Hawke's Bay Health
Consumer Council Meeting

Date: **Thursday, 13 September 2018**

Meeting: **4.00 pm to 6.00 pm**

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

Council Members:

Rachel Ritchie (Chair)
Malcolm Dixon (Co-Deputy Chair)
Dr Diane Mara (Co-Deputy Chair)
Sami McIntosh
Deborah Grace
Jenny Peters
Olive Tanielu
Jim Henry
Sarah Hansen
Dallas Adams
Jemma Russell
Wayne Taylor
Les Cunningham
Gerraldine Tahere
Denise Woodhams

Apologies:

In Attendance:

Ken Foote, Company Secretary (Co Sec)
Kate Coley, Executive Director – People & Quality
Tracy Fricker, Council Administrator / EA to Executive Director People & Quality
Debs Higgins, Clinical Council Representative
Linda Dubbeldam, Health Hawke's Bay Representative

Public

Item	Section 1 – Routine	Time (pm)
1.	Karakia Timatanga (Opening) / Reflection	4:00
2.	Apologies	
3.	Interests Register	
4.	Minutes of Previous Meeting	
5.	Matters Arising – Review Actions	
6.	Consumer Council Workplan	
7.	Chair's Report (verbal) – Rachel Ritchie	
8.	Consumer Engagement Update (verbal) – Kate Coley	
9.	Youth Consumer Council Report (verbal) – Dallas Adams	
	Section 2 – Presentations	
10.	After Hours Urgent Care (6-month Update) - Wayne Woolrich	4.20
	Section 3 – Discussion	
11.	Matariki Regional Development Strategy and Social Inclusion Strategy	4.40
12.	Clinical Services Plan (Monthly Update & Video) – Ken Foote	4.55
13.	Consumer Council Annual Plan 2018/19 – final for approval 13.01 Confirmation of member portfolios / areas of interest	5.10
14.	Topics of Interest – Member Issues / Updates	5.20
15.	**Section 4 – Recommendation to Exclude**	
16.	Minutes of Previous Meeting	-
17.	Karakia Whakamutunga (Closing)	5.30

NEXT MEETING:
Thursday, 11 October 2018 at 4.00 pm. Corporate Boardroom HBDHB

Interest Register

Hawke's Bay Health Consumer Council

Jul-18

Name **Consumer Council Member**	**Interest** **eg Organisation / Close Family Member**	**Nature of Interest** **eg Role / Relationship**	**Core Business** **Key Activity of Interest**	**Conflict of Interest** **Yes / No**	**If Yes, Nature of Conflict:** **- Real, potential, perceived** **- Pecuniary / Personal** **- Describe relationship of Interest to**
Rachel Ritchie (Chair)	Put the Patient First	Involved when group was active	Advocating for Diabetes Patients	Unsure	Real / potential / Perceived
Jenny Peters	Nil				
Olive Tanielu	HB District Health Board	Employee	Work with Pacific Island children and families in hospital and in the community	Yes	Perceived/potential conflict between employee HBDHB and roles of Consumer
Malcolm Dixon (Deputy Chair)	Hastings District Councillor Scott Foundation HB Medical Research Foundation Inc	Elected Councillor Allocation Committee Hastings District Council Rep		No No No	
James Henry	Health Hawke's Bay Ltd	Facilitator	Part-time role. Improving lifestyles for people with chronic illness.	No	
Sarah de la Haye	Nil				
Sami McIntosh	Eastern Institute of Technology	Student Nurse	Practical placements	No	Perceived potential if applying for work.
Deborah Grace	Isect Ltd	Director	IT Security Awareness	No	
Dr Diane Mara (Deputy Chair)	Napier Family Centre IHC Hawke's Bay Association Pacifica Women's Tiare Ahuriri Branch (Inc)	Chair Chair Branch Chair	Social Service Organisation Disability Intellectual Stakeholder Development Leadership for Pacific Women	Yes No No	Perceived/possible conflict as NFC has a small contract for PND from HBDHB
Denise Woodhams	Nil to declare				
Geraldine Tahere	Nil to declare				
Les Cunningham	Stroke Central Inc	Employee / Field Officer	Working with stroke patients and clients	No	
Wayne Taylor	Nil to declare				

MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL
HELD IN THE TE WAIORA MEETING ROOM, HAWKE'S BAY DISTRICT HEALTH BOARD CORPORATE OFFICE ON THURSDAY, 9 AUGUST 2018 AT 4.00 PM

PUBLIC

Present: Rachel Ritchie (Chair)
Dr Diane Mara (Co-Duty Chair)
James Henry
Sarah Hansen
Deborah Grace
Jemma Russell
Sami McIntosh
Jenny Peters
Wayne Taylor
Gerraldine Tahere
Denise Woodhams

In Attendance: Ken Foote, Company Secretary
Tracy Fricker, EA to Executive Director People & Quality
Debs Higgins, Clinical Council Representative

Apologies: Malcolm Dixon, Olive Tanielu, Les Cunningham and Dallas Adams

SECTION 1: ROUTINE

1. KARAKIA TIMATANGA (OPENING) / REFLECTION

Rachel Ritchie (Chair) welcomed everyone to the meeting. A karakia/reflection was provided to by James Henry to open the meeting.

2. APOLOGIES

Apologies were noted as above.

3. INTERESTS REGISTER

No conflicts of interest noted for items on today's agenda.

4. PREVIOUS MINUTES

The minutes of the Hawke's Bay Health Consumer Council meeting held on 12 July 2018 were confirmed as a correct record of the meeting with three minor typos corrected on pages 2 and 3.

Moved and Carried.

5. MATTERS ARISING AND ACTIONS

Item 1: IS Workshop
The Chair noted this item keeps being deferred. Request to be made to Anne Speden, IS Manager for an update at the next meeting.

Item 2: Consumers on Projects
Deferred until new Consumer Experience staff in place.

Item 3: Using Consumer Stories
The use of consumer stories is being reviewed. The Consumer Council would like to know what stories are being used and what stories aren't being used. The original intent of consumer stories was for staff learning. How stories are used at governance level needs to be handled with care and in a meaningful way.

6. CONSUMER COUNCIL WORK PLAN

The work plan provided in the meeting papers was noted.

The Chair advised at the last Board meeting the Board Chair commented on the number of "for information reports" with no comment provided by Clinical Council, Consumer Council or the Maori Relationship Board and that a discussion was required on these reports. As part of agenda setting process for Consumer Council meetings the Chair, Deputy Chairs and Company Secretary look at the papers that Council can add meaningful contributions to and that information papers were for updates only and will be discussed if time allows. If members have a question on an information paper they are able to contact the paper author directly. If there is a significant concern which needs discussion, the Chair is to be advised and time can be allocated on the agenda.

7. CHAIR'S REPORT

Rachel Ritchie welcomed the new members to Council as she was away for their first meeting and provided an update on activities:

- Thank you for the feedback on the article that she sent around ""The start-up that could disrupt the American health-care system"
- The 2 Consumer Experience Facilitator positions have been re-advertised with interviews taking place on 31 August. The Consumer Council is looking forward to working with the two facilitators given it has been some 6 months since the position was vacant.
- Health & Social Care Localities - Te Pare Meihana was to come to talk to Council but has since resigned. Emma Foster and Chris Ash are now taking a lead role with this and it makes sense to let them get underway with their approach before looking for an update.
- Person & Whanau Centred Care – copies of work to date provided to new members as part of their induction pack.

8. YOUTH CONSUMER COUNCIL (YCC) REPORT

Jemma Russell provided an update for YCC:

- A meeting has been held to discuss recruitment of more members for the YCC (aged 15-24). Sarah Hansen advised she would like to see a youth person with a disability on YCC.
- Attending the "Involve" conference for youth in Wellington next Monday, which has a number of workshops and guest speakers. An update will be provided at the next meeting.

SECTION 2: PRESENTATIONS

9. HBDHB ANNUAL PLAN 2018/19

The Chair welcomed Paul Malan, Manager Strategic Services and Chris Ash, Executive Director, Primary Care to the meeting.

Paul Malan provided an update on the progress on the Annual Plan, which is a compliance document required by the Ministry of Health (MOH).

Key points noted:

- Process – draft Annual Plan was completed on 27 July; final due to MOH by end of September
- Priority areas for 2018/19, include new areas: Population Mental Health, Addictions Waiting Times, Primary Care Access, Maternal Mental Health Services, Supporting Health in Schools, School Based Health Services, Strengthening Public Health Services, Climate Change and Waste Disposal.
- Focus:
  - Population Mental Health – Significant focus under this priority relates to collaborative redesign of community mental health & addictions services via PCDP
  - Addictions – While Annual Plan focus is narrow, introductory narrative explains the wider focus (especially in respect of methamphetamine) the DHB will place on this area in 2018/19
  - Primary Care Access – Linked to ongoing work nationally to finalise the initiatives introduced in the 2018 budget
  - School Services – Both stock-take work and specific work on extending the service into secondary schools
  - Strengthening Public Health Service Delivery – CSP is a major focus
  - Sustainability Priorities – Focus included on alignment with kaitiakitanga
  - Regional Services Plan – Priority in 2018/19 is the PCI business case (percutaneous coronary intervention (angioplasty/stenting)
- Next steps:
  - first draft of the plan was submitted to the MOH on 27 July, final plan deadline is end of September
  - Plan to include financial templates
  - Copies of the first draft plan will be circulated to Board members prior to submission, for information
  - Clarification of any Hawke's Bay-specific expectations arising from the June meeting with the MOH will be made, and incorporated
  - During August, ongoing refinement of priorities will be undertaken in liaison between MOH and the DHB
  - A process to finalise and sign off the 2018/19 Annual Plan ahead of the September deadline for the final document will be agreed and enacted

Comments/Feedback:

- Some of the new initiatives come with funding, others need to come from our working budget or change in DHB policies
- Unmet need (particularly in mild to moderate conditions) in mental health and addictions – acknowledge there are gaps in the system and a need to look at redesign of services. There is a lot in the Clinical Services Plan (CSP) with a primary care preventative focus on keeping people well before they fall over
- Is the Annual Plan aligned to our other plans? Yes, in future included the CSP and People Plan into a 5-year strategy it will be more clearly aligned to the Annual Plan.
- Will the recommendations from the Mental Health Inquiry be incorporated into the Annual Plan? No, not this plan but it will inform how the CSP translates into the 5-year strategy and will inform procurement of community mental health services

The Company Secretary commented that what we see in our draft CSP is consistent with the initiatives and priorities coming from the Government.

The Chair thanked Paul Malan for the update.

10. PRIMARY CARE UPDATE

The Chair welcomed Chris Ash, Executive Director, Primary Care Services, who provided a presentation on the Primary Care Service Development Plan.

Key points noted:

- Primary Care in planning context
- Governance gaps – local prioritisation guiding principles; a responsive wellness focussed culturally appropriate primary health care; drive equity through all aspects of work
- CSP Workshops – primary care; vulnerable youth and families; mental health and addictions; older people and frailty
- Aligning through local, regional and national priorities
- Primary health definition (Alma Ata, 1978) and the narrower Ministry of Health definition
- The Primary Care Directorate works closely with Health Hawke's Bay, NGOs, Aged Residential Care etc to commission services to meet need; support providers to enable change; drive equity and plan and execute the health strategy
- Breakdown of commissioning (planning and funding), engagement with communities and whanau and collaboration with clinicians to develop service methodologies
- Priorities for Directorate – strengthening clinical leadership to support commissioning priorities; mainstream health and social care localities and giving communities greater input into how and where care is provided
- Aligning skills and insights
- Investing in primary health care:
  - Individual and whanau – co-payment reduction or renewal; after-hours access; specific access equity projects
  - Evolving the current model – Primary Health Care and Home Plus
  - Building blocks – new roles and capabilities
- Considerations investing in general practice – workload pressure; geographical variations; national payment mechanisms; fragmentation – smaller entities; aging workforce – centred on GP owners; variable history of long range planning; institutional mistrust
- New Primary Care Development Partnership – involve representatives from DHB Board, PHO Board, Maori Relationship Board and Clinical and Consumer Councils
- Co-create with the community
- New roles and capabilities – health navigators, behaviourists in the community, health care team; long term condition nurses; integrated working with the primary health care team

The Primary Care Development Partnership will be the key to drive these developments and changes in Hawke's Bay.

Brief discussion took place including; Health Improvement and Equity Directorate and Primary Care Directorate working closely together; how equity improvements are measured; equity for access to primary care; wrap around services for the consumer and the whole of whanau/family and relationships with other agencies.

The Chair thanked Chris Ash for his presentation. Regular updates from the Primary Care Development Partnership will be provided. Contact can be made directly with Chris Ash if members have further questions or feedback: chris.ash@hbdhb.govt.nz.

SECTION 3: DISCUSSION

11. CONSUMER COUNCIL ANNUAL PLAN 2018/19

The Company Secretary provided a high level summary of the strategic goals against the Triple Aim (Health & Equity for all Populations; Quality, Safety and Experience of Care and Best Value from Health System Resources) and; Plus One (Growing our People). The document was

provided as a starting point and to give context to the current issues faced by the DHB. All four domains need to be done at once to be balanced.

It is important to understand the environment the DHB is working in, the challenges around resources and budget. All Managers and Leaders in the sector are under pressure to find ways to save money. There is work going on to address the issues. Where can the Consumer Council add the best value and what areas should Council focus on?

The Chair led the discussion on the Consumer Council Annual Plan to look at changes to be made for 2018/19. Consumer Council members were happy with the high-level Strategies and Functions with the minor modifications identified by the Chair. Members then broke into three groups to review the Objectives and provided feedback on changes required.

Action: Changes for objectives to be updated and brought back to the next meeting for approval.

12. CLINICAL SERVICES PLAN (CSP) UPDATE

Due to time this item was not discussed.

SECTION 4: FOR INFORMATIONAL ONLY (No Presenters)

13. TE ARA WHAKAPIRI NEXT STEPS (LAST DAYS OF LIFE)

Paper included for information only. No issues discussed.

14. TE ARA WHAKAWAIORA – ACCESS 0-4 / 45-65 YEARS (LOCAL INDICATOR)

Paper included for information only. No issues discussed.

SECTION 5: GENERAL

15. TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

Due to lack of time no updates were provided at the meeting. It was agreed that Dr Diane Mara, Co-Deputy Chair would provide information updates to be included in the minutes.

Pasifika Health 2018:

On 16-18 July, Le Va a Pacific Health Provider based in Auckland visited Hawke's Bay DHB and held workshops and seminars for EMT, other managers and staff including PHO attendees regarding engagement with Pacific communities and meeting their local health needs going forward. In attendance also were the Pacific Health Manager and staff, the Pacific Leadership Team and Olive and myself. The key points were that Pacific often have distinct health needs from Maori, which also require Pacific responses. Nationally Pacific health policies need to be met by the DHB so they have a legitimate place when commissioning and targeting of services and resources are being considered to ensure access and positive outcomes. A priority is to unlock what is currently working with Pacific patients, families, communities and that we have specific priorities with specific intended outcomes which can be measured going forward. Areas identified for breakthroughs include: visibility of Pacific as a distinct grouping, and, providing feedback on the Pasifika Health Plan. Consequently I am providing feedback to Chris Ash in relation to the information included in the Te Ara Whakawaiora ASH Document and Pacific health priorities.

DHB Disability Strategy (Consumer Council rep report):

There has been some difficulty in terms of notices for dates for meetings. We now have a meeting scheduled for Friday, 24 August. I am concerned that we are moving too widely before settling on strategies to improve medical practice and consumer health services delivery for people with disabilities (as defined in the national policies and protocols). We seem to have changed the terminology into "people with impairments" which is not the accepted definition. It is my belief therefore that there are a few issues to discuss and resolve before we go much further.

16. RECOMMENDATION TO EXCLUDE

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

17. Minutes of Previous Meeting (public excluded)
18. Matters Arising – Review Actions

The meeting closed at 6.05 pm.

Confirmed: _____
Chair

Date: _____

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HB HEALTH CONSUMER COUNCIL - MATTERS ARISING (Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	11/08/17	**IS Workshop** IS Workshop will be delayed as IS will receive output from the Big Listen and CSP workshops prior to enable a constructive workshop with Consumer Council at a future date.	Company Secretary	Oct/Nov	Deferred until later in year
2	12/09/17	**Consumers on Projects** List of projects requested by Consumer Members (spreadsheet).	Chair / K Coley	TBC	Deferred until new CE Staff in place
3	12/07/18	**Using Consumer Stories** Advise which other DHBs use Consumer Stories	K Coley	Oct	
4	09/08/18	**Consumer Council Annual Plan 2018/19** Canges to be made and final draft for approval at next meeting	Chair / Company Secretary	Sep	

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Consumer Council Workplan as at 5 September 2018 **(subject to change)**	**EMT Member**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**HBDHB BOARD Meeting date**
Clinical Services Plan Monthly Update (aug, sep, oct)	Ken Foote	12-Sep-18	13-Sep-18	26-Sep-18
Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) **Sept**-Mar	Andy Phillips	12-Sep-18	13-Sep-18	26-Sep-18
Urgent Care (After Hours) Service Update 6mthly (Sept-Mar-Sept)	Wayne Woolrich	12-Sep-18	13-Sep-18	26-Sep-18
Annual Plan 2018/19 final	Chris Ash	10-Oct-18	11-Oct-18	31-Oct-18
Clinical Services Plan Monthly Update (aug, sep, oct)	Ken Foote	10-Oct-18	11-Oct-18	31-Oct-18
Maternal Wellbeing Programme Update (Board update action 25/7)	Patrick LeGeyt	10-Oct-18	11-Oct-18	31-Oct-18
National Mental Health Inquiry detail released TBC	Colin Hutchinson/Claire Caddie	10-Oct-18	11-Oct-18	31-Oct-18
Using Consumer Stories Revised ... (not considered in July by governance groups))	Kate Coley / John Gommans	10-Oct-18	11-Oct-18	31-Oct-18
Collaborative Pathways update (July - **Oct** - Feb - June)	Chris Ash & Mark Peterson	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Alcohol and other Drugs (National and Local Indicators)	Colin Hutchinson / Claire Caddie	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Cardiovascular (National Indicator)	Colin Hutchinson/Claire Caddie	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Improving Access Indicator	Colin Hutchinson/Claire Caddie	10-Oct-18	11-Oct-18	31-Oct-18
Alcohol Harm Reduction Strategy (6 monthly update) **Nov**-May-Nov-May	Andy Phillips	14-Nov-18	15-Nov-18	28-Nov-18
Clinical Services Plan **in final form**	Ken Foote	14-Nov-18	15-Nov-18	28-Nov-18
Health Equity Report	Andy Phillips	14-Nov-18	15-Nov-18	28-Nov-18
Consumer Engagement Strategy Implementation Plan and presentation. Effectivenss of the strategy via regular reporting to be confirmed to Board. To connsumer the month following	Kate Coley		15-Nov-18	28-Nov-18
IS **Presentation** and Discussion (informed by CSP) moved to Nov .	Anne Speden	14-Nov-18	15-Nov-18	
Best Start Healthy Eating & Activity Plan update (for information - 6 mthly Nov-May**-Nov18**)	Andy Phillips	14-Nov-18	15-Nov-18	28-Nov-18
Te Ara Whakawaiora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-**Nov**-Feb-May	Chris Ash	14-Nov-18	15-Nov-18	28-Nov-18
Te Ara Whakawaiora "Smokefree update" (6 monthly May-**Nov**) each year Board action Nov 17	Andy Phillips	14-Nov-18	15-Nov-18	28-Nov-18
Mobility action plan implementation - progress update on the phases	Andy Phillips	5-Dec-18	6-Dec-18	19-Dec-18
People Plan (6 monthly - **Dec**, Jun)	Kate Coley	5-Dec-18	6-Dec-18	19-Dec-18
Collaborative Pathways update **(July** - Oct - **Feb**- Jun)	Chris Ash & Mark Peterson	13-Feb-19	14-Feb-19	27-Feb-19
Ngatahi Vulnerable Children's Workforce Development - annual progress **Feb 19**	Colin Hutchinson/Claire Caddie	13-Feb-19	14-Feb-19	27-Feb-19
Te Ara Whakawaiora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-**Feb**-May	Chris Ash	13-Feb-19	14-Feb-19	27-Feb-19
Urgent Care (After Hours) Service Update 6mthly (Sept-Mar-Sept)	Wayne Woolrich	13-Mar-19	13-Mar-19	27-Mar-19
Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept-**Mar**	Andy Phillips	13-Mar-19	14-Mar-19	27-Mar-19
Te Ara Whakawaiora - Breastfeeding (National Indicator)	Chris McKenna	13-Mar-19	14-Mar-19	27-Mar-19

OURHEALTH
HAWKE'S BAY
Whakawateatia

CHAIR'S REPORT

Verbal

8

CONSUMER ENGAGEMENT REPORT

Verbal

9

YOUTH CONSUMER COUNCIL REPORT

Verbal

10

HAWKE'S BAY District Health Board Whakawāteatia	**After Hours Urgent Care** For the attention of: **Māori Relationship Board, HB Clinical Council, HB Health Consumer Council and HBDHB Board**
Document Owner	Wayne Woolrich, CEO Health Hawke's Bay
Document Author(s)	Dr David Rodgers (Health Hawke's Bay, Medical Advisor)
Reviewed by	Wayne Woolrich, CEO Health Hawke's Bay; Dr Mark Peterson, CMO Primary HBDHB, and the Executive Management Team
Month/Year	August 2018
Purpose	For Information
Previous Consideration Discussions	Following the District Health Board (DHB) notice to Health Hawke's Bay (HHB) to cease the Emergency Department's (ED) contracted after hours provision for Hastings practices, a new model to deliver after hours urgent care in Hawke's Bay was initiated (effective 1 December 2017). HHB the Primary Health Organisation (PHO) led this significant work in collaboration with General Practice providers to secure an agreement and to operationalise this model, within a short space of time.
Summary	This review provides a high level update on the first six months of operations of the new model and highlights areas of focus. The intent is to make comment on areas of focus acknowledging it is too early to make significant change. A comprehensive 12-month review will be completed where recommendations will be made to improve how care is provided to our community.
Contribution to Goals and Strategic Implications	The redesign and implementation has resulted in a new model that: • Consistency of service for patients in Hastings and Napier • Minimises primary care provision by ED • Meets the PHO's contractual requirements with the DHB
Impact on Reducing Inequities/Disparities	We have no baseline data for the equity gaps in the previous model for after hours' care. This six-month review highlights aspects of the service model that could improve equity, that being the mobile in home care and the next day appointments. The twelve-month review will focus on equity and recommendations for improvement.
Consumer Engagement	No engagement as this was a desk top review. Consumer engagement will be undertaken for the comprehensive twelve-month review.
Other Consultation /Involvement	N/A

Financial/Budget Impact	The business case provided for an operating deficit of $76k in year one, to be underwritten equally by the DHB and HHB. At the time of the review the model is forecasted to operate in line with the business case projection. A major financial concern was the low utilisation rates of the overnight paramedic. This service was projected to make a budget contribution of up to $70K p.a. but has to date only realised less than $1K in revenue (identified early on as a significant risk). HHB worked with St John with both parties agreeing (in good faith) to a renegotiated and rationalised service level agreement, with similar service specifications now being delivered to a smaller number of clients for a lower cost than originally agreed. This variation has significantly reduced the financial risk to the model.
Timing Issues	N/A
Announcements/ Communications	N/A

RECOMMENDATION:

That HB Clinical Council, HB Health Consumer Council, Māori Relationship Board and HBDHB Board:

1. **Note** the six month review of the Urgent Care After Hours service.

To	Health Hawke's Bay Board of Directors	From	Dr David Rodgers
Title	After Hours Urgent Care	Date	August 2018

FOR INFORMATION

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Purpose

To provide Health Hawke's Bay Board of Directors and Hawke's Bay District Health Board with a six-month review of the Urgent Care After Hours service.

Context

Following the District Health Board (DHB) notice to Health Hawke's Bay (HHB) to cease the Emergency Department's (ED) contracted after hours provision for Hastings practices, a new model to deliver after hours urgent care in Hawke's Bay was initiated (effective 1 December 2017). HHB the Primary Health Organisation (PHO) led this significant work in collaboration with General Practice providers to secure an agreement and to operationalise this model, within a short space of time. The redesign represents a step forward in consistency of service, and is understood by all parties to be an early step in a wider process that will see further collaboration to improve and enhance the urgent care model (in partnership with patients, consumers and their whānau).

The redesign and implementation has resulted in a new model that:

- Provides an appropriate level of care for all patients
- Greater use of multidisciplinary skills
- Consistency of service for patients in Hastings and Napier
- Minimises primary care provision by ED
- Sustainability within available financial resources
- Meets the PHO's contractual requirements with the DHB
- Provides a firm foundation for the further development of integrated primary care solutions to ensure that the patient remains connected with their own GP

PRIOR TO THE NEW MODEL

In Hastings, general practice provided primary care from 8.00am to 8.00pm seven days a week (as agreed with the DHB) utilising the health line phone triage service and ED for those patients who needed be seen.

In Napier, general practice had an after hours roster, whereby most GPs serviced their afterhours via City Medical.
This model was problematic due to:

- Recruitment challenges as Napier practices required GP's to work on the afterhours roster
- Widespread concern that servicing the onerous afterhours roster was impacting on quality of care in hours
- Accessing care overnight was expensive for some patients
- Perception that the Hastings model was encouraging inappropriate use of ED

REVIEW OF MODEL

Aspects of the Napier model (noted below) were extended in the redesign, to provide benefits to all within Napier and Hastings.

- Accident and Medical centres and co located pharmacies in both Napier and Hastings to remain open until 9.00pm
- Nurse triage and treatment (free of charge) from 9.00pm to 8.00am at City Medical (Napier)
- The Urgent Care nurse service (based in Napier) extended its scope to provide phone support and walk-in triage for all Napier and Hastings patients (between the hours of 9.00pm and 8.00am), with the ability to utilise the provider portal enabling direct access to GP notes
- Professional development support provided for the overnight nurses who work in City Medical
- Service model includes access to telephone support from an on-call GP until 3.00am
- Mobile paramedic offering an advanced face to face service at patients' own homes (available across Napier and Hastings 9.00pm to 3.00am
- Ability for GPs to ring fence next-day urgent care appointments with the patient's own GP
- ED contracted to provide face-to-face support for a small number of patients requiring urgent primary care need between the hours of 3.00am and 8.00am

Challenges

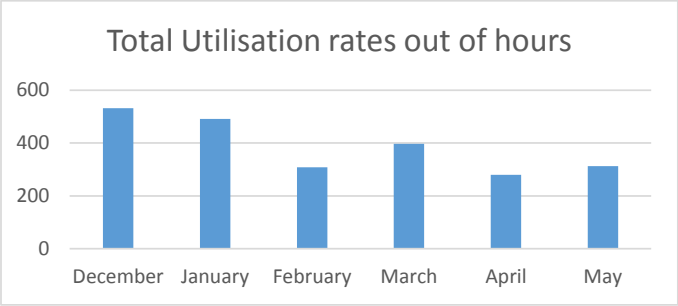
The redesigned service was a new contractual arrangement between multiple providers and required a significant investment of time to contract and establish the service. This resulted in a lack of focus on the need to communicate the changes to consumers. To remedy this, a fairly generic (and expensive) PR campaign shared the message that 'calling your usual GP number out of hours would connect you to an urgent care service' but communicating the detail of the plan remained challenging. A social media campaign communicating the service and personalising the urgent care paramedic helped to clarify the services available, but it is still unclear how well consumers understand the changes.

In the first few months it became evident that the utilisation rates for the urgent care paramedic were below those that were expected (and despite PR activities) the urgent care paramedic service remained underutilised. This presented an immediate financial and workforce concern. The PHO and St John worked together to review and agree a new model, whereby the urgent care paramedic skill set would be deployed across the ambulance fleet overnight rather than one paramedic dedicated to the service being on call.

The Shared Electronic Health Record has been difficult and utilisation has been slow, due to operational issues with the software vendor and logistical issues training staff to use the software (this has now been remedied).

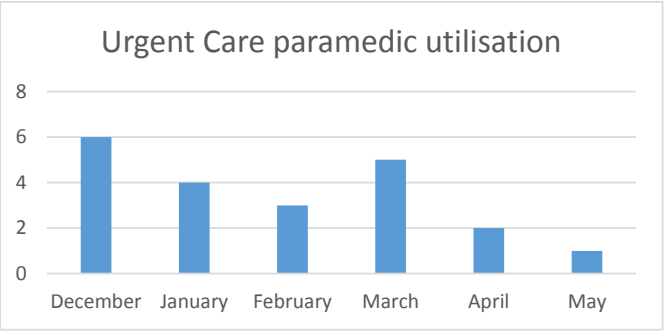
Utilisation rates and audit of subset of cases

Total utilisation rates across the new service (all components):



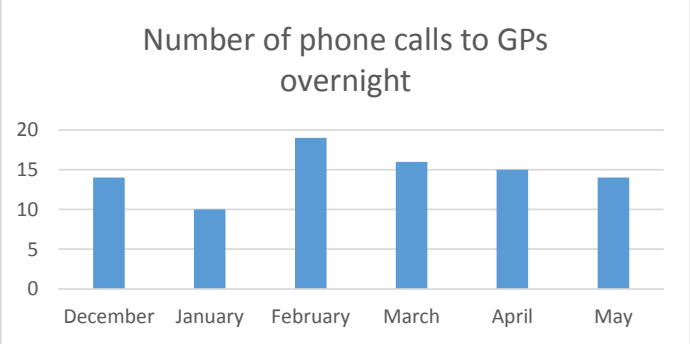
Total service utilisation across Hastings and Napier which includes presentations at City Medical (Napier), phone calls out of hours and paramedic call outs. December and January were months of high utilisation across the health sector in the province as our local economy is heavily tourist dependent. The drop in February is also likely related to the fact it's a shorter month. Overall though there is a definite decline in overall utilisation, this is also apparent at an individual service level.

Paramedic utilisation rates:



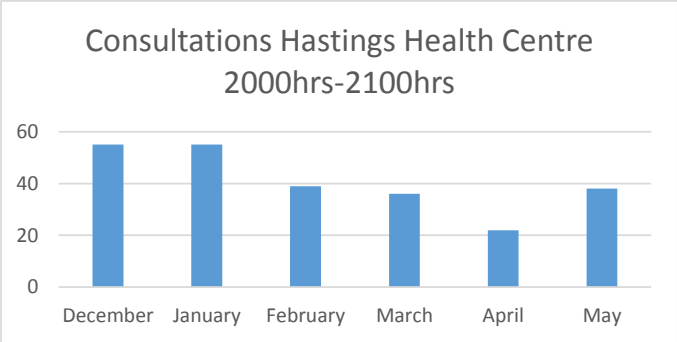
Urgent care paramedic visit rates per month started at a low point, which has continued to decline. The redesigned service allowed for three urgent care paramedic visits per night not being realised. The Paramedic utilisation rate is an area that requires additional focus.

GP phone support utilisation rates



The number of phone calls to GPs overnight has remained fairly static. A positive contributor to a manageable call level has been implementing more effective standing orders at the start of the redesign and available to the nurses who work overnight at City Medical.

Hastings Health Centre utilisation rates



Utilisation rates for Hastings Health centre have remained low with an average of 1.35 presentations per hour between 2000hrs and 2100hrs. With no change over the past six months this is an area that requires additional focus.

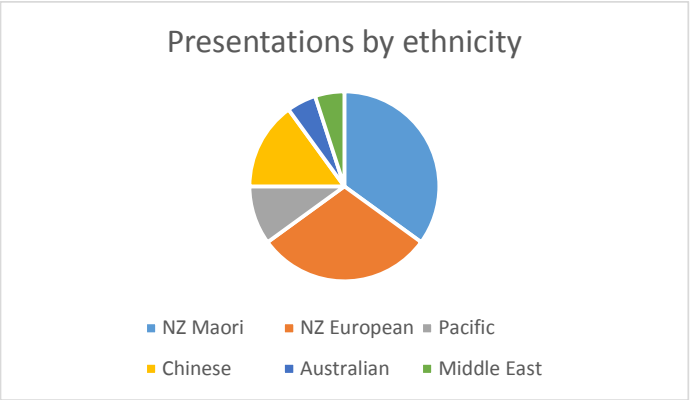
Next day GP appointments

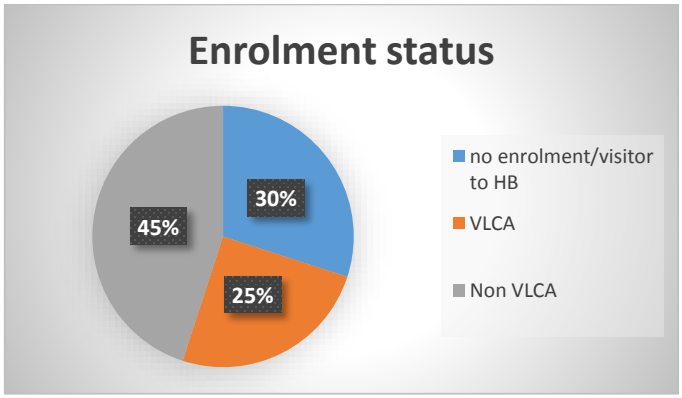
The next day GP appointments were only formally (recorded from April) ash resulted in thirty seven next day requests made in eighty four nights of on call duty. As some of these nights are weekends, this equates to thirty seven next day appointments across seventy working days, representing one appointment per workday across Napier and Hastings. At this point in time there is no way to determine whether these next day GP review appointments actually took place. This is an area to focus on to understand whether barriers such as cost or transport were relevant to non-attendance.

Patient Case Audit

Twenty random cases (across the six months from the contact records kept by the overnight City Medical nursing team) were used as a sample for the audit.

Ethnicity and Enrolment status





Points to highlight:

- The majority were NZ Māori (35%), followed by NZ European (30%)
- A significant minority were not enrolled in a practice locally, although this may be confounded by overseas visitors

- There was poor correlation between VLCA enrolment and ethnicity – less than half of NZ Māori consumers and none of the Pasifika consumers (identified in the audit) were enrolled at a VLCA practice

Clinical disposition:

- No one utilised the urgent care paramedic service. This isn't surprising as the total number of paramedic visits across six months was twenty one. While the total number of consumer contacts with the after hours model was two thousand, three hundred and twenty, twenty one urgent care paramedic patient contacts represents less than 1% of total patient contacts. The audit identified one clinical case appropriate for the paramedic service as it fit within their scope of practice and it was for a patient for whom transport was an issue. In this case the patient couldn't afford the paramedic service ($65 fee), so the paramedic was not dispatched.
- One of the twenty contacts resulted in transfer to ED. On review of the clinical notes this appears entirely appropriate, and a case that would almost certainly have been transferred to ED under the previous model
- Nine of the twenty contacts were treated using standing orders by the City Medical based nurse
- Ten of the twenty contacts were referred to next day GP services
- Seventeen of the twenty contacts were attendances onsite to the nurse at City Medical

<u>Intangible benefits not captured in audit/utilisation analysis</u>

The working relationship between HHB and St John (both regionally and nationally) has been immeasurably strengthened through the development of this new service model. This was highlighted by being able to negotiate an entire new service level agreement and renegotiate the contract quickly as the model developed throughout the months of implementation. This changed the service from one dedicated paramedic on shift waiting for calls for six hours per night, to using the paramedics that were already on duty in ambulances to deliver the same scope of practice as the dedicated urgent care paramedic. This significantly reduced the financial risk to those parties funding the model.

One of the benefits of training a larger cohort of paramedics (in the urgent care skill set) is that these skills are then deployed across their rosters and the St John network in Hawke's Bay. As one paramedic put it, "Once you've learnt this stuff you can't really unlearn it." This means patients are being treated in their homes by St John using the urgent care skill set and equipment which then prevents hospitalisation or GP review. Anecdotally this is happening several times per day, and is apparent in Central Hawke's Bay (CHB). CHB was outside the remit of this model, so it's great that some benefit is being felt in what remains a difficult to service part of Hawke's Bay.

General Practice has benefited from the alignment and consistency of Napier and Hastings resulting in reduced recruitment barriers. As one GP stated "you are fresher in your day job because you haven't been up the night before. Even if you're not called out, when you're on call you don't really sleep well."

While the shared health electronic record is still not being fully utilised, we have been able to hit a major milestone and significant step forward whereby GPs are comfortable with sharing information by engaging in a Hawke's Bay wide model. It has been identified that approaching general practice early on to ask for better information sharing was a key to success. General practice had a good understanding of what the information would be used for and how it would be accessed. The ability to have all general practice agree to this demonstrates the continued strength of the growing relationship of trust between general practice and Health Hawke's Bay.

Financial Analysis

The business case provided for an operating deficit of $76k in year one, to be underwritten equally by the DHB and HHB. At the time of the review the model is forecasted to operate in line with the business case projection.

A major financial concern was the low utilisation rates of the overnight paramedic. This service was projected to make a budget contribution of up to $70K p.a. but has to date only realised less than $1K in revenue (identified early on as a significant risk). HHB worked with St John with both parties agreeing (in good faith) to a renegotiated and rationalised service level agreement, with similar service specifications now being delivered to a smaller number of clients for a lower cost than originally agreed. This variation has significantly reduced the financial risk to the model.

There are other parts of the model which also have significant costs, with very low utilisation rates. While it was reasonable to underwrite these costs during the initial phase of the model, given that there has been no increase in utilisation across six (6) months it is timely to look at these costs.

Other areas of focus is the provision of the extra hour of care at Hastings Health Centre. The total cost for this service is $144K p.a. comprising of $93K p.a. for GP services and $51K p.a. for Community Pharmacy services. The utilisation rates for the extra hour of Community Pharmacy are not available, but it reasonable to infer it will be similar to the GP utilisation rate. The investment equates to $395 per hour to keep the Hastings GP and pharmacy service open. At the current utilisation rates this equates to approximately $294 per consumer which is difficult to justify long term if utilisation does not increase.

ED is contracted for $30k p.a. to see consumers between 0300 and 0800. This is an area of focus to explore as to whether this investment could be better used elsewhere to improve consumer care options.

Equity Assessment

We have no baseline data for the equity gaps in the previous model for after hours care. Anecdotally, utilisation of the after hours service overnight at City Medical has tended to include significant numbers of high needs consumers. This has been supported in the results shown in this audit.

The numbers utilising the new elements of the service (the urgent care paramedic and the Hastings Health Centre 8.00pm – 9.00pm) have been so low that there is limited scope for an adequate equity assessment of utilisation.

It is worth noting (that in the audit of a small subset of clinical cases) the one case that would have been really appropriate for the urgent care paramedic could not afford the service.

Two aspects of this model have significant potential to have an impact on equity. These are mobile treatment in a consumer's own home and next day general practice review. Each of these has potential to improve consumer's ability to access care, but each have cost implications which has likely impacted their use for those who most need them. This will be an area of focus for the twelve month review.

Potential Changes to the Model

There is scope to make several changes to the model, either individually or as a suite of changes to try to make it more cost efficient and have impact on the equity gap in provision of primary and urgent care in Hawke's Bay.

Areas identified:

Efficiencies

- Pulling back from the extended service in Hastings, this the between 8.00pm and 9.00pm. This would represent considerable financial savings with little impact in terms of clinical risk. The service is underutilised and is a poor use of both financial resource, and more importantly, of clinical resources (GP, practice nurse and pharmacist).
- Reduce the level of contracted support from ED services for the care of patients between 0300hrs and 0800 hrs.
- Reduce the level of GP phone support service. Whilst not used very often, the City Medical overnight nurses feel it is a valuable support service for their clinical safety and their confidence. The nurses have expressed a preference for this service to be extended throughout the night i.e. extending past the 0300hrs current cut off time.
- Professional development fund for the overnight nurses is currently under-utilised. However, it is an area that is important to ensure the nurses providing overnight care feel supported and have access further education or professional development. This not an area we would consider reducing.

Investments from efficiencies

- Used to offset the current projected service deficit
- Extend the GP phone support service to cover 0300hrs to 0800hrs. There is appetite from the City Medical nurses who work overnight to extend the GP call support.
- Extend the hours of urgent care paramedic service. The model has moved from one dedicated paramedic, to using the network of paramedics. This service could be extended to cover 0300hrs to 0800hrs.
- Reduce / remove the co-payment for the St John's service. The utilisation rates are low and there is capacity to increase consumer care utilisation. On review, it seems that there aren't many clinically relevant cases, and where there are, cost can be a barrier. Reducing the co-payment to the consumer would address one of these problems
- Reduce / remove the co-payment for next day GP review that impacts consumers not being able to see their GP the next day because they cannot afford to. The recommended next day appointment is not only good for the consumer, it provides the overnight nurse a degree of safety in discharging someone overnight.

With the service being operational for six months, there has not been the operational time to justify making recommendations for material change. The twelve-month review will present an opportunity to consider redesigning the service model to improve its equity impact and to address its current deficit. If certain aspects of the current model were to be withdrawn from, funding could be repurposed to improve access for those who most need.

A future focus identified during the review is whether Central Hawkes Bay (CHB) could join this service model. This would require engagement with local model stakeholders, CHB stakeholders and St John. This would require a further piece of work from HHB to investigate the practicalities and appetite for this in CHB.

Conclusion and Next Steps

This review provides a high level update on the first six months of operations of the new model and highlights areas of focus. The intent is to make comment on areas of focus acknowledging it is too early to make significant change. A comprehensive 12-month review will be completed where recommendations will be made to improve how care is provided to our community.

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HAWKE'S BAY District Health Board Whakawāteatia	**Matariki Hawke's Bay Regional Economic Development and Social Inclusion Strategy Six Monthly Update** For the attention of: **Māori Relationship Board, Pasifika Health, HB Clinical Council,HB Health Consumer Council and HBDHB Board**
Document Owner	Andy Phillips, Te Tumuaki O Te Puni Tūmatawhānui
Document Author(s)	Shari Tidswell, Equity and Intersector Development Manager
Reviewed by	Kevin Snee, Chief Executive Officer
Month/Year	August 2018
Purpose	This report provides and update on progress for the Matariki Strategies and HBDHB's contribution to these.
Previous Consideration Discussions	This is reported six monthly: - Initial presentation 29 November 2017
Summary	Matariki has established a new two tiered leadership structure – Governance and an Executive Leadership Group, this has supported greater sharing of information. National funding is now coordinated via Matariki including Provincial Development Fund. Projects have been integrated which starts the process to combining both strategic documents by the end of the year.
Contribution to Goals and Strategic Implications	Improving health and equity Contributing to an intersectoral approach
Impact on Reducing Inequities/Disparities	Matariki is a Treaty based strategy and the vision for both Strategies is increased equity.
Consumer Engagement	Completed in the development of both Strategies, including community consulation hui in each local authority.
Other Consultation /Involvement	Not applicable for this report
Financial/Budget Impact	Not applicable for this report
Timing Issues	Not applicable
Announcements/ Communications	Provided via Matariki website.

RECOMMENDATION:

That Māori Relationship Board, HB Clinical Council, HB Health Consumer Council & Pasifika Health:

1. **Note** the content of this report.

HAWKE'S BAY
District Health Board
Whakawāteatia

Board Six Monthly Update: Matariki Hawke's Bay Regional Economic Development and Social Inclusion Strategy

Author(s):	Shari Tidswell, Equity and Intersector Development Manager
Date:	**August 2018**

OVERVIEW

Matariki includes two regional strategies designed to achieve regional development via economic development and social inclusion. Through the delivery of actions, these complementary strategies will support the Regional Economic vision:

> *"Every household and every whānau is actively engaged in, contributing to and benefiting from a thriving Hawke's Bay economy."*

and Social Inclusion vision:

> *"Hawke's Bay is a vibrant, cohesive, diverse and safe community, where every child is given the best start in life and everyone has the opportunities that result in equity of outcomes."*

Underpinning this is the understanding that regional economic growth and equitable opportunities for individuals, whānau and community go hand in hand.

An intersectoral approach is being used to deliver actions and support the strategies. Intersectoral partners include community, Iwi, hapū, business, local government and government partners.

PROGRESS ON ACTIONS LED OR CONTRIBUTED TO BY HBDHB

Progress on the governance structure has been achieved with the adoption of a two tiered model. This group includes; five Councils (Mayors and a Chair), five Maori leadership representatives and five business leaders. The Governance Group provides leadership and overall direction for Matariki.

The Executive Leadership Group comprises of CEOs (senior officials and managers) from all stakeholder groups including government agencies, this includes the HBDHB CEO Kevin Snee and/or his delegate. This group provides operational and direct project support including monitoring the progress of the Strategy's actions. Administrative support is to be provided via the Business Hawke's Bay.

The Regional Growth Fund now has criteria and a process for applications. The Executive Leadership Group will review funding applications for endorsement – this will require proposals to illustrate how they will contribute to Matariki actions. Most funding to date is focused on youth employment.

The HBDHB continues to provide in-kind support for the Social Inclusion Working Group with the following recently completed:

- A communications plan for Social Inclusion
- An integrated actions table for both Strategies
- A joining statement to link the Strategies
- Supporting documents for the activity leads to deliver their roles

The HBDHB's current activity has potential to link with Matariki in the following actions:

- "Investigating whānau centric places, connected to local communities, where people access a wide range of support services…" HBDHB localities, community hubs and whānau centric programmes link to this work.
- The HBDHB's Clinical Services Plan being a good example of "Develop a new sustainable operating system for government agencies and NGOs delivering social support services".
- Supporting the development of community investment panels in Wairoa and Central Hawke's Bay. These "Establish representative groups in locations across Hawke's Bay to enable community and whānau voice and leadership in social and economic development".

HBDHB are contributing to Matariki actions as follows:

- Partnering with MSD, TPK and EIT to deliver "Project 1,000 linking 1,000 local people on benefits with new jobs". Our role includes membership on the Rangatahi Kia Eke advisory group. This project has placed 25 youth previously on health and disability benefits, into work experience placements. Have also contributed to design of the evaluation which is a collaboration with EIT.
- "Support the employment of people with challenges that may impact on their capacity to obtain or retain employment" - the DHB Annual Plan has included this work under "Work Ready" action. This is a Transform and Sustain project and a full project plan is under development. Initial activity will address barriers to employment including supporting youth to pass employer drug tests and access to support for driver licensing.

CHALLENGES

Some challenges had earlier hindered progress, notably:

- Changes in key staff, the project support role changed twice in eight months
- Delay in establishing the Governance and Executive Leadership structures which impacted the monitoring of projects to deliver actions
- Resourcing uncertainties via the change in Government and establishment of a new fund

These issues have been addressed over the previous two months. The project is now back on track with actions being accelerated and funding opportunities available to support new projects.

CONCLUSION

The work linked to Matariki is included in the HBDHB's Annual Plan, primarily under the actions in "Ready for Work". As stated above, there are also links with other key areas of work.

HBDHB benefits from cross-sector relationships developed via the membership of Matariki and these relationships will continue to offer opportunities. An example of this was the opportunity to use the Executive Leadership Group meeting to engage these key stakeholders in the Clinical Service Plan process.

RECOMMENDATIONS

Key Recommendation	Description	Responsible	Timeframe
HBDHB continues to contribute to Executive Leadership Group	• Attend monthly meetings and contribute to actions	Kevin Snee/ Andrew Phillips	Ongoing
Continue to support actions areas with in-kind support	• Support the ready for work actions • Contribute to the work delivering whānau centric approaches • Complete the housing actions via Housing Coalition	Shari Tidswell	1 July 2019

RECOMMENDATION:

That Māori Relationship Board, HB Clinical Council, HB Health Consumer Council & Pasifika Health:

1. **Note** the content of this report.

AK1

Draft Clinical Services Plan

the next 10 years

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CSP – What is it?

- Informs the **priorities for future investment** in the HB health system
- Sets out the **potential demand** for services in the future and a range of service and model of care options for how the DHB and its health and social system partners will **respond to that demand**.
- Takes a view of the **health system as a whole**, encompassing primary, community, and hospital level care; and acknowledging the important influence of **socioeconomic determinants**
- The planning horizon is long term and considers options for the HB health system over a **10 year time frame**.
- Will inform our next **five year strategic plan**.

How has it been developed?

- Started with understanding the **current state** of service provision and **challenges** for the future
- Mapped **healthcare journeys** through patient journey workshops and explored **options for service and model of care** development
- Expanded these possibilities and **brought it all together**
- Retested through the **equity/values & behaviours** lens
- All done over the past **12 months** through data gathering, analysis, and a series of **co-design meetings and workshops** with health professionals, consumers, community and governance groups

Major Challenges

- Looking across the HB health system, **inequities, unmet need and delayed access to services persist**
- **Demographic changes will increase pressure** on our already stretched health services – both primary care & hospital
- Increasing **complexity, co-morbidities and frailty** will add further pressures
- Current models of care are **unsustainable**
- We have **pockets of service excellence** already and will build on these in our new system

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Commitments

- Our bold goal is to achieve **equity** with a particular focus on those with **unmet needs**
- We will create a culture that is **person and whānau centred,** requiring a fundamental shift in behaviours, systems, processes and services for all people working across the HB health system
- This CSP establishes a firm commitment to **co-designing and prioritising services to meet the needs of populations with the poorest health and social outcomes**
- We will support people to make good choices by **making health easy to understand**

The Plan

'The plan sets out a **range of options for service and model of care development**, organised around key themes developed with stakeholders in the Hawke's Bay health system. **It does not explicitly address every area of the health system**. In the future, we will keep doing many of the things we do currently, and continue to develop new models of care we have already started. **As well as that we will change our system in the areas described in this Plan**.'

Nine Themes

- **Place based planning** will provide us with a strong platform to work collaboratively with communities
- Evolving **primary health care** is the lynchpin of our plan, with expanded teams offering a wider range of culturally relevant services that meet the needs and expectations of whanau
- **Meaningful collaboration with whanau to design the services they need** is crucial if we are to eliminate inequities and ensure children have the best start in life. **People and whanau will be equal partners** in the design of health services and in decisions about their own care

Themes (Cont…)

- Care for mental health and addictions is a priority for our health system. We will develop ground up **timely, relevant and holistic responses to support mental health & wellbeing**
- We recognise our population is aging so we will step up our response to **keep older people well at home and in their communities**
- We expect the prevalence of long term conditions to increase so will base **the management of long term conditions firmly in primary care**. The emphasis will be on prevention and proactive self management

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Themes (Cont…)

- Consumers, their whanau, other support people and community providers will be engaged in **planning for well supported transitions from hospital**, from day one. Community services will need to be there for them
- The **hospital will take a narrower focus** in future, being a place providing specialist assessments and appropriate care for patients with critical illnesses or injury, and delivering services that require specialist teams or equipment that isn't feasible to replicate in multiple settings
- We will focus on prevention and non-operative management, but the requirement for surgery will inevitably increase as the population ages and **surgical services will continue to be refined**

Support Structures

- Growing our **workforce** is critical to the delivery of new models of care
- Better **information and communication technology** will enable us to work smarter
- We will need **fit for purpose** primary care and hospital **facilities**
- Effective coordinated **leadership and governance** will be necessary, across the health system, our wider communities and central government agencies
- **Health and business intelligence** will be strengthened at strategic and operational levels.
- We will need to create a **learning and innovative culture**

So What Happens Next?

- CSP first part of the overall journey to develop the **next 5 year strategy** – set direction and prioritise developments
- Build on and replace **Transform & Sustain**
- **Integrate with other strategic initiatives** such as the People Plan, Health Equity Report, Quality Framework and Matariki – Social Inclusion strategy
- **'Get on and do'** what can be done now
- **Develop and implement road maps and operational (annual) plans**, including long term investments, facilities, ICT and workforce plans
- **Monitor our progress** over time to make sure we are on track.

Questions/Feedback

- Have we got it right?
- Is anything significant missing?
- Any other feedback?
- To review the full Draft CSP and/or provide additional comments, go to:

www.ourhealthhb.nz/news-and-events/clinical-services-plan

- Feedback/comments will be received up to 31 October 2018
- Final CSP to go to HBDHB Board 28 November 2018

HAWKE'S BAY HEALTH CONSUMER COUNCIL
ANNUAL PLAN 2018/19

Purpose	Provide a strong viable voice for the community and consumers on health service planning and delivery	Advise and encourage best practice and innovation in the areas of patient safety, consumer experience and clinical quality	Promote and support the enhancement of consumer engagement
FUNCTIONS	• Identify and advise on and promote, a 'Partners in care' approach to the implementation of 'Person and Whānau Centred Care' into the Hawkes Bay health system, including input into: - Development of health service priorities - Strategic direction - The reduction of inequities • Participate, review and advise on reports, developments and initiatives relating to health service planning and delivery. • Seek to ensure that services are organised around the needs of all consumers	• Identify and advise on issues that will improve clinical quality, patient safety and making health easy to understand. • Seek to enhance consumer experience and service integration across the sector. • Promote equity of access/treatment • .Seek to ensure that services are responsive to individual and collective consumer needs.	• Oversee implementation of the Consumer Engagement Strategy for the Hawkes bay health system • Ensure, coordinate and enable appropriate consumer engagement within the health system - across Hawke's Bay - within the Central region - at National level • Receive, consider and disseminate information from and to HBDHB, Health Hawke's Bay, Consumer groups and communities. • Ensure regular communication and networking with the community and relevant consumer groups. • Link with special interest groups as required for specific issues and problems solving.
STRATEGIES	• Proactively raise and promote issues of importance and/or concern to consumers generally, for consideration and/or resolution by relevant organisations within the health system. • Engage early with project and planning teams, and standing committees, to ensure the consumer perspective is included in all outcomes and recommendations. • Review and comment on all relevant reports, papers, initiatives to the Board.	• Work with Clinical Council to develop and maintain an environment that promotes and improves: - Putting patients / consumers at the centre - Patient safety - Consumer experience - Clinical quality - Health literacy - Equity • Promote initiatives that empower communities and consumers to take more responsibility for their own health and wellness.	• Raise the profile and community awareness of Consumer Council and the opportunities / options for enhanced consumer engagement in decision making. • Ensure good attendance and robust discussions at monthly Consumer Council meetings • Co-ordinate consumer representation on appropriate committees and project teams: - Within Hawke's Bay - At Central Region and National levels

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Purpose	Provide a strong viable voice for the community and consumers on health service planning and delivery	Advise and encourage best practice and innovation in the areas of patient safety, consumer experience and clinical quality	Promote and support the enhancement of consumer engagement
Strategies cont..	• Ensure robust complaint/feedback systems are in place and that consumers are well informed and easily able to access these • Consumer Council members to be allocated portfolio/areas of responsibility.	• Promote a clinical culture which actively engages with patients / consumers at all levels, as 'partners in care'. • Advocate / promote for Intersectoral action on key determinants of health.	• Engage with HQSC programmes around consumer engagement and 'partners in care'. • Maintain current database and regular communications with all Hawke's Bay health consumer groups/organisations. • Provide regular updates on both the HBDHB and Health Hawke's Bay websites • Ensure Consumer Council members continue to be well connected and engaged with relevant consumer groups and communities
OBJECTIVES 2018/19	• Actively promote and participate in' co-design processes for: - Mental Health, Youth • Participate in the evolution of primary care and the work of the Primary Care Development Partnership. • Promote and support work on the development of a Disability Strategy for the HB Health sector. • Hold active membership in Clinical Council committees including Consumer Experience Committee. • Actively participate in the People Strategy and Clinical Services Plan development and implementation.	• Promote and assist initiatives that make health easy to understand within the sector and community. • Facilitate and promote the implementation of a 'person and whānau centred care" approach and culture to the delivery of health services, in partnership with the Clinical Council. • Oversee the provision of consumer feedback and the use of 'consumer stories'. • Require regular provision of and monitor all 'Consumer Experience' performance measures/indicators as co-sponsor of the 'Consumer Experience Committee' within the clinical governance structure. • Facilitate a focus on disability issues	• Support the implementation of the Consumer Engagement Strategy and principles in Hawkes Bay • Further develop and maintain connections with Youth within the community. • Influence the establishment and then participate in regional and national Consumer Advisory Networks.

Consumer Council Member Portfolios / Committee Representation
Updated August 2018

Active Group	Consumer Representative(s)
Alcohol Harm Reduction Strategy Group	Rosemary Marriott
Bowel Screening Programme	Terry Kingston, Jenny Peters
Cancer Network	Rosemary Marriott, Olive Tanielu
CHB Mayoral Taskforce	Terry Kingston
Clinical Services Plan	Rosemary Marriott
Co-Design – Youth	Dallas Adams, Jemma Russell
Cranford Hospice Appointment Panel	Graham Norton
Disability Strategy	Diane Mara, Sarah Hansen; Terry Kingston; Heather Robertson
Future Hospital Plan	Deborah Grace
Hawke's Bay Health Awards	Rosemary Marriott
HBRC – Tank Collaboration	Terry Kingston, Leona Karauria
Health & Social Care Localities	Tessa Robin, Jenny Peters, Leona Karauria, Terry Kingston
Information Services Governance Group	Leona Karauria
PAG	Deborah Grace
Restraint Minimisation Committee	Heather Robertson *(has now stepped down)*
Suicide Prevention	Terry Kingston, Kela Franklin (YCC Member)

13.1

Clinical Governance Committees	Consumer Council Member Representative(s)
Clinical Effectiveness & Audit Committee	Malcom Dixon, Terry Kingston (back-up)
Patient Experience Committee	James Henry, Jenny Peters, Diane Mara, Deborah Grace *(Must be a current Consumer Council Member)*
Patient Safety & Risk Committee	Heather Robertson
Professional Standards & Performance Committee	Sami McIntosh

AREAS OF INTEREST
(Copied from Consumer Council Annual Plan)

Women's health	Sami, Olive, Leona
Child health	Sami, Malcolm
Youth health	Dallas, Kylarni
Older Persons health	Jenny, Heather
Chronic conditions	Rosemary, Terry, James
Mental Health	Deborah, Terry
Alcohol and other drugs	Dallas, Kylarni, Rosemary
Sensory and physical disability	Sarah, Heather, Tessa
Intellectual and neurological disability	Heather, Olive, Diane
Rural health	Leona, Terry, Deborah
Māori health	Tessa, Leona, James, Sami
Pacific health	Olive, Sami, Tessa
Primary health	Jenny, Rosemary
High deprivation populations	Jenny, Leona

OURHEALTH
HAWKE'S BAY
Whakawateatia

TOPICS OF INTEREST

MEMBER ISSUES / UPDATES

Verbal

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OURHEALTH
HAWKE'S BAY
Whakawateatia

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:

16. Minutes of Previous Meeting (Public Excluded)

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).