Hawke's Bay Health
Consumer Council Meeting

Date: **Thursday, 12 July 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

Guests: Rosemary Marriott, Tessa Robin, Heather Robertson, Leona Karauria and Terry Kingston

Apologies: Rachel Ritchie

In Attendance:

Ken Foote, Company Secretary (Co Sec)
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.	Welcome and Introduction of New Members / Farewell to Retiring Members	
3.	Apologies	4:40
4.	Interests Register	
5.	Minutes of Previous Meeting	
6.	Matters Arising – Review Actions	
7.	Consumer Council Workplan	
8.	Chair's Report (verbal) – Malcolm Dixon	
9.	Youth Consumer Council Report (verbal) – Dallas Adams	
	Section 2 – Presentation	
10.	Violence Intervention Programme – Claire Caddie/Russell Wills/Cheryl Newman	5:00
	Section 3 – Discussion	
11.	Using Consumer Stories	5:15
12.	Consumer Council Annual Plan – Review of 2017/18	5:25
	Section 4 – For Information Only (no presenters)	
13.	Te Ara Whakawaiora - Smokefree	-
	Section 5 – General	
14.	Topics of Interest – Member Issues / Updates	5:35
15.	**Section 6 – Recommendation to Exclude**	

Public Excluded

	Section 7 – General	
16.	Minutes of Previous Meeting (Joint meeting/workshop with Clinical Council)	5:40
17.	Clinical Services Plan – First Draft – Ken Foote	
18.	Karakia Whakamutunga (Closing)	6:00

NEXT MEETING:

Thursday, 9 August 2018 at 4.00 pm. Corporate Boardroom HBDHB

WELCOME TO NEW MEMBERS and FAREWELL FOR RETIRING MEMBERS

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					
Geraldine Tahere					
Les Cunningham					
Wayne Taylor	Nil				

MINUTES OF MEETING FOR THE HAWKE'S BAY HEALTH CONSUMER COUNCIL HELD IN THE MAGDALINOS ROOM, HAVELOCK NORTH FUNCTION CENTRE, 128 TE MATA ROAD, HAVELOCK NORTH ON WEDNESDAY, 13 JUNE 2018 AT 2.00 PM

PUBLIC

Present: Rachel Ritchie (Chair)
Heather Robertson
Terry Kingston
James Henry
Sarah Hansen
Deborah Grace
Malcolm Dixon
Leona Karauria
Dallas Adams
Jemma Russell
Sami McIntosh
Terry Kingston

In Attendance: Ken Foote, Company Secretary
Kate Coley, Executive Director – People & Quality (ED P&Q)

Apologies: Rosemary Marriott, Jenny Peters and Olive Tanielu

SECTION 1: ROUTINE

1. KARAKIA TIMATANGA (OPENING) / REFLECTION

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

2. APOLOGIES

Apologies 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 10 May 2018 were confirmed as a correct record of the meeting.

Moved by Deborah Grace and seconded by Heather Robertson.
Carried.

5. MATTERS ARISING AND ACTIONS

Item 1: IS Workshop
Carried forward for a future meeting.

Item 2: Consumers on Projects
Chair to discuss with Kate Coley. Defer until new staff in place.

Item 3: Youth Consumer Council – HDC Funding Proposal
Application not successful. Chair to discuss with Youth Consumer Council Chair.

Item 4: Member Issues – Tender Process for Youth Health Services
Feedback provided to Patrick Le Geyt by Rosemary Marriott. *Item can be closed.*

6. CONSUMER COUNCIL WORK PLAN

The work plan provided in the meeting papers was noted.

SECTION 2: DISCUSSION / DECISION

7. RECOGNISING CONSUMER PARTICIPATION POLICY

Kate Coley, Executive Director - People & Quality and Ken Foote, Company Secretary presented an updated version of a paper previously considered and endorsed by Council. The update was required to ensure the policy could be practically and simply implemented whilst also meeting taxation and HBDHB internal control requirements. Points raised during discussion included:

- Provides a good balance to the "volunteer" nature of much consumer participation whilst minimising barriers to such participation and providing tangible acknowledgement of the value received
- Provision needs to be included for claims to be made by the consumer – the onus is on them to claim
- Also needs to note that claims over three months old will not be accepted
- Noted that tangible recognition is not intended to be regarded as compensating for lost time/earnings
- Noted that this policy is directly linked to the Consumer Engagement Strategy, which in turn is liked to Person & Whanau Centred Care and the People Plan

Council **recommended** that the policy be adopted (with the above minor amendments).

Moved by Terry Kingston and seconded by Leona Karauria.
Carried.

SECTION 3: INFORMATION ONLY

8. TE ARA WHAKAWAIORA – ORAL HEALTH (NATIONAL INDICATOR)

The paper was included in the meeting papers for information only. No discussed held.

9. HBDHB YOUTH STRATEGY IMPLEMENTATION UPDATE (INCLUSIVE OF ZERO FEES 13-17)

The paper was included in the meeting papers for information only. No discussed held.

The Chair requested that any comments on the information only papers be emailed directly to the paper authors or Tracy Fricker, Council Administrator for her to pass on.

SECTION 4: GENERAL BUSINESS

10. TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

- Farewell – it was acknowledged that this was the last meeting for Tessa Robin, Heather Robertson, Terry Kingston and Leona Karauria as they were retiring. The Chair thanked each of them for their involvement and participation over the years. Each replied with a few words.

The meeting adjourned to join with the Clinical Council for the combined workshop.

The meeting closed at 2.30 pm.

Confirmed: _____
Chair

Date: _____

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	TBC	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	15/3/18	**Youth Consumer Council** Proposal for HDC funding to be sent out to Consumer Council Members for comment/endorsement (note: application due by 31 March)	Dallas Adams		Chair to discuss with YCC Chair

Consumer Council Workplan as at 4 July 2018 **(subject to change)**	**EMT Member**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**HBDHB BOARD Meeting date**
Alcohol Positon Statement INTERNAL and Strategy *for EMT consideration* (board action August 2017) **now August**	Kevin Snee	8-Aug-18	9-Aug-18	29-Aug-18
Clinical Services Plan Monthly Update (aug, sep, oct)	Ken Foote	8-Aug-18	9-Aug-18	29-Aug-18
Collaborative Pathways update (May - **Aug** - Nov) Aug include Consumer and Board	Chris Ash & Mark Peterson	8-Aug-18	9-Aug-18	29-Aug-18
Consumer Council Annual Plan 2018/2019 discussion on the year ahead	Kate / Ken and Rachel		9-Aug-18	
He Ngakau Aotea - Strategic Priorities for MRB - a courtesy presentation if there is time	Patrick LeGeyt	8-Aug-18	9-Aug-18	29-Aug-18
Matariki Regional Development Strategy and Social Inclusion Strategy update from Feb 2018 Timing TBD as require	Kevin Snee	8-Aug-18	9-Aug-18	29-Aug-18
Te Ara Whakapiri Next Steps (Last Days of Life) - MRB considered in April - now August and email to EMT	Chris Ash	8-Aug-18	9-Aug-18	29-Aug-18
Te Ara Whakawaiora - Access 0-4 / 45-65 yrs (local indicator)	Kevin Snee	8-Aug-18	9-Aug-18	29-Aug-18
Urgent Care (After Hours) Service Update **presentation** Aug - Feb - Aug 6 monthly updates	Wayne Woolrich	8-Aug-18	9-Aug-18	29-Aug-18
Annual Plan 2018/19	Chris Ash	12-Sep-18	13-Sep-18	26-Sep-18
Clinical Services Plan Monthly Update (aug, sep, oct)	Ken Foote	12-Sep-18	13-Sep-18	26-Sep-18
Establishing Health and Social Care Localities in HB (Mar 18,**Sept)** - update on activity planned Board action March18	Chris Ash	12-Sep-18	13-Sep-18	26-Sep-18
Health and Social Care Localities (from March Report provided) What has changed for consumers? Board noted as action. Moved to Sept due to agenda size for Consumer Council	Chris Ash		13-Sep-18	26-Sep-18
Te Ara Whakawaiora - Breastfeeding (National Indicator)	Kevin Snee	12-Sep-18	13-Sep-18	26-Sep-18
Clinical Servides Plan Monthly Update (aug, sep, oct)	Ken Foote	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Alcohol and other Drugs (National and Local Indicators)	Kevin Snee	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Cardiovascular (National Indicator)	Kevin Snee	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Improving Access Indicator	Kevin Snee	10-Oct-18	11-Oct-18	31-Oct-18
Best Start Healthy Eating & Activity Plan update (for information - 6 mthly Nov-May-**Nov18**)	Kevin Snee	14-Nov-18	15-Nov-18	28-Nov-18
HBDHB Performance Framework Exceptions Q1 **Dashboard** (from main report)	Kevin Snee	14-Nov-18	15-Nov-18	
Health Equity Report	Colin Hutchinson/Claire Caddie	14-Nov-18	15-Nov-18	28-Nov-18
IS **Presentation** and Discussion (informed by CSP) moved to Nov - see where tracking at that time.	Kevin Snee	14-Nov-18	15-Nov-18	
Te Ara Whakawaiora "Smokefree update" (6 monthly May-**Nov**) each year Board action Nov 17	Kevin Snee	14-Nov-18	15-Nov-18	28-Nov-18
People Plan (6 monthly - **Dec**, Jun)	Kate Coley	5-Dec-18	6-Dec-18	19-Dec-18
Urgent Care (After Hours) Service Update **presentation** Aug - Feb - Aug 6 monthly updates	Wayne Woolrich	13-Feb-19	13-Feb-19	27-Feb-19
HBDHB Performance Framework Exceptions Q2 **Dashboard** (from main report)	Kevin Snee	13-Feb-19	14-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

CHAIR'S REPORT

Verbal

YOUTH CONSUMER COUNCIL REPORT

Verbal

VIOLENCE INTERVENTION PROGRAMME

Presentation

HAWKE'S BAY District Health Board Whakawāteatia	**Using Consumer Stories**
	For the attention of: **Maori Relationship Board, HB Clinical Council, HB Health Consumer Council and HBDHB Board**
Document Owner & Author:	Kate Coley, Executive Director People & Quality
Reviewed by:	Executive Management Team
Month:	June 2018
Consideration:	For Information

RECOMMENDATION

That the Maori Relationship Board, HB Clinical Council and HB Health Consumer Council

1. **Note** the contents of this paper
2. **Note** the use of Consumer Stories for education and quality improvement purposes
3. **Note** the implementation of Consumer Stories as part of the implementation of the Consumer Engagement Strategy

PURPOSE

The purpose of this paper is to recommend the use of Consumer Stories for the purposes of education and learning, alongside improvement to services and departments as a component of the Consumer Engagement Strategy endorsed by HBDHB Board in June 2018.

OVERVIEW

It is our ultimate aim to create a culture which puts people at the centre of everything that we do, and one that is respectful of, and responsive to the needs, preferences, and values of our community. Consumer engagement is one enabler of a people centred culture.

The achievement of a person and whanau centred approach to care is a strategic priority for the HB Health sector. That cannot be achieved without listening to the experience of patients and staff, learning from it and most crucially acting upon that learning.

There is evidence that, when they are properly gathered and used, personal stories empower storytellers. People who share their experience, and know how the learning from their stories have been applied, feel that they have been positively involved in service development and improvement. Organisation that use stories to improve services develop a culture of participation and a reputation for listening and acting upon what they learn.

The purpose of collecting consumer experience stories is:

- To capture a consumer's experience in their own words to provide a personal perspective of positive and negative experiences:

  Consumer/whanau/carer stories provide us with a picture of what the reality is behind the care being provided to patients. They provide us with warning signs when things aren't going so well and with feedback when things are going well.

- To collect consumers' views and encourage discussion to gain a deeper understanding of an issue:

  Consumer/whanau/carer stories assist in influencing planning and funding decisions, and future service design. Consumer stories ensure that senior decision makers are closer to the reality of the services that they oversee.

- To gain an understanding of the consumer journey and consumer experience:

  By actively engaging with consumers/whanau/carer in their stories, health service delivery can become more transparent and open to feedback. This reinforces the importance of the patient/consumer as the centre of care. It provides staff with the opportunity to explore alternative ways of working, and supports better quality care.

- To raise the profile of the organisation and enter into a two-way online dialogue with consumers and community members

  Internet-based social media websites, for example Facebook, can be used as a way of interacting between consumers and health and disability services in HB. Consumers and community members can be involved by becoming followers or friends with the organisation and then commenting on or sharing posted information and stories.

  The organisation can also publish links to relevant resources (patient stories, online surveys, or discussion forums) and pose questions to collect feedback on particular topics.

- To help focus projects or programmes of work on ensuring that consumers/whanau/carers are at the centre when developing and implementing changes to systems and processes

It is clear that there needs to be a purpose to using consumer stories. Story gathering must be meaningful. It must not be tokenistic or manipulated to suit a service, nor to meet a compliance objective for governance groups. There has to be an identified purpose and an anticipated outcome that can be clearly explained to participants. Having discussed the use of stories across all other DHBs, it is clear that whilst the intent to share stories at governance groups has value, if connected to a context/strategy/paper in that board meeting, this should not be their primary purpose.

The primary purpose of gathering stories is for quality improvement and educational development. In this context consumer stories are narrative accounts that help us make sense and develop a better understanding of events that happen to ourselves and others. Stories should be seen as one mechanism to capture patient, consumer, carer, service user and staff experience.

Last month the Consumer Engagement Strategy was endorsed by all governance bodies and the Board, and it is recommended with the appointment of both a couple of Consumer Experience Facilitators and a new Quality Manager (Q1 2018/19) that the utilisation Consumer Stories should be incorporated into the implementation of that strategy. It is envisaged that the DHB will develop a toolkit, process and training to support clinical teams, alongside working with Education and Development to ensure that stories are incorporated into training and that a library of stories are held (video, recording, written word) and can be accessed by all.

The recently endorsed consumer engagement strategy has been developed as a key piece of work alongside others to:

- Achieve culture change.
- Strengthen and embed consumer participation at all levels in the health sector
- Ensure consumers are active partners in how we design, deliver and improve services
- Drive improvements - experience of care, quality and safety of care, health outcomes and best value
- Build knowledge and educate health sector staff about the value of consumer engagement.

This is not a standalone strategy. To be effective, consumer engagement should be seen as a "way of working" and part of our 'culture'. It should be linked to other organisational plans and build on existing skills and the work we are already doing. The strategy supports the Hawke's Bay Health Sector vision of "*Healthy Hawkes Bay*" and mission of *"Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community".*

We recognise that across the Hawke's Bay health sector there are a number of examples where consumer engagement is already occurring however there is also a lack of guidance, practical resources and tools to support effective engagement. A systematic approach needs to be developed and implemented to support engagement being effortless and part of business as usual. Consistent processes, policies and guidelines for engagement need to be developed.

IMPLEMENTATION APPROACH

Given that this is not a standalone strategy, an integrated approach to implementation has been adopted. A number of issues have been grouped under the general heading of '**Consumer Experience'**. These include:

- Consumer Engagement
- Recognising Consumer Participation
- Consumer Experience (including Consumer Stories)
- Making Health Easy to Understand (Health Literacy)

This grouping aligns exactly with the terms of reference of the recently approved (but yet to be established) Consumer Experience Committee within the new clinical governance structure, and also with the roles and responsibilities of the currently advertised positions of Consumer Experience Facilitators, who will report directly to a Quality Manager (to be established in Q1 2018/19). With these structures and resources in place, a Consumer Experience Project team will be established to develop the required systems, processes, toolkits and champions that will assist and enable them to achieve their desired outcomes, and ultimately influence the desired culture change and improved experience for consumers.

A project brief is currently being developed for the Consumer Experience Project. The prime purpose of the Project is to assist and provide support to the Consumer Experience Committee and dedicated operational staff. Current objectives for the project include:

- Develop and implement a consumer engagement toolkit for the DHB, and make available for the HB health sector
- Strengthen and embed the level of consumer participation in service redesign and improvement initiatives through co-design methodology
- Ensure effective utilisation of consumer stories for education and development purposes, as well as for quality improvement.
- Ensure that consumer feedback is the key driver in improving experience of care, quality and safety of care, health outcomes and best value
- Build knowledge and educate health sector staff about the value of consumer engagement and how to engage with consumers
- Develop databases and processes for recording and matching service requests for consumer engagement with available and appropriate consumers
- Develop guidelines and procedures for implementing the 'Recognising Consumer Participation' policy
- Develop communication channels for keeping health related community groups informed and engaged in health related developments
- Define specific roles and responsibilities for consumer experience issues
- Develop a preferred patient experience monitoring tool and simplify centralised surveys
- Ensure appropriate IS tools are available to support consumer experience activities and measures
- Further develop 'health literacy' framework, assessment surveys and toolkits
- Champion the goal of a HB 'health literate sector', where health is 'easy to understand'.

- Develop measures of success and relevant monitoring tools and reports.

An update of progress and further details will be provided once the project brief is completed and the project team is established.

HAWKE'S BAY HEALTH CONSUMER COUNCIL
ANNUAL PLAN 2017/18

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 health literacy. • 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.	• Facilitate and support the development of an appropriate 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. • 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.	• 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. • 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.	• 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 • 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 2017/18	• Actively promote and participate in' co-design processes for: - Mental Health, Youth • Participate in the development of Health and Social Care Localities • Initiate work on development of a disability strategy for HB Health Sector • Hold active membership in Clinical Council committees including Patient Experience Committee • Actively participate in Peoples Strategy and Clinical Services Plan development	• Promote and assist initiatives that will improve the level of health literacy within the sector and community. • Facilitate and promote the development of a 'person and whānau centred care" approach and culture to the delivery of health services, in partnership with the Clinical Council. • Promote the provision of consumer feedback and 'consumer stories'. • Monitor all 'Patient Experience' performance measures/indicators as co-sponsor of the 'patient experience Committee' within the clinical governance structure. • Facilitate a focus on disability issues	• Facilitate and support the development and implementation of a consumer engagement strategy and principles in Hawkes Bay • Establish a connection with Youth within the community • Influence the establishment and then participate in regional and national Consumer Advisory Networks.

Portfolios and areas of interest

AREAS OF INTEREST

- 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

2017-18 PORTFOLIOS

- Co-Design Youth – Dallas, Kylarni
- Co-Design Mental Health – Deborah, Terry & PAG
- Health and Social Care Localities - Tessa, Jenny, Leona, Terry
- Customer Focussed Booking – Tessa, Sarah
- Making the Health System Easier to Understand – James, Leona, Olive
- Person and Whānau Centred Care – Rosemary, Leona
- Disability Strategy – Sarah, Heather, Terry
- Consumer Engagement Strategy - ALL
- Clinical Council Committees and consumer council members on them:
  - Patient Experience – James, Terry, Deborah, Rosemary
  - Professional Standards & Performance – Sami
  - Patient Safety & Risk - Heather
  - Clinical Effectiveness and Audit – Malcolm (Terry as backup)
  - Information Management – Leona

Support:

Operational and Minutes

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Clinical Council Liaison Debs Higgins

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HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora - Smokefree**
	For the attention of: **Māori Relationship Board, HB Clinical and Consumer Councils and HBDHB Board**
Document Owner	Kevin Snee, Chief Executive Officer
Document Author(s)	Johanna Wilson, Acting Smokefree Programme Manager
Reviewed by	Shari Tidswell, Intersectoral Development Manager; Julie Arthur, Midwifery Director; Justin Nguma, Senior Health & Social Policy Advisor and Executive Management Team
Month/Year	June 2018
Purpose	To provide the Executive Management Team (EMT) with an overview of the six months implementation progress on the Smokefree plan for discussion.
Previous Consideration Discussions	Reported six monthly.
Summary	**Smokefree (On Track)** ***95% of all patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking.*** • HBDHB achieved 95.5% in Quarter two and 95.7% in Quarter three. Health practitioners in secondary care continue to achieve the 95% target of all patients who smoke aged 15 years and over, are offered brief advice and offered support to stop smoking. ***90% of PHO enrolled patients who smoke have been offered help to quit by a health care practitioner in the last 15 months.*** • Health HB achieved 90% in Quarter two and 88.9% in Quarter 3 with 9/25 practices meeting the 90% target and 14/25 practices within 10% of the target. GP practices and staff receive support from an independent nurse who contacts patients who smoke and updates patient smoking status in ten practices. The DHB Smokefree Coordinator based in Wairoa, contacts and updates patient smoking status in the Wairoa GP practices. **Smokefree (Not on track)** ***90% of pregnant women who identify as smokers upon registration with a Lead Maternity Carer are offered brief advice and support to quit smoking.*** • Women Smokefree Status at Booking by Lead Maternity Carer for the period 1 January to 31 March 2018 identified a total of 515 pregnant women at booking, 121 (23.54%) were smokers and 13 had an unknown status (2.53%). <u>We note data issues for the following</u>:

	90% of young pregnant Māori women were referred to cessation support. • Data collection was based on all Māori women • Data provided by the DHB employed midwives for the period 1 January – 31 March 2018 identified 24 of 25 Māori women were smokers. Seventeen (70.8%) received smoking brief advice, fourteen, (82.4%) were offered support to quit smoking and six (42.9%) were referred to cessation support services. ***95% of pregnant Māori women who are smokefree at 2 weeks postnatal.*** • Data collection is based on women smokefree status at discharge by Lead Maternity Carer (LMC) • Women smokefree status at discharge by LMC for the period 1 January to 31 March 2018 identified 83 (43%) of Māori women were smokers and 6 Māori women had an unknown status (3%). (See table 4).
Contribution to Goals and Strategic Implications	Improving health outcomes for pregnant women and their whānau. Health equity – smoking at time of registration and at two weeks postnatal is more common among Māori women. Transform and Sustain – increasing focus on prevention.
Impact on Reducing Inequities/Disparities	Directly aligned to addressing inequity for Māori women and their whānau.
Consumer Engagement	Not applicable.
Other Consultation /Involvement	Face to face interviews were conducted and recorded with pregnant women and post-natal women to help understand why pregnant women continue to smoke during and after birth.
Financial/Budget Impact	Not applicable
Timing Issues	Not applicable
Announcements/ Communications	Not applicable

RECOMMENDATION:

That the **Māori Relationship Board, HB Clinical and Consumer Councils and HBDHB Board**

1. **Note** the content of the report
2. **Support** the next steps.

Te Ara Whakawaiora - Smokefree

Author:	Johanna Wilson
Designation:	Acting Smokefree Programme Manager
Date:	June 2018

OVERVIEW

Following concerns from the National Māori General Managers (Tumu Whakarae) about the slow pace of progress on some indicators in reducing health disparities for Māori, the Hawke's Bay DHB Executive Management Team (EMT) decided to establish a championship role in 2013 for each of the indicators to spur faster traction on implementation. The Champions were tasked to provide the Board with six monthly Te Ara Whakawaiora (TAW) exceptions based report drawn from AMHP quarterly reporting highlighting the implementation progress on these indicators along with recommendations for improvement towards achievement of the annual targets and reducing health disparities. This report is from Kevin Snee, Champion for Smokefree Indicator.

MĀORI HEALTH PLAN INDICATOR: Smokefree

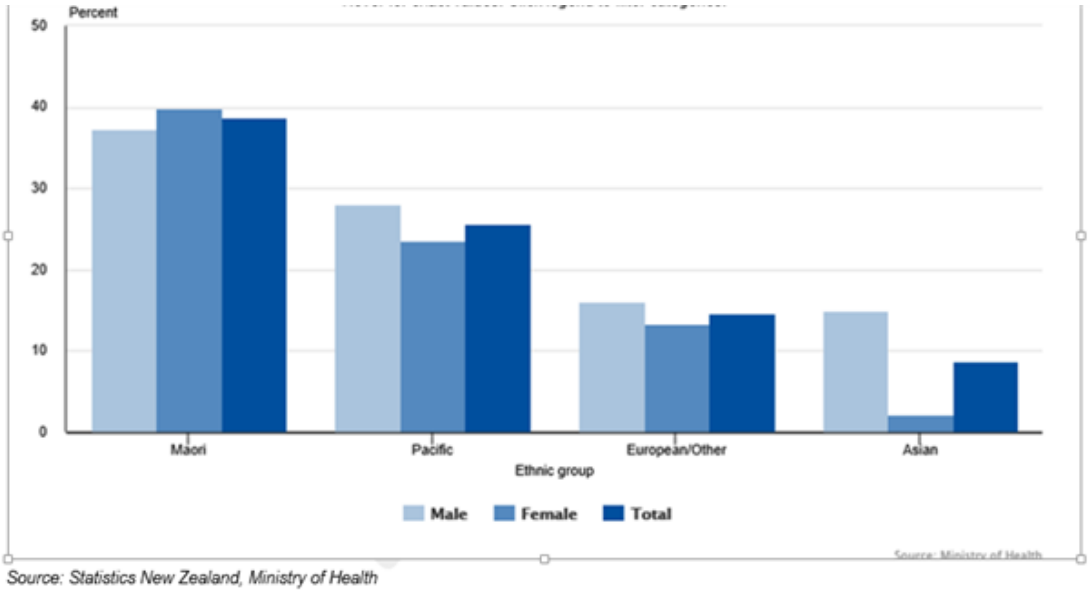
This report provides an update on programmes related to Māori pregnant women and Māori women at two weeks postnatal:

- 90% of pregnant women who identify as smokers upon registration with a Lead Maternity Carer are offered brief advice and support to quit smoking
- 90% of young pregnant Māori women are referred to cessation support
- 95% of pregnant Māori women who are smokefree at 2 weeks postnatal.

According to the 2014 Health Equity Report, tobacco use was cited as the single biggest underlying cause of ill health and inequity of death rates in Hawke's Bay. More Māori are known to be dying from smoking related causes than non-Māori. Based on the Statistics New Zealand[1] data published in 2017, Māori had the higher proportion of smokers than non-Māori.

[1] http://archive.stats.govt.nz/browse_for_stats/snapshots-of-nz/nz-social-indicators/Home/Health/tobacco-smoking.aspx#info3

Figure 1: Proportion of Population who currently Smoke Tobacco



Source: Statistics New Zealand, Ministry of Health

As shown in the National Health Survey (Figure 1), the rates of tobacco smoking are higher among Māori than non-Māori with highest rates of smoking among Māori women (36.5%). This smoking behaviour among women continues even when they are pregnant. While rates of tobacco use have declined over the years, the rates for Māori are not declining fast enough to reach equity levels let alone meeting the national 2025 smokefree target of less than 5%[2].

WHY IS THIS INDICATOR IMPORTANT?

Although there has been a reduction in the overall smoking prevalence in Hawke's Bay from 25% in 2006 to 18% in 2013, Māori smoking rates (36%) are over double those of non- Māori, Non-Pacific (14%). Māori women aged 20 – 29 years have the highest smoking rate of all groups, at 49%. Smoking is most prevalent in high deprivation areas – almost half of the smoking population in Hawke's Bay (475) lives in deprivation areas 9 and 10.

Maternal smoking is the largest modifiable risk factor affecting foetal and infant health in the developed world and the percentage of women smokers in the Hawke's Bay region is a major health concern. Data collected in Q2 (Oct-Dec 2017) shows 24.5% of women booking at maternity care were smokers. Out of these, 47.9% were Māori, 14.6% were Pacific Islanders and 12.9% were Europeans (Table 1).

Table 1: Women Smoking Status at Booking 2017/18 by Ethnicity

	Smokers		Non-Smokers		Unknown	
Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**
Māori	347	47.9%	377	52.1%	19	-
Pacific Islander	19	14.6%	111	85.4%	4	-
European	134	12.9%	905	87.1%	26	-
Asian	1	0.8%	132	99.2%	2	-
Other	0	0.0%	23	100.0%	0	-

[2] Regional Tobacco Strategy for Hawke's Bay update, 2015 – 2020 presented at the MRB, HB Clinical and HB Health Consumer Council, November 2016, update.

As shown in Table 2, these rates showed no significant improvement at discharge, as 41.7% of Māori and 14.1% for Pacific Island women were still smokers.

Table 2: Women Smoking Status at Discharge 2017/18 by Ethnicity

	Smokers		Non-Smokers		Unknown	
Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**
Māori	293	41.7%	410	58.3%	40	-
Pacific Islander	18	14.1%	110	85.9%	6	-
European	112	11.3%	877	88.7%	76	-
Asian	1	0.8%	131	99.2%	3	-
Other	0	0.0%	22	100.0%	1	-

This indicator continued to perform poorly in Q3 of 2017/18 (Jan-March 2018). As shown in Table 3 45% of Māori women were reported to be smokers at booking and only dropped by 2% to 43% at discharge as shown in Table 4.

Table 3: Women Smoking Status at Booking 1 Jan – 31 March 2018 by Ethnicity

	Smokers		Non-Smokers		Unknown		Total
Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**	
Māori	86	45%	103	53%	4	2%	193
Pacific Islander	0	0%	19	86%	3	14%	22
Other	34	11%	259	87%	5	2%	298
Not Stated	0	0%	1	50%	1	50%	2
Total	120	23%	382	74%	13	2%	515

Table 4: Women Smoking Status at Discharge 1 Jan – 31 March 2018 by Ethnicity

	Smokers		Non-Smokers		Unknown		Total
Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**	
Māori	83	43%	104	54%	6	3%	193
Pacific Islander	0	0%	22	95%	1	5%	22
Other	28	9%	256	86%	14	5%	298
Not Stated	0	0%	2	100%	0	0%	2
Total	111	22%	383	74%	21	12%	515

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

Pregnancy is a strong motivator to quit and first-time mothers are the most receptive to cessation advice. Early antenatal advice about the benefits of quitting for baby and her health is crucial alongside obtaining her consent to be referred for cessation support. Some women quit on their own, while others appreciate support to quit and for some, the smoking addiction is so strong that they won't even attempt to quit despite knowing the risks for baby and their own health. The challenges associated with smoking cessation efforts in HBDHB are captured in anecdotal stories from interviews with Wāhine Hapū and their whānau on their journey to become smokefree as presented in Appendix One.

1. Maternity Services

Lead Maternity Carers (LMCs) and HBDHB midwives have a key role in health and wellness promotion and education for the woman, her whānau and the community. LMCs and DHB midwives encourage and assist women and their whānau to take responsibility for their health and that of the baby by promoting healthy lifestyles.

Over the last six months, DHB Maternity services have kept the importance of a smokefree pregnancy and environment by achieving the following:

- Update of the maternity booking form paperwork to better reflect recording of smokefree status, brief advice and referrals to Quit services
- All registered staff in Maternity have received education and training around screening, brief advice, use of Nicotine Replacement Therapy (NRT) and referral pathways for women, partners and whānau who are not smokefree. All staff are asked to discuss their smokefree practice as part of the Performance Development Review (PDR) process

- Free NRT and Quit Cards are available to women and support people in Maternity regardless of readiness to engage with a formal Quit service
- Strong smokefree message entwined with other health practices such as breastfeeding and safe sleep
- Resources available for women not ready to become smokefree encouraging the smokefree message but also making the details for Quit services available when they are ready for this
- Monitoring of targets around providing smokefree advice to >95% of women booking with DHB Maternity services and discharging from Maternity services. Review of all women not receiving advice is undertaken to determine reasons for advice not being given to improve systems.
- However, there were a small number of genuine emergencies when women are not asked their smokefree status and not given smoking brief advice.

2. Increasing Smokefree Pregnancy

HBDHB Smokefree team. in partnership with Choices Kahungunu Health Services. have been supporting Wāhine Hapū and Wāhine with pepe under six months to be smokefree since 2014.

A review of the Wāhine Hapū – Increasing Smokefree Pregnancy Programme in October 2015 identified seven key recommendations:

- Market the programme as whānau opportunity to quit smoking for the new baby
- Promote the programme directly to pregnant women and their whānau to increase self-referrals
- Promote the programme more widely in the health and social sector
- Enhance the incentive package to include whānau members
- Improve the ease and speed of the referral process
- Increase cessation support capacity
- Improve the quality of the programme data and outcome analysis.

The HBDHB has adopted the recommendations with the following adjustments to the programme:

- Inclusion of incentivised package for close whānau members
- Accept referrals from the Special Care Baby Unit, Paediatrics, Te Ara Manapou, GP practices, pharmacies and Well Child Tamariki Ora providers
- A small number of women and whānau have self-referred as a result of viewing the Te Haa Matea facebook page or hearing about the programme via a friend or whānau member
- Te Haa Matea provide cessation support across all services
- Referral process and monitoring of progress and resources adjustments made in response to these findings

Total referrals for smokefree cessation support in 2017 were 357 is presented in Table 5. (57% of women were smokers at booking).

Table 5

Referrals from	Number	Percentage	Ethnicity	Number	Percentage
Antenatal	260	73%	Māori	239	67%
Postnatal	33	9%	NZ European	106	30%
Whānau	64	18%	Pacific Islander	6	1.7%
			Other	4	1.3%

When first contacted, 173 women and whānau agreed to enrol in the Wāhine Hapū programme. Referrals received within the DHB were contacted by the Smokefree team to encourage engagement with the programme. The Smokefree Co-ordinator in Wairoa runs cessation clinics parallel to the antenatal midwife clinics. Of the 173 (48%), 57 participants (33%) of women and whānau completed the 12 week programme.

Challenges to keeping women and their whānau on the programme have been:

- The time between the referral received and a stop smoking practitioner contacting them has given them the opportunity to decline the programme
- Incorrect contact details or are not contactable, once the referral has been received
- Setting a quit date and remaining smokefree in their first week is not always achievable. 43% of those who engaged with the programme initially, did not reach the 1 week carbon monoxide validation.

The communities where young Māori women live, socialise and belong is also the community in which they learn to smoke, keep smoking and try to quit. The relationships young Māori women have with their whānau and friends influence their smoking. Smoking can be a big part of a young woman's life as many of her whānau, friends, school mates, workplace and social circles smoke. In many instances young Māori women start smoking because their whānau and friends smoke and when socialising, the smoking increases as the two often go together.

As part of the Wāhine Hapū programme, women and whānau who complete the programme are encouraged to share their smokefree journey. They may opt to be interviewed by a Stop Smoking Practitioner or complete a smokefree survey either on-line or paper copy. The collection of stories gives the DHB Smokefree Team opportunities to review the programme. In the last quarter, DHB stop smoking practitioners were able to conduct face-to-face interviews with three whānau, using set of questions, delving into their smoking history, their smokefree journey and what it means to be smokefree.

Major findings from the interviews were: -

- Age of initiation
  "I was 12 years old when I had my first cigarette"
  "I was 13"
  "I started smoking at age 15"
  "16 when I started"
- Peer pressure
  "*All my friends were doing it*"
- Looks
  "I thought it was cool at the time"
  "I just wanted to be grown up and be cool"
- Risky behaviour
  "*I would steal one of my mum and dads"*
- Treat / Reward
  "As long as the kids were taken care of, I didn't mind treating myself to smoke, it was my reward".

See Appendix One – Interviews for the full details.

3. Community engagement with pregnant women and their whānau

Providing GP practices with the Wāhine Hapū resources, The Top Five to help my Baby Thrive resource and Te Haa Matea business cards provides opportunities for clinicians to have smoking brief advice conversations with pregnant women and to see cessation support early in their pregnancy. The GP or practice nurse who confirms the pregnancy is able to guide the woman to find a midwife and the benefits in being smokefree. GP practices are gaining confidence in referring pregnant women to the HBDHB Wāhine Hapū programme.

HBDHB (as part of Te Haa Matea) are working in partnership with eleven community pharmacies who provide smoking brief advice, behavioural and motivation support, NRT for one week and a referral pathway to Te Haa Matea.

The focus is on the following priority populations:

- Pregnant women, young Māori and Pacific women especially in conjunction with a pregnancy test or emergency contraception pill provision
- Māori and Pacific women with asthma, or Māori and Pacific women with asthmatic children
- Māori and Pacific populations.

All eleven pharmacies have received the Wāhine Hapū resources and the Te Haa Matea business cards.

Te Haa Matea continues to support pregnant women and their whānau to become smokefree through the Wāhine Hapū programme and Tame Your Taniwha challenge. HBDHB provides smokefree education, training and support to Te Haa Matea partners.

HBDHB are working on approaches which integrate hauora – first steps have been the Top Five to help my Baby Thrive promotion, links to Safe Sleep and Breastfeeding promotion. There is now opportunity for the kaupapa be part of the Kaupapa Māori maternity programme.

4. Innovation and Incentivised programmes

HBDHB developed and implemented the Tame Your Taniwha Challenge. This is an eight week quit challenge for teams of three with a prize to be won at the end of the eight weeks and is open to anyone who smokes and over the age of eighteen years. The first challenge was from the 2nd October to 30th November 2017. Eighteen teams of three took up the challenge with the winners coming from Silver Fern Farms in Central Hawke's bay. The second challenge was from 2nd April to 31st May 2018 (World Smokefree Day). Three of the seventeen teams registered had pregnant women and their whānau participating. The winners were Mr Apple – Central with a Māori pregnant woman and her partner's parents, both Samoan.

HBDHB continues to provide the Wāhine Hapū programme to support pregnant women, women with babies up to the age of six months and their whānau to become smokefree, provide a smokefree home and car for all the whānau.

CHAMPION'S REPORT: ACTIVITIES THAT WILL OCCUR TO INCREASE PERFORMANCE OF THIS INDICATOR

Hospital Smokefree Target

1. The DHB Smokefree team will continue to provide smokefree education sessions for all staff as required.
2. Clinical staff continue to be encouraged to complete the MoH online e-learning tool 'Helping People Stop Smoking' every three years and complete the Nicotine Replacement Therapy Module via Ko Awatea. It is important for all clinical staff to review and receive up-to-date knowledge of smokefree to improve practice and increase confidence with cessation.
3. The Smokefree team will continue to triage all hospital patients who smoke and want help to quit smoking.

Primary Health Organisation Smokefree Target

1. The Smokefree team will continue to work in partnership with Health Hawke's Bay to promote World Smokefree Day in practices
2. All clinical staff in GP practices continue to be encouraged to complete the MoH online e-learning tool 'Helping People Stop Smoking' and complete a refresher every three years
3. The Smokefree team will continue provide Wāhine Hapū and The Top Five to help my baby thrive resources and Te Haa Matea business cards to all GP practices
4. The Smokefree team will meet with GP Smokefree Champions in the next quarter to evaluate the use of smokefree resources in practices.

Maternity Smokefree Target

1. The Smokefree team will meet with the Maternity service to discuss providing LMC's who work with Māori pregnant women Maternity Smokerlyzers to support the need to quit smoking while pregnant, provide smoking status in all documentation and evidence to refer to the Wāhine Hapū programme
2. The Smokefree team will provide an audit on the unknown categories of the Women Smokefree status at Booking and Discharge by LMC to identify smokefree missed opportunities
3. The Smokefree team will review the Wāhine Hapū programme
4. The Smokefree team will develop a programme in schools and alternative education to support young Māori women to stay smokefree.

NEXT STEPS AND RECOMMENDATIONS

1. Smokefree Team to develop a logic model plan for equipping LMCs with the Maternity Smokerlyzer (Carbon Monoxide Monitor).
2. Review / evaluate the Wāhine Hapū (Increasing Smokefree Pregnancy Programme) to determine if this is the right programme for pregnant women and their whānau in Hawke's Bay.
3. Link in with the new Whanake te Kuri – Pregnancy and Parenting Education and Information Programme, providing a referral pathway to the Wāhine Hapū Programme.
4. Identify all ante-natal programmes offered in Hawke's Bay to provide a referral pathway to the Wāhine Hapū Programme.
5. Conduct an audit on a selection of patient files with matching NHI numbers from the Smokefree Status at Booking by LMC and Women Smokefree Status at Discharge by LMC for the quarter three period (1 January – 31 March 2018) to address 'unknown' category for miss opportunities for smoking brief advice.

Key Recommendation	Description	Responsible	Timeframe
Ante-natal programmes in Hawke's Bay	1. Link in with the new Whanake Te Kuri – Pregnancy and Parenting Education and Information Programme providing Wāhine Hapū resources and Te Haa Matea business cards and a referral pathway to the Wāhine Hapū programme. 2. Identify all Ante-natal programmes in Hawke's Bay providing Wāhine Hapū resources and Te Haa Matea business cards and a referral pathway to the Wāhine Hapū programme	Johanna Wilson / Smokefree Team	October 2018
Audit patient files	Select a number of 'Unknown' patient files to determine missed opportunity for Smoking Brief Advice from Quarter 3 data (1 January – 31 March) - Women Smokefree Status at Booking and Discharge by LMC data,	Johanna Wilson / Smokefree / Maternity Services / Medical Records	October 2018
Review / evaluate the Wāhine Hapū (Increasing Smokefree Pregnancy Programme)	Conduct an internal review the Wāhine Hapū programme and action the recommendations.	Johanna Wilson / Smokefree Team / Choices Kahungunu Health Services	September 2018
Equip LMC's the Maternity Smokerlyzer (Carbon Monoxide Monitor)	• Meet with Maternity Services. • Develop Logic Model • Identify smoking status of all pregnant women at booking • Promote Wāhine Hapū (Increasing Smokefree Pregnancy Programme) to increase referrals to be smokefree	Johanna Wilson / Smokefree Team / Maternity Team	November 2018

RECOMMENDATION:

It is recommended that the Executive Management Team:

1. **Note** the content of the report
2. **Support** the next steps.

Appendix One - Interviews

Interview with Māori mama, 31 years. Children aged 14, 13, 8, 7, 6, 4, 2 and 2 weeks. Partner is smokefree.

Chrystal started smoking at age 15, she was smoking up to 40 cigarettes per day. Her motivation to stop smoking was for her babies.

She had previously tried 4-5 times to quit. In the past she had used Nicotine Replacement Therapy (NRT) – patches, gum and lozenges. She has also used Champix.

Since quitting, she has noticed a huge financial saving and has a lot more energy. Chrystal continues to have urges to smoke and continues to use the NRT gum and behavioural support from Choices Heretaunga helpful.

Interview with Māori mama, 26 years, at 39.5 weeks pregnant. 8 year old boy and 2 ½ year old boy and partner.

I was 12 year's old when first cigarette, with my friends. Didn't like it, all my friends were doing it. I thought it was cool at the time. I would steal one of my mum and dads, have a little puff and then get real bad headaches.

Our house was auahi kore, everyone had to smoke. Mum and dad didn't want us smoking at all. They knew how addictive it was.

I'm an on and off smoker, like smoke for a couple of years and give up for a couple of years and start back again.

With my first son, I gave up smoking, I didn't smoke throughout that pregnancy and then my second son I didn't smoke throughout that pregnancy either. This is my first time ever, like I didn't smoke throughout the entire pregnancy but I continued without giving up.

I had no support during that time, my partner moved to HB to start up our company and it was just me in Wanganui. The only thing I relied on was my smokes, that's what put me at ease, kept me sane. I had no whānau in Wanganui, so it was like once the kids were at school and day care there was nothing for me to do besides clean my whare, exercise, have a cigarette. As long as the kids were taken care of, I didn't mind treating myself to smoke, that was my reward.

I wanted to stop because I'd never smoked during my pregnancies before and I didn't understand why I started to smoke with my third baby. I think it was more the fact that everything was so full on. We were in the process of moving and I still had my other two boys. It was just something that relaxed me, calmed me. I met the quit smoking team in Wanganui and they showed me all the stuff that happens during pregnancy and that put me off and that's why I quit. I was about five months pregnant. I gave up as soon as I walked out those doors. I was like nah, I'm not going to do this cause it wasn't fair, I didn't smoke with my boys and then all of a sudden I am smoking again.

My goal is not to smoke. Since I have given up, I feel better, like a better person, my partner and I wanted to change our lifestyle a bit. He has given up smoking too that was his new year's resolution so I think because I've quit it's made him quit and I didn't pressure him or anything.

My trigger was boredom. I'm quite busy now. I've got whānau here, I've got appointments, I've got places to go, more opportunities here. We've got our own whare now, like I'm always on the go, on the move. This is the most active I've been throughout all my pregnancies, that's what stops me from craving.

Interview with pregnant mama and her partner. Aged 34 years. 26 weeks pregnant. One other child aged five years old. Smoked throughout his pregnancy. NZ European.

My dad was a smoker, ever since I was born. I started smoking myself or stealing smokes from him when I was like thirteen. I loved the smell of it cause he use to smoke in the car with us and you know we would sit behind him and we would get the smoke wafting behind so yeah, I kinda loved that smell. I don't get along with him now, so it's great it's not in my world anymore. It was more with mates really, trying to be cool. There was a dairy just up from school and I was with one of my best mates who still to this day, smokes. We just coughed and spluttered and it was the most disgusting thing ever but we tried to be hard arsed and carry on.

I was thirteen when I had my first puff, gradually increased. When I was 15 / 16 years I went to Japan and that was the smoking culture over there was heavy, I was like a packet a day while in Japan.

I fully had that smoking mentally too you know when you see that ad on TV that's like oh don't smoke and it made me want to have a smoke and I was like whatever, don't tell me what to do blah, blah, blah… whatever, I'm going to have five smokes just to spite you. When actual fact it's hurting you, more than hurting them.

Smoked all the way through with the other pregnancy. Looking back I kept all my notes from them. Shit that was real close man that was so close to losing my baby. You don't think about it and like I said that smoking mentality. It's all good, I will do what I want, but I'll cut down but I will still be smoking. You don't understand that it is having such an affect. Looking back on the notes I was hospitalised during my pregnancy, I got a massive infection that went straight to my kidneys so my body is not already as immune as it should be and then during my labour he was like on deaths door from not being able to breathe properly and stuff like that.

I am monitored a lot less in this pregnancy. My midwife is stoked I'm not smoking anymore.

Dave (partner), NZ European, 36 years.

16 when started smoking. I was already out of school at that stage and I just wanted to be grown up and be cool. Me and my mate started at the same time and then we got another couple of friends into it and tried to be cool together and then it went all down-hill from there.

2012 I stopped for almost six months using the first e-ciggie. I didn't really stop until the end of last year. Sometimes when I am drinking I get a craving for my e-ciggs but not for a cigarette. Because we haven't been smoking we have half the money together for this house and I am way more productive at work now.

TOPICS OF INTEREST

MEMBER ISSUES / UPDATES

Verbal

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)
17. Clinical Services Plan (first draft)

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).