Hospital Advisory Committee Agenda

Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON		
Date:	24 February 2021	**Time:**	10.30am

Commissioners:	Mr A Connolly, Deputy Commissioner (Chair) Dame K Poutasi, Commissioner Emeritus Professor M Wilson, Deputy Commissioner Ms T P Thompson-Evans (Deputy Chair) Mr C Paraone, Deputy Commissioner Ms R Karalus Dr P Malpass Mr J McIntosh Mr F Mhlanga Ms G Pomeroy Ms J Small Mr D Slone Mr G Tupuhi
In Attendance:	Mr K Whelan, Crown Monitor Mr K Snee, Chief Executive Other Executives as necessary

Next Meeting Date:	28 April 2021	
Contact Details:	Phone: 07 834 3622	Facsimile: 07 839 8680
	www.waikatodhb.health.nz	

Our Vision: **Healthy People. Excellent Care**

Our Values:

People at heart – **Te iwi Ngakaunui**
Give and earn respect – **Whakamana**
Listen to me talk to me – **Whakarongo**

Fair play – **Mauri Pai**
Growing the good – **Whakapakari**
Stronger together – **Kotahitanga**

Item	
2.	**APOLOGIES**
3.	**INTERESTS** 3.1 Schedule of Interests 3.2 Conflicts Related to Items on the Agenda
4.	**MINUTES AND MATTERS ARISING** 4.1 Minutes 18 November 2020
5.	**EXECUTIVE DIRECTOR – HOSPITAL AND COMMUNITY SERVICES**
6.	**PRESENTATIONS TO BE PROVIDED AT THE MEETING** 6.1 Report – Mental Health and Addictions Services 6.2 Presentation – Mental Health and Addictions Services
7.	**INFORMATION**
8.	**GENERAL BUSINESS**

NEXT MEETING: 28 April 2021

Apologies

Schedule of Interests

SCHEDULE OF INTERESTS FOR HOSPITALS ADVISORY COMMITTEE MEETINGS TO FEBRUARY 2021

Dame Karen Poutasi

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Network for Learning	Non-Pecuniary	None	
Daughter, Consultant Hardy Group	Non-Pecuniary	None	
Son, Health Manager, Worksafe	Non-Pecuniary	None	
Chair, Kapiti Health Advisory Committee	Non-Pecuniary	None	
Co-Chair, Kāpiti Community Health Network Establishment Governance Group	Non-Pecuniary	None	
Chair, Wellington Uni-Professional Board	Non-Pecuniary	None	
Chair, COVID-19 Vaccine and Immunisation Governance Group	Non-Pecuniary	None	

Mr Andrew Connolly

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Board member, Health Quality and Safety Commission	Non-Pecuniary	None	
Employee, Counties Manukau DHB	Non-Pecuniary	None	
Member, Health Workforce Advisory Board	Non-Pecuniary	None	
Crown Monitor, Southern DHB	Non-Pecuniary	None	
Member, MoH Planned Care Advisory Group	Non-Pecuniary	None	

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Mr Chad Paraone

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Independent Chair, Bay of Plenty Alliance Leadership Team	Non-Pecuniary	None	
Independent Chair, Integrated Community Pharmacy Services Agreement National Review (stepped down from role from December 2020 to March 2021)	Non-Pecuniary	None	
Strategic Advisor (Maori) to CEO, Accident Compensation Corporation	Non-Pecuniary	None	
Maori Health Director, Precision Driven Health (stepped down from role from October 2020 to March 2021)	Non-Pecuniary	None	
Committee of Management Member and Chair, Parengarenga A Incorporation	Non-Pecuniary	None	
Director/Shareholder, Finora Management Services Ltd	Non-Pecuniary	None	
Member, Transition Unit (Health & Disability System Reform), Department of Prime Minster and Cabinet)	Non-Pecuniary	None	

Emeritus Professor Margaret Wilson

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Waikato Health Trust	Non-Pecuniary	None	
Co-Chair, Waikato Plan Leadership Group	Non-Pecuniary	None	

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Ms Te Pora Thompson-Evans

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Attendee, Commissioner meetings, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Iwi Maaori Council, Waikato DHB	Non-Pecuniary	None	
Member, Te Manawa Taki Governance Group	Non-Pecuniary	None	
Iwi Maaori Council Representative for Waikato-Tainui, Waikato DHB	Non-Pecuniary	None	
Iwi: Ngāti Hauā	Non-Pecuniary	None	
Maangai Maaori:			
○ **Community Committee**	Non-Pecuniary	None	
○ **Economic Development Committee**	Non-Pecuniary	None	
Director/Shareholder, Haua Innovation Group Holdings Limited	Non-Pecuniary	None	
Director, Whai Manawa Limited	Non-Pecuniary	None	
Director/Shareholder, 7 Eight 12 Limited	Non-Pecuniary	None	

Dr Paul Malpass

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Fellow, Australasian College of Surgeons	Non-Pecuniary	None	
Fellow, New Zealand College of Public Health Medicine	Non-Pecuniary	None	
Trustee, CP and DB Malpass Family Trust	Non-Pecuniary	None	
Daughter registered nurse employed by Taupo Medical Centre	Non-Pecuniary	None	
Daughter employed by Access Community Health	Non-Pecuniary	None	

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Mr John McIntosh

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Community Liaison, LIFE Unlimited Charitable Trust (a national health and disability provider; contracts to Ministry of Health; currently no Waikato DHB contracts)	Non-Pecuniary	None	
Coordinator, SPAN Trust (a mechanism for distribution to specialised funding from Ministry of Health in Waikato_	Non-Pecuniary	None	
Trustee, Waikato Health and Disability Expo Trust	Non-Pecuniary	None	

Ms Rachel Karalus

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Aere Tai Pacific Midland Collective	Non-Pecuniary	None	
Member, Waikato Plan Regional Housing Initiative	Non-Pecuniary	None	
Chief Executive Officer, K'aute Pasifika Trust	Non-Pecuniary	None	

Ms Gerri Pomeroy

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Co-Chair, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Trustee, My Life My Voice	Non-Pecuniary	None	
Waikato Branch President, National Executive Committee Member and National President, Disabled Person's Assembly	Non-Pecuniary	None	
Member, Enabling Good Lives Waikato Leadership Group, Ministry of Social Development	Non-Pecuniary	None	
Member, Machinery of Government Review Working Group, Ministry of Social Development	Non-Pecuniary	None	

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Interest	Nature of Interest	Type of Conflict	Mitigating Actions
Co-Chair, Disability Support Service System Transformation Governance Group, Ministry of Health	Non-Pecuniary	None	
Member, Enabling Good Lives National Leadership Group, Ministry of Health	Non-Pecuniary	None	

[a]Mr Fungai Mhlanga

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Employee, Department of Internal Affairs (DIA) - Office of Ethnic Communities	Non-Pecuniary	None	
Trustee, Indigo Festival Trust	Non-Pecuniary	None	
Member, Waikato Sunrise rotary Club	Non-Pecuniary	None	
Trustee, Grandview Community Garden	Non-Pecuniary	None	
Volunteer, Waikato Disaster Welfare Support Team(DWST) - NZ Red Cross	Non-Pecuniary	None	
Volunteer, Ethnic Football Festival	Non-Pecuniary	None	

Mr David Slone

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Director and Shareholder, The Optimistic Cynic Ltd	Non-Pecuniary	None	
Trustee, NZ Williams Syndrome Association	Non-Pecuniary	None	
Trustee, Impact Hub Waikato Trust	Non-Pecuniary	None	
Employee, CSC Buying Group Ltd	Non-Pecuniary	None	
Advisor, Christian Supply Chain Charitable Trust	Non-Pecuniary	None	

[a] *The following statement has been requested for inclusion - All the comments and contributions I make in the Committee meetings are purely done in my personal capacity as a member of the migrant and refugee community in Waikato. They are not in any way representative of the views or position of my current employer (Office of Ethnic communities/Department of Internal Affairs).*

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Ms Judy Small

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Director, Royal NZ Foundation for the Blind	Non-Pecuniary	None	

Mr Glen Tupuhi

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Iwi Maori Council, Waikato DHB	Non-Pecuniary	None	
Board member, Hauraki PHO	Non-Pecuniary	None	
Board member , Te Korowai Hauora o Hauraki	Non-Pecuniary	None	
Chair Nga Muka Development Trust, a representation of Waikato Tainui North Waikato marae cluster	Non-Pecuniary	None	

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Conflicts Related to Items on the Agenda

Previous Minutes

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Hospitals Advisory Committee held on 18 November 2020 commencing at 10.50am

Present: Mr A Connolly (Chair)
Professor M Wilson
Mr C Paraone
Dr P Malpass
Mr J McIntosh
Dame K Poutasi
Ms J Small
Mr G Tupuhi
Mr F Mhlanga

In Attendance: Dr K Snee, Chief Executive
Ms T Maloney, Executive Director – Strategy, Investment and Transformation
Ms S Hayward, Acting Executive Director – Hospital and Community Services
Mr N Hablous, Company Secretary
Ms T Thompson-Evans
Riki Nia Nia, Executive Director – Māori, Equity and Health Improvement
Dr Gary Hopgood, Chief Medical Officer
Ms C Tahu, Chief Advisor – Allied Health
Mr G Guy, Service Manager – Chronic Care in Community Services

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ITEM 1: APOLOGIES

Resolved
THAT the apologies from Ms R Karalus, Mr D Sloan and Ms G Pomeroy are accepted.

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ITEM 2: INTERESTS

2.1 Register of Interests
There were no changes made to the interests register.

2.2 Conflicts relating to items on the Agenda
No conflicts of interest relating to items on the agenda were foreshadowed.

ITEM 3: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

3.1 Waikato DHB Hospitals Advisory Committee: 23 September 2020

Resolved
THAT
The minutes of the Waikato DHB Hospitals Advisory Committee held on 23 September 2020 are confirmed as a true and correct record.

Moved: Ms J Small
Seconded: Dr P Malpass

3.2 Matters Arising

Nil

ITEM 4: Executive Director – Hospital and Community Services

A verbal update was provided by Ms L Singh. Apologies were given for not tabling a formal report, however more comprehensive quality clinical data will be presented at the next committee meeting.

Ms Singh updated the Committee on where we have got to in the surgical backlog due to COVID, noting there was already a prior backlog. The team have started the recovery plan and have returned to a pre COVID wait list processes. Additional lists and sessions throughout the week have been made available and theatres are at capacity, with very little room to move. There is still a high level of demand that cannot be supplied in the timeframes needed. It will take time to work through the backlog to get waiting lists back to where they should be. In the meantime, chronic pain management and other initiatives to try and help the community providers deal with the wait list issue are being implemented. There has been big movements in the ophthalmology waiting list, and they have been running Saturday lists. Overall, teams are doing a great job in getting interventions for the community. There are flow issues in the hospital, with a lot being cardiology based, and options are being worked through.

There have been issues with international market supply, which has meant that some products have not been available, for example cleaning products for the endoscopy service.

Options for better management for the Emergency Department are being considered, where we could bring in customer liaisons (similar to Māori wardens), to walk around the waiting room and deescalate as required. This approach has made marked difference to levels of aggression and violence in EDs in other hospitals.

ITEM 5: PRESENTATIONS

5.1 Chronic Care in Community
Mr G Guy presented the Chronic Care in Community overview.

DRAFT

ITEM 6: DISCUSSION

Nil

ITEM 7: GENERAL BUSINESS

There was no General Business to discuss.

ITEM 8: DATE OF NEXT MEETING

8.1 24 February 2021

Chairperson: Mr Andrew Connolly

Date: 18 November 2020

Meeting Closed: 11.35am

DRAFT

Matters Arising from Minutes

Executive Director
Hospital and Community Services

Presentations

PRESENTATION TO HOSPITALS ADVISORY COMMITTEE
24 FEBRUARY 2021

AGENDA ITEM 6.1

MENTAL HEALTH & ADDICTIONS SERVICES

Purpose

The purpose of this report is to provide the Committee with an update on Mental Health and Addictions Services as requested, with a particular focus on mental health pathways for Maaori, the use of seclusion and an update on the current workings with the Waikeria mental health and addictions service development.

Background

The Mental Health and Addictions Service (MH&AS) has historically provided a regular update to Board and Commissioner Committees. The Mental Health leadership team has not recently had the direct opportunity to present to the Hospital Advisory Committee (HAC).

Following the release of He Ara Oranga there has been a significant national focus on mental health wellbeing and mental health and addictions service access and provision. Locally there has been a parallel level of interest and analysis of the demand and provision of MH&A services within the provider arm. The Waikato context is also significant when considering the population of Maaori, over representation of Maaori experiencing mental illness and substance use disorders and high numbers accessing secondary services.

In addition to responding to rising demand and acuity, significant pieces of work are also underway preparing for a new mental health facility, a new 100 bed mental health service at Waikeria Prison and more recently a system wide review of mental health and addictions services. A review of the entire MH&A system is a first of its kind and represents a real opportunity to fully understand why the system is not working and what needs to be done to ensure the system is well planned, coordinated and governed to ensure effective care for individuals, their whanau, haapu and iwi.

In light of the wider context and the work required to address equity of access and outcomes for Maaori, the presentation will provide a comprehensive overview of the following areas:

- Waikato history and context
- National and local epidemiology
- MH&A service performance data by ethnicity
- Quality improvement initiative to reduce seclusion
- Collaboration with Ara Poutama
- New mental health facility and model of care considerations
- System wide MH&A review

And importantly a joint presentation of the locality based initiatives and formalised collaboratives alongside Maaori provider partners that are currently underway. These developments are community led and driven and are tangible examples of mana motuhake and matauranga maaori informed initiatives.

Recommendations
It is recommended that the Committee:

1) Note the content of the presentation.

CHRISTINE LOWRY
EXECUTIVE DIRECTOR - HOSPITAL AND COMMUNITY SERVICES

Mental Health and Addictions Services, Waikato DHB

Hospital Advisory Committee February 2021

Mental health pathways for Maaori jointly presented with partners, the use of seclusion, current working with the Waikeria mental health and addictions service development and the current context, challenges and opportunities for mental health and addictions services in the Waikato Region.

Waikato District Health Board

- Joint presentation of the locality based initiatives and formalised collaborative alongside Maaori provider partners
- Waikato history and context
- National and local epidemiology
- MH&A service performance data by ethnicity
- Quality improvement initiative to reduce seclusion
- Collaboration with Ara Poutama
- New mental health facility and model of care considerations
- System wide MH&A review

Waikato District Health Board

The National Picture

- In any one year **1 in 5** adults will meet the diagnostic criteria for a mental health and/or addictions condition *(NZ Health Survey, 2016/17, Update of Key Results).*
- Prevalence of mental disorder at some time in life = **39.5%**
- **Prevalence of mental disorder at some time in life for Maaori = 50.7%**
- In the last 12 months = 29.5 % *(Te Rau Hinengaro: The NZ Mental Health Survey, 2006)*
- Between 2% & 8% of the population accessed primary mental health services throughout 2016/2017.
- New Zealanders with serious mental illness or addiction issues have a lower life expectancy than other areas of the population, dying up to **25 years** earlier than could be expected. (Cunningham, R,Peterson, D, Sarfati, D, and Collings,S, *"Premature mortality in adults using New Zealand Psychiatric Services"* NZ Med J 2014)
- Youth 19 report produced by Auckland University. Survey of 7721 year 9–13 students in 49 secondary schools including four kura kaupapa.

  "…. a large number of students reported high levels of distress, with symptoms of depression generally particularly high among female students; youth emotional and mental health appears to have worsened compared to previous Youth 2000 surveys in 2001, 2007 and 2012, with most of this change occurring since 2012 (Fleming et al., 2014); there is persistent and growing mental health inequity between Māori and other ethnic groups; socioeconomic deprivation is important, with symptoms of depression and rates of suicide attempts generally higher among those living in lower income communities."

  "In Youth19, 23% of students reported significant symptoms of depression." "The proportion of young people with symptoms of depression has increased markedly, from **13% in 2012 to 23% in 2019**".

  "Overall, 6% of participants reported that they had attempted suicide in the past 12 months."

Waikato District Health Board

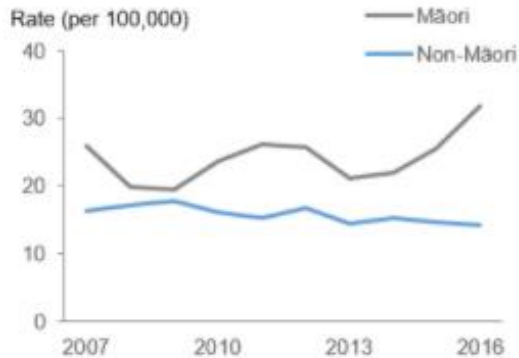
Equity for Maaori – National Picture

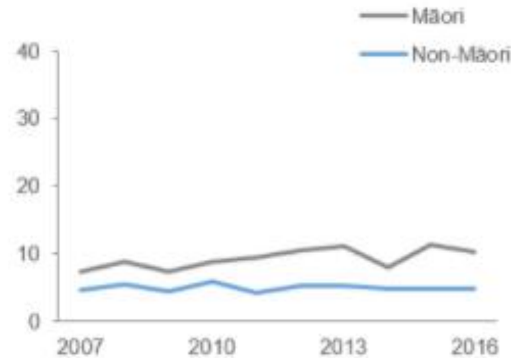
2016/17 Maaori represent 27% of all MH service users.

Maaori suicide rates are the highest in NZ:

Maaori males are 1.7 times more likely to die than non-Maaori
Maaori females are 2.4 times more likely to die by suicide than non-Maaori

Suicide rates are high for young Maaori.





Age-standardised suicide rates for Māori and non-Māori, by sex, 2007–2016, Source: New Zealand Mortality Collection

While 46% of people who commit suicide have accessed services at some point, only 16% of people who committed suicide were in services at the time.

Reduction will occur with increased access to services – especially for young Maaori.

Maaori rates for suicide are much less when in services. Suicide is twice as likely to occur when not receiving services.

In 2016, the rate of suicide among Māori was higher than among non-Māori for both males and females.

Among Māori males the suicide rate was 31.7 per 100,000, the highest rate in the ten year period from 2007. The rate in 2016 for Māori was twice that for non-Māori, for both males and females.

Waikato District Health Board

Equity for Maaori – National Picture

The lifetime prevalence of substance use disorders for Maaori is **26.5%** - twice that of the non-Maaori population and remains significant when adjusted for age, sex and socio-economic correlations.

Maaori service users in inpatient facilities experience the highest rates of seclusion – double the rates of non-Maaori.

Although access rates for Maaori are higher, they occur later, reducing opportunities for early intervention.

2016 data shows Maaori are **3.6 times more likely** to be subject to a Compulsory Treatment Order in the community.

There is a high proportion of Maaori with a serious mental disorder – **29.6% severe and 42.6% moderate** (prevalence at the severe to moderate point).

For those with a serious disorder, **52% had NO contact** with a service.

For those with a moderate disorder **74% had NO contact** with a service.

Waikato District Health Board

National v Waikato Picture

3.7% of the NZ population are accessing secondary services during 2019/2020FY.

	Total	Maaori	Pacific	Other
Total Clients	3.7%	6.8%	3.4%	3.2%
Total Child & Youth (0-19 yrs)	4.0%	4.9%	2.7%	3.7%
Total Adults (20-64 yrs)	4.1%	8.9%	4.1%	3.3%
Total Older People (65+)	1.9%	2.6%	2.1%	1.8%

4.6% of the Waikato region population are accessing secondary services during 2019/2020FY.

	Total	Maaori	Pacific	Other
Total Clients	4.6%	7.2%	3.9%	3.8%
Total Child & Youth (0-19 yrs)	4.8%	5.1%	3.2%	4.6%
Total Adults (20-64 yrs)	5.1%	9.6%	4.6%	3.9%
Total Older People (65+)	2.4%	2.4%	3.1%	2.4%

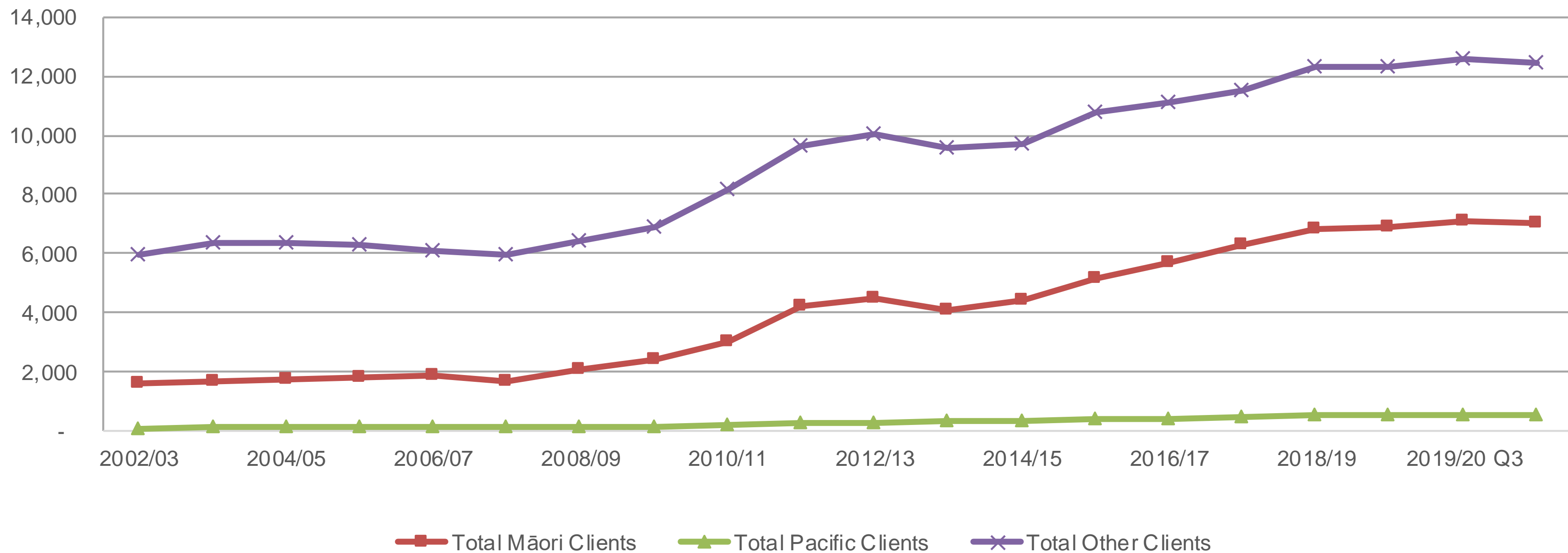
Waikato District Health Board

Context

- 820+ staff
- 118 inpatient beds
- 1200 acute admissions per year
- 5000 people on community caseloads (Coromandel-Taumarunui)
- On average per year
    - 18,000 new referrals
    - 17,800 closed
    - 162,000 contacts
    - 78,000 face to face hours
    - 12,000 crisis hours
- Population 426,370 60% rural

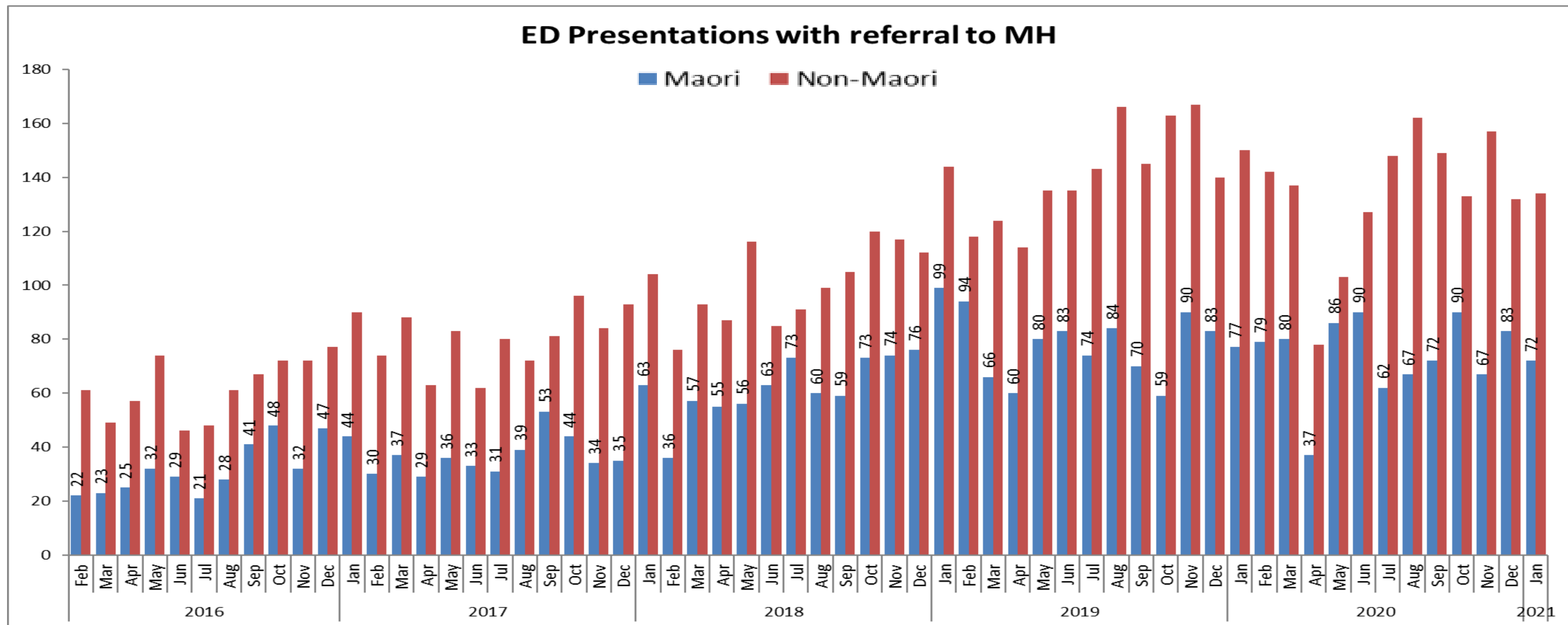
Waikato District Health Board

Accessing MH&AS by Ethnicity

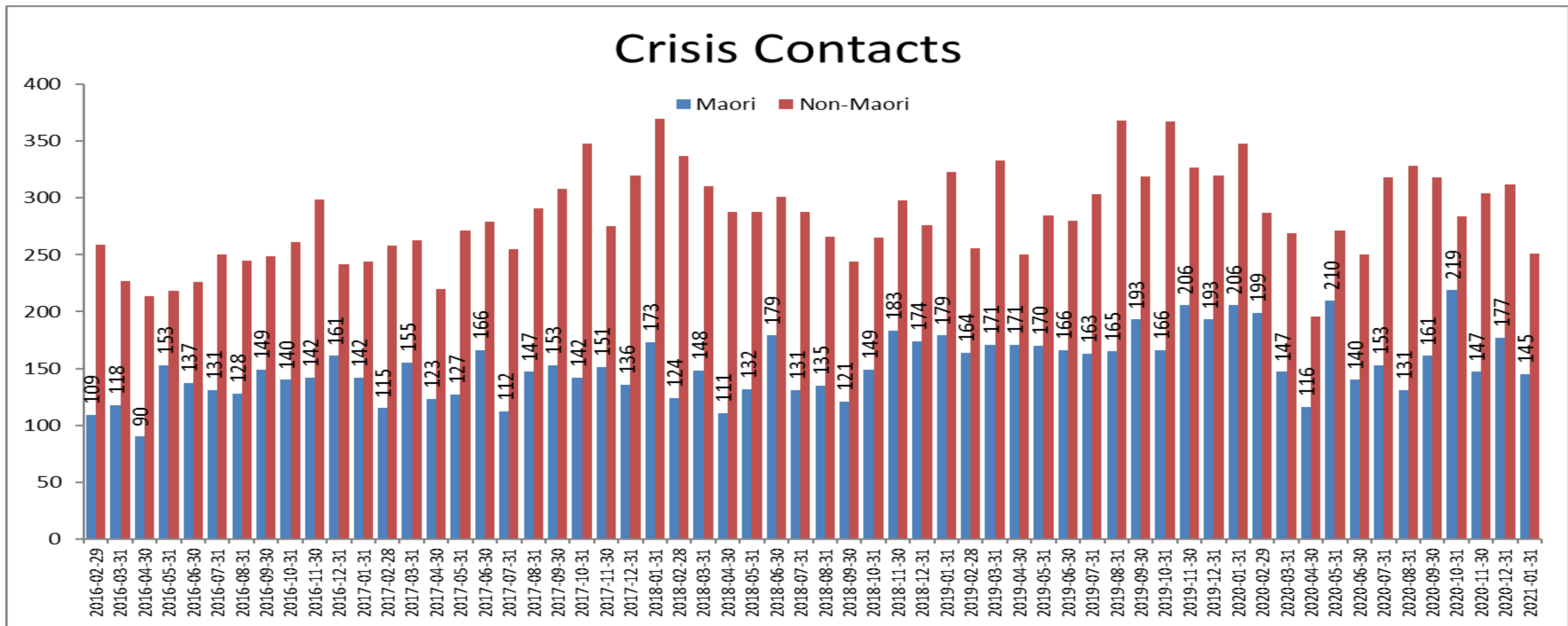


Waikato District Health Board

MH&AS Tāngata Whaiora ED Access

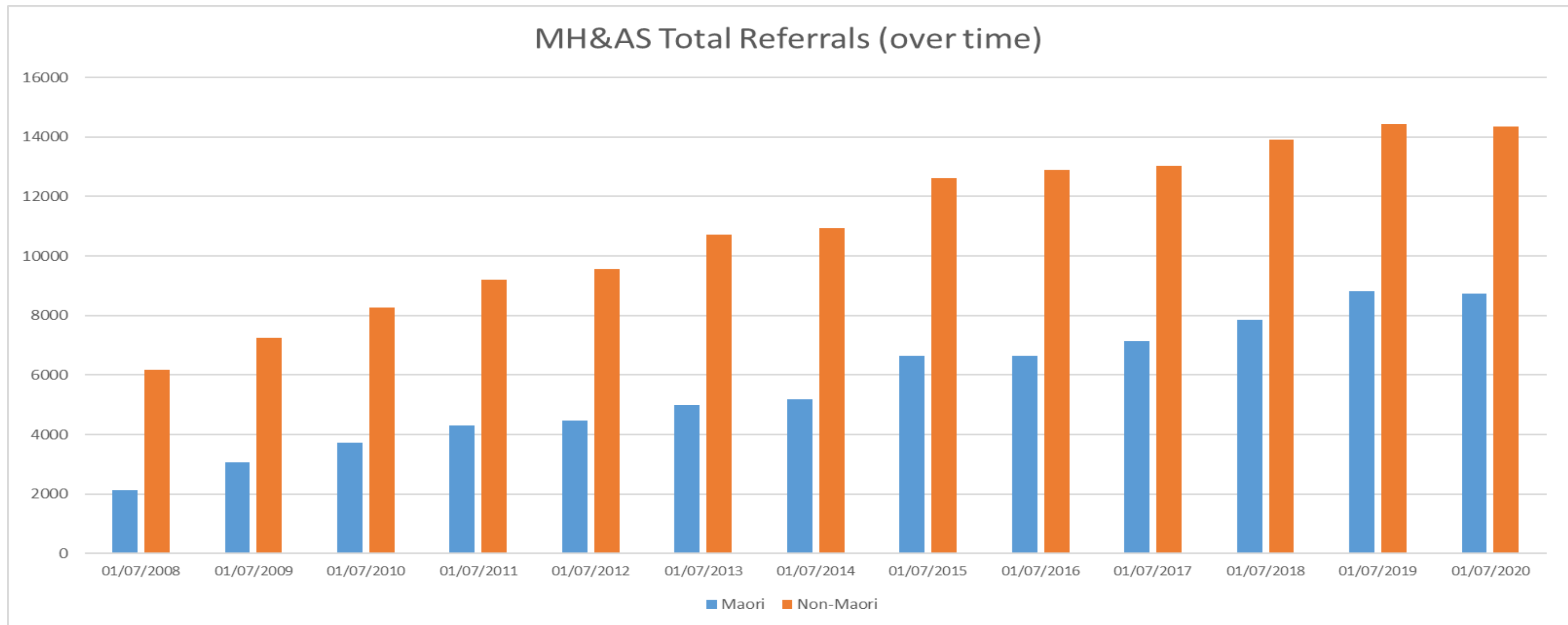


MH&AS Tāngata Whaiora Crisis Contacts



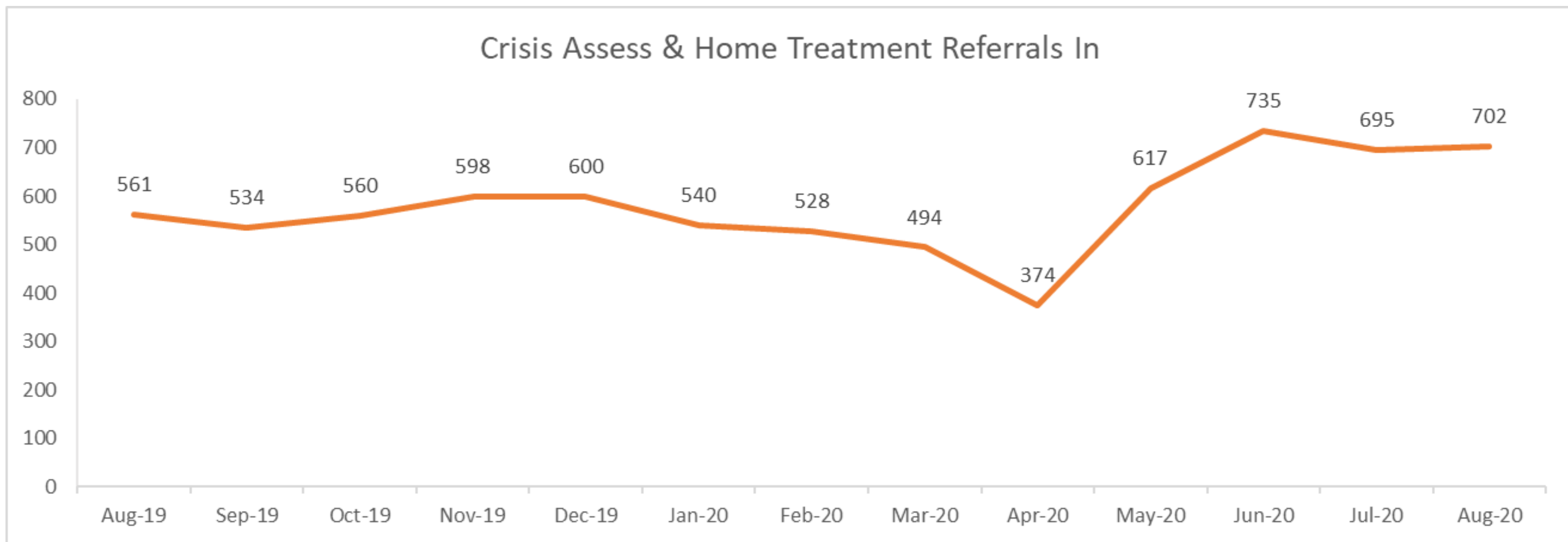
Waikato District Health Board

MH&AS Referrals



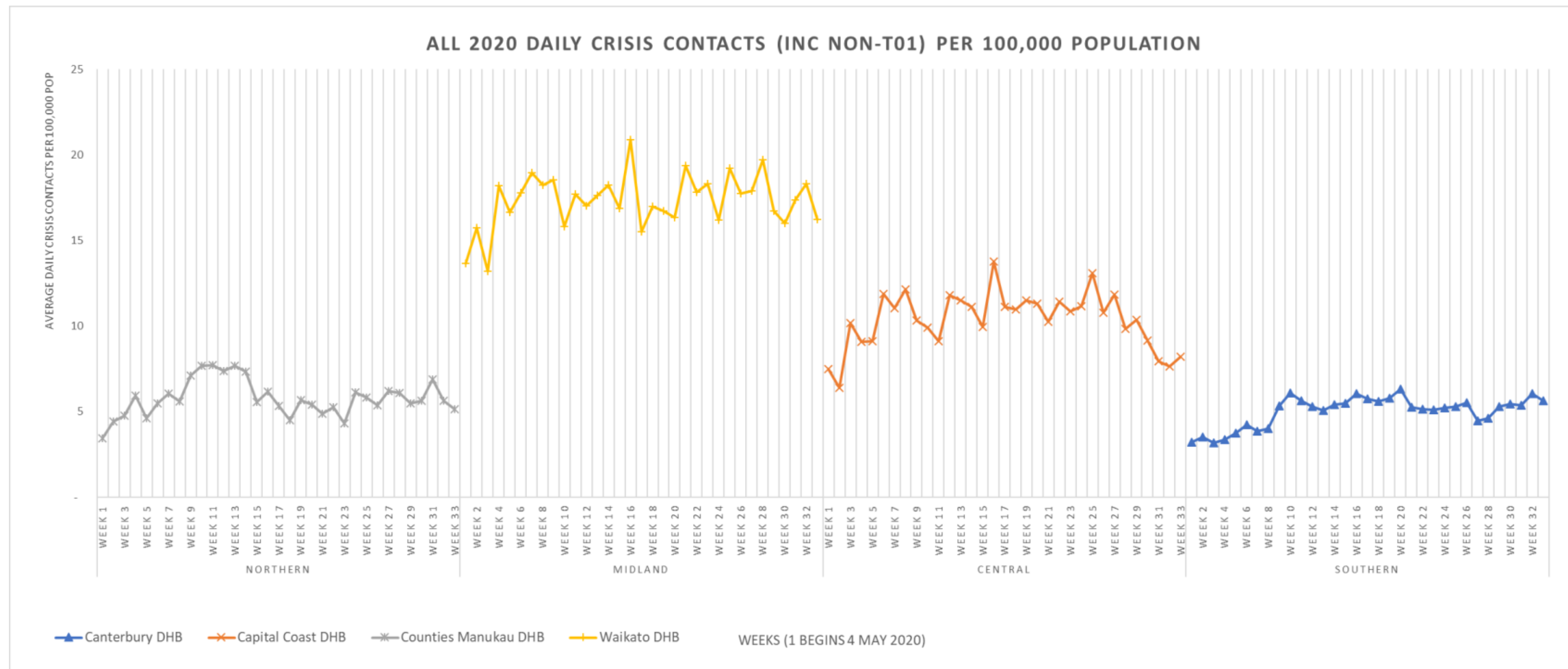
Waikato District Health Board

Crisis Assess & Home Treatment Referrals In



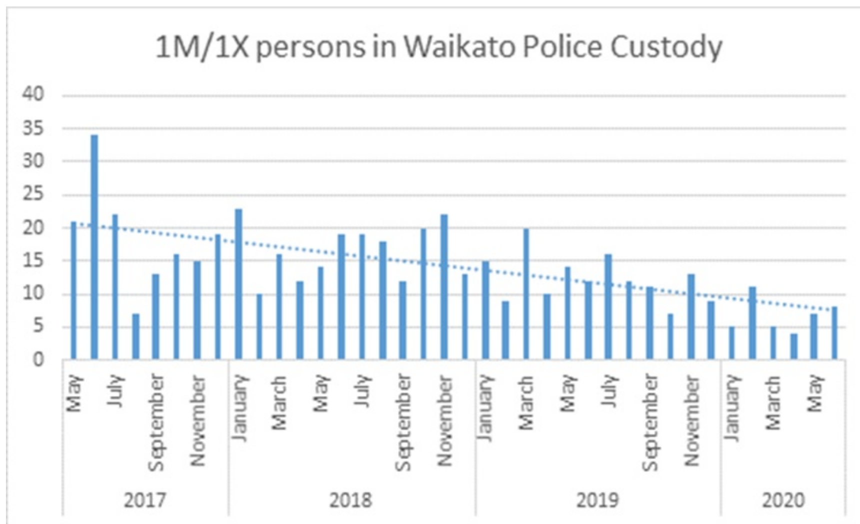
Waikato District Health Board

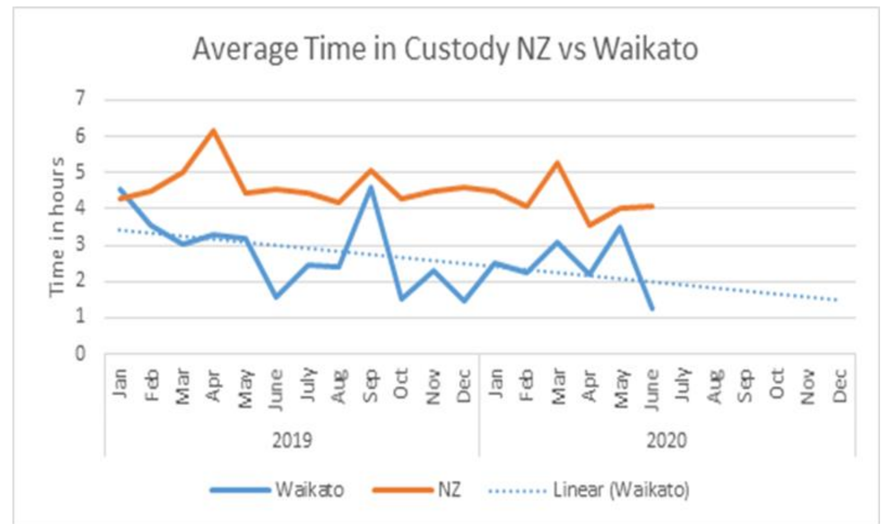
Crisis Contacts DHB Comparisons (begins 4 May 2020)



Waikato District Health Board

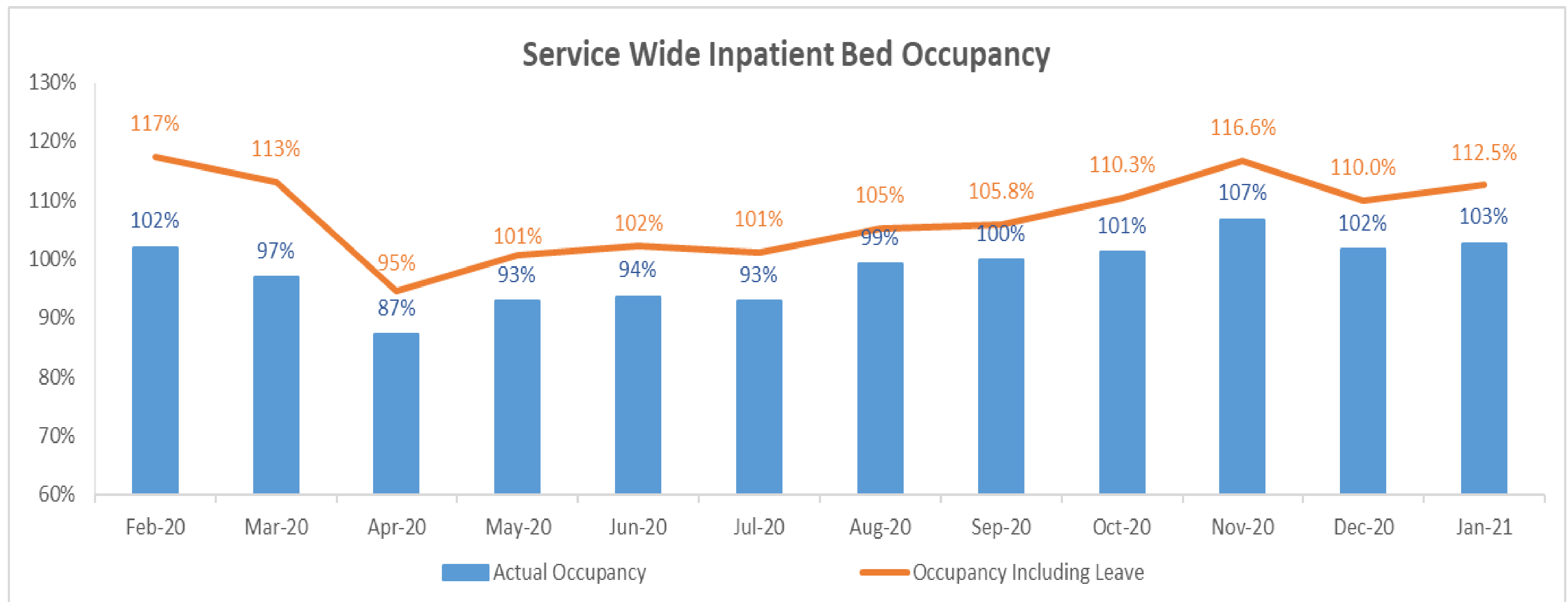
Police Response





Waikato District Health Board

Service Wide Inpatient Bed Occupancy (without MHOPR2 Availability)

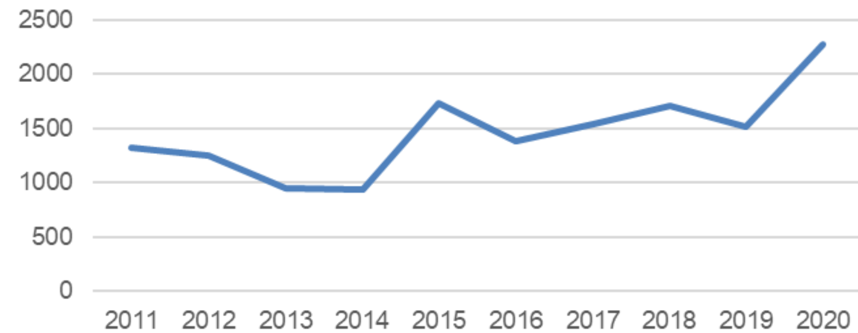


Waikato District Health Board

Puawai: 2019/2020

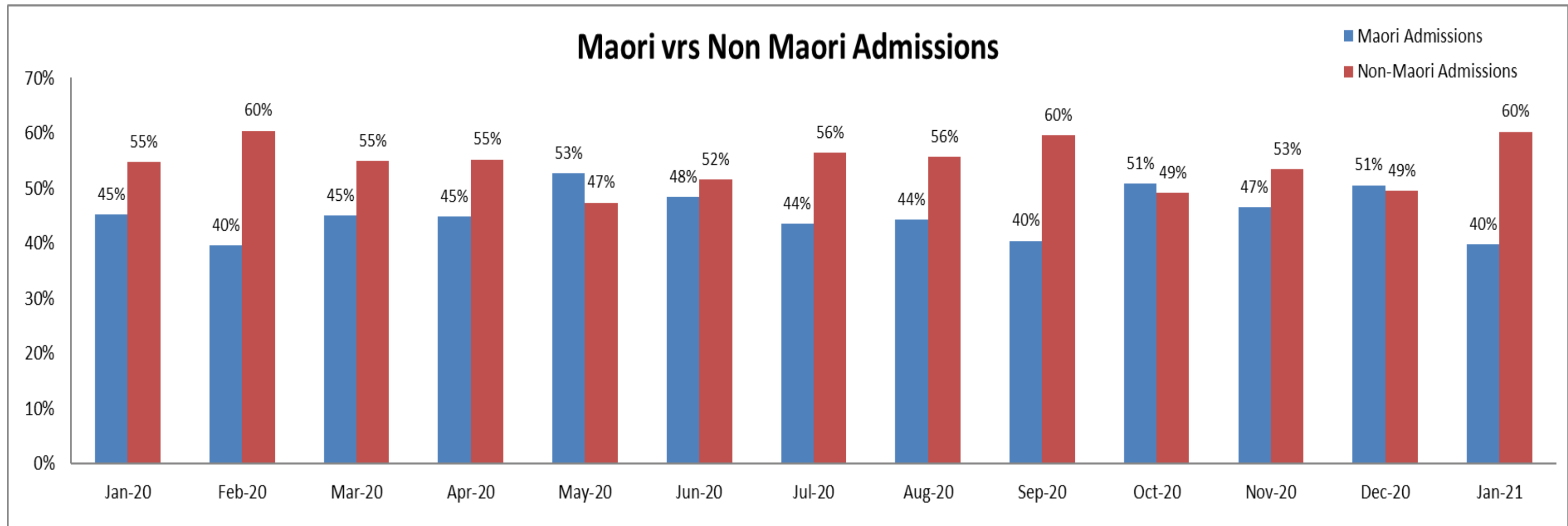
77 Puawai admissions (a total of 53 unique NHIs) during 2019/2020 FY.

	Number of Admissions	Number of Unique NHI
Maaori	50	33
Pacific People	3	17
Non-Maaori and non-Pacific People	24	53
Total	**77**	**53**



Waikato District Health Board

Māori vs Non Māori Admissions

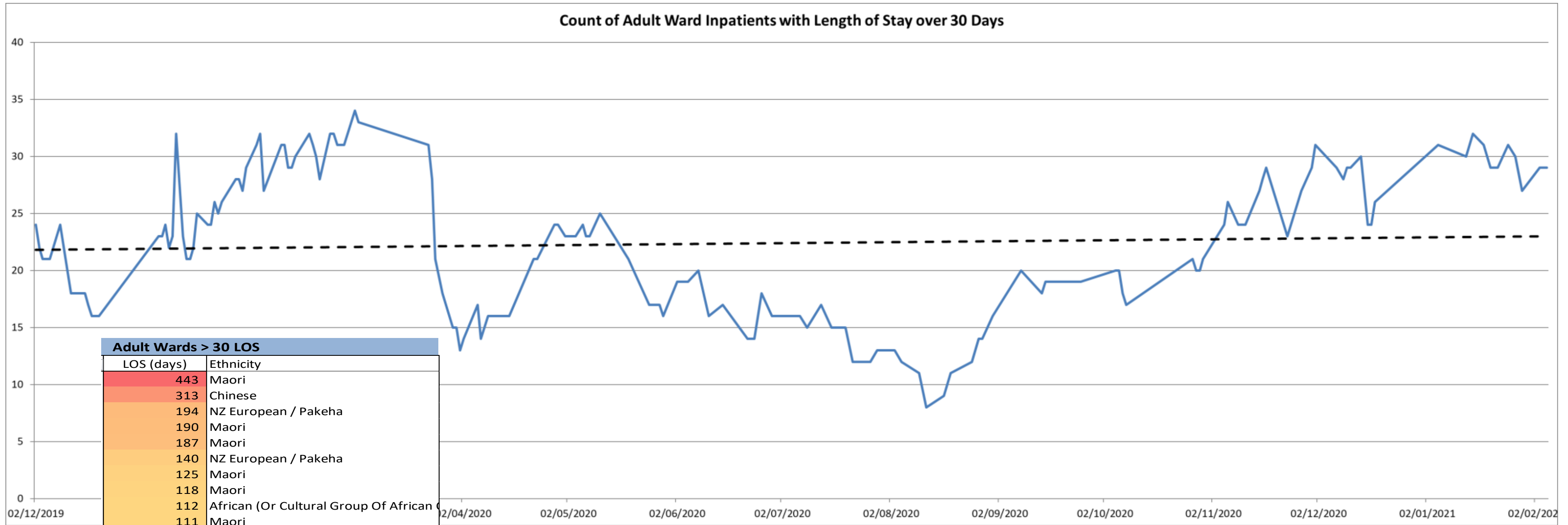


Acute Sustainability Response

In June 2019, a sustainability plan for inpatient services was implemented with key deliverables for both the funder and mental health and addictions provider arm services including:

- Additional seven beds in HRBC taking the total number to 60 beds in October 2019 (achieved within expected timeframes)
- Additional community wraparound housing supports contracted with an NGO provider (achieved within expected timeframes)
- Packages of care for long stay, high and complex population group (partially achieved)
- Acute alternative to admission 10 bed facility

Waikato District Health Board



Adult Wards > 30 LOS

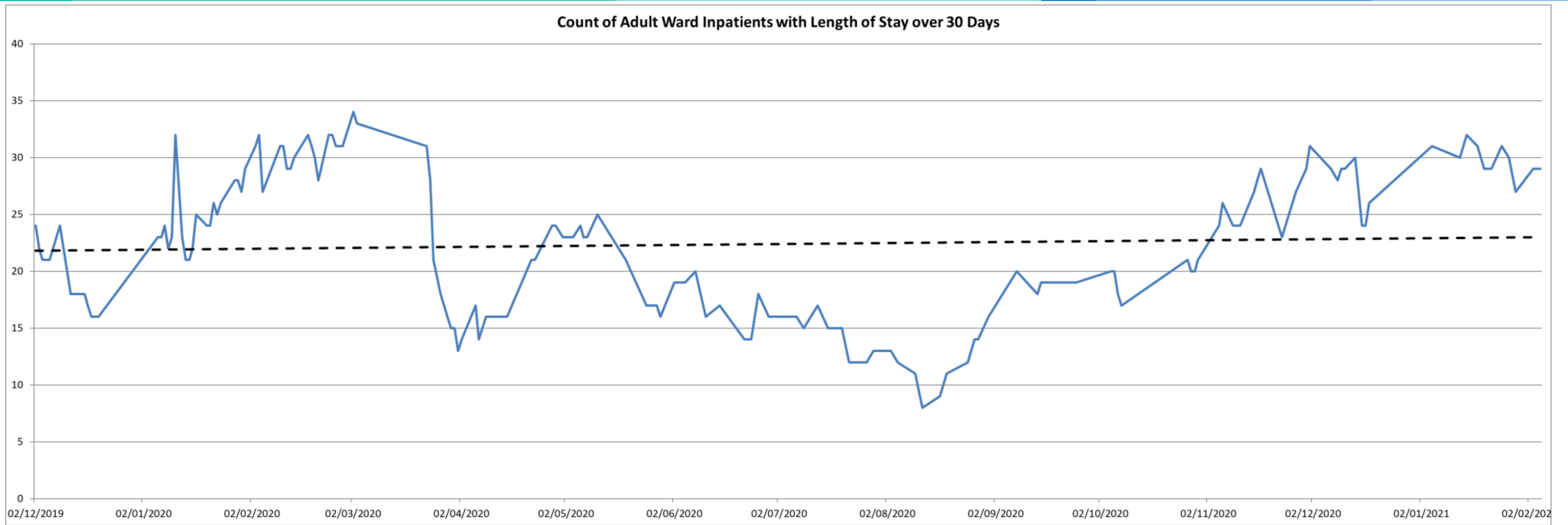
LOS (days)	Ethnicity
443	Maori
313	Chinese
194	NZ European / Pakeha
190	Maori
187	Maori
140	NZ European / Pakeha
125	Maori
118	Maori
112	African (Or Cultural Group Of African (
111	Maori
108	NZ European / Pakeha
104	Maori
99	NZ European / Pakeha
77	Maori
66	Cook Island Maori
59	Samoan
58	Maori
57	NZ European / Pakeha
56	NZ European / Pakeha
50	Maori
45	NZ European / Pakeha
45	Maori
44	Maori
43	NZ European / Pakeha
41	NZ European / Pakeha
37	Maori
36	Maori
32	Maori
31	NZ European / Pakeha

Adult Rehabilitation - ARB

LOS (days)	Ethnicity
1,005	NZ European / Pakeha
834	Maori
802	Maori
785	NZ European / Pakeha
771	NZ European / Pakeha
633	Maori
596	Maori
323	Tongan
319	NZ European / Pakeha
239	Maori
135	Maori

Adult in Forensics - S30

LOS (days)	Ethnicity
5,273	Maori
4,531	Maori
3,717	Maori
3,082	Maori
855	NZ European / Pakeha



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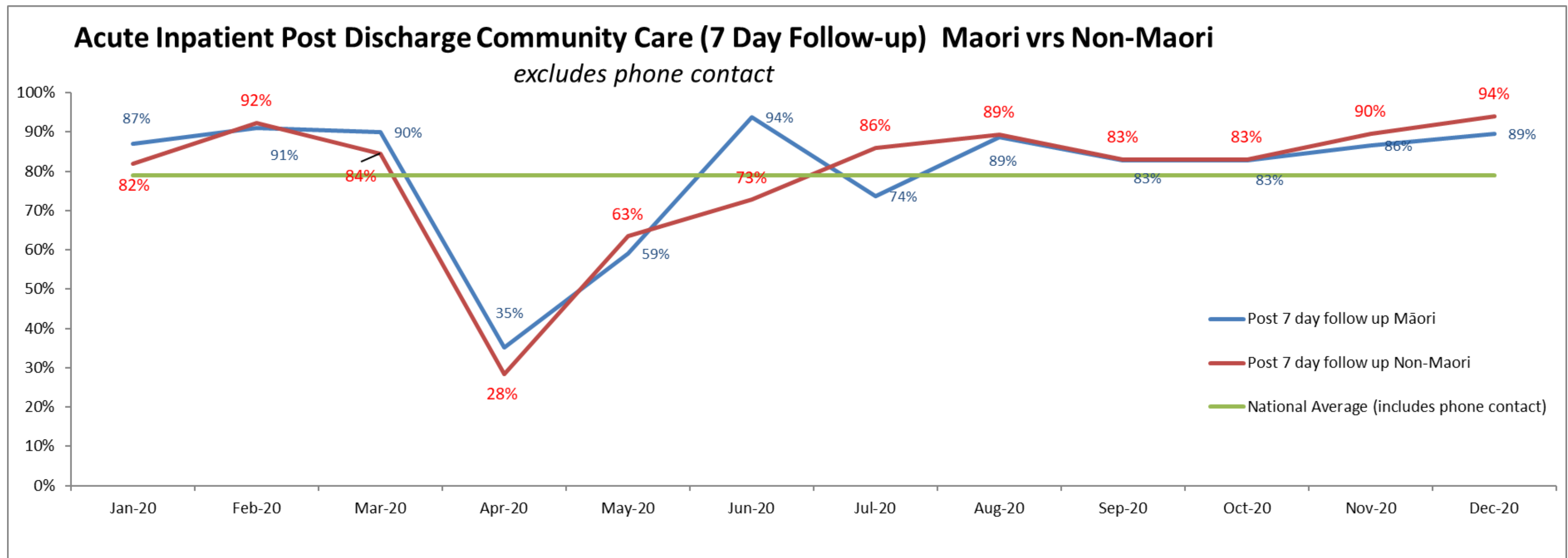
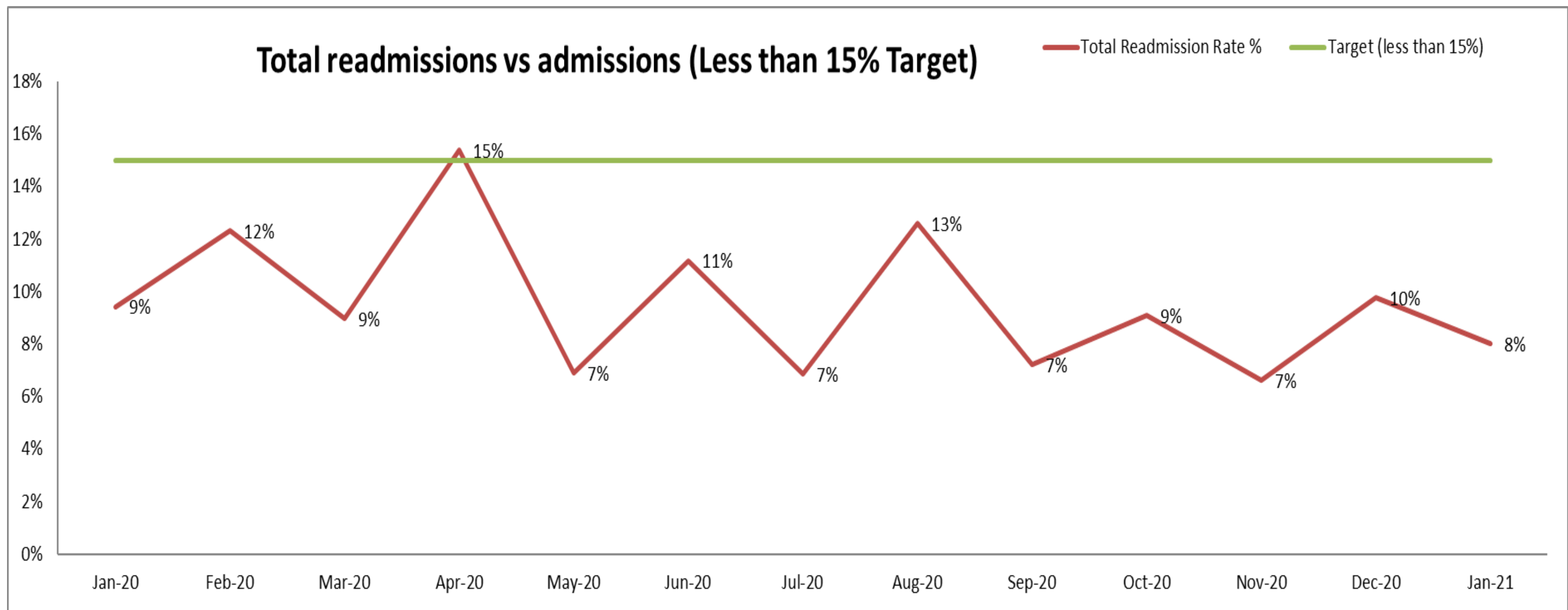
Post 7 Day

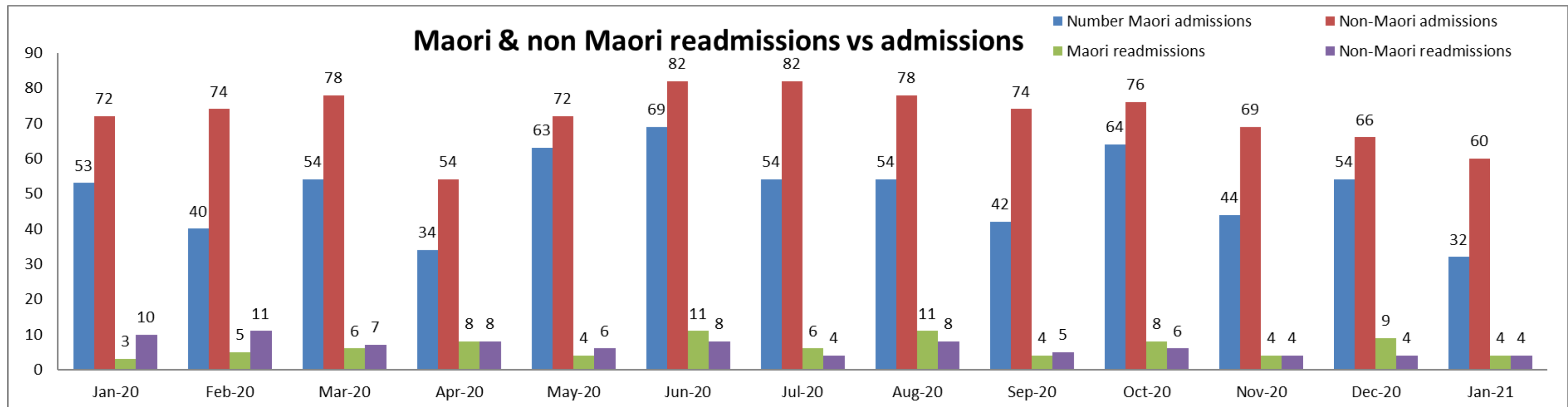


28 Day Readmission Rate Indicator



Waikato District Health Board

28 Day Readmission Rate



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Number Maori admissions	53	40	54	34	63	69	54	54	42	64	44	54	32
Non-Maori admissions	72	74	78	54	72	82	82	78	74	76	69	66	60
Maori readmissions	3	5	6	8	4	11	6	11	4	8	4	9	4
Non-Maori readmissions	10	11	7	8	6	8	4	8	5	6	4	4	4
Maori readmissions%	5.7%	12.5%	11.1%	23.5%	6.3%	15.9%	11.1%	20.4%	9.5%	12.5%	9.1%	16.7%	12.5%
Non-Maori readmissions%	13.9%	14.9%	9.0%	14.8%	8.3%	9.8%	4.9%	10.3%	6.8%	7.9%	5.8%	6.1%	6.7%

Waikato District Health Board

so....

- High need and high volume
- High population of Maaori in Waikato (23%)
- Growing population, increasing pockets of deprivation, rurality, high levels of methamphetamine use
- 30% of our service users identify as Maaori
- Maaori access our services late; very unwell

Waikato District Health Board

Progress

S99 Action Plan Implemented and provider actions closed
Creating Our Futures Launched
Extensive Community Engagement
Me Koorero Taatou
HRBC Facility Improvements
Quality Improvement Plan
Closer to Home Proof of Concept Pilots
Using Data to Drive Productivity - Qliksense
Acute Sustainability Response
Locality based initiatives in partnership

Waikato District Health Board

Kia whakakotahi tātou (To work together)

- Closer to Home vision – out of Me Kōrero Tātou
- Partnership approach with Te Korowai Hauora
- One team approach
- Te Korowai Hauora o Hauraki Pokura Hauora – Taima Campbell
- SPOE – Waharoa
- Crisis management – waananga
- ICAMHS
- Piri ki te Kāinga – Step up Step Down beds

Waikato District Health Board

Te Korowai Hauora o Hauraki Pokura Hauora Taima Campbell has been seconded to lead the integration work for kia whakakotahi tātou, based on the mana motuhake of our rohe and aspirations set by our people for people.

Taima Campbell

Taima is a Registered Nurse with more than 35 years' experience in the health sector having worked in child health, public health, Māori health as well as in leadership roles. She has worked previously for the Waikato, Auckland and Counties-Manukau DHB's implementing a range of change management, quality improvement, nursing and workforce development programmes.

Taima whakapapa's to Ngāti Tamatera; Ngāti Maru and Ngāti Kiriwera. She has been part of the Ngā Manukura o Āpōpō Māori nursing and midwifery leadership development programme which has focused on supporting more Māori nurses and midwives into leadership roles. Taima lives in the Coromandel and is also a tauira of Te Whare Tāhuhu Kōrero o Hauraki learning Te Reo Māori on her own Whenua.

Raahui Pookeka

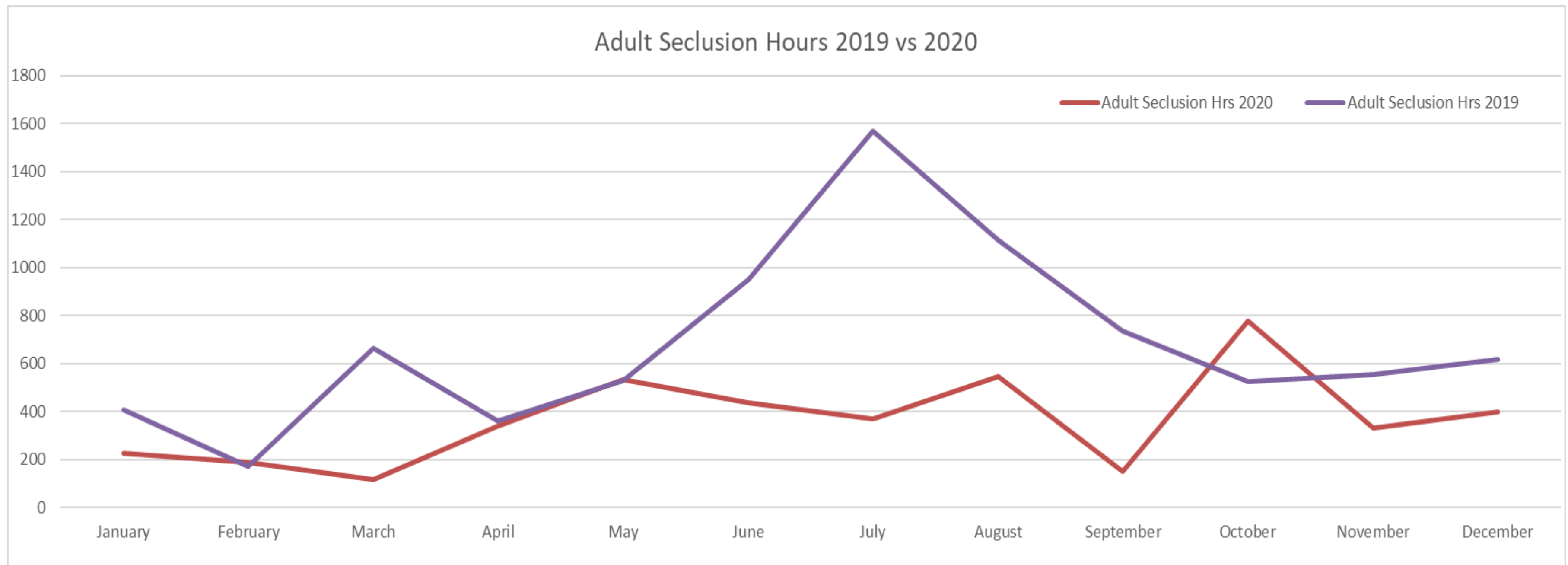
- MH&A services have committed resources to be permanently based in North Waikato
- Services and community groups from Raahui Pookeka working tougher to identify viion and opportunities. MH&A services supporting community led and community driven alternatives
- Local community, iwi and service leaders have met with MH&AS to look at establishment of an integrated community hub
- Model will be similar to what is working in Hauraki – community developed, treaty based partnership, mana motuhake
- Potential to link collaborative with local police, integrated community hug, and impact of the drug court as part of the new community led response

Collaboration with Kainga Ora

- Waikato MHAS is working with state housing provider Kainga Ora to provide early intervention services to whānau.
- The partnership involves face-to-face input to assessments and referrals to other services and agencies to address any unmet needs.
- Working together will help MHAS to better understand how public sector agencies work and support future joint initiatives.

Waikato District Health Board

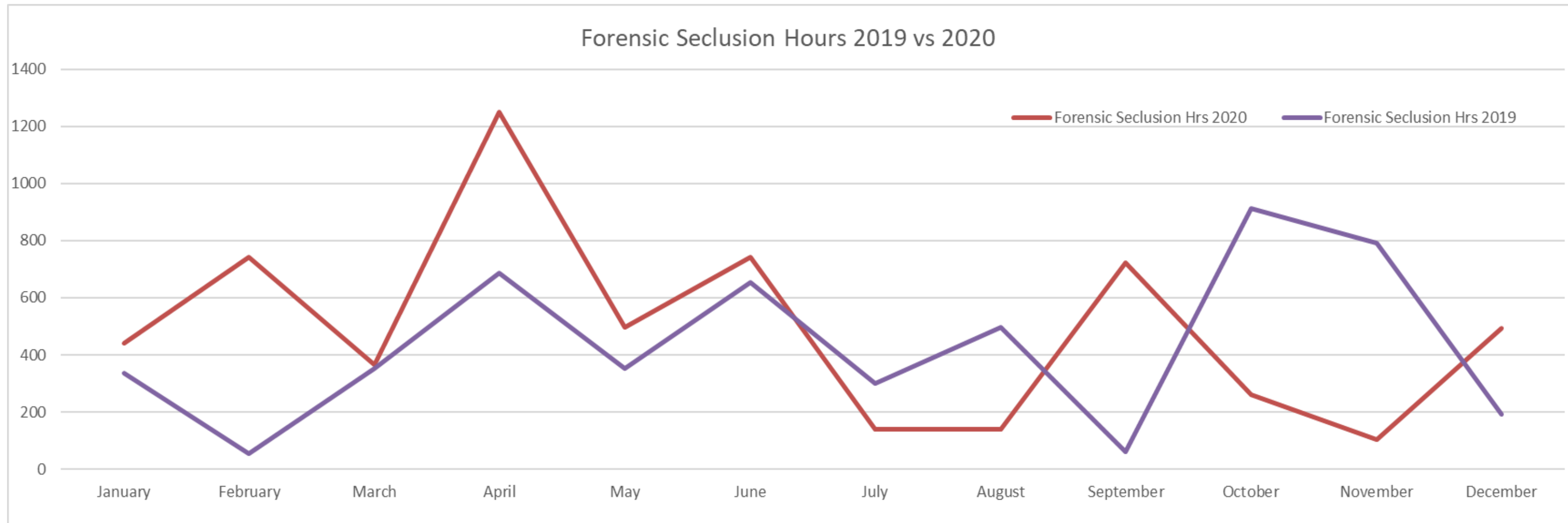
Adult Seclusion Hours 2019 v 2020



	January	February	March	April	May	June	July	August	September	October	November	December
Adult Seclusion Hrs 2020	224	188	117	340	535	438	371	546	151	777	331	397
Adult Seclusion Hrs 2019	408	173	665	359	527	949	1570	1115	734	526	554	618

Waikato District Health Board

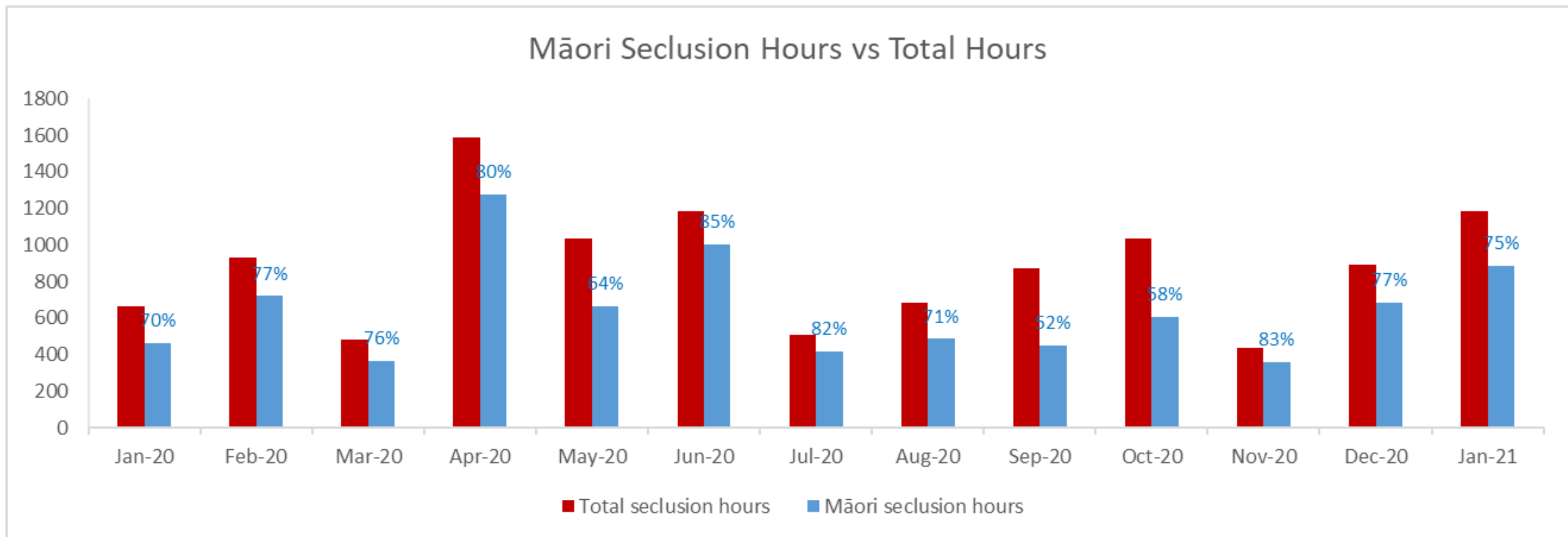
Forensic Seclusion Hours 2019 v 2020



	January	February	March	April	May	June	July	August	September	October	November	December
Forensic Seclusion Hrs 2020	441	742	367	1248	497	743	140	141	721	260	105	494
Forensic Seclusion Hrs 2019	337	55	353	688	352	653	299	496	61	911	792	193

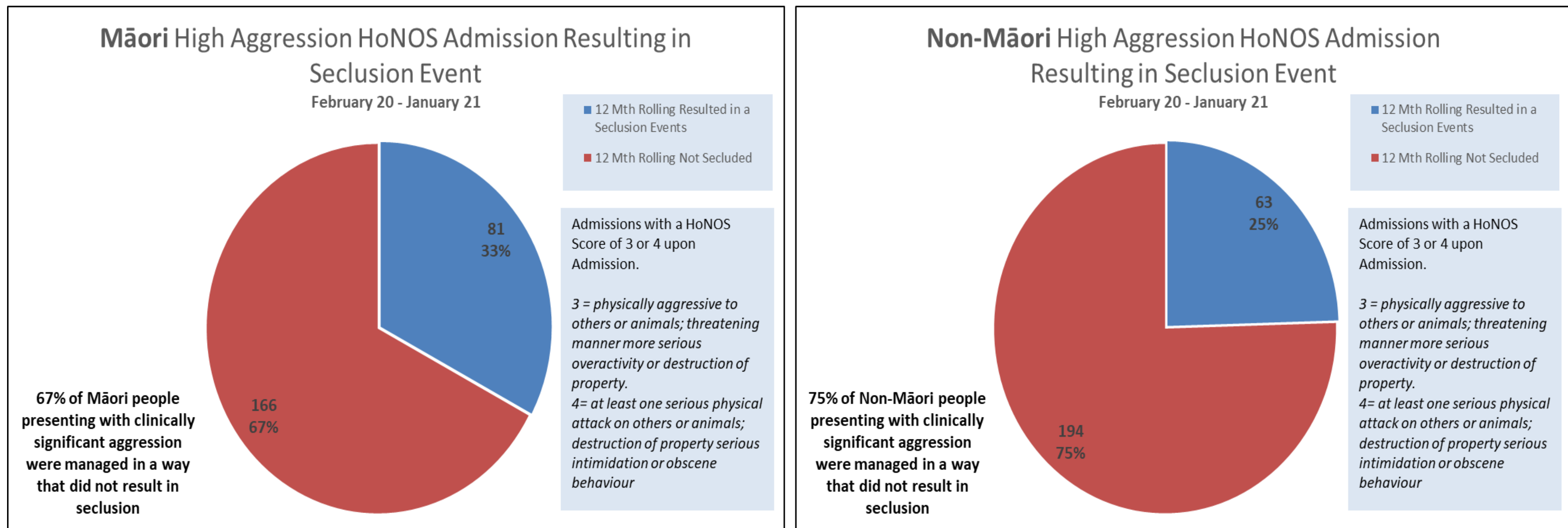
Waikato District Health Board

Maori Seclusion Hours vs Total Hours



Waikato District Health Board

Seclusion



Waikato District Health Board

Seclusion Elimination Strategies

High seclusion hours for Maori

Implicit bias education

Sessions off the internet / by education

To increase the staff awareness of what implicit bias is and how it effects decision making and care

Recruitment and retention of the right Maori staff

Maori supporting Maori

Kaitakawaenga, kaitiaki or Maori staff input with meaningful activities and groups. Whakatau on arrival, Kapa haka, Whakamoemiti, group and single activities

Meaningful cultural grounding whilst in the inpatient setting

Data

Indicating high use restrictive practice

Monitor and measure the data to see if the interventions have made a positive difference

Whanau involvement

Whanau know the tāngata whaiora best.

Ongoing access to whanau

Environment that is more welcoming from a Maori respective

Co-design the colours, what will be painted and the décor

Sensory tools that are of a cultural nature. Maori music, books, Maori design adult colouring in

Learning and documenting what works by debriefing the tāngata whaiora post restrictive interventions

In collaboration develop a plan that supports trauma informed care and the least restrictive intervention/s

Addressing basic needs

Kai and cup of tea on admission

Full information

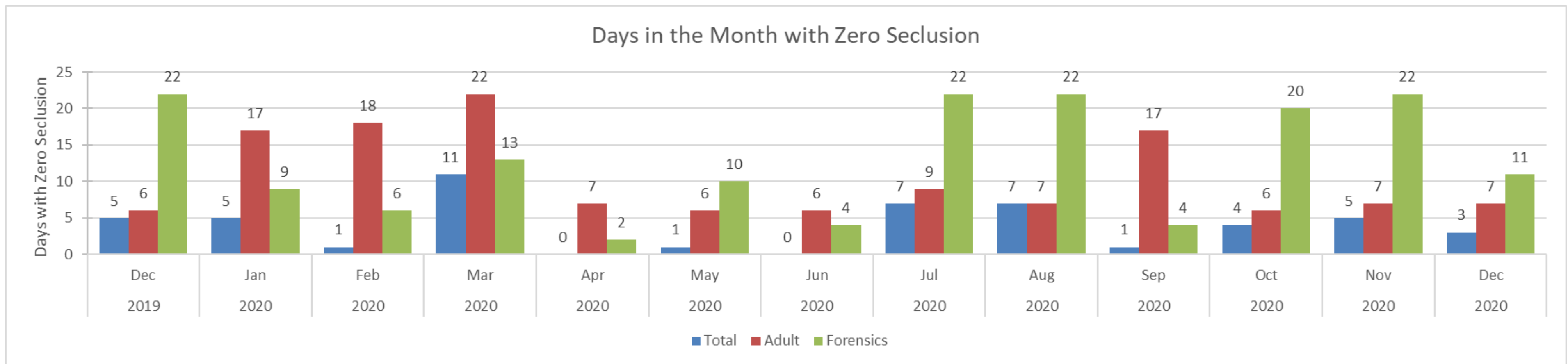
May need to shower and change into clean clothes

Comfort, warmth and sleep

Waikato District Health Board

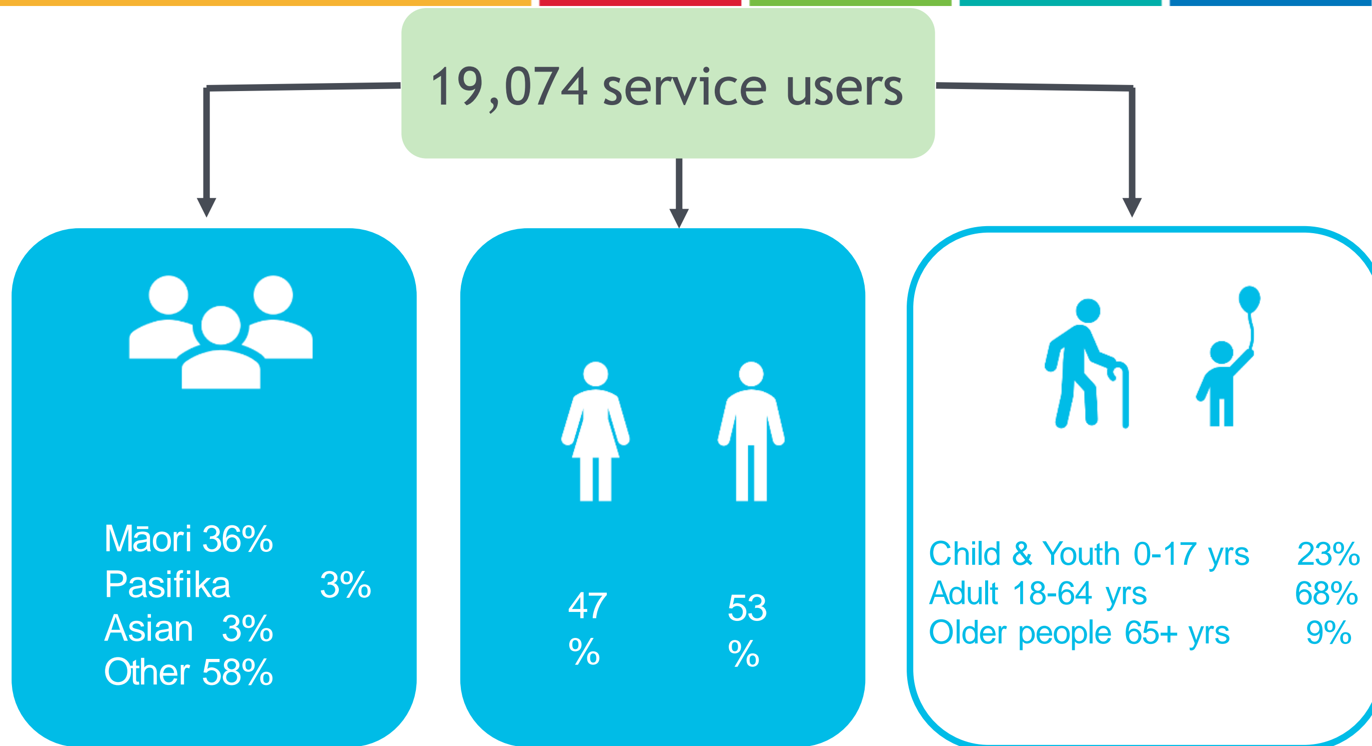
Number of Days with Zero Seclusion

	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 Jun	2020 Jul	2020 Aug	2020 Sep	2020 Oct	2020 Nov	2020 Dec
Total	5	5	1	11	0	1	0	7	7	1	4	5	3
Adult	6	17	18	22	7	6	6	9	7	17	6	7	7
Forensics	22	9	6	13	2	10	4	22	22	4	20	22	11



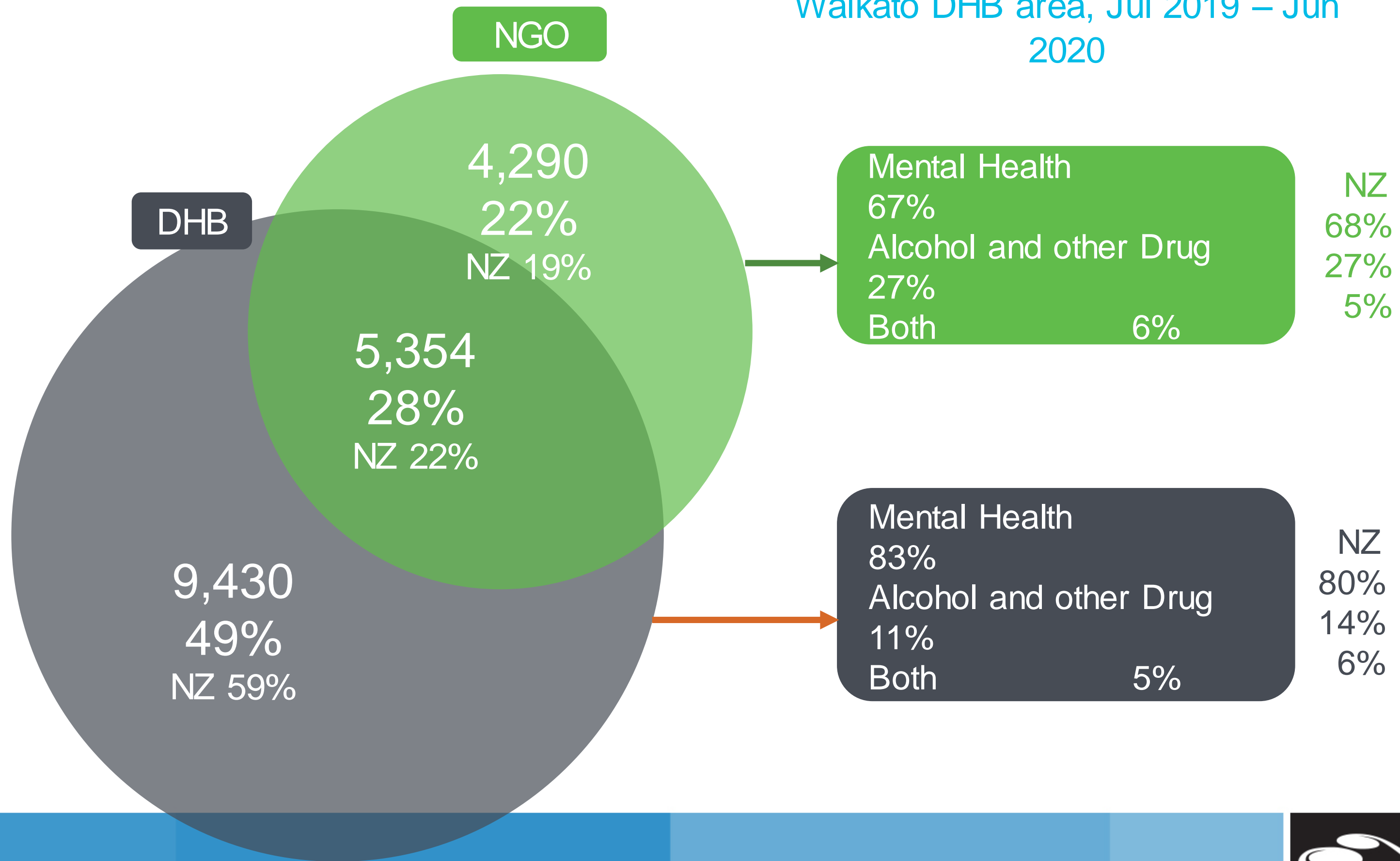
People using services in Waikato DHB area

Jul 2019 to Jun 2020



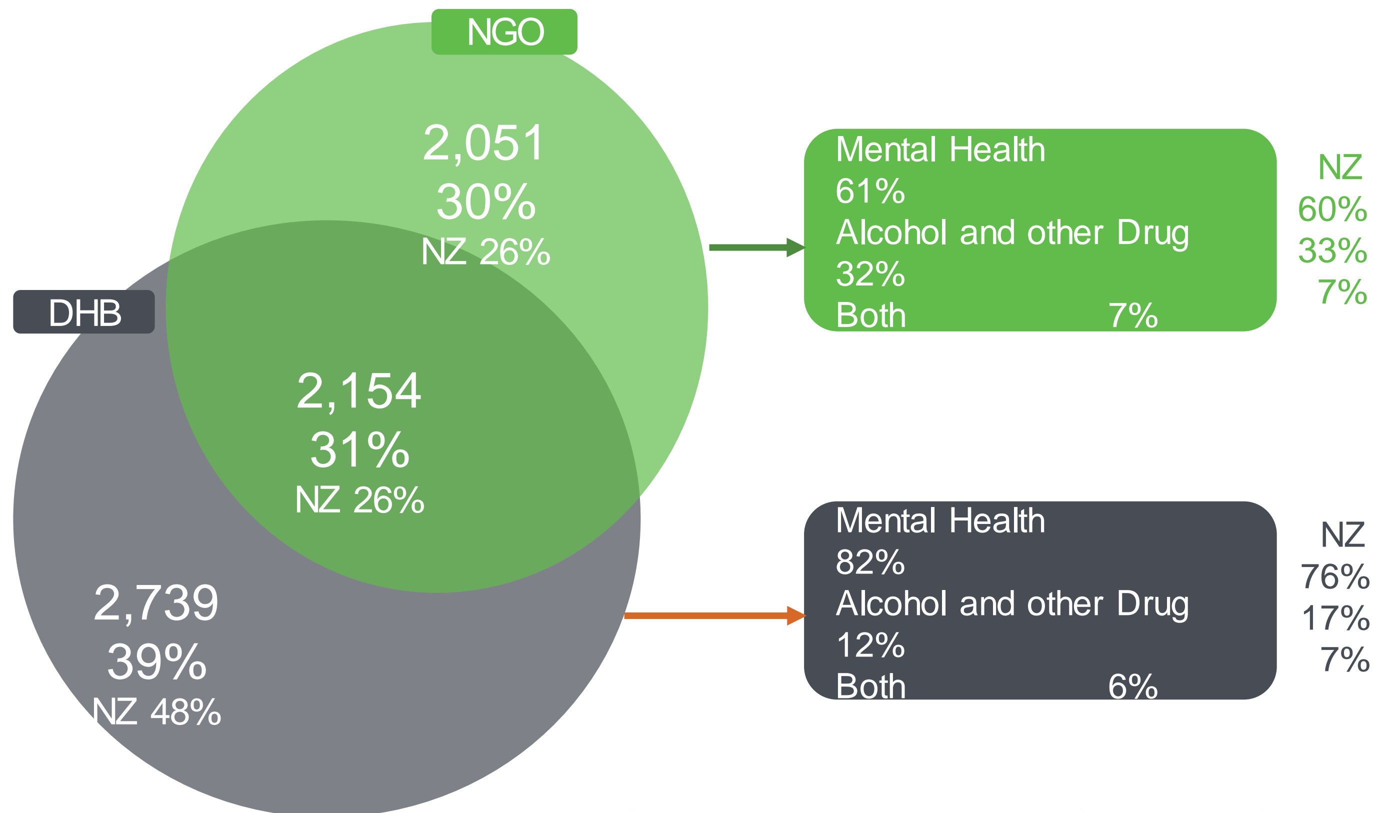
Waikato District Health Board

Where are people seen?



Where are people seen?

Waikato DHB area, Māori, Jul 2019 – Jun 2020



Face-to-face contacts per person Waikato DHB

DHB
Face-to-face contacts per person, Jul 2019 – Jun 2020

	Mental health	Alcohol and other drugs
DHB	10	6
NZ	NZ 10	NZ 6

NGO
Face-to-face contacts per person, Jul 2019 – Jun 2020

	Mental health	Alcohol and other drugs
NGO	12	6
NZ	NZ 25	NZ 9

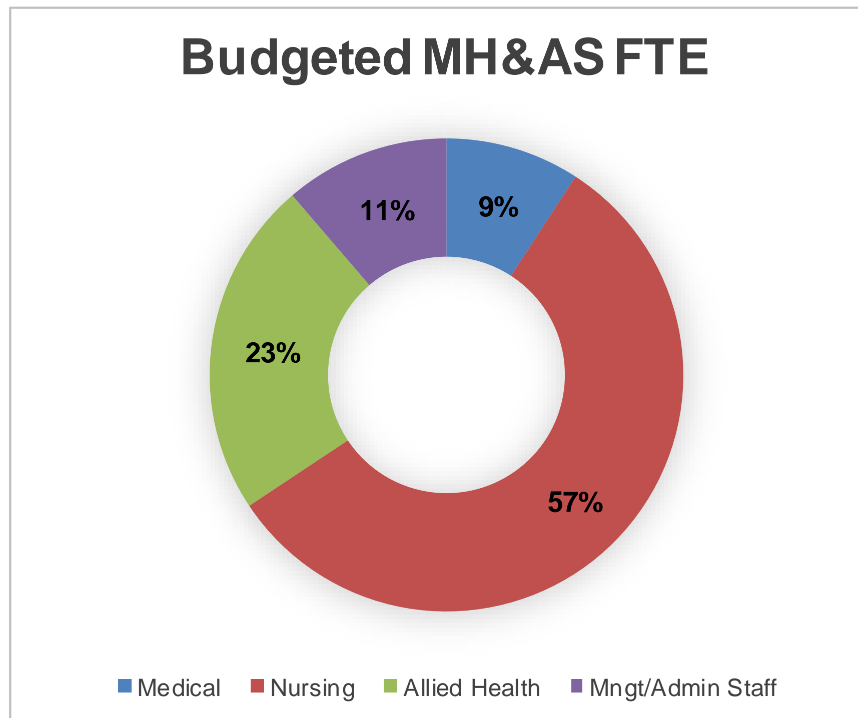
Waikato District Health Board

Waikeria Mental Health & Addictions Service

- Ara Poutama announcement 2018
- He Ara Oranga
- 2019 – Hokai Rangi
- 2020 Ahi Ka Foundation Document
- Mission Ngā tāne in the care of our service will receive culturally and clinically effective mental health and addiction care services that will support their journey ko te oranga
- Treaty Partnerships
  - Raukawa Settlement Trust
  - Maniapoto Māori Trust Board
  - Ara Poutama
  - Waikato District Health Board
- Workforce plan, peer workforce and personas

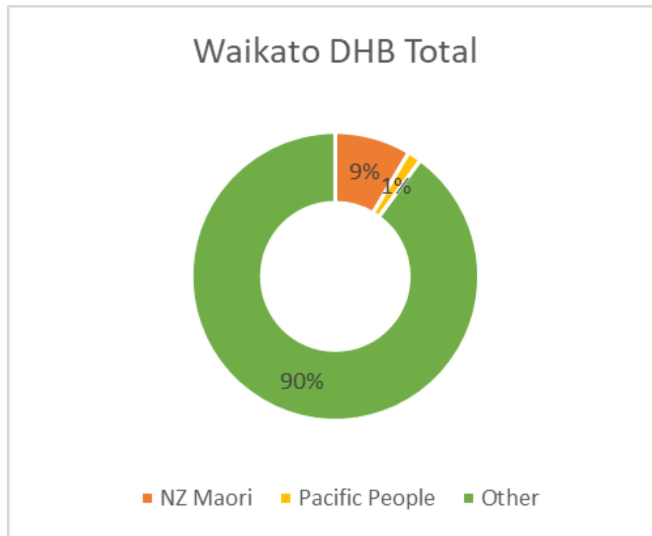
Waikato District Health Board

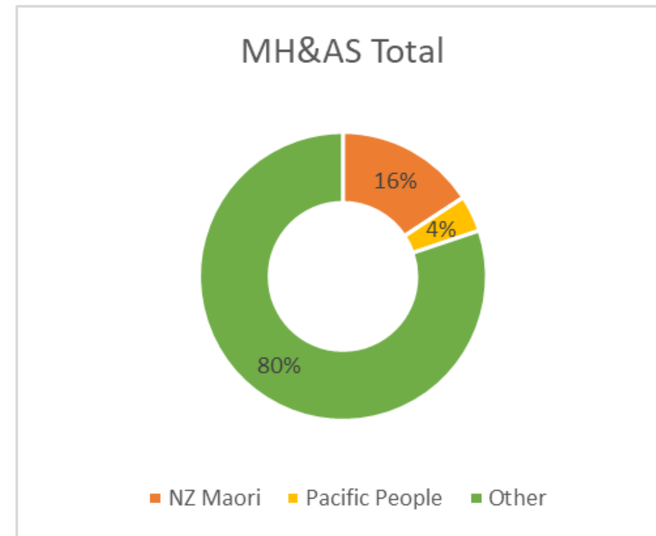
Our MH&AS Workforce



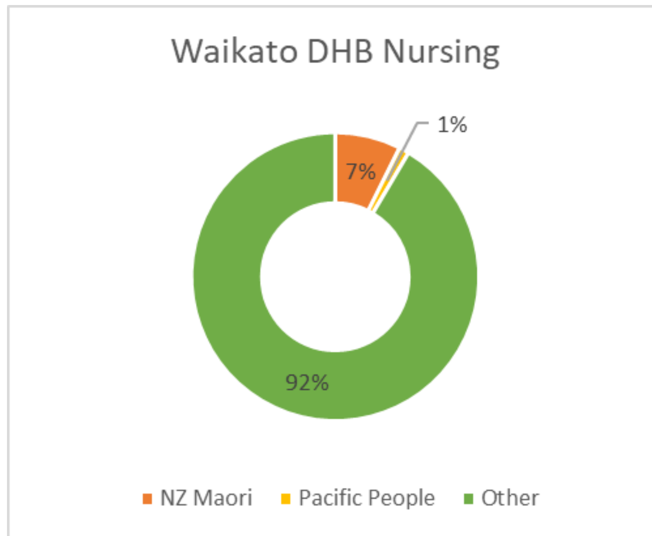
Waikato District Health Board

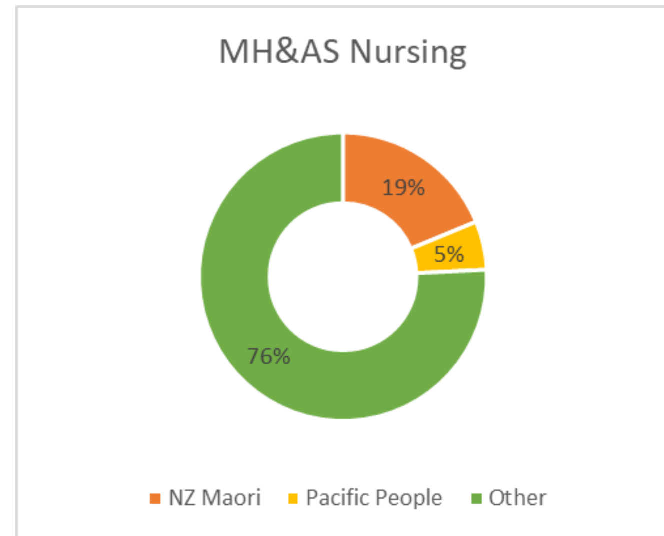
Waikato DHB Workforce





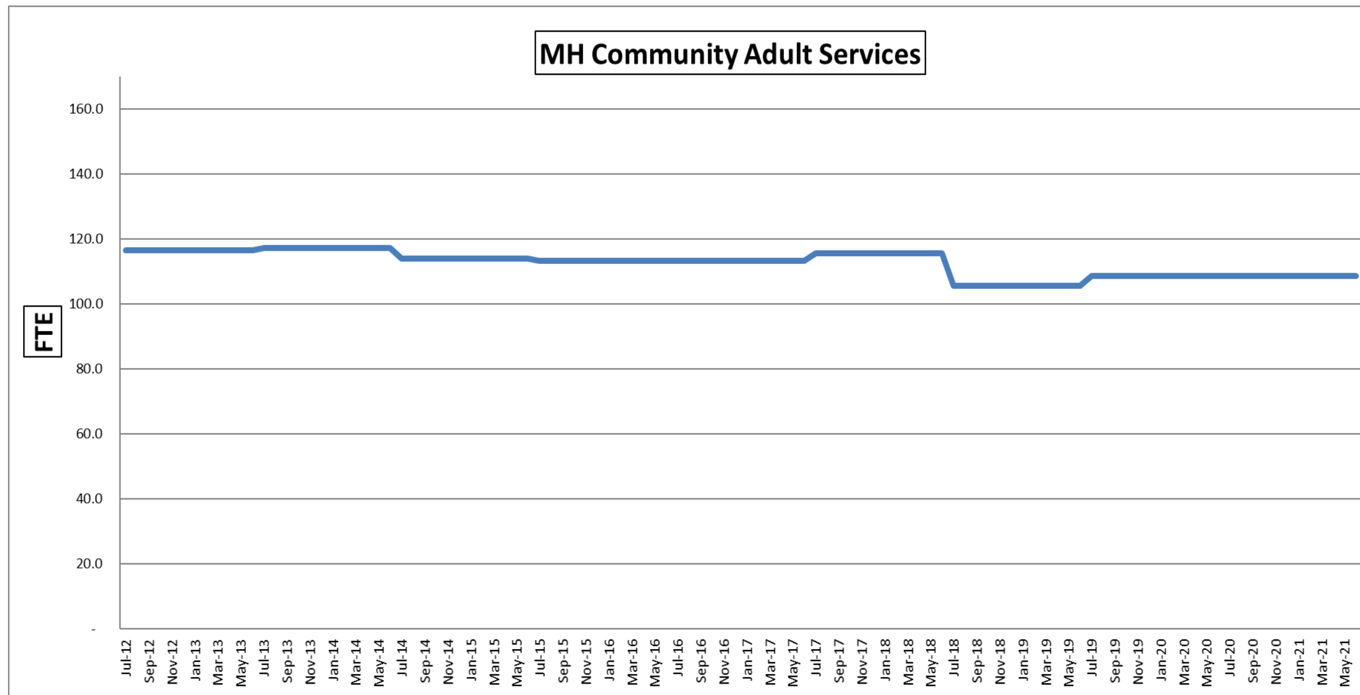
Waikato District Health Board


Waikato DHB Nursing
1%
7%
92%
NZ Maori
Pacific People
Other


MH&AS Nursing
19%
5%
76%
NZ Maori
Pacific People
Other

Waikato District Health Board

Workforce Challenges



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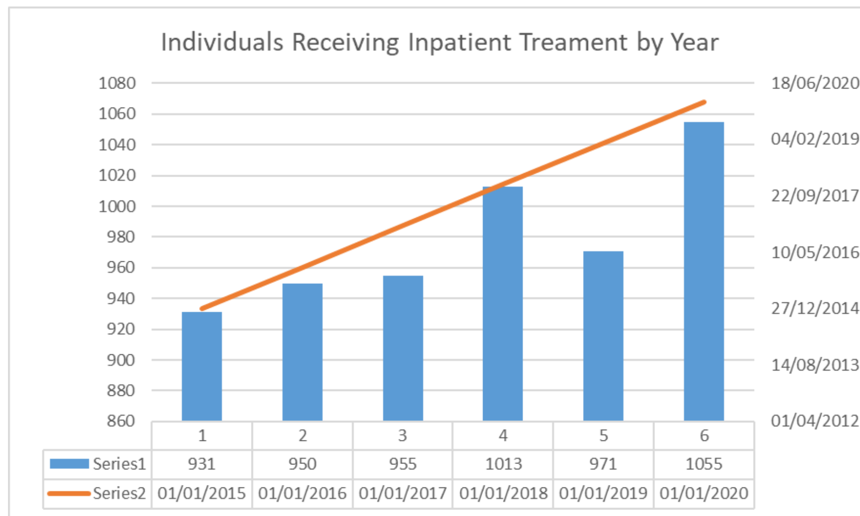
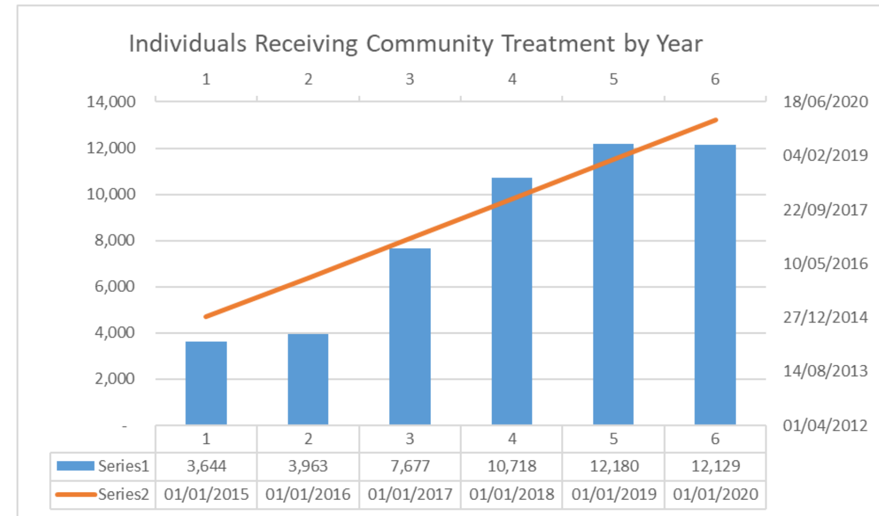
Services Delivered



	1	2	3	4	5	6
Series1	931	950	955	1013	971	1055
Series2	01/01/2015	01/01/2016	01/01/2017	01/01/2018	01/01/2019	01/01/2020



	1	2	3	4	5	6
Series1	3,644	3,963	7,677	10,718	12,180	12,129
Series2	01/01/2015	01/01/2016	01/01/2017	01/01/2018	01/01/2019	01/01/2020

Waikato District Health Board

The journey to a new facility

Waikato District Health Board

Mental Health and Addictions Systems Review – submission themes

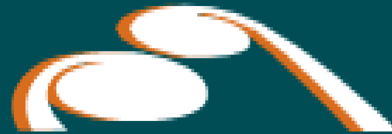
- The absence of a systems plan, based on need, to guide service procurement
- A long history of transactional contracting; multiple providers contracted in a piecemeal fashion
- Lack of any overarching clinical governance across providers
- Provider arm remains (appropriately) the provider of last resort, but is not adequately funded to perform this function.
- Demand in the provider arm has now outstripped available resource, such that there are multiple clinical risks across many providers.
- There will never be enough resource to meet all the demand. We much maximise the efficiency and effectiveness of secondary services and consider any economies of scale that might come from regionalisation.

Waikato District Health Board

Our vision for the sector

- A mental health and addictions services strategic plan that is based on a good assessment of the districts mental health and addictions needs,
- Full implementation of 'Closer to Home' to align with the DHBs locality development, focused on iwi partnerships
- Roll out of integrated community hubs made up of health and social services
- Right sizing of community mental health teams across age range with enhanced cultural capacity
- Reorganisation of the supported accommodation sector to meet actual needs
- New inpatient unit with strong clinical and cultural focus and a community model of care that incorporates all of the above
- A commissioning plan that lays out intended investments/disinvestments based on needs and is transparent across the sector
- A single, over-arching clinical governance group that monitors and manages efficiency and effectiveness of services across the whole mental health and addictions sector.

Waikato District Health Board



Bowel Screening Programme 2021

Time to screen

National Bowel Screening Programme

New Zealand Government

Why NZ needs a National Bowel Screening Programme

Bowel cancer is the second most common cause of cancer death in NZ.

3081	1267
new cases per year	deaths in 2015

The earlier bowel cancer is diagnosed, the higher the chance of survival.

over 90%	10%
chance of survival after early diagnosis	chance of survival after late diagnosis

2

National Bowel Screening Programme

- Waikato will start screening as part of the free National Bowel Screening Programme on 2 March 2021
- Eligible people – men and women – are invited every two years
- Age range 60–74 years
- Population eligibility – 66,000 of which 10,000 are Maori and 1300 Pasifika
- Automatic invitation from a population register – no registration required

What happens….

- Patients age 60-74 are sent a test kit from the national screening unit around their birthday month every 2nd year
- GP is advised of result
- If positive, GP is responsible for notifying patient and sending a referral to DHB
- DHB will arrange colonoscopy/CT colonography

National Bowel Screening Programme - Statistics

1100 colonoscopies per year: 4 persons per list; 5 lists per week

- 70 - 80% will have polyps; range from 1 to 22
  Tend to have more and bigger polyps
- 6 – 8 % will have Cancers. = 80 cancers per year
- **Cancers are identified earlier.** Stage 1
  Screening 38% versus Symptomatic 11%

Note: Data has been provided from the National Bowel Screening team and are anticipated volumes/statistics only.

How many participants in the NBSP will be found at colonoscopy to have polyps or cancer?

- Approximately 7 in 10 people will have polyps – if removed may prevent cancer developing
- Approximately 7 in 100 people will be found to have cancer and will require treatment

Note: National Bowel Screening statistics/modelling

The Bowel Screening Pathway

National Bowel Screening Programme

NCC – National Co-ordination Centre
PHT – Primary Healthcare team

IDENTIFICATION

- Register populated with the eligible population from NHI
- Register updated with data extracted from NZCR
- Register updated with age/sex data from PHOs
- Register updated at NCC from participant contact

INVITATION

- First time participants sent pre-invitation and information
- 2 weeks
- NCC sends Invitation Pack
- Participant withdraws/ ineligible
- Participant completes FIT Kit
- No response - send reminder letter or Active Follow Up
- 4 weeks
- No response - return to Invitation
- 2 YEARS

FIT Kit

- Completed FIT Kit received by lab
- Results sent to PHT and Register
- NEGATIVE RESULT NCC sends letter to participant
- 2 YEARS
- POSITIVE RESULT
- Date of first appointment ≤45 working days
- ≤15 working days
- ≤10 working days

COLONOSCOPY

- PHT refers for colonoscopy
- Pre-assessment including Family History completed. Colonoscopy appt. made
- Colonoscopy (or alt. investigation) completed
- Review Family History
- No abnormalities detected
- Abnormalities detected
- Histopathology
- Screening
- Surveillance
- Treatment
- 5 YEARS

TREATMENT PATHWAY

- First Specialist Assessment
- Case presentation at MDMpre-operative stage
- Treatment as determined
- Post-operative cancer stage
- Treatment and stage recorded on Register

Issue date: 01 November 2017

7

Equity

- Framework has been built around achieving equity for Maaori, Pasifika and vulnerable populations
- Promotion of early access to kits
- Promotional video's for Maaori and Pasifika - https://vimeo.com/467910658/34f31025b4
- Pre-assessment closer to home options
- Bowel Screening team is 80% Maaori
- Attending as many community based events as invited to by Maaori and Pasifika communities
- Streamlining systems and processes that will better support Maaori and Pasifika communities
- Alignment of pathways in secondary care for symptomatic, surveillance and Screening services
- Patient focused bookings

Iwi and Pacific Engagement

Communication and Community involvement with

- Waikato Tainui
- Te Korowai o Hauraki
- Ngati Raukawa
- Kokiri Trust
- Te Kohao Health
- NASC – Disability Support Link Maaori
- Rauawaawa – Kaumatua and Kuia services
- Te Puna Oranga (inpatient services)
- Kaute Pasifika
- SWIPC
- Churches
- Pacific Business Network

Other Community Engagement

- Department of Corrections
- The Deaf Community
- NASC – Rest Homes
- I Hub

In progress

- The Blind Community
- Mental Health Services
- Disability Services (through support link)

Role of Primary Care is Important

- Encourage participation
- Support appropriate participation
  - Asymptomatic
  - Average/ slightly above average risk
- Advise patients of positive results and send e-referral

The Waikato DHB has a primary care liaison who will be working closely with the GP practices supporting and trouble shooting any issues of access between primary and secondary care for patients.

Encourage Participation

Passive reminders in Patient Management System

Examples of reminder prompts:

BOWEL CANCER Fit Result: Unknown		
Screening recommended: Discussed with Patient?	Yes ☐	No ☐
Patient Declined NBSP	Yes ☐	No ☐

BOWEL CANCER FiT Result: Decline 15/05/2019		
Screening recommended: Discussed with Patient?	Yes ☑	No ☐
Patient Declined NBSP	Yes ☑	No ☐

There is extra benefit in promotion from the primary care team people know and trust

Do we have the capacity?

We have increased capacity in

- Thames Hospital (additional two days per week/four sessions)
- Waikato Hospital (opened 4th room/two sessions)

Compilation of services through the unit (including Thames)

- 50 sessions available per week
  - 6 ERCP sessions per week
  - 4 Respiratory/Bronch sessions per week
  - 5 Acute sessions per week
  - 35 Endoscopy sessions per week

Do we have the operators?

- Gastroenterologists (10) – all able to do bowel screening
- General Surgeons (12) – all able to do bowel screening
- Nurse Endoscopists (3)
- Fellow (1)
- Registrars (4)

Of concern is our facility capacity having only 5 operating rooms (including Thames). Mitigation is if required we will look to purchase facility space for our clinicians to operate. At present we have ability to backfill all Waikato sessions and fully utilise Thames sessions (excluding annual leave).

There is a expectation based on previous DHBs go live that there will be an influx of symptomatic referrals from GP practices as bowel screening awareness takes place in our communities. We are projecting an approximate 400 additional referrals coming in from March- August 2021. We are anticipating this and our mitigation is to accommodate as much as possible internally within timeframes set by the Ministry Bowel Screening Team and set up facility lists to support the overflow.

Programme Launch

Launch

- On 2 March 2021 we will have “colin the colon” (inflatable bowel) on display on Level 1 MCC - IHUB for week 1-5 March 2021. Opportunity for our CE and Commissioners to meet with Bowel Screening Staff and National Bowel Screening Clinical Lead Dr Susan Parry.
- Will have “launch month” across our Waikato region in partnership with our community providers and GP practices.

Communications for March 2021

- Publications in newspapers/magazines
- Social Media – Community Groups
- Waikato DHB Bowel Screening face book page
- Back of Bus
- London Street Billboard
- Digital Works
- Media Talks
  - The breeze
  - The sound
  - Magic talk
  - Coromandel FM
  - Nga Iwi FM
  - Radio Tainui
  - Raukawa FM

Whakarongo, kōrero, ako
Listen, talk, learn
Time to screen
National
Bowel
Screening
Programme

Do it. Don't be afraid.
Be bold and be courageous.

Whakarongo,
kōrero, ako
Listen, talk, learn

"Mahia te mahi, painga mo te iwi"
Do the work for the good of the people.

- PrincessTe Puea Herangi

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New Zealand Government

Information

General Business

Next Meeting: 28 April 2021