHBs more closely on disability issues. This reflects the Ministry's stewardship role to lead and collaborate across the health and disability sector.

Disability aspects of the DHB planning package are being revised and we will be able to have more discussions with you on this soon.

The Disability Directorate is currently working with DHB General Managers, Planning and Funding and Health of Older People Managers on Funded Family Care policy change. It will be good to continue developing these relationships for disability more broadly.

The DHB Operational Policy Framework requires that DHBs advance the objectives of the Disability Strategy, address the health needs of disabled people, and have an accessibility plan that addresses physical and non-physical access for people with disabilities.

As part of the new Disability Action Plan 2019-2023, DHBs will be required to have their own, or regional, Disability Action Plans, with actions co-developed with disabled people. Some DHBs already have these Plans and in some cases, these are joint plans between DHBs in the same region. We would like to encourage DHBs with Plans to share the experience of developing and delivering these plans to help DHBs that do not yet have them.

I would like to work with DHBs to plan a workshop for early 2020 to discuss our respective health and disability roles, responsibilities, relationships and challenges. This will enable us to explore and agree how we will work together in developing and implementing our response to joint actions. I am keen for us to work in partnership with disabled people, including Māori and Pacific peoples.

I will cover some of these points at the meeting of DHB Chief Executives on 12 December 2019 and will also meet with General Managers Planning and Funding.

Ngā mihi nui

Adri Isbister
Deputy Director-General, Disability

Disability Action Plan 2019-2023: actions for health and disability sector

The six actions in the Action Plan for the Ministry of Health to lead for the health and disability sector are described further below.

All actions will have implications for DHBs regarding the funding and delivery of services for people with disability-related needs. These will be discussed and developed further with DHBs as appropriate in the draft DHB planning package available in early December 2019.

Repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992

Lead agency: Ministry of Health/ Mental Health Directorate

The Government has accepted, in full, the recommendation from the Independent Inquiry into Mental Health and Addiction to repeal and replace the current Mental Health Act. The new legislation will be developed to ensure respect and protection for individual and whānau human rights. To complete this project, the Ministry will engage with stakeholders to develop policy recommendations for Cabinet approval to commence the legislative process.

Reduce the use of seclusion and restraint

Agency co-leads: Ministry of Health and Department of Corrections.

This includes:

- considering the use of seclusion and restraint practices in the work programme to repeal and replace the Mental Health Act (Health)
- reviewing the current Restraint Minimisation and Safe Practice standard as part of the statutory review of Health and Disability Services Standards due to be completed by December 2020 (Health)
- developing a shared understanding of what constitutes various forms of restraint (including seclusion and segregation) across different sectors/settings. This work will take a rights-based approach (Health and Corrections co-lead).

Improve health outcomes and access to quality healthcare for disabled people (access, data and workforce)

Lead agency: Ministry of Health / Disability Directorate/ Policy team

The Ministry will work across the health and disability system, including with DHBs, to:

- improve access to quality healthcare, including:
    - implementing disability actions in national health action plans
    - supporting and monitoring DHB action plans
    - exploring options to improve access to healthcare for disabled people, with a focus on people with a learning/intellectual disability
- improve disability data and evidence
- improve disability awareness and capability of the health workforce.

While disabled New Zealanders have the same health needs as anyone else, many experience physical and organisational barriers to accessing health and disability services. A more accessible health system would enable earlier identification of health need and effective

response for disabled people and will help to reduce costs due to late presentation and avoidable appointments.

Data and evidence on health and disability is important for assessing the health and wellbeing of the disability population and measuring progress. Unfortunately, limitations in disability data mean that the experience of disabled people in accessing health services and individual and population health outcomes is poor.

Enhancing health practitioners' knowledge of and responsiveness to disability issues is crucial. There is a need to improve training, resources and professional development. This should be informed by people with lived experience of disability and their families.

As part of our health equity priority, the health sector is considering how we can ensure a disability perspective in our work and to improve disabled people's experience of the health system. This includes recognising the interests of disabled people in national health action plans (eg, cancer, sexual and reproductive health) and implementing any specific disability actions they contain.

Transformation of the disability support system

Ministry of Health lead: Disability Directorate/ System Transformation team

The Mana Whaikaha prototype of a transformed disability support system began in October 2018, in the MidCentral District Health Board region. Developing and implementing a transformed system creates a wide range of policy and operational issues to be addressed.

A 'try, learn and adjust' approach is being used to refine the prototype. Governance is provided by several groups comprising mainly disabled people, families, whānau, Māori, Pacific Peoples, support workers, providers, and unions. Decisions on the final model and expansion will be sought from Cabinet in late 2020. Updates on progress and evaluation will be provided.

Protecting the bodily integrity of disabled children and disabled adults against non-therapeutic medical procedures

Lead agency: Ministry of Health/ Disability Directorate/ Policy team

This involves exploring the framework that protects bodily integrity of disabled people against non-therapeutic medical procedures. This work programme will complete Action 7B from the Disability Action Plan 2014-2018 to "explore the framework that protects the bodily integrity of disabled children and disabled adults against non-therapeutic medical procedures, with an initial focus on non-therapeutic sterilisation."

Funded Family Care policy change

Lead agency: Ministry of Health/ Disability Directorate/ Policy team

The Government announced changes to Funded Family Care (FFC) policy and legislation. The Ministry and DHBs have FFC policies (DHB policies are referred to as Paid Family Care). While the policies are essentially the same, they serve different client groups and have different pay rates and payment mechanisms. Changes to take effect in 2020 include:

- repeal of Part 4A of the New Zealand Public Health and Disability Act 2000
- eligibility changes for both policies to allow:
    - spouses and partners to provide FFC to people with high or very high support needs
    - children and young people under the age of 18 with high or very high needs to receive FFC from resident parents or family members (who are over 18)
- for the Ministry policy only, the requirement for an employment relationship between a disabled person and their family member will be removed

- pay rates for family carers will be made consistent with those received by care and support workers.

The Ministry will continue to work with the DHB Working Group on design and implementation of FFC operational policy change and a nationally consistent approach to:

- payment of funded family carers
- collection of information on uptake, costs and outcomes
- supported decision-making and safeguards for vulnerable clients

Overview of disability in New Zealand and the health and disability system

Disability in New Zealand

What do we mean by disability?

- In the New Zealand Disability Strategy 2016-20261, disabled people refers to 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.
- People with disabilities are not a homogeneous group. The needs and experience of disabled people vary according to the type and severity of their impairment, and their personal and social characteristics (eg, age, gender, ethnicity, culture, sexuality), as well as the direct challenges they face as a result of their impairment. These are multiple, interacting challenges and contribute to the vulnerability that disabled people experience.

Who has a disability?

The last New Zealand Disability Survey undertaken in 2013 identified about one in four New Zealanders (24 percent of the total population) were disabled. [2]

- The leading areas of impairment in the population were physical limitations, sensory (hearing/vision), mental (psychological/psychiatric/ psychosocial) and intellectual disability. Over half of all disabled people (53%) had more than one disability, indicating that the number of people with disabilities is increasing.
- For children the most common type of impairment was learning difficulty, affecting 6 percent of the total child population. The most common cause of disability for children was a condition that existed at birth (49%).
- For adults, physical limitations were the most commonly reported type of impairment. Eighteen percent of people over the age of 15 years reported that a physical impairment limited their everyday activities. Disease or illness was the most common cause of physical impairment in adults.
- People aged 65 years or over were much more likely to be disabled (59%) than adults under 65 years (21%) or children under 15 years (11%).
- Physical (mobility and/or agility) and sensory (hearing and/or vision) impairments are the areas that increase most with age.
- The rate of disability also varies by ethnicity. Māori had a higher than average disability rate (27%) than European (25%), Pacific (19%) or Asian (13%) populations, despite having a younger population age profile than the total population.

What outcomes are disabled people getting?

- Stats NZ surveys consistently show that disabled people experience poorer outcomes across multiple domains, including income, employment and health compared with non-disabled people.
- People with intellectual disabilities[1] and Māori with disability have some of the poorest health outcomes of any group in the country, and are at higher risk of illness, disease, disability and early death.

[1] https://www.odi.govt.nz/nz-disability-strategy/
[2] See Disability Survey: 2013, Statistics New Zealand.

- Inequity of access to health care and health outcomes for disabled people both within the health and disability support system and nationally is not comprehensively assessed or measured.
- There is currently limited information available on health outcomes, risk and protective factors for disabled people. New information will soon be available from the 2018/19 New Zealand Health Survey, which included the Washington Group short set of disability questions. These questions identify a subgroup of disabled people at greater risk of experiencing restrictions to participation.

What are the key current and future challenges in addressing disability and equity needs?

- Disability is growing in the population, highlighting growing demands from emerging client groups including with dementia and neurodiversity conditions
- Disabled people are living longer, reflecting technology advances, but not necessarily in good health
- Complexity of disability need is increasing and will continue to grow as the population increases
- Growing burden of disability is putting increasing pressure on health and disability system
- The full implications of health impacts on the disability population are unknown because of health data limitations
- Addressing health inequity in the Māori and intellectual disability population is a priority.

Health and disability system role in the care and support for disabled people

Health services for the disability population

DHBs are responsible for the health and wellbeing of all the people they serve in their districts, including disabled people. Disabled people will have health needs just like everyone else and some may have specific needs for healthcare because of their disability.

Disability supports

Responsibilities for disability support funding are split between the Ministry and DHBs:

- The Ministry funds disability support services for:
    - people largely aged under 65 years, mainly with physical, sensory, and intellectual disabilities.
    - people with some neurological conditions that result in permanent disabilities, some developmental disabilities in children and young people (e.g autism spectrum disorder) and physical, sensory or intellectual disability that co-exists with a health condition and/or injury.
- The Ministry also funds a range of environmental supports for people of all ages. This includes cochlear implants, communication aids, physical mobility equipment and modifications to homes or vehicles.
- DHBs fund disability supports (sometimes referred to as long-term supports) for:
    - people with disabling chronic health conditions
    - people disabled by mental health conditions
    - people over age 65 years with age-related disability (e.g. dementia)

END

Prevalence of disability

All of New Zealand

24%

of the New Zealand population were identified as disabled (1.1 million people).

Māori

26%

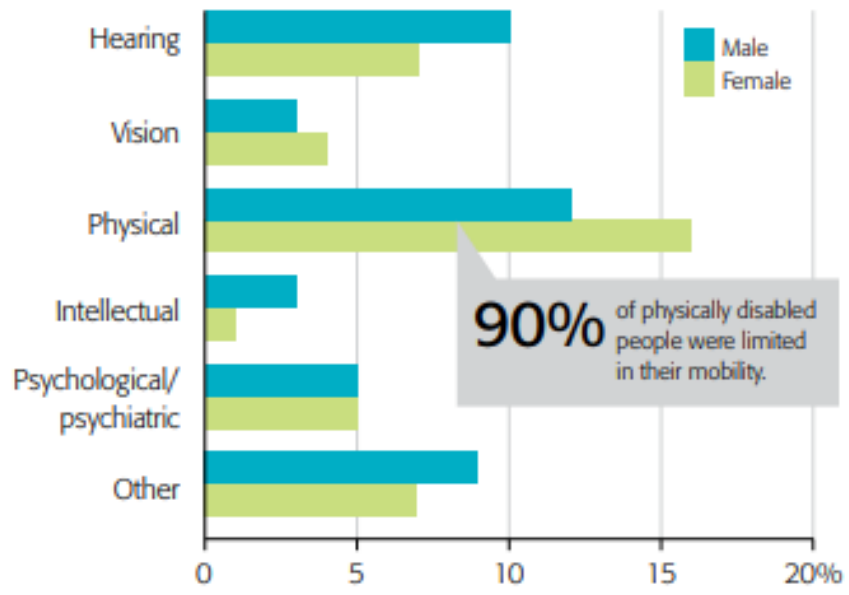
of the Māori population were identified as disabled (176,000 people).

Distribution of disabled people
by age and sex

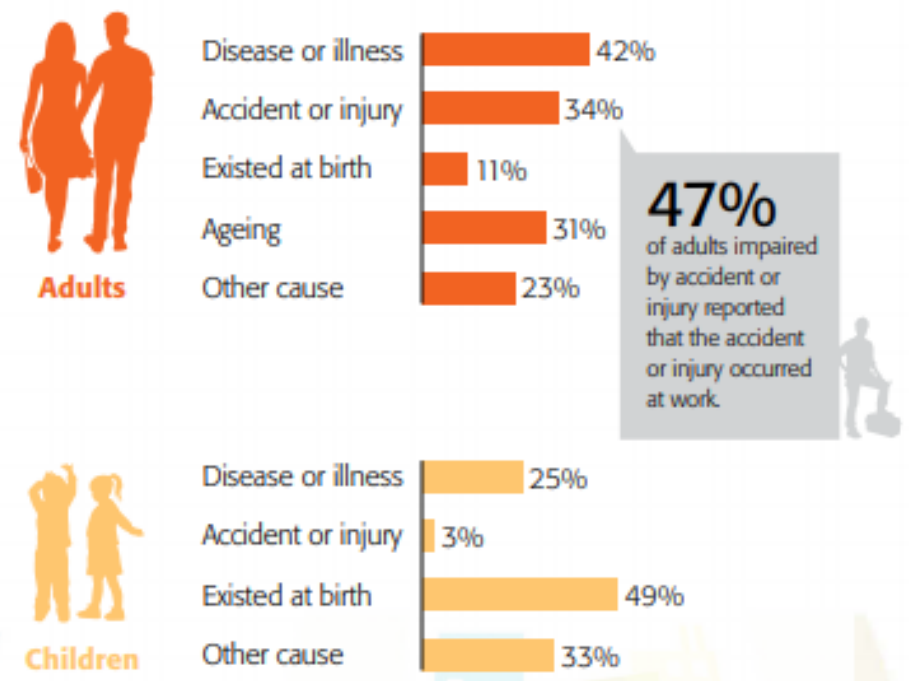
In this image the disabled population is represented by 100 people. For example, 6 out of 100 disabled people are boys aged less than 15 years.

Note: Due to rounding, figures may not add to 100.

Impairment rates
for males and females in total population



Cause of impairments
for disabled adults and children



Adults are aged 15 years and over, and children are aged 0 to 14 years.

Main impairment type
for disabled adults and children

For adults, 'other' includes impaired memory, learning, and speaking.
For children, 'other' includes impaired learning, speaking, and developmental delay.
Note: Due to rounding, figures may not add to 100.

TRANSFORMING TO A SUSTAINABLE AND EQUITABLE DISABILITY SUPPORT SYSTEM

Version 1.1
26 August 2019

APPENDIX 3

DRIVING CHANGE

The disability support system requires significant shifts in the way we approach our stewardship role to drive and deliver better outcomes, more flexible supports, and long term system sustainability.

These shifts need to be supported by the wider disability sector, including other agencies through better understanding and an integrated approach.

Early intervention

This theme involves a significant shift of the disability support system to enable the disabled person and their whānau to access support earlier in the life course of a disabled person.

Proactive supports, where appropriate, can enable disabled people to build independence and become meaningfully engaged in the community, improve outcomes and reduce costly downstream reactive / crisis supports.

Person directed

To better meet the needs of disabled people we must continue the shift from a system driven by service offering, to one determined by disabled people and their unique circumstances.

Moving to a more person centred approach will enable the system to be set up to deliver what is of most value to disabled people and reduce inefficient use of funding.

A connected system

Disability supports are only one aspect of a disabled person's life and make up only a small part of what creates a good life.

This theme involves a shift from isolated supports to ensuring integration across government and the community to address social determinants of what makes a good life.

IMPROVING OUTCOMES

Evidence consistently demonstrates that disabled people experience poorer outcomes across multiple domains, including income, employment and health.

Key shifts are required across the wider disability system to support disabled people in achieving their aspirations.

Equity

This theme seeks to continue the shift towards enabling disabled people the opportunities and outcomes afforded to non-disabled people. This will underpin a shift to measuring outcomes for disabled people in a more comprehensive manner.

Human Rights

The disability support system will continue to embed an approach that focuses on ensuring that disabled peoples' human rights as New Zealand citizens are protected and enhanced, the same as other New Zealanders, and these rights underpin policy development, funding and delivery of supports.

Māori

While the disability system itself is focused on equity, the disability system does not serve all disabled people equitably. Māori feature prevalently in the people who have poorer determinants of health and wellbeing and a key shift is required to deliver a system that supports the achievement of Māori aspirations.

Community Focus

Disabled people have poorer community connections than non-disabled New Zealanders. This theme is about ensuring that a true community approach to the design and delivery of supports is taken.

This will enable disabled people to build capability and increase their independence and community connections.

SYSTEM ENABLERS

Our stewardship to ensure a more resilient and sustainable system will be supported through the following:

Value

This theme is about demonstrating the best use of available resources, to deliver the most value for disabled people and their whānau by taking an investment approach.

Data and analytics

Disability data and evidence is collected in an inconsistent and disparate manner. This hinders the ability to ensure informed decision-making and measurement of performance across government.

This theme focusses on embedding a comprehensive set of data and analytics tools supported by robust reporting and information sharing.

Commissioning

The disability support system currently has over 1,200 contracts with over 900 providers. Measurement of outcomes across these contracts is variable.

This theme is about shifting the approach to commissioning for individual outcomes and embedding measurement of outcomes in provider interactions in a way that informs change.

Transparency

This theme is about increasing the transparency around decision making and ensuring that decisions made around support for disabled people is fair, reasonable and consistent.

This will enable the disability community to have more certainty and continuity of their support.

Flexibility

The resilience of the disability support system will be underpinned by consolidating policies, guidance and funding arrangements to ensure flexibility in supports that deliver the best outcomes.

APPENDIX 4

Accessibility Charter

Our organisation is committed to working progressively over the next five years towards ensuring that all information intended for the public is accessible to everyone and that everyone can interact with our services in a way that meets their individual needs and promotes their independence and dignity.

Accessibility is a high priority for all our work.

This means:

- meeting the New Zealand Government Web Accessibility Standard and the Web Usability Standard, as already agreed, by 1 July 2017
- ensuring that our forms, correspondence, pamphlets, brochures and other means of interacting with the public are available in a range of accessible formats including electronic, New Zealand Sign Language, Easy Read, braille, large print, audio, captioned and audio described videos, transcripts, and tools such as the Telephone Information Service
- having compliance with accessibility standards and requirements as a high priority deliverable from vendors we deal with
- responding positively when our customers draw our attention to instances of inaccessibility in our information and processes and working to resolve the situation
- adopting a flexible approach to interacting with the public where an individual may not otherwise be able to carry out their business with full independence and dignity.

Our organisation will continue to actively champion accessibility within our leadership teams so that providing accessible information to the public is considered business as usual.

		Manager IT
Chief Executive	Manager Communications	

Date _____

New Zealand Government

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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
MOoH	Medical Officer 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

Kupu Māori	English
Koha	Gift
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

Kupu Māori	English
Tikanga	Customs, protocols or policies. Tikanga is used as a guide to moral 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'.