# Hawke's Bay Clinical Council Meeting

**Date:** **Wednesday, 14 June 2017**

**Meeting:** **3.00 pm to 5.30 pm**

**Venue:** **Te Waiora Meeting Room, District Health Board Corporate Office, Cnr Omahu Road & McLeod Street, Hastings**

**Council Members:**

Chris McKenna Co-Chair
Dr Mark Peterson Co-Chair
Dr John Gommans
David Warrington
Dr Andy Phillips
Dr Robin Whyman
Lee-Ora Lusis
Dr Nicholas Jones
Jules Arthur
Dr Kiri Bird
Dr Tae Richardson
Dr David Rodgers
Dr Russell Wills
Debs Higgins
Anne McLeod

**Apology:** Dr Tae Richardson

**In Attendance:**
Kate Coley, Executive Director - People & Quality (ED P&Q)
Ken Foote, Company Secretary
Brenda Crene, Council Administrator
Graeme Norton, Chair HB Health Consumer Council
Kerri Nuku, Māori Relationship Board Representative

**PUBLIC MEETING**

| Item | Section 1 – Routine | Time (pm) |
|---|---|---|
| 1. | Apologies / Welcome | 3.00 |
| 2. | Interests Register | |
| 3. | Minutes of Previous Meeting | |
| 4. | Matters Arising – Review Actions | |
| 5. | Clinical Council Workplan | |
| | **Section 2 – Presentations** | |
| 6. | Collaborative Pathways – Dr Mark Peterson / Leigh White | 3.15 |
| 7. | Consumer Experience Feedback Quarterly – Kate Coley | 3.30 |
| 8. | Health Sytems Performance – Dr Andy Phillips | 3.45 |
| 9. | Health Round Table Data – Dr Russell Wills | 4.05 |
| | **Section 3 – Information** | |
| 10. | Youth Health Strategy Update – Nicky Skerman / Paul Malan | 4.25 |
| | **Section 4 – Monitoring** | |
| 11. | Te Ara Whakawaiora / Oral Health – Dr Robin Whyman | 4.35 |
| 12. | **Section 5 – Recommendation to Exclude the Public** | |

**PUBLIC EXCLUDED**

| Item | Section 6 – Routine | |
|---|---|---|
| 13. | Minutes of Previous Meeting | |
| 14. | Matters Arising - Review Actions | |
| | **Section 7 – Discussion/Presentation** | |
| 15. | Clinical Coding LATE PAPER and PRESENTATION – Tamsin Renwick | 4.50 |
| 16. | People Strategy (2016-2021) first draft LATE PAPER – Kate Coley | 5.05 |
| | **Section 8 – General** | |
| 17. | Topics of Interest – Member Issues / Updates | 5.25 |

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

**NEXT MEETING - Wednesday, 12 July 2017**

## Interests Register
**June 2017**

## Hawke's Bay Clinical Council

| **Name**<br>**Clinical Council Member** | **Interest**<br>**eg Organisation / Close Family Member** | Nature of Interest<br>**eg Role / Relationship** | Core Business<br>**Key Activity of Interest** | **Conflict of Interest**<br>**Yes / No** | **If Yes, Nature of Conflict:**<br>**- Real, potential, perceived**<br>**- Pecuniary / Personal**<br>**- Describe relationship of Interest to** |
|---|---|---|---|---|---|
| Chris McKenna (Director of Nursing) | Hawke's Bay DHB - Susan Brown | Sister | Registered Nurse | Yes | Low - Personal - family member |
| | Hawke's Bay DHB - Lauren McKenna | Daughter | Registered Nurse | Yes | Low - Personal - family member |
| | Health Hawke's Bay (PHO) | Board member | HHB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB. | Yes | Low |
| Dr Mark Peterson (Chief Medical Officer - Primary Care) | Taradale Medical Centre | Shareholder and Director | General Practice - now 20% owned by Southern Cross Primary Care (a subsidiary | Yes | Low |
| | Royal New Zealand College of General Practitioners | Board member | GP training and standards | Yes | Low |
| | City Medical Napier | Shareholder | Accident and Medical Clinic | Yes | Contract with HBDHB |
| | Daughter employed by HBDHB from November 2015 | Post Graduate Year One | Will not participate in discussions regarding Post Graduates in Community Care | Yes | Low |
| | PHO Services Agreement Amendment Protocol (PSAAP) | "Contracted Provider" representative | The PHO services Agreement is the contract between the DHB and PHO. PSAAP is the negotiating group that | Yes | Representative on the negotiating group |
| | Health Hawke's Bay Limited (PHO) | Board member | HHB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB. | Yes | Low |
| | Council of Medical Colleges | Royal New Zealand College of General Practitioners representative and Council of Medical Colleges Executive | May impact on some discussions around medical training and workforce, at such times interest would be declared. | Yes | Low |
| Dr John Gommans (Chief Medical Officer - Hospital) | Stroke Foundation Ltd | Chairman of the Board of Directors | Provides information and support to people with a stroke. Has some contracts to the MOH | Yes | Low |
| | Internal Medicine Society of Australia and New Zealand (IMSANZ) | Immediate Past President and a current Director of IMSANZ | The IMSANZ represents the interests of specialist General Internal Medicine physicians throughout Australia and New Zealand | Yes | Low |
| | Royal Australasian College of Physicians (RACP), Adult Medicine Division Committee (AMDC) | Member and Chair elect of NZ Committee | RACP represents Physicians in all Adult Medicine specialties across Australasia; the NZ AMD representing those based in NZ | Yes | Low |
| Jules Arthur (Midwifery Director) | National Midwifery Leaders group | Member | Forum for national midwifery and maternity issues | No | |
| | Central Region Midwifery Leaders report to TAS | Member | Regional approach to services | No | |
| | National Maternal Wellbeing and Child Protection group | Co Chair | To strengthen families by facilitating a seamless transition between primary and secondary providers of support and care; working collaboratively to engage support agencies to work with the mother and her whanau in a culturally safe manner. | No | |
| | NZ College of Midwives | Member | A professional body for the midwifery workforce | No | |
| | Central Region Quality and Safety Alliance | Member | A network of professionals overseeing clinical governance of the central region for patient quality and safety. | No | |
| Dr Kiri Bird (General Practitioner) | Te Timatanga Ararau Trust (Iron Maori) | Partner (Lee Grace) is a Trustee | Health and Wellbeing | Yes | Low - Contract with HBDHB |
| | Gascoigne Medical Raureka | General Practitioner | General Practice | Yes | Low |
| | Royal NZ College of General Practitioners | Member | Health and Wellbeing | No | |
| | Royal NZ College of General Practitioners | Lead Medical Educator in HB | Health and Wellbeing | No | |
| | Te Ora Board (Maori Doctors) | Member | Health and Wellbeing | No | |
| | Te Akoranga a Maui (Maori chapter for RNZCGP) | Member | Health and Wellbeing | No | |
| | Hawke's Bay Community Fitness Centre Trust | Trustee | Health and Wellbeing | Yes | Low - May potentially request funding from DHB |
| David Warrington (Nurse Director - Older Persons) | The Works Wellness Centre | Wife is Practitioner and owner | Chiropractic care and treatment, primary, preventative and physiotherapy | Yes | Low |
| | National Directors of Mental Health Nursing | Member | | No | Low |
| Dr Tae Richardson (GP and Chair of Clinical Quality Advisory Committee) | Loco Ltd | Shareholding Director | Private business | No | |
| | Dr Bryn Jones employee of MoH | Husband | Role with Ministry of Health as Chief Advisor in Sector Capability and | Yes | Low |
| | Clinical Quality Advisory Committee (CQAC) for Health HB | Member | Report on CQAC meetings to Council | No | |
| | HQSC / Ministry of Health's Patient Experience Survey Governance Group | Member as GP representative | | No | |
| | Life Education Trust Hawke's Bay | Trustee | | No | |
| | Dr Bryn Jones employee of MoH | Husband | Deputy Chief Strategy & Policy Officer (Acting) | No | |
| | Pacific Chapter of Royal NZ College of GPs | Secretary | | No | |

| **Name**<br>**Clinical Council Member** | **Interest**<br>**eg Organisation / Close Family Member** | Nature of Interest<br>**eg Role / Relationship** | Core Business<br>**Key Activity of Interest** | **Conflict of Interest**<br>**Yes / No** | **If Yes, Nature of Conflict:**<br>**- Real, potential, perceived**<br>**- Pecuniary / Personal**<br>**- Describe relationship of Interest to** |
|---|---|---|---|---|---|
| Andrew Phillips (Director Allied Health HBDHB) | Nil | Not Applicable | Not Applicable | No | Nil |
| Dr David Rodgers (GP) | Tamatea Medical Centre | General Practitioner | Private business | Yes | Low. Provides services in primary care |
| | Tamatea Medical Centre | Wife Beth McElrea, also a GP (we job share) | Private business | Yes | Low. Provides services in primary care |
| | City Medical | Director and Shareholder | Medical Centre | Yes | Low. Provides services in primary care |
| | NZ Police | Medical Officer for Hawke's Bay | Provider of services for the NZ Police | No | |
| | Health Hawke's Bay (PHO) initially - from 1 July 2015 under HB District Health Board | Collaborative Clinical Pathways development | Was the Champion for the initial work, however on 1 July this moved under the HBDHB umbrella (with a community focus). | No | |
| | Advanced Care Planning | Steering Group member | Health and Wellbeing | No | |
| | Urgent Care Alliance | Group member | Health and Wellbeing | Yes | Low. Ensure position declared when discussing issues around the development of urgent care services. |
| | National Advisory Committee of the RNZCGPs | Member | Health and Wellbeing | No | |
| | Health Hawke's Bay (PHO) | Medical Advisor - Sector Development | Health and Wellbeing | Yes | Low. Ensure position declared when discussing issues in this area relating to the PHO. |
| Debs Higgins (Senior Nurse) | Eastern Institute of Technology (EIT) | Lecturer - Nursing | Education. | No | |
| | The NZ Nurses Society | Member of the Society | Provision of indemnity insurance and professional support. | No | |
| Anne McLeod (Senior Allied Health Professional) | Aeotearoa NZ Association of Social Workers | Member | | Yes | Low |
| | HB DHB Employee Heather Charteris | Sister-in-law | Registered Nurse Diabetic Educator | Yes | Low |
| | Directions Coaching | Coach and Trainer | Private Business | Yes | Low: Contracts in the past with HBDHB and Hauora Tairawhiti. |
| Dr Robin Whyman (Clinical Director Oral Health) | NZ Institute of Directors | Member | Continuing professional development for company directors | No | |
| | Australian - NZ Society of Paediatric Dentists | Member | Continuing professional development for dentists providing care to children and advocacy for child oral health. | No | |
| Dr Russell Wills (Community Paediatrition) | HBDHB Community, Women and Children and Quality Improvement & Patient Safety Directorates | Employee | Employee | Yes | Potential, pecuniary |
| | HBDHB employee Mary Wills | Spouse | Employee | Yes | Potential, pecuniary |
| | Paediatric Society of New Zealand | Member | Professional network | No | |
| | Association of Salaried Medical Specialists | Member | Trade Union | Yes | Potential, pecuniary |
| | New Zealand Medical Association | Member | Professional network | No | |
| | Royal Australasian College of Physicians | Fellow | Continuing Medical Education | No | |
| | Neurodevelopmental and Behavioural Society of Australia and New Zealand | Member | Professional network | No | |
| | NZ Institute of Directors | Member | Professional network | No | |
| Lee-Ora Lusis (Clinical Nurse Manager, Totara Health) | Totara Health and Choices Kahungunu Health Services | Employee | Clinical Nurse Manager | Yes | Potential, pecuniary |
| | Hawke's Bay Primary Health Nurse Practitioner Group | Member / Nurse Practitioner Intern | Professional network | No | |
| | Hawke's Bay Nurse Leadership Group | Member | Professional network | No | |
| | College of Nurses Aotearoa (NZ) | Member | | No | |
| | Fusion Group Committee | Representative | | No | |
| | ED High Flyers | Representative | | No | |
| Dr Nicholas Jones (Clinical Director - Population Health) | NZ College of Public Health Medicine | Fellow | Professional network | No | |
| | Association of Salaried Medical Specialists | Member | Professional network | No | |
| | HBDHB Strategy & Health Improvement Directorate | Employee | Employee | No | |
| | National Information Clinical Leadership Group | Member | Professional network | No | |

**MINUTES OF MEETING FOR THE HAWKE'S BAY CLINICAL COUNCIL HELD IN THE TE WAIORA MEETING ROOM, HAWKE'S BAY DISTRICT HEALTH BOARD CORPORATE OFFICE ON WEDNESDAY, 10 MAY 2017 AT 3.00 PM**

**PUBLIC**

| | |
|---|---|
| **Present:** | Dr Mark Peterson (Chair)<br>Dr John Gommans<br>Dr Russell Wills<br>Dr Robin Whyman<br>Dr David Rodgers<br>Dr Nicholas Jones<br>Andy Phillips<br>Debs Higgins<br>David Warrington<br>Billy Allan<br>Jules Arthur<br>Anne McLeod |
| **In Attendance**: | Kate Coley, Executive Director – People & Quality (ED P&Q)<br>Dr Kevin Snee, Chief Executive Officer<br>Ken Foote, Company Secretary<br>Graeme Norton, Chair - HB Health Consumer Council<br>Tracy Fricker, Clinical Council Administrator and EA to ED P&Q |
| **Apologies:** | Chris McKenna, Dr Kiri Bird and Lee-Ora Lusis |

## SECTION 1: ROUTINE

### 1. WELCOME AND APOLOGIES

Dr Mark Peterson (Chair) welcomed everyone to the meeting.

Apologies were noted as above.

### 2. INTERESTS REGISTER

No conflicts were noted for items on today's agenda.

### 3. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the meeting held on 12 April 2017, were confirmed as a correct record of the meeting.

David Warrington noted one addition to item number 10 of the minutes, bullet point three – the survey results and themes were for midwifery staff as well as nursing.

Moved and carried.

### 4. MATTERS ARISING, ACTIONS AND PROGRESS

**Item 1:** ***Clinical Council Annual Plan 2016/17 Objectives***
The Chair advised that the PHO has appointed a new staff member, Linda Dubbeldam, Manager Innovation and Development and one of her key objectives is to assist primary to work on the models of care. She will be visiting practices and should have information to hand in the next 3 months. The update on development of model of care to be moved to August.

**Item 2:** ***HB Palliative Care Strategy***
Andy Phillips, Chief Allied Health Professions Officer (CAHPO) advised that he and David Rodgers will meet with Paul Malan, Strategic Services Manager prior to the next Palliative Care Steering Group Meeting to discuss outcome measures. *Item can now be closed.*

**Item 3:** **Interest Register**
Dr Nicholas Jones has provided his interests for the register. *Item can now be closed.*

**Item 4:** **Social Inclusion Strategy**
Presentation to be confirmed for August meeting.

**Item 5:** **Collaborative Pathways**
Decision paper to be provided for the June meeting.

### 5. CLINICAL COUNCIL WORK PLAN

The work plan was included in the meeting papers.

Changes to be made to the work plan noted:

- Values and Culture Business Case can be removed as it does not need to come to the Clinical Council
- Te Ara Whakawaiora/Oral Health to be removed from August as it is already listed in June when it is due
- CAG meeting reports need to be aligned, there is no meeting in July
- Ngatahi "Vulnerable Children" presentation would be provided to the July meeting.

Dr John Gommans recently attended the IHI International Forum on Quality & Safety in Healthcare in London. There was a big focus on consumer engagement, the seven stories programme and the "what matters to you" approach, with increasing focus on using consumer input in quality improvement activities. In some aspects New Zealand is ahead in terms of consumer engagement but we could learn from the UK/Scotland around real time feedback.

## SECTION 2: PRESENTATION / DISCUSSION

### 6. CLINICAL SERVICES PLAN PRESENTATION

The Chair welcomed David Moore, Managing Director and Rebecca Drew, Principal from Sapere Research Group to the meeting to provide a presentation on the introduction of the Clinical Services Plan. The DHB have engaged Sapere to develop an integrated Clinical Services Plan covering the Hawke's Bay health system to align service delivery with current and projected population need, and to make the most effective use of available and future resources.

The project will explore service delivery in primary, community, and hospital settings. Opportunities will be identified to reduce hospital demand, reduce time spent in hospital and improve the patient flow through the system with a focus on improving health outcomes and health equity.

***Key points noted:***

- Qualitative data for Hawke's Bay – population is older than national average, increasing numbers of frail elderly, higher proportion of Maori and people living in deprived areas, increasing prevalence of long term conditions and high levels of obesity
- Approach to be taken – analysis of the data to understand capacity and future demand
- Engagement – meetings with providers/management across the health system, patient journey workshops and integrative and themed workshops

Following discussion, key points discussed:

- Intention is to develop a plan on how we serve our community better in a whole of system approach to reduce inequities in outcomes
- We need to find different ways to deliver services
- Flexibility in our staff and systems and physical environment so that we can adapt with changes over the next 15-20 years
- The need to engage all the workforce, not just clinical and consultation with consumers and Maori communities will be integral

Tracee Te Huia advised that developments and updates will be provided to the Maori Relationship Board, Clinical Council and Consumer Council over the next 6-9 months.

The Clinical Council **noted** the terms of reference for the project and the approach to be taken by the Sapere Research Group. It was subsequently noted the TOR provided in the papers submitted to Council was an earlier version. The updated version was issued following the meeting.

## 7. ICU PROGRESS UPDATE

Kate Coley, Executive Director – People & Quality provided an update on the progress with the action plan and recommendations. Most of the recommendations have been completed or are awaiting other pieces of work to be completed. This update report will continue to come to Clinical Council until all of the recommendations have been finalised.

The Clinical Council **noted** the contents of the report.

## 8. HEALTH LITERACY PRINCIPLES & IMPLEMENTATION APPROACH

Kate Coley, ED P&Q welcomed Adam McDonald, Health Literacy Advisor to the meeting. Adam has been working with the DHB for 12 months, prior to this he was with the PHO doing work around health literacy. Adam provided an overview of the development of the principles and associated action plan, which were included in the meeting papers.

The ED P&Q commented that from discussion at the Maori Relationship Board (MRB) meeting this morning, we need to reduce the burden on our consumers using the health system by building skills and capability of clinicians through the relationship centred practice model on how we engage with our patients and consumers, to get better outcomes by providing information that is easy for them to understand. Building capability and knowledge of health in the communities is important, not just relying on a consumer coming into hospital or a GP practice. There also needs to be linkage with the PHO.

The next phase of the project is how we become a health literate system. The HEAT tool has been used to ensure that the work undertaken will have a positive impact. A sustainable model and tools need to be created. This work will be a key driver in culture change.

Adam advised we need to provide clarity on what health literacy is. The operational aspect is how we communicate with patients, do we use language they understand, is it a comfortable environment, do we reduce levels of anxiety and stress so they can take in the information we are giving them etc. There will also be some workforce development activities and guidelines/tools provided for services across our region so they can assess their health literacy performance, look for where improvements need to be made and evaluate effectiveness of changes made over time.

***Feedback:***

- There is a lack of health literacy with practitioners who do not know the system well either, there are a lot of gaps
- It is important to empower staff with knowledge on health literacy so they can drive it, rather than it coming from the top
- Education is a key determinate. Knowledge should be an additional principle, intersectorial work will be crucial
- Need to co-design with consumers on the workforce development plan
- International literature is clear, it is the literacy of the system and not individual's health literacy that make the difference. There is institutionalised racism is the health sector. There needs to be a focus on the big ticket items first.

The Clinical Council **noted** the health literacy principles and the proposed action plan.

### 9. BEST START HEALTHY EATING AND ACTIVITY PLAN UPDATE

The Chair welcomed Tracee Te Huia, Executive Director, Strategy & Health Improvement and Shari Tidswell, Population Health Advisor to the meeting. Shari provided an update on changes to the plan progress of the activities to date.

Tracee Te Huia commented that they are looking at their strategies to engage with social inclusion. Shari will be going out to other sector agencies to see what their contribution is to this area and will pull a plan together that shows what we are doing Hawke's Bay wide. We will be broadening to a more holistic approach going forward.

If we look at both aspects of health literacy the system and the consumer this is also about the environment being supportive of physical activity and good nutrition. It is more complicated than telling people to eat less and exercise more.

The Clinical Council **noted** the progress of the implementation of the plan.

### 10. DRAFT ANNUAL PLAN 2017

Tracee Te Huia, Executive Director, Strategy & Health Imporovement advised that to date no feedback had been received from the Ministry of Health (MoH) on the draft Annual Plan. When feedback is received, the final version of the Annual Plan will be emailed to the Clinical Council members for information.

## SECTION 3: MONITORING

### 11. ANNUAL MAORI PLAN (DASHBOARD) QUARTER 3 (JAN-MAR 2017)

Tracee Te Huia, Executive Director – Strategy & Health Improvement commented that there is no expectation from the MoH that we have a separate Annual Maori Plan. We have been integrating our plans for the last three years. From Quarter 1, 2017/18 there will be one dashboard broken down by ethnicity. This will feed into the Te Ara Whakawaiora programme so it will go across the Annual Plan not just the Annual Maori Plan going forward. There has been agreement from MRB

and the Executive Management Team that there will be six monthly reporting on the indicators of non-performance.

Kerri Nuku commented that MRB were disappointed regarding the cultural competency training which does not appear to be having any impact or taken seriously by the numbers of medical staff who do not attend.

Kate Coley advised that work is underway on how staff are supported, building capability, retaining staff etc, and looking at how we get the percentage of staff attending cultural training increased. It was noted that medical staff also have to do cultural competency training as a part of their accreditation and this is not being adequately captured. At the moment we are only counting one programme, specialist colleges also have programmes. Dr John Gommans advised that the Medical Council is holding a workshop on cultural competency engagement on 1 June, which is part of their work around re-certification of doctors, it will include two mandatory areas of training - cultural competency and the HDC Code of Rights.

It was noted that cultural and clinical competency is also a requirement for nursing staff as well.

Tracee Te Huia noted that the cultural competency training we do at HBDHB is currently done across seven DHBs and she stands by the content of this training and that it has changed practice and culture in this organisation. She advised that Counties-Manukau DHB do not give their staff a login until they have completed cultural competency training.

Kate Coley agreed that staff should not be provided with a login until they have completed orientation and completed the core competencies that we want within our organisation and sector.

The Clinical Council **noted** the contents of the report.

## SECTION 4: REPORTING COMMITTEES

### 12. HB CLINICAL RESEARCH COMMITTEE UPDATE

Dr John Gommans, Chief Medical and Dental Officer and Chair of the Hawke's Bay Clinical Research Committee advised that the Annual Report was included in the meeting papers for information. The committee meets quarterly and looks at research being undertaken across the sector. There are no governance concerns about how procedures are being done.

The Clinical Council **noted** the contents of the report.

### 13. INFECTION PREVENTION & CONTROL COMMITTEE

David Warrington, Nurse Director provided an update on behalf of Chris McKenna. The trends in the report are within the thresholds agreed by the Infection Control Committee. The hand hygiene compliance rate as at 31 March was 88.7%, the highest compliance rate in New Zealand. For the last three quarters HBDHB has been first or second, which is good sustained performance around hand hygiene. The Gold Auditors were commended for their work to capture the hand hygiene "moments".

Dr Russell Wills queried whether the Infection Control Committee were aware that Southern Community Labs were no longer reporting on sensitivity of community acquired staphylococcus. Should this be reported to the Infection Control Committee or Laboratory Committee? If they are not reporting sensitivities on resistant organisms this is a concern. Dr Andy Phillips commented this is something to be discussed at the Laboratory Committee and he/Kiri Bird would ensure this was discussed further

Dr Kevin Snee advised that he and Nick Jones, Clinical Director, Population Health had come from the Gastro Outbreak Inquiry meeting, the inquiry report has now been released. The DHB was found to have managed the outbreak well. There was some criticism of the Hastings District Council, Hawke's Bay Regional Council and the drinking water assessors. One of the problems highlighted was the relationship between the two councils. Dr Snee advised that part of the work we are doing with social inclusion is trying to get groups to work together constructively. Overall those involved with the outbreak managed it well. Kate Coley noted that it was agreed as part of the internal review that we would look at the findings of the Inquiry and identify if there are any further recommendations that we need to add to our internal report.

The Clinical Council **noted** the contents of the report.

## SECTION 5: INFORMATION ONLY

### 14. LEGISLATIVE COMPLIANCE PROGRAMME REPORT

The report was included in the meeting papers for information only. No issues discussed.

The contents of the report were **noted** by the Clinical Council.

## SECTION 6:

### 15. RECOMMENATION TO EXCLUDE THE PUBLIC

The Chair moved that the public be excluded from the following parts of the meeting:

16. Minutes of Previous Meeting (Public Excluded)
17. Matters Arising – Review of Actions (Public Excluded)
18. Member Issues / Topics of Interest

The meeting closed at 4.50 pm.

Confirmed: _____
Chair

Date: _____

# HAWKE'S BAY CLINICAL COUNCIL
## Matters Arising – Review of Actions
## (PUBLIC)

| Action No | Date issue raised | Action to be Taken | By Whom | By When | Status |
|---|---|---|---|---|---|
| 1 | 08/03/17 | ***Clinical Council Annual Plan 2016/17 Objectives***<br>Request an update from primary care on development of the model of care. | Co-Chairs | Aug | |
| 2 | 12/04/17 | ***Interest Register***<br>Dr Nick Jones interests to be added to the conflicts of interests register. | Admin | May | Actioned |
| 3 | 12/04/17 | ***Social Inclusion Strategy***<br>Presentation to be included at a future meeting | Co-Chairs / Tracee Te Huia | Aug | On the workplan |
| 4 | 12/04/17 | ***Collaborative Pathways***<br>Decision paper to be completed for June Meeting | M Peterson | Jun | On agenda today |

OURHEALTH HAWKE'S BAY Whakawateatia

## HB CLINICAL COUNCIL WORKPLAN 2016-2017

| Meeting Dates | Papers and Topics | Lead(s) |
|---|---|---|
| **12 July 17** | Ngātahi Vulnerable Children Project (Presentation) | Russell Wills |
| | Quality Accounts (draft) | Kate Coley |
| | Quality Dashboard (Clinical Council and FRAC) | Kate Coley |
| | Recognising Consumer Participation – Policy Amendment | Kate Coley / Jeanette |
| | Consumer Engagement Strategy | Kate Coley / Jeanette |
| | Community Pharmacy Services Agreement | Tim Evans / Di Vicary |
| | Budget presentation | Tim Evans |
| | Laboratory Testing Guidelines | Andy Phillips / Kiri Bird |
| | Laboratory Service Committee Report | Andy Phillips / Kiri Bird |
| | Radiology Services Committee Report | Mark Peterson |
| | PHO Clinical Advisory & Governance Committee | Tae Richardson |
| **9 Aug 17** | **Annual Meeting 1.00pm start including lunch at 12.30pm** | |
| | **Venue : Boardroom, Corporate Office** | |
| | ICU Learnings Report – Action Plan update (qtly) | Kate Coley |
| | People Strategy Final | Kate Coley |
| | Quality Annual Plan review 16/17 | Kate Coley |
| | Collaborative Pathways Update | Mark / Leigh White |
| | Social Inclusion | Tracee TeHuia |
| | Palliative Care Strategy outcomes (action) | Andy Phillips / Paul Malan |
| | ***Monitoring*** | |
| | Te Ara Whakawaiora - Culturally Competent Workforce (local indicator) | Kate Coley |
| | Te Ara Whakawaiora - Mental Health and AOD (National and local indicators) | Sharon Mason |
| | Annual Maori Health Plan Q4 Dashboard only | Tracee TeHuia/Patrick |
| | PHO Clinical Advisory & Governance Committee | Tae Richardson |
| **6 Sept 17** | **HB Health Sector Leadership Forum – East Pier, Napier** | |
| **13 Sep 17** | Orthopaedic Review – phase 3 draft | Andy Phillips |
| | Quality Accounts Final | Kate Coley |
| | Quality Annual Plan 2017/18 year | Kate Coley |
| | Consumer Experience Results (March, **June**, Sept, Dec) | Kate Coley |
| | Havelock North Gastroenteritis 6 monthly review against plan | Kate Coley |
| | Serious Adverse Events draft (p/excl) | Kate Coley |
| | ***Monitoring*** | |
| | Te Ara Whakawaiora / Healthy Weight Strategy TBC | Patrick LeGeyt / Shari |
| | Falls Minimisation Committee | Chris McKenna |
| | Maternity Clinical Governance Group | Chris McKenna |
| | PHO Clinical Advisory & Governance Committee | Tae Richardson |

| Meeting Dates | Papers and Topics | Lead(s) |
|---|---|---|
| **11 Oct 17** | People Strategy Quarterly report | Kate Coley |
| | Establishing Health and Social Care Localities | Tracee TeHuia |
| | Gastro Review – Progress Update 6mthly | Kate Coley |
| | ***Monitoring*** | |
| | Laboratory Service Committee | Kiri Bird |
| | Radiology Services Committee | Mark Peterson |
| | Infection Control Committee update | Chris McKenna |
| | HB Nursing Midwifery Leadership Council Update & Dashboard 6mthly | Chris McKenna |
| | PHO Clinical Advisory & Governance Committee | Tae Richardson |
| **8 Nov 17** | Tobacco Annual Update against plan | Tracee TeHuia |
| | Q Best Start Health Eating & Activity (6 monthly update) | Tracee TeHuia |
| | Quality Dashboard Quarterly reporting commences | Kate Coley |
| | ICU Learnings Report – Action Plan update (qtly) | Kate Coley |
| | Legislative Compliance 6 monthly update (FRAC action) | Kate Coley |
| | ***Monitoring*** | |
| | Annual Maori Plan Q1 July-Sept Dashboard | Tracee TeHuia |
| | HB Clinical Research Committee Update | John Gommans |
| | Te Ara Whakawaiora / Smoking TBC | Patrick LeGeyt / Penny |
| | PHO Clinical Advisory & Governance Committee | Tae Richardson |
| **6 Dec 17** | Consumer Experience Results Qtly (Dec – Mar 18) | Kate Coley |
| | Clinical Pathways Committee | Mark Peterson / Leigh |
| | ***Monitoring*** | |
| | PHO Clinical Advisory & Governance Committee | Tae Richardson |

| | |
|---|---|
| OURHEALTH HAWKE'S BAY Whakawateatia | **Collaborative Pathways (CP)** |
| | For the attention of:<br>**HB Clinical Council** |
| Document Owner:<br>Document Author: | Mark Peterson, Chief Medical Officer Primary Care<br>Leigh White, Portfolio Manager Strategic Services |
| Reviewed by: | Paul Malan, Acting Strategic Services Manager Integration and Executive Management Team |
| Month: | June 2017 |
| Consideration: | For information |

**RECOMMENDATION**

**HB Clinical Council**

- Note the update of Nexxt proof of concept implementation.

**BACKGROUND**

In January 2017 EMT supported funding of $35,000 from the current Collaborative Pathway budget to trial a proof of concept with Nexxt (Pathway Navigator Limited).

As noted in previous papers, the Map of Medicine tool used for the development of Collaborative Pathways is not providing the practitioner, in particular the General Practice Team, with integrated interface functionality. The Nexxt solution is a Software as a Service (SaaS) platform already in operation that requires no direct infrastructure into the Hawke's Bay DHB or Health Hawke's Bay PHO data centres. The Nexxt team assist to configure (in an agile engagement with others) and then publish a pathway onto the Nexxt Platform. Nexxt is already integrated with Medtech and My Practice.

Clinical Council is the sponsor for the establishment of Collaborative Pathways and has a keen investment into the right IT tool that can promulgate pathways throughout the health sector. Conclusive to this proof of concept will be a review of existing platforms, such as Map of Medicine, Canterbury Health Pathways and the Nexxt in view of making recommendations.

**KEY AGREEMENT WITH NEXXT**

The deployment of the HBDHB current Cellulitis and Osteoarthritis patient journeys across the Hawke's Bay DHB region to demonstrate and prove the value delivered by Nexxt.

**DELIVERABLES TO DATE**

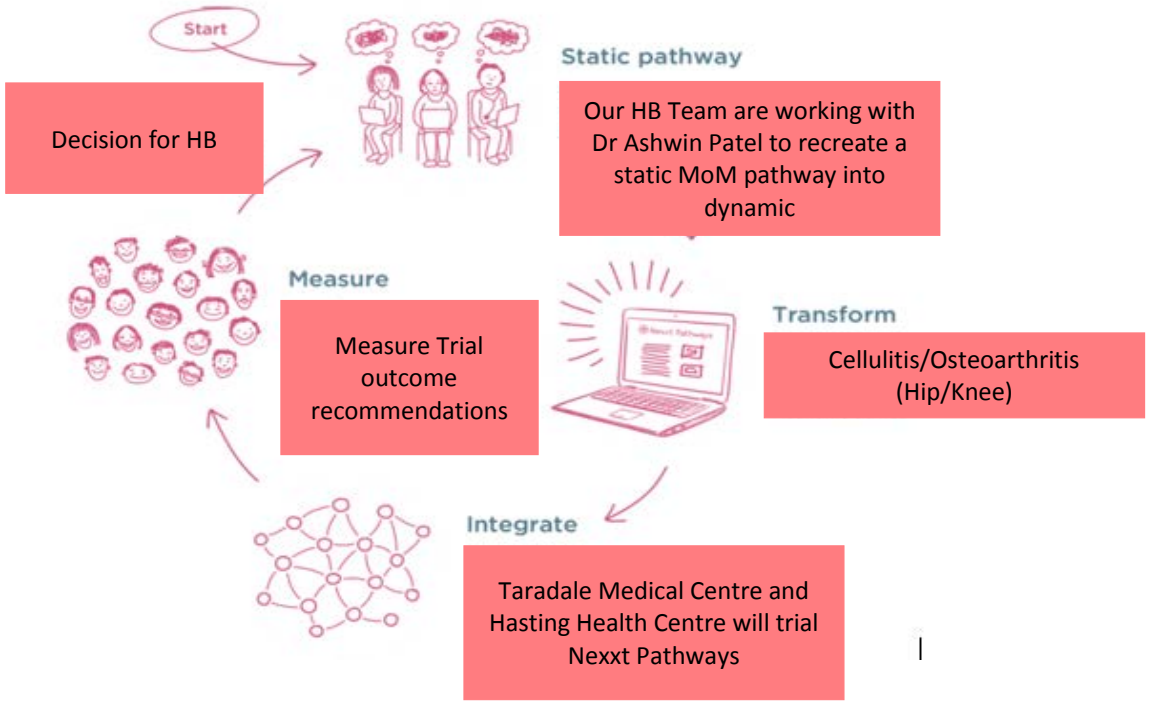
| | | | | |
|---|---|---|---|---|
| 1 | Finalise Project Plan<br>• Confirmation of governance, model and GP sites for Pilot | 31 March 2017 | Lead: Mark Peterson (CMO)<br>Dr Ashwin Patel (Nexxt) | |
| 2 | Workshop to confirm goals, outcomes and measurables | 31 March 2017 | Multi-disciplinary workshop was held with primary and secondary in attendance, including IT | |
| 3 | Contractual Agreements | | Dates: 11 April 2017 to 31 October 2017<br>• *Note:* Nexxt has been bought out by My Practice – nil issues with contractual arrangements | |
| 4 | Building of Pathways | Ongoing | HBDHB Team<br>L. White (LTC Portfolio Manager), Louise Pattison (PHO Editor for CP), Michele McCarthy (PHO Health & Social Care IT Liaison) and supported by Dr David Rodgers and Dr M. Peterson (CMO).<br>*Note:* co-opt of others for advice if changes are made to current pathways | |
| 5 | IT technical issues | June 2017 | IT involvement.<br>Nexxt is to provide technical specifications to what is requested by our HBDHB | |
| 6 | Building | Cellulitis Pathway<br>April- May 2017 | | Osteoarthritis Hip/Knee<br>May – June 2017 |
| | Pathway analysis | ✓ | | ✓ |
| | Map content transposed | ✓ | | ✓ |
| | Publish to development site | ✓ | | |
| | Clinical leads sign off | ✓ | | |
| | Editorial and final checks | ✓ | | |
| | Publish to Nexxt site | ✓ | | |
| | Ready to go live | ✓ | | |
| 8 | Deployment to Pilot at GP practices<br>• Train GP Practices onsite<br>• Revisit GP Practices for feedback | June 2017 - ongoing | Taradale Medical and Hastings Health Centre have agreed to pilot | |
| 9 | Deliver Project Outcomes<br>• Design and run user survey<br>• Project completion reporting | | In the absence of L. White (28 – 30/10 2017) Health Hawke's Bay (PHO) have been requested to continue the oversight of the trial. | |

**CONCURRENT WORK**

- Map of Medicine license agreement extended to 31 December 2017. *Note*: MoM pathway development work continues in parallel as pathways need continual review and new pathways (e.g. faster cancer, mental health, eczema for children) have been developed to coincide with co-design/redesign.
- For some pathways there will be a requirement to interface with E-referrals. A successful workshop with multi-disciplinary attendees was held last month led by the CIO.
- Health Hawke's Bay PHO are looking at changes to computer systems – need to keep updated with changes with to IT solutions, in particular around advanced form claiming.
- PHO Medical Advisors have been presented with the changed Cellulitis Pathway and provided positive feedback.
- HBDHB's IT Department are part of the discussions in regards to the technical solutions and knowledge around the potential for use in secondary care (must align with regional decisions and HBDHB browsers).

**WHAT SUCCESS WILL LOOK LIKE?**

- Nexxt is committed to succeed, and have made significant investment to get into the market; are currently working with Counties OPD Physicians in COPD/Asthma but failed a trial at Auckland's DHB who have since decided to go with Canterbury Health Pathways.
- Outcomes are improved with the use of dynamic pathways e.g. more consistent and effective care, reduced hospitalisations and standardised referrals.
- Shared pathways linked by NHI – possibility of interlinking/integrating with Concerto.
- Successful relationships and HBDHB to act as a reference site, with the possibility to contribute to whitepapers or conference presentations.



# CONSUMER EXPERIENCE FEEDBACK

Quarterly Presentation

# HEALTH SYSTEMS PERFORMANCE

Presentation

# HEALTH ROUND TABLE DATA

Presentation

| | |
|---|---|
| HAWKE'S BAY District Health Board Whakawāteatia | **Update of the Youth Health Strategy 2016-19** |
| | For the attention of:<br>**Māori Relationship Board, Clinical and Consumer Councils** |
| Document Owner: | Tim Evans, Executive Director Corporate Services |
| Document Author: | Nicky Skerman, Population Health Strategist; Women, Children and Youth |
| Reviewed by: | Executive Management Team |
| Month: | June 2017 |
| Consideration: | For information |



**RECOMMENDATION**

**That the Māori Relationship Board, Clinical and consumer council**

- **Note** the contents of this report.

## OVERVIEW

The Hawke's Bay community is invested in youth services across multiple levels and sectors, frequently sharing common population groups and mutual visions. Hawke's Bay DHB funds the majority of contracts for youth health services, alongside other funding sources such as; Ministry of Health, Ministry of Social Development, Ministry of Education, Ministry of Youth Development and Councils.

The HBDHB Youth Health Strategy has the potential to create opportunities across the Hawke's Bay district to improve the responsiveness of services for youth. It aims to convey a shared vision from Hawke's Bay youth and stakeholders by identifying a common set of youth outcomes and indicators that cut across the work of many organisations and services working with youth.

Though there are many commonalities in how organisations and services talk about their goals and impact, the lack of shared knowledge can lead to missed opportunities for collaboration and collective impact.

## BACKGROUND

Consultation on the Youth Health Strategy commenced in October 2015. The final version was endorsed by the HBDHB Board after going through the committees in June 2016.

***Youth Strategy Update***

Over the last year, the Youth Health Strategy has been presented in many forums within the district health board and to some community groups. These include the; Woman Child and Youth Strategic group, paediatric study days, the Suicide Prevention Fusion group and the Child Adolescent and Family Service (CAFS).

As a strategic document we are ensuring a shared vision whilst setting youth focused outcomes and indicators. The document also encourages an increase in profile around this age group and promotes some common principles about how services are provided.

*Feedback from CAFS*

> "I think that it has highlighted themes we are seeing, around the complexity and co-morbidity. In the front of our minds and energy are the needs to work together with other agencies (e.g., Directions, Oranga Tamariki, School Guidance Counsellors) to create a more cohesive approach across the sector."

*Feedback from Paediatric Study day*

> Good ideas & strategies hearing the voice of youth
> Interesting to know strategy. Valuable info
> Interesting discussion, more info in adolescent secondary health needed/identified.

***Model of Youth Health***
In October 2016, HBDHB began a two phase competitive procurement process.

The first phase was a call for "Registrations of Interest" (ROI). As part of that process there were two stakeholder and youth consultation meetings with forty people in attendance from across the sector. The purpose of the meetings was to consider different models for delivering youth health services in Hawke's Bay. These meetings were supported with a panel of representatives from general practice, mental health, personal health services, Ministry of Social Development and Māori Health Services.

The second phase is a competitive "Request for Proposals" (RFP) that will be open to those suppliers who responded to the ROI. The RFP, aimed at procuring several youth services to commence January 2018, was launched on the Government Electronic Tender Service (GETS) in April.

***Youth Consumer Council***
At the end of 2016, HBDHB formed a Youth Consumer Council following a nomination process across the district. There are currently eight members representing mixed age and ethnicity and areas of interest covering; mental health, suicide prevention, education, Hauora Māori, alcohol and drugs, rural health, cultural health and disability.

The Youth Consumer Council is a committee of HBDHB consumer council supported by HBDHB, Directions Youth Trust and Te Taiwhenuia O Heretaunga. The Youth Consumer Council have developed a terms of reference that has been signed off by HBDHB Consumer Council. The group meets monthly and have been approached to be participate in many projects and initiatives across Hawke's Bay. During March, two of the group attended the Hawke's Bay Health Sector Leadership Forum.

We are in the process of developing a pathway for access to Youth Consumer Council. Support from HBDHB is being provided by Jeanette Rendle (Consumer Engagement Manager) and Nicky Skerman (Strategic Services).

Various HBDHB staff and other youth representatives from around the country have attended Youth Consumer Council meetings to provide support to the group, such as the communication team who are supporting the group in the area of social media. The group have set up a Facebook page to support connection with other Hawke's Bay youth.

The group were also profiled in the HBDHB March CEO newsletter and have produced their own brochure promoting themselves , stating their three priorities:

- Teen Suicide Awareness
- Drugs and Alcohol Culture
- Mental Health

A meeting was held with the Chief Information Officer around the vision youth have given for the digital future of some youth services. This will be a future project that will potentially change the way youth access services and receive information. During our consultation, the youth voice raised digital media as an important area for development.



***Free under 18s Primary Care***

The Youth Strategy's vision around positive youth development, increase and early access to services and no door is the wrong door (connection of youth services) has been integral as part of the free under 18 services in general practice. This service is expected to be in place in 2017.

**NEXT STEPS**

- Youth services stakeholder group: To be set up in 2018 once all youth services are in place
- Continue to support the Youth Consumer Council
- Continue to work with the Ministry of Health helping to share with other DHBs the work we are engaged withinin the youth space.
- Develop a dashboard looking at outcome measures when data from June 2016 becomes available. e.g. teenage pregnancy and suicides rates.

| | |
|---|---|
| HAWKE'S BAY District Health Board Whakawāteatia | **Te Ara Whakawaiora: Oral Health** |
| | For the attention of: **Māori Relationship Board, HB Clinical Council and HB Health Consumer Council** |
| Document Owner:<br>Document Author: | Sharon Mason, Executive Director Health Services<br>Dr Robin Whyman, Clinical Director Oral Health |
| Reviewed by: | Executive Management Team |
| Month: | June 2017 |
| Consideration: | For Monitoring |



**RECOMMENDATION**

**That the Māori Relationship Board, Clinical and Consumer Councils:**

- **Note** the contents of this report.

## OVERVIEW

Te Ara Whakawaiora (TAW) is an exception based report, drawn from AMHP quarterly reporting, and led by TAW Champions. Specific non-performing indicators are identified by the Māori Health Service which are then scheduled for reporting on progress from committees through to Board. The intention of the programme is to gain traction on performance and for the Board to get visibility on what is being done to accelerate the performance against Māori health targets. Part of that TAW programme is to provide the Board with a report each month from one of the champions. This report is from Dr Robin Whyman Champion for the Oral Health Indicators.

## UPCOMING REPORTS

The following are the indicators of concern, allocated EMT champion and reporting month for each.

| Priority | Indicator | Measure | Champion | Reporting Month |
|---|---|---|---|---|
| **Oral Health**<br>*National Indicator* | 1. % of eligible pre-school enrolments in DHB-funded oral health services.<br>2. % of children who are caries free at 5 years of age | ≥95%<br>≥67% | Robin Whyman | **JUN 2017** |

## MĀORI HEALTH PLAN INDICATOR: Oral Health

**Oral health, general health and quality of life**

Dental decay (dental caries) is one of the most common preventable chronic diseases. It is an important public health problem because of its prevalence, impact on individuals, society, and the public health system.

Severe early childhood caries reduces a child's quality of life: causing pain and discomfort, it affects eating and sleeping, prevents healthy growth and weight gain and reduces immunity to disease. Dental caries in early childhood is strongly predictive of an ongoing childhood and adulthood risk of dental caries.

Management of dental caries occupies considerable DHB resources to treat children and adolescents and private resources to manage the effects in adulthood. Untreated acute and chronic infections lead to a higher risk of hospitalisation and loss of school days and work days which may impact of a child's ability to learn and adult's ability to work.

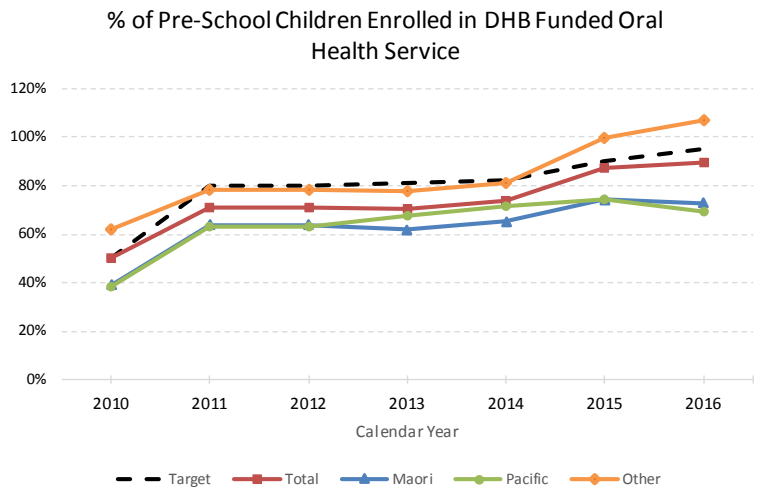
The determinants of dental caries are known — the risk factors include diet (sugar consumption) and poor oral hygiene. Effective population health strategies and clinical prevention methods have substantially reduced the amount of dental caries in the child population and reduced the impact of dental caries for the community. However, substantial inequities in oral health outcomes remain.

**Inequality in outcomes in oral health status for Māori**

Māori and Pacific children, and those living in socioeconomic disadvantage experience poorer outcomes in oral health status (National Health Committee, 2003). They have also tended to enrol for oral health services, and utilise services later, when compared to non-Māori.

### WHY IS THIS INDICATOR IMPORTANT?

**Percentage of preschool children enrolled in DHB Funded Oral Health Service**




| | Target | Total | Māori | Pacific | Other |
|---|---|---|---|---|---|
| 2010 | 50% | 50.4% | 39.2% | 38.3% | 61.9% |
| 2011 | 80% | 71.1% | 63.8% | 63.3% | 78.4% |
| 2012 | 80% | 71.1% | 63.8% | 63.3% | 78.4% |
| 2013 | 81% | 70.4% | 61.9% | 67.4% | 78.0% |
| 2014 | 82% | 73.9% | 65.3% | 71.7% | 81.3% |
| 2015 | 90% | 87.1% | 74.1% | 74.2% | 99.8% |
| 2016 | 95% | 89.2% | 72.7% | 69.1% | 107.0% |

**2**

Early preschool enrolment and engagement with Oral Health Services is considered a key preventive strategy to improve preschool oral health. Earlier engagement raises the profile of good oral health for whanau, enables a relationship to develop between whanau and the Community Oral Health Service teams, increases the preventive care provided by clinical teams and increases the provision of anticipatory advice to parents and guardians prior to the development of early childhood dental caries.

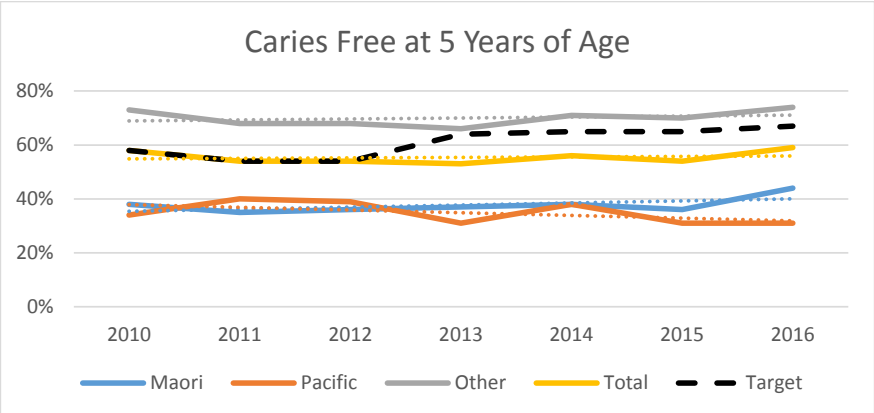
Preschool children enrolled in DHB oral health services have increased rapidly as the DHB has focused on the national priority of earlier preschool enrolment in oral health services. However, as the DHB gets close to the overall target of 95% of children enrolled, quality of the ethnicity coding is becoming of concern. The 2016 data suggests that over 100% of non-Māori and non-Pacific children are enrolled. Meanwhile there has been a small drop in the percentage of Māori and Pacific children indicated as enrolled.



These data are obtained from the Community Oral Health Service's Titanium clinical record database. Enrolment data is now populated by parental self-declared ethnicity data obtained through a quadruple enrolment alongside enrolment for primary care, Well Child Tamariki Ora and Immunisation. However, this has operated for only 2 years. It is likely that the discrepancy is in part a legacy issue that relates to the older (3-4 years) preschool children and will improve as quadruple enrolment has been the basis of data for all age groups, in a further 2 years time. The denominator for the numbers in each ethnicity group are based on Statistics New Zealand data provided through the Ministry of Health and based on census projections. It is also possible that the denominators are providing misleading percentages.

The overall level of preschool enrolment and improvement is very pleasing. The discrepancy with Māori and Pacific enrolment is concerning and will require ongoing attention to data quality and checking the system/ quadruple enrolment.

**Percentage of children who are caries free at 5 years of age**




| | Target | Total | Maori | Pacific | Other |
|---|---|---|---|---|---|
| 2010 | 58% | 58.4% | 38.1% | 34.2% | 72.5% |
| 2011 | 54% | 54.0% | 35.1% | 39.8% | 67.5% |
| 2012 | 54% | 54.1% | 36.9% | 39.2% | 65.5% |
| 2013 | 64% | 54.2% | 36.7% | 31.2% | 66.3% |
| 2014 | 65% | 56.5% | 38.7% | 38.0% | 71.2% |
| 2015 | 65% | 54.4% | 36.0% | 30.5% | 70.1% |
| 2016 | 67% | 59.0% | 44.0% | 31.0% | 74.0% |

The percentage of children caries free (decay free) at 5 years measures the proportion of children that are 5 years of age, and commencing school education, without dental decay severe enough to have caused cavitation (holes) to develop in the primary teeth.

Caries free at 5 years is an important indicator as longitudinal studies indicate that children with good early childhood oral health have improved Year 8, adolescent and adult oral health. Children that are free of dental decay in the preschool and early primary school years are also less disrupted with education, eating and sleeping and have better general health.

The 2016 results represent a substantial improvement in outcomes for all groups except Pacific where only a small improvement is noted. Results for Māori represent an 8% improvement and non-Māori , non-Pacific a 4% improvement meaning, that there has also been a small improvement in a long standing inequity for Māori .

Results for Māori and non-Māori , non-Pacific represent the best outcomes for Hawke's Bay DHB that have been achieved. Trend analysis also indicates that the inequity between Māori and non-Māori , non-Pacific is slowly closing, albeit very slowly.

However, the target of 67% caries free has not yet been achieved for Māori or Pacific children, and results for Pacific children remain particularly concerning.

**CHAMPION'S REVIEW OF ACTIVITY THAT WAS PLANNED TO SUPPORT THIS INDICATOR**?

Activity planned to support these indicators has been

1 *Quadruple enrolment in the oral health service from birth, alongside enrolment for primary care, Well Child/Tamariki Ora and immunisation services.*
This initiative has now been operating since early 2016 and is now business as usual for lead maternity carers (LMCs) and oral health services. The strong flow of information from the quadruple enrolment process to oral health services is believed to be the primary reason behind the ongoing increases in the first indicator in this report (percentage of preschool children enrolled in DHB Funded Oral Health Service).

2 *Changing the relationships with Māori health providers*
With the advent of quadruple enrolment the focus of activity for the Māori health provider services working with oral health is changing. Traditionally these services have helped to engage with enrolment, and focus is now changing to supporting hard to reach whanau and Oral Health Services to connect.

Changes to the operation of the Titanium database operated by the Community Oral Health Service were put in place for the start of the 2017 calendar year.

Changes to incorporate additional visits for high risk whanau through the Well Child Tamariki Ora providers are currently being made to contracts between Te Taiwhenua o Heretaunga, Kahungunu Executive, Plunket NZ and Māori Health and will be finalised by 1 July 2017.

3 *Improving preventive practice in the Community Oral Health Service*
Work with the clinical teams of dental therapists to improve the utilisation of fluoride varnish, bite wing radiography and fissure sealants to prevent dental decay is ongoing. All of the indicators show improvement and work is currently focussed on reducing variation between clinical teams across the service.

4 *Community water fluoridation*
The DHB noted in 2016 that the government has signalled legislation to provide decision making ability to district health boards. The benefits of community water fluoridation to reducing dental caries were also noted from the Te Ara Whakawaiora report in 2016.

**4**

The Bill to make the decision making change was introduced in late 2016 and a submission supporting the Bill was made by the DHB, after consideration and approval of the Board. A verbal submission was made to the Select Committee by Dr Whyman in March 2017 and it is understood the Select Committee is due to report back in June 2017.

5 *Population health strategies*

Population health strategies are an important contributor to improving child oral health, and in particular:

HBDHB's *Best Start Healthy Eating and Activity: A Plan (2016-2020),* with 4 interlinking objectives:



1) Increasing healthy eating and activity environments – Collection of data is underway to provide benchmarks to measure change in healthy eating environments. All HB primary schools have been contacted re status of 'water only policies' and a 500m zone mapped around each school (via Auckland University INFORMAS study) to provide a baseline of unhealthy food and drink advertising sites.

2) Develop and deliver prevention programmes - "Healthy Foods- Healthy Teeth and eating for under 5's" was launched in March for use in the B4SC. Initial feedback from this design will be sought in July and then will be tailored for use in WCTO visits and ECE settings.

3) Intervention to support children to have healthy weight – Raising Healthy Kids is the new Health Target linked to the BMI measure at the B4SC which support referrals for overweight and obesity to primary care and Pre School Active Families where oral health messages are linked.

4) Provide leadership in healthy eating - HBDHB Board has endorsed the reviewed Healthy Eating Policy and this now aligns with the MoH's guideline – we are sugar sweetened beverage free and soon will be mostly confectionary free.

*Healthy Housing*

The Child Health Housing Programme is fully operational and aims to reduce preventable illness among low income families/whanau who are living in cold, damp and unhealthy homes. Eligible families typically live in sub-standard housing and have a history of health issues associated with cold damp housing and overcrowding. Homes are assessed by the team and an intervention plan is implemented to improve the quality of the house and to address structural and functional crowding.

*Breastfeeding*

The March 2017 Te Ara Whakawaiora: Breastfeeding report acknowledged that currently challenges exist meeting the 6 week target and that a drop off occurs between 6 weeks and 3 months. Initiatives to improve and sustain early breastfeeding are important to early childhood oral health. Recent literature (Gussy et al 2016) has demonstrated that early introduction of sugary beverages (before 18 months) is significantly associated with early development of dental caries. Initiatives associated with breastfeeding have been reported in the Te Ara Whakawaiora: Breastfeeding report.

*Oral health promotion*

The national campaign and TV advertisement run by the Ministry of Health and Health Promtion Agency "Baby Teeth Matter" and brushing teeth with fluoride toothpaste 2x a day are being supported locally with posters and repeated on the HBDHB Facebook page.

**CHAMPION'S REPORT OF ACTIVITY THAT WILL OCCUR TO INCREASE PERFORMANCE OF THIS INDICATOR**?

Māori and Pacific preschool enrolment and engagement with Oral Health Services and improvements in the proportion of Māori and Pacific children caries free at 5 years represent a complex interplay of societal, environmental and service delivery factors.

*1 Under 5 years equity project*

In late 2016 the Communities, Women and Children directorate commenced a project focussing on delivering equity in oral health outcomes for 5 year-olds with a 5 year time frame.

The project is aiming to

- strengthen consumer engagement and participation with Oral Health and to substantially improve consumer input to Oral Health Services and to oral health strategies to improve child oral health.
- Coordinate consistent messaging and health promotion activity focussing on improving equity in early childhood oral health.
- trial initiatives to improve whanau engagement with early childhood oral health services commencing in the Hastings Central community clinic hub.
- spread innovation that is successful within the service.
- work in collaboration with other providers for early childhood such as B4SC, Health Hawkes Bay, Well Child Tamariki Ora providers, Child Health Team, Early Childhood Education & Kohanga Reo and Outreach Immunisation teams to reduce the siloed nature of oral health services delivery
- Influence policy change, particularly for water only enviornments

The project sponsors are the Service Director Communities Women and Children and Clinical Director for Oral Health, the Project Manager is the Communities Women and Children Deputy Service Director and a Project Steering Group with broad representation from services, Māori Health, PHO and consumer has been established.

*2 Workforce change and kaiawhina engagement*

Community Oral Health Services have changed the service's workforce mix by redeploying a clinical vacancy within the service to employ a kaiawhina to support the service's engagement with the community and other providers. This initiative will commence at the Hastings Central hub clinic and will be monitored for effectiveness.

*3 Clinical quality indicators*

Community Oral Health Services are continuing to monitor the implementation of a greater preventive focus in the clinical activity of the service. This involves monitoring 3 quality indicators (fluoride varnish, bitewing radiography and fissure sealants). Levels of use of fluoride varnish and fissure sealants are satisfactory but clinical variation remain. Focussing on improvements to utilisation with appropriate children is the current priority. Use of bitewing radiography remains lower than optimal as it represents a significant clinical practice change. Six-monthly reporting to the service and peer discussion is being used to effect these changes to clinical practice.

**RECOMMENDATIONS FROM TARGET CHAMPION**

The primary concerns associated with these preschool oral health outcomes relate to

*1 Enrolment data quality*

Work needs to continue to improve the proportion of Māori and Pacific 5-year-old children enrolled for oral health services. That work also needs to further understand the reasons underlying the over representation of non-Māori and non-Pacific children in the enrolled numbers. This will start with comparsion with services also using quadruple enrolment, particularly national immunisation register

(NIR), checking enrolments for ethnicity against ECA data and evaluation of denominators being used to calculate the percentages.

*2 Accelerating equity in caries free status Māori and Pacific children*

The project to improve equity in 5-year-old caries free status is ambitious and aims to take a cross sector focus. It will require ongoing support over 3-4 years to achieve the planned outcomes.

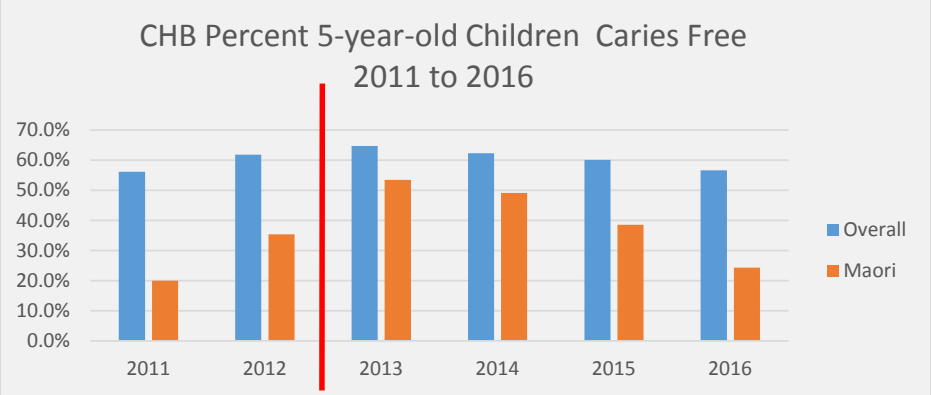
*3 Community water fluoridation*

A substantial risk exists with achieving the indicator of improved 5-years-olds caries free as a result of the loss of community water fluoridation in Hastings in August 2016 following the campylobacter outbreak in Havelock North.



Hastings District Council infrastructure used to deliver community water fluoridation is currently being used to chlorinate the water. A timeframe to return to fluoridation, which can be in conjunction with chlorination, has not been provided by the Hastings District Council at this time.

Community water fluoridation was lost in Central Hawke's Bay (CHB) in late 2012 and monitoring of the 5-year-old caries free rates is ongoing. The 2016 data confirms that loss of community water fluoridation in CHB has been particularly detrimental to Māori 5-year-old caries free outcomes in CHB, as the following graph indicates.




Dr Snee wrote to the Central Hawke's Bay and the Hastings District Councils in March 2017 expressing the DHB's concerns at the CHB outcomes, and the potential outcomes in Hastings. He also met with the CHB Mayor in April 2017.

Action on fluoridation will not completely remove the oral health inequities outlined in this paper, but it is important that the DHB continues to act on this issue both within the current legislative framework and the potential framework outlined in the earlier section.

The identified areas for improvement and timeframes are outlined in the following table

| Description | Responsible | Timeframe |
|---|---|---|
| Review the ethnicity coding and accuracy within the oral health patient management system (Titanium) | Team Leader Oral Health<br><br>Clinical Director for Oral Health<br><br>Children, Women and Communities Deputy Service Director | June 2018 |

| | | |
|---|---|---|
| Under 5 years of age caries free equity project | | Phase 1 Feb – Nov 2017 and Total project 2017-2019 |
| Consumer engagement, participation and feedback. Te Roopu Matua. | Project Manager and Project Steering Group | April – Nov 2017 and ongoing |
| Relationship Centre Practice training for all Community Oral Health Staff | Team Leader Oral Health | Jul- Aug 2017 |
| Seek feedback on the Healthy Foods - Healthy Teeth and eating for under 5s prevention programme and tailor it for use in WCTO and ECE settings | Population Health | July 2018 |
| Environmental scanning of water only policies and decisions about next steps | Oral Health Population Health Advisor | July 2018 |
| Early intervention in general practice in conjunction with Systems Level Measures work. | Project Manager and SLM group | Dec 2017 |
| Well Child Tamariki Ora provider outreach services | Māori Health Services | July 2017 |
| Continue to transition clinical service delivery towards a preventive care focus using clinical quality indicators to monitor service perfomance | Clinical Director for Oral Health<br><br>Team Leader Oral Health | June 2018 |
| Community water fluoridation<br><br>Monitor legislative change timetable<br><br>Build relationships with communities of interest | Clinical Director for Oral Health | 2017-2018 Legislative change<br><br>2017-2019 Relationship development communities of interest |
| Breastfeeding initiatives to improve and sustain early breastfeeding | Breastfeeding Champion | July 2018 |

**CONCLUSION**

Improving early childhood oral health eliminating inequity in dental caries levels has been described as a “wicked problem” (Thomson 2017) because it is difficult to solve, has multiple causes, is continually developing and changing and has no universal solution. It represents the outcome of complex societal inequities in social conditions and health services.

However, significant steps to control early childhood dental caries would be made with region-wide access to optimally fluoridated water and removal of sugar sweetened beverages from all early childhood environments.

Improvement in both of these indicators will require focus on collaborative activities to improve social and economic environments, including community water fluoridation and sugar-free environments,

a greater understanding of data quality and corrections to data quality issues, particularly related to enrolment, a continued to move to a preventive clinical focus for the Oral Health Services and a willingness by Oral Health Services to continue to question the best model of care for delivery of preschool oral health while maintaining very positive outcomes that are being achieved for oral health outcomes in the primary school child population.

Dr Robin Whyman
**Target Champion for Oral Health**
**Clinical Director Oral Health**



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# Recommendation to Exclude the Public

## Clause 32, New Zealand Public Health and Disability Act 2000

That the public now be excluded from the following parts of the meeting, namely:

**13. Minutes of Previous Meeting (Public Excluded)**

**14. Matters Arising – Review of Actions (Public Excluded)**

**15. Clinical Coding – late paper and presentation**

**16. People Strategy (2016-2021) first draft – late paper**

**17. Member Topics of Interest – Member issues / updates**

The general subject of the matter to be considered while the public is excluded, the reason for passing this resolution in relation to the matter and the specific grounds under Clause 32(a) of the New Zealand Public Health and Disability Act 2000 for the passing of this resolution are as follows:

- Official Information Act 1982 9(2)(ba) to protect information which is subject to an obligation of confidence.
- Official Information Act 1982 9(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions between the organisation, board and officers of the Minister of the Crown.
- NZPHD Act 2000, schedule 3, clause 32(a), that the public conduct of the whole or relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982).