



Hawke's Bay Health Consumer Council Meeting

Date: Thursday, 12 December 2019

Meeting: 4.00 pm to 6.00 pm

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

Council Members:

Rachel Ritchie (Chair)
Malcolm Dixon (Co-Deputy Chair)
Dr Diane Mara (Co-Deputy Chair)
Sami McIntosh
Deborah Grace
Daisy Hill

Sarah Hansen
Dallas Adams
Les Cunningham
Denise Woodhams
Tumema Faioso
Jim Henry
Gerraldine Tahere

Apologies:

In Attendance:

Kate Coley, Executive Director of People & Quality
Caryn Daum and Nancy Barlow – Consumer Experience Facilitators
Debs Higgins, Clinical Council Representative
Minute Secretary tbc

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.	Board Report for October	
8.	Chair's Report – Rachel Ritchie <ul style="list-style-type: none"> - Update from Board - CEO Report to Board - New appointments to Council 	4.10
9.	Consumer Experience Facilitators Report – Nancy Barlow / Caryn Daum	4.30
10.	Committee Representatives Feedback: <ul style="list-style-type: none"> - Consumer Experience Committee (Dr Diane Mara) - Clinical Council (Les Cunningham) - Alcohol Harm reduction group (Les Cunningham) - PAG (Deborah Grace) - Ka Hikitia (Deborah Grace) - DHB Health Awards (Deborah Grace) inc Award Winners summary - Disability Plan Implementation Group (Dr Diane Mara) 	4.35
	Section 2 – For Discussion	
11.	Consumer Council Annual Plan 19/20: <ul style="list-style-type: none"> • Progress Report – focus on OBJECTIVE 1 Mental Health & Addictions and Youth/Rangatahi December 2019 Report Deborah Grace, Gerraldine Tahere, Tumema Faioso, Dallas Adams, Daisy Hill	4.50
12.	Person & Whanau Centered Care, Annual Plan, Whanau Ora, Hāpori Ora– Kate Coley	5.10
13.	Section 4 – Recommendation to Exclude the Public	

Public Excluded

	Section 4 – Routine	
14.	Minutes of Previous Meeting (public excluded)	5.45
15.	Matters Arising – Review Actions (public excluded) - Nil	
16.	Topics of Interest – Member Issues / Updates	
17.	Karakia Whakamutunga (closing)	

NEXT MEETING:**Thursday, 13 February 2019, 4.00 pm**

Boardroom, HBDHB Corporate Office, Cnr Omaha Road & McLeod Street, Hastings

Our shared values and behaviours



1 HE KAUANUANU RESPECT *Showing respect for each other, our staff, patients and consumers*

Welcoming

- ✓ Is polite, welcoming, friendly, smiles, introduce self
- ✓ Acknowledges people, makes eye contact, smiles

- ✗ Is closed, cold, makes people feel a nuisance
- ✗ Ignore people, doesn't look up, rolls their eyes

Respectful

- ✓ Values people as individuals; is culturally aware / safe
- ✓ Respects and protects privacy and dignity

- ✗ Lacks respect or discriminates against people
- ✗ Lacks privacy, gossips, talks behind other people's backs

Kind

- ✓ Shows kindness, empathy and compassion for others
- ✓ Enhances people's mana

- ✗ Is rude, aggressive, shouts, snaps, intimidates, bullies
- ✗ Is abrupt, belittling, or creates stress and anxiety

Helpful

- ✓ Attentive to people's needs, will go the extra mile
- ✓ Reliable, keeps their promises; advocates for others

- ✗ Unhelpful, begrudging, lazy, 'not my job' attitude
- ✗ Doesn't keep promises, unresponsive

1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

Positive

- ✓ Has a positive attitude, optimistic, happy
- ✓ Encourages and enables others; looks for solutions

- ✗ Grumpy, moaning, moody, has a negative attitude
- ✗ Complains but doesn't act to change things

Learning

- ✓ Always learning and developing themselves or others
- ✓ Seeks out training and development; 'growth mindset'

- ✗ Not interested in learning or development; apathy
- ✗ "Fixed mindset, 'that's just how I am', OK with just OK

Innovating

- ✓ Always looking for better ways to do things
- ✓ Is curious and courageous, embracing change

- ✗ Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done

Appreciative

- ✓ Shares and celebrates success and achievements
- ✓ Says 'thank you', recognises people's contributions

- ✗ Nit picks, criticises, undermines or passes blame
- ✗ Makes people feel undervalued or inadequate

1 RARANGATE TIRA PARTNERSHIP *Working together in partnership across the community*

Listens

- ✓ Listens to people, hears and values their views
- ✓ Takes time to answer questions and to clarify

- ✗ 'Tells', dictates to others and dismisses their views
- ✗ Judgmental, assumes, ignores people's views

Communicates

- ✓ Explains clearly in ways people can understand
- ✓ Shares information, is open, honest and transparent

- ✗ Uses language / jargon people don't understand
- ✗ Leaves people in the dark

Involves

- ✓ Involves colleagues, partners, patients and whanau
- ✓ Trusts people; helps people play an active part

- ✗ Excludes people, withholds info, micromanages
- ✗ Makes people feel excluded or isolated

Connects

- ✓ Pro-actively joins up services, teams, communities
- ✓ Builds understanding and teamwork

- ✗ Promotes or maintains silo-working
- ✗ 'Us and them' attitude, shows favouritism

1 TAUWHIRO CARE *Delivering high quality care to patients and consumers*

Professional

- ✓ Calm, patient, reassuring, makes people feel safe
- ✓ Has high standards, takes responsibility, is accountable

- ✗ Rushes, 'too busy', looks / sounds unprofessional
- ✗ Unrealistic expectations, takes on too much

Safe

- ✓ Consistently follows agreed safe practice
- ✓ Knows the safest care is supporting people to stay well

- ✗ Inconsistent practice, slow to follow latest evidence
- ✗ Not thinking about health of our whole community

Efficient

- ✓ Makes best use of resources and time
- ✓ Respects the value of other people's time, prompt

- ✗ Not interested in effective use of resources
- ✗ Keeps people waiting unnecessarily, often late

Speaks up

- ✓ Seeks out, welcomes and give feedback to others
- ✓ Speaks up whenever they have a concern

- ✗ Rejects feedback from others, give a 'telling off'
- ✗ 'Walks past' safety concerns or poor behaviour

www.ourhealthhb.nz



Interest Register

Hawke's Bay Health Consumer Council

01.09.19

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
	Sainsbury Logan and Williams, Solicitors	Employee	legal services	Yes	Potential/real as provides legal advice to some health care providers
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 Member Council Anglican Diocese Standing Committee PACIFICA Inc Pacific Women's Council : Tiare Ahuriri Branch	Chair Member Lay Member Branch Chair	Social Service Organisation Development Leadership for Pacific Women	Yes No 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	Strive Rehabilitation @ Hawke's Bay Trust	Trustee		No	
Tumama Faioso	Nil				
Daisy Hill	Nil				

**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, 14 NOVEMBER AT 4.00 PM**

PUBLIC

- Present:** Rachel Ritchie (Chair)
Dr Diane Mara (Co-Deputy Chair)
Malcolm Dixon (Co-Deputy Chair)
James Henry
Sarah Hansen
Deborah Grace
Dallas Adams
Les Cunningham
Denise Woodhams
Tumema Faioso
Gerraldine Tahere
- In Attendance:** Ken Foote – Company Secretary
Debs Higgins – Clinical Council representative
Nancy Barlow & Caryn Daum - Consumer Experience Facilitators
Jacqui Sanders-Jones, Board Administrator
Adrian Rasmussen – representative of Health Hawke's Bay
Chris Peterson – Information Services Project Manager
Lisa Jones – Business Intelligence Strategic Advisor
- Apologies:** Daisy Hill, Sami McIntosh

SECTION 1: ROUTINE

1. KARAKIA TIMATANGA (OPENING) / REFLECTION

Rachel Ritchie (Chair) welcomed everyone to the meeting. A karakia/reflection was provided by James Henry to open the meeting, followed by a round table of introductions.

- 2. APOLOGIES** – Daisy Hill and Sami McIntosh.
Apology also received from Kate Coley, Executive Director of People & Quality (EDPQ)

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 October 2019 were confirmed as a correct record of the meeting.

- Moved: Denise Woodhams
Seconded: Deborah Grace
Carried

5. MATTERS ARISING AND ACTIONS

Item 2: 1737 Support Line - Draft letter from HBHCC to go to members for review before sending onto HBDC (via Malcolm)

Response from Brian O'Connell, Acting Director of Mental Health Services for Homecare Medical was tabled for members. Shirley Lammas to be sent a copy of this response.

Deborah Grace informed committee that PAG also sent an email in regards to 1737 service outlining poor user experience yet still awaiting comment. Discussion on content of letter from Homecare Medical and that appeared not to address the 'response time' issue clearly specified. Follow up letter requesting this issue to be addressed to be sent. To be monitored and report back at December meeting.

Item 3: 20-24 Youth representative for Consumer Council – in progress with interviews being held on 28 Nov.

Item 4: Primary Care Consumer Experience Survey Data – Complete

Item 5: Consumer Council Annual Plan 19/20 Objectives –Complete.

Item 6: IS presentation to Consumer Council – Response included with Matters Arising. Complete.

Chris Peterson, Project Manager Information Services 'Mobility Project' informed committee that Emergency Q service goes live next week. Anyone redirected from ED will be given vouchers to use alternative after hours care. It was confirmed that any vouchers issued have a 2-hour time frame before the voucher expires. These vouchers are distributed at discretion of nursing staff following triage process. This pilot runs for six months. Triage information is printed and follows with the patient to the urgent care centre.

ACTION: Update from Chris Paterson to be provided to Consumer Council in February 2020

Chair confirmed meeting with Executive Director of Digital Enablement to discuss how Consumer Council can work to be involved in these projects going forward.

Item 7: Matariki Project update – added to workplan. Complete

6. CONSUMER COUNCIL WORK PLAN

The work plan provided in the meeting papers was agreed.

7. CONSUMER COUNCIL'S BOARD REPORT

The October report for the Board was provided in the meeting papers for information.

8. CHAIR'S REPORT

Rachel Ritchie provided an update on activities and information for Council, with an update on Board agenda items as followed:

- PHO reporting every 3 months
- Planning & Funder reporting every month.
- Te Ara Whakawaiaora – report to Board showed little change in results of each target for Cardiovascular, Smokefree and ASH rate indicators.
- Managing expectations for patients when Strike Action occurring at DHB.
- CEO plans to create a more achievable and robust Annual Plan.

- Te Pitau Health Alliance Governance Group– a proposal was brought to Board by CEO to disestablish this governance group.

Chair gave update on Consumer Council nominations and recruitment process, confirming that interviews will take place on 28 Nov with representation.

8.1 CEO report to Board (public) was included with paper for information and was well received by members.

9. CONSUMER EXPERIENCE FACILITATORS REPORT

An update on activities was provided by Nancy Barlow, with particular focus on the success with Patient Safety Week. There was a huge response to the presentations and workshops especially from Dr Tipene Leach and Grand Round.

10. COMMITTEE REPRESENTATIVE FEEDBACK

- **Consumer Experience Committee (Dr Diane Mara)**
This group is meeting next week and report will be provided next month.
- **Clinical Council (Les Cunningham) –**
Collaborative Pathways programme was discussed with discussion of a Consumer Council representative becoming involved.
- **End of Life Service Alliance group (Gerraldine Tahere)**
This group confirmed an established ToR and have agreed to meet twice a month for the rest of the year.
Focusing on finding balance between cultural and clinical competencies and gaining a greater understanding. Main concern is documentation along with access for Maori and Pasifika families with end of life care options, including clear pathways to access support.
Dr Tessa Maxwell gave Zoom presentation on Kaupapa Maori practice in end of life care and caring for whanau during this palliative period, researching the clinical, customary and spiritual aspects of this care. The presentation highlighted the inequities, especially in Hawke's Bay, in accessing of end of life care.
Felt it would be good to have greater consumer representation on this group.
- **PAG (Deborah Grace)**
 - Spoke of redecoration of the Mental Health day room. Having positive influence.
 - Patient Meetings being held at 1pm each day, led by David Warrington, Service Director Mental Health & Addictions, which enables discussion between staff, patients and whanau on their experiences in the facility and how they can be practically addressed. These are working well.
 - Interviews for vacancies being held (currently 24 vacancies)
 - Naming of mental health redesign project – disappointed that consumers weren't consulted and although Project Manager offered to reopen discussion, it was felt this would not be appropriate.
- **Te Pitau Health Alliance Governance Group (report included with papers for information)**

- **Integrated Pharmacy Group (Denise Woodhams)**

There was no update on the Subsidy Card communication from Chief Pharmacist, however the Group was assured this will be addressed by February 2020. The Chief Pharmacist is crafting a Pharmacy Communications Plan for 2020 and would like ideas on pharmacy messaging to consumers from the Consumer Council. Discussion followed on the lack of linkage between pharmacies nationally in order to keep track of consumer pharmaceutical spend and the subsequent trigger of subsidy being applied.

Noted that there could well be some need for further educating both pharmacies and whanau as to the subsidy scheme and rules around this.

ACTION: Chair to write to Chief Pharmacist on behalf of Consumer Council requesting action of implementing communication of the subsidy to consumers locally.

SECTION 2: FOR DISCUSSION / DECISION

11. CONSUMER COUNCIL ANNUAL PLAN 19/20

Focus on Objective 8: Raising Awareness of the work of Consumer Council

- What's been achieved so far?
- What's currently available/in place?
- What's needed to achieve the objective?
- How do we know we are on track? Monitoring

Challenges:

- GPs unaware of Consumer Council
- Profile of Consumer Council needs to be managed so that it's not a conduit for complaints, noting the lack of resource for administration/administrative support.

Positives:

- Consumer Engagement Facilitators in place to provide links
- Consumer Council is well known throughout DHB
- Good strong cross section of representation on council

Discussion followed on *why* Consumer Council needs a public profile and how this can be promoted by members within their other work. I.e. Chair of Consumer Council is part of Te Pitau Health Alliance Governance Group and attends MRB, and consistently champions consumer perspective.

There was discussion resulting in the following suggestions:

- Engaging more with existing groups/teams/ organisations in the community with a short summary after each Consumer Council meeting and keeping them abreast of the work of Consumer Council.
- Focus on Publicity & Resource; with flyers, cards, information included into Neighbourhood Support new member packs. Discussion took place as to the purpose of *advertising* the Consumer Council so as to ensure that public understand there is consumer representation at the HBDHB. Nancy Barlow spoke of marketing strategies and highlighted importance of ensuring there is a basic framework of what groups we are targeting and why.
- It was generally agreed that the website currently is quite static and needs more 'life' to it.
- wary of pushing advertising as there are many groups advertising themselves and the council should ask itself why it needs to compete with these for attention; an alternative is our focus should be on relationship building and the reputation and knowledge of the council.

There was brief discussion as to the role of the Communications team.

ACTION Consumer Experience Facilitators to work up a framework for a communication plan from the input and discussion to date for the Council to review.

12. PERSON & WHANAU CENTERED CARE (PWCC)

Consumer Council members expressed disappointment that the paper doesn't show an 'implementation plan, nor had been reviewed by ED Equity, and 1 member felt strongly that this paper and accompanying graphic does not reflect 'people and whanau'. The presented plan and chart was felt not to address the values and people within the PWCC concept.

Workforce need to be culturally responsive and this needs to be reflected in the action plan. Felt the guidance for PWCC is already in place and should be now looking at the implementation with strong involvement of the stakeholder groups.

Disappointment expressed by all members at the document authors not being available and felt no discussion could take place if there was no management ownership at the table. There needs to be accountability from the authors to support their papers.

In response to a question about the reason the Board initially turned down the paper the Chair explained that PWCC paper was not presented to Maori Relationship Board and therefore hadn't given due consideration to the work and approach of He Ngākau Aotea. In addition there was varying options around the board table about what breadth or resource this type of work would need and could be justified in the current financial landscape.

Chair supported finding a way in producing a paper which enables a longer term plan and will continue to work with EDPQ & Chair of MRB before reshaping the proposal and bringing the paper to Board again.

Council requested progress on a revised report be provided by EDPQ in December and were unanimous in agreement that this paper go to MRB before presentation to next Consumer Council meeting.

ACTION: EDPQ to return to Consumer Council in December and present the paper to members.

13. SECTION 3: RECOMMENDATION TO EXCLUDE

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

- 14. Minutes of Previous Meeting (public excluded)
- 15. Matters Arising - nil
- 16. Chair's Report to Board – for information
- 17. Topics of Interest – Member Issues/Updates

Moved: Les Cunningham

Seconded: Gerraldine Tahere

Carried

The meeting closed at 6.06pm

Confirmed: _____
Chair

Date: _____

HB HEALTH CONSUMER COUNCIL - MATTERS ARISING (Public)

5

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	14/11/19	1737 support line <ul style="list-style-type: none"> PAG response to be monitored and report back at December meeting. Shirley Lammas to be sent a copy of letters and responses Further letter to be sent to 1737 	Deborah Grace JSJ Chair	Dec 19	<ul style="list-style-type: none"> Report to Committee included in agenda Complete Complete – attached to Matters Arising Appendix 1
2	11/07/19	20-24 Youth representative for Consumer Council Interview taking place on 28 November – report back to Committee following these.	Chair	Dec 19	To be addressed in Chairs report
3	10/10/19	IS - EQ project Update report on implementation of this initiative	Chris Paterson	Feb 2020	On Workplan
4	14/11/19	Subsidy Card communication from Chief Pharmacist Chair to write to Chief Pharmacist on behalf of Consumer Council requesting action of implementing communication of the subsidy to consumers locally.	Chair	Dec 19	Complete- attached to Matters Arising Appendix 2
5	14/11/19	Person & Whanau Centered Care EDPQ to return to Consumer Council in December and present the paper to members.	Kate Coley	Dec 19	On Workplan
6	14/11/19	Communication Plan Consumer Experience Facilitators to work up a framework for a communication plan from the input and discussion to date for the Council to review.	Consumer Experience Facilitators	Dec 19	Ongoing



3 December 2019

Brian O'Connell
Acting Director
Mental Health Services
Homecare Medical
Level 1, 110 Stanley Street
Grafton
AUCKLAND 1149

By email brian.oconnell@homecaremedical.co.nz

cc. Nicola Holden
Ministry of Health Relationship Manager

Dear Brian,

National Telehealth Service: 1737 service concerns

Thank you for your letter of 13 November 2019.

The letter very clearly states in a number of different places that the concern we are raising is that the response 'time' is unacceptable for our Rangatahi. The service is to respond to mental health issues and naturally needs to be timely.

Please could you respond to this pressing issue raised directly by our youth. We are supporting them with this real concern.

Whilst we appreciate the offer to be involved in feedback this is not something we will be considering formally until after we are satisfied that the 'response time' issue we have raised has been responded to.

We look forward to hearing from you as soon as possible.

Yours sincerely

Rachel Ritchie
Chair of HB Health Consumer Council

Daisy Hill
Endorsed by the Hastings Youth Council

CONSUMER COUNCIL

Hawke's Bay District Health Board

Email: rachel.ritchie@hbdhb.govt.nz; www.hawkesbay.health.nz

Corporate Office, Cnr Omaha Road and McLeod Street, Private Bag 9014, Hastings 4156, New Zealand



HB Health Consumer Council

Rachel Ritchie (Chair)

Malcolm Dixon (Deputy Co-Chair)

Dr Diane Mara (Deputy Co-Chair)

James Henry

Sarah Hansen

Samitioata McIntosh

Dallas Adams

Daisy Hill (HDC Youth Council)

Deborah Grace

Gerraldine Tahere

Denise Woodhams

Les Cunningham

Tumema Faioso

DRAFT



Hastings District Council Youth Council

Angela Hughes (Director of Youth Council)

Ashleigh Mako-Keenan

Boston Wynyard

Charliot Miller

Eva Harper

Gurjas Sekhon

James McPhail

Janička Tei

Kate Allen

Kathleen Steffert

Louis Gaffaney

Ondre Hapuku-Lambert

Oscar Malpas

Peleroose Vaima'a

Sophie Jones

Daisy Hill

DRAFT



3 December 2019

Di Vicary
Chief Pharmacist
Hawke's Bay DHB
HASTINGS 4120

By email di.vicary@hbdhb.govt.nz

cc. Kate Coley
Wayne Woolrich
Clinical Council members
Māori Relationship Board members

Dear Di

Pharmacy Subsidy Scheme

Consumer Council recently discussed the **pharmacy subsidy scheme** that has been in place for a number of years. Council is concerned that the scheme is not widely known about in the community. We have many anecdotal stories of consumers not knowing about it, learning about it after they could have used it for their benefit, or being unware of the detail required around utilising it only at one pharmacy.

We would formally ask that this scheme is given a strong communication push so that:

- it's existence is clear and obvious to consumers throughout our Hawke's Bay community; and
- the detail of how to utilise it are clear and obvious to consumers so that they can tailor their decisions around pharmacy use to best utilise the scheme. Eg choice of pharmacy for scripts, family members who may assist to build towards the threshold, community service card users, understanding that there is no electronic system link between pharmacies (many consumers are surprised about this).

As a place to start, Council members have noted they have not seen any signage around pharmacies to inform customers of the scheme. If further input is needed to better understand the issue we are raising or to address it I am sure the Council could assist with a small group of consumers to assist with this work.

We look forward to hearing from you.

Ngā mihi nui

Rachel Ritchie
Chair of HB Health Consumer Council


CONSUMER COUNCIL

Hawke's Bay District Health Board

Email: rachel.ritchie@hbdhb.govt.nz; www.hawkesbay.health.nz

Corporate Office, Cnr Omaha Road and McLeod Street, Private Bag 9014, Hastings 4156, New Zealand

GOVERNANCE WORKPLAN PAPERS									
Updated: 26 November 2019									
CLINICAL & CONSUMER MEETING 11/12 December 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				11-Dec-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				11-Dec-19			
Person & Whanau Centred Care - committee reports to Board		Kate Coley			11-Dec-19		12-Dec-19		18-Dec-19
Patient Safety & Clinical Quality Report	E	Kate Coley				11-Dec-19		18-Dec-19	
CLINICAL & CONSUMER MEETING 12/13 February 2020	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Alcohol Harm Reduction Strategy (6 monthly update) Feb - Aug		Bernard TePaa	Rachel Eyre	28-Jan-20	12-Feb-20	12-Feb-20	13-Feb-20		26-Feb-20
Consumer Council Priorities 20/21		Kate Coley					13-Feb-20		
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				12-Feb-20			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				12-Feb-20			
Electives and the Consumer - CMDO back to Consumer Council		Robin Whyman					13-Feb-20		
CLINICAL & CONSUMER MEETING 11/12 March 2020	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Matariki update to Consumer council (verbal)		Bernard Te paa	Shari Tidswell				12-Mar-20		
HB Pasifika Youth Project - final reporting and recommendations		Bernard Te Paa			11-Mar-20		12-Mar-20		25-Mar-20

	Hawke's Bay Health Consumer Council
	For the attention of: HBDHB Board
Document Owner:	Rachel Ritchie (Chair)
Month:	November 2019
Consideration:	For Information
RECOMMENDATION That the HBDHB Board : 1. Note the content of the report.	

Council met on Thursday 14 November 2019. An overview of matters discussed is provided below:

1.1737 Mental Health phone service; poor response time reported by HB youth - Council supported ongoing written correspondence on this issue to challenge the status quo. The latest response from the provider did not address the 'poor response time' issue raised. (This is a national service.)

2. Pharmacy Subsidy card - Council members recognise that the 'over 100 prescription spend' subsidy scheme is not well communicated to or understood by consumers. There are many stories of consumers not knowing about the scheme and/or learning about it inadvertently. The scheme has been in place for a number of years and Council will be following this up. The intention would be to push for clear and widespread communication to consumers about the existence of the scheme and 'how to access it'.

3. Review of Annual Plan - 1st goal. Review profile - the current status was generally agreed that Council has become known across the DHB but as yet not well known across PHO and out into NGOs and community organisations. Member's views around the need for profile, with whom and for what purpose were gathered and discussed. Based on the discussion a framework will be worked up by the Consumer Experience Facilitators for review. General consensus about where we 'are' currently. The 'where to' requires further discussion and work, however there are some themes emerging.

4. PHO 3 monthly report, Current year goals prioritised and reduced, Monthly planning and funding report- Council members welcomed these board and management reporting initiatives for a more 'joined up' picture of the health system and clarity moving forward. .

5. Person & Whanau Centered Care - Chairs of Consumer Council and MRB together with the ED Equity and ED People & Quality have met 3 times over the past months to initiate working together on a joint approach to bring a further proposal back to board following the June 2019 meeting. With other priorities in focus, the challenge of aligning 2 long term approaches from different groups and an organisation wide implementation plan to develop in the current financial climate, progress is occurring but will appear slow. There is an element of frustration building in Consumer Council on the progress. Collaboration will continue

between Council, MRB and Clinical Council as we work together towards the annual planning process for 2020-2021.

6. Interviews - interviews for new members are scheduled for next week.

7. Reports- from the following steering groups and committees were received:

- Clinical Council (Les Cunningham)
- End of Life Service Alliance group (Gerraldine Tahere)
- PAG (Deborah Grace)
- Consumer Experience Committee (Dr Diane Mara)
- Integrated pharmacy (Denise Woodhams)



CHAIR'S REPORT

 HAWKE'S BAY District Health Board Whakawāteatia	Chief Executive Officer's Report - Public
	For the attention of: HBDHB Board
Document Owner:	Craig Climo, Interim Chief Executive Officer
Month as at	20 November 2019
Consideration:	For Information

RECOMMENDATION**That the Board**

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

FINANCIAL PERFORMANCE

The operating result to budget at the end of October was:

- \$0.7M U for the month
- \$1.6M U year-to-date (4 months) –v- \$12.9M planned deficit

The forecast:

- \$0.4M U was the forecast was for October
- \$ 3M U is the revised year end forecast
- \$ 14.6M deficit is the projection for 2020/21 –v- \$8M planned deficit

The underlying result for October was:

- \$318k U was the underlying variance for October, with two “one-offs” removed.

The two “one-offs” referred to above were:

- \$270k U net Ministry of Health (MoH) wash-ups from prior years
- \$144k of strike costs, \$44K paid to senior doctors and \$100k of outsourcing costs
\$414k

The underlying result of \$318k U consisted of:

- \$224k U in the Funder-arm related to aged residential care
- \$186k U in the Provider-arm, with \$91k U in Security and \$40k U in “other” revenue.
- \$139k U in Health Improvement and Equity (likely timing)
\$549k U

With favourable offsets in:

- \$100k F Facilities (likely timing)
- \$130k F Inter District Flow income (mainly two cases)
\$230k F

I am concerned about our ability to achieve both this year's and next year's planned operating results, with potential savings at this stage falling short, without it having a negative impact on services and the health workforce.

Forecast 2019/20

The forecast contains about \$2.9M of savings over those planned in 2019/20.

A further \$1.6M has been identified, that can be roughly quantified, that could be delivered in 2019/20. The conversation re savings will be had elsewhere, but I want to note controls:

- Controls are being tightened over recruitment, use of security, casual staff, overtime, opening and closing beds. There is a balance between achieving effective control in historically difficult to control areas and still enabling managers to perform their day-to-day job and to not get in the way of longer term opportunities to improve services.
- Actively, not automatically, thinking about needs when approving upcoming job vacancies for replacement.
- We will audit a sample of clinical records for people who have been placed in residential care this financial year to see if they are in the appropriate setting.
- There is limited potential in discretionary public hospital spending e.g. training, building maintenance, flights to attend meetings.
- Resource utilisation information to users is being looked at e.g. laboratory, pharmacy and radiology usage to senior doctors.
- There are unbudgeted cost increases I have approved to address serious service shortfalls i.e. in cardiology – additional cardiologist, clinical specialist, and echo sonographer.

Forecast 2020/21

The first projection for 2020/21 is just to hand. It is a deficit of \$14.6M. We have planned \$8M. The projection includes those things in train that have been captured as savings and additional costs. It excludes next year's funding increases and cost increases on the assumption that they will net off.

This forecast for 2020/21 is novel and is work in progress, but is important to track progress. What the forecast means is that if we deliver on all the potential savings identified to date and quantified, that we are only maintaining our current deficit. It includes the \$0.9M gain in one less day in the year than the current leap year. Significant current cost increases flowing onto next year are Intragram (a blood product) and Inter Hospital Transfer at \$1.8M, aged residential care at \$2.3M, and pay increments from existing pay settlements at \$1.3M.

PROVIDER-ARM

Chris McKenna, Chief Nursing & Midwifery Officer, is ably filling in as Executive Director of Provider Services, until 6 January 2020 when John Burns returns for a further three months. Chris's focus is on ensuring that financial controls are in place and effective, and surgical throughput.

Achieving planned surgical throughput is of concern and at this stage we are only about the level of last year, being well short of plan. At the time of writing, the situation is being reassessed in checking that existing capacity is fully used and any option for extended hours. A tender for out-sourced surgery has been issued. It was to close on 18 November, but on request from recipients has been extended to 13 December. The spend being considered is flexible but to place an indicative value on it is in the order of \$1.6M for the rest of the financial year.

Applying the straight funding formula to our current forecast discharges, \$7M of revenue is potentially at risk, if fully enforced. Equally of concern is the lost opportunity of treatment for the community. This issue is being worked on to clarify the forecast volumes and the constraints and opportunities to achieve plan.

It's grim reading and a couple of pieces of context provides some balance:

- For the three months to 30 September 2019 our elective surgery output to plan ranked 11th of the 18 DHBs with plans.

- In the five years to 2018/19 surgical admissions for our population increased 11.8 percent compared to 7.3 percent for New Zealand, and for all inpatient admissions, it grew 22.2 percent compared to 11.8 percent for New Zealand.

The MoH recently visited to meet with our elective services people. I'm advised the MoH was critical of our performance – unsurprisingly – and made a number of suggestions the team are looking at. However, the concept is simple, only admit as many people as can be seen and treated. We admit more. The natural concern of senior doctors is that it excludes people who would benefit from treatment, but of course admitting more does not alter capacity and does not allow more to be seen and treated. It simply creates a long and ever growing list of people who will have expectations that will not be met. I have told management that control need be achieved over the number of people entering the system, and that we need to do so in a way that will not initially exclude people who would be seen or treated when we are in a steady state. It will require some time to get to a steady state, but so long as there is clear improving trend, and plan to do so, then stakeholders should be satisfied.

Tangentially to elective performance I have been looking at how we might capture and publicise the number of people who would benefit from treatment but for capacity reasons we are unable to offer it. The motivation is transparency and that it should not be the sole responsibility of senior doctors – hospital based and general practice – to inform patients and manage expectations. The barrier is that we only capture people referred to the hospital who cannot be seen or treated. As an aside, only about five percent of patients referred are declined for assessment - this may speak to the effectiveness of GP referrals. Quite possibly the only way to gain this information would be via a door-to-door health survey.

We are looking at the quality of the information given to coders in clinical notes. We suspect that we may be understating complexity by the way in which clinical information is recorded which understates our Case Weighted Discharges and Inter District Flow income. We have also identified that we have not been fully capturing arranged cases and that they have been recorded as acute. These two matters do not change anything for patients, but they bear on revenue and quality of information.

The bed availability “project” has commenced. This is to identify and implement practicable things to ameliorate the seasonal bed availability issue. It's led by Drs Gardner (physician) and Park (intensivist) with support from Anne Speden's Business Intelligence and Service Improvement teams.

Hawke's Bay Hospital has mostly been in green status and has only been red during strike action.

ANNUAL PLAN 2019/20

We understand that our plan is with the Minister with a Ministry recommendation for approval.

REPORTING AGAINST PLAN

There is a separate report in the agenda on quarter one performance on metrics. The report is work in progress and will change to include a summary and brief narrative reporting by the time we are reporting against next year's plan.

SENIOR MANAGEMENT REPORTING TO BOARD

I have previously mentioned that as one of a number of suggested changes around management and Board arrangements that I would put to the Board that specific senior managers and advisers report regularly to the Board, including importantly the PHO. It is intended that DHB management would periodically reciprocate with the PHO.

This is to enhance contact between the two, increase the Board's knowledge regarding issues and opportunities, and increase tension on performance.

The attachment is for information to show the logic of the schedule and will be incorporated into the Board's work plan.

18 DECEMBER BOARD MEETING

An indication is sought from the Board as to the agenda it wants for the 18 December meeting. It is the last scheduled meeting.

Noting that:

- At this stage new member induction is scheduled for 9 December, being the commencement date of the new Board. It will include in outline overall positioning of what we are trying to achieve.
- A major planning session is scheduled for early March, tentatively 4 March.
- The next tentative Board meeting date is 26 February, if we maintain the practice of the Board meeting being the last Wednesday of the month.
- The December financial result is due on 16 January which will be advised to members that day or soon thereafter. The delay is to allow for annual leave and a corporate office shut down.

MATTERS IN PUBLIC EXCLUDED SECTION


Please also see the matters in the public excluded section of my report.

THANK YOU

I take the opportunity to thank the outgoing Board members for their services to the DHB and the community. I've only been here a short time but I know the effort required and I've seen it applied here.

SENIOR MANAGEMENT REPORTING TO BOARD

- PERFORMANCE TO DATE
- ISSUES / OPPORTUNITIES

Quarterly Performance Information Available


January	February	March	April	May	June	July	August	September	October	November	December
Nil	HIE and Population Health PHO People & Quality	Annual Planning	CM&DO CN&MO Allied Comms	HIE and Population Health PHO People & Quality	Information Services and Service Improvement	CM&DO CN&MO Allied	HIE and Population Health PHO People & Quality	Information Services and Service Improvement	CM&DO CN&MO Allied Comms	HIE and Population Health PHO People & Quality	Nil

Align:

- To availability of quarterly reporting for those reliant on the metrics
- Group logically on the day, e.g. Health Improvement & Equity, Population Health and PHO
- None in December, January (shortened, if any, meetings) and March has an all in planning day



CONSUMER EXPERIENCE FACILITATORS REPORT

December 2019

9

Consumer/Patient and their Whanau Experience


- Health Quality Safety Commission (HQSC), Nga Poutama survey of consumers of mental health and addiction services completed. This survey was requested by the Mental Health and Addiction (MHA) sector, to support consumer, family and whanau centred approaches to quality improvement in MHA services. Survey analysis has commenced and results will be available in early 2020. The uptake of the survey was lower than expected, a discussion on what worked, what didn't work and learnings for next time has been scheduled with HQSC on 18 December.
- Feedback from participants following Patient Safety Week has been very positive and there is a real appetite for staff to explore the theme 'Understanding implicit bias in healthcare' further.
- Work continues on Pilot between HBDHB & HQSC to co design and pilot an escalation pathway to enable patients and whanau in Wairoa to raise concerns if they are worried about changes in a patient's medical condition.
- Wayfinding presentation made to Consumer Experience Committee in November meeting.
- Inpatient Experience Survey- Feedback provided to HQSC by DHB's resulted in a review of the current survey. A new provider has been selected and a recommendation made to move away from the Picker question set. The move to a new reporting system provides the ideal time to refresh the questionnaire and begin a new dataset, which will provide users with more actionable data.

Community Engagement

- International Day of People with Disability was celebrated with an event organised by the Safer Hastings Team on 3 December. This was a great community celebration enjoyed by all.
- Meeting with Katie Owen, Disability and Inclusion Advisor Sport Hawke's Bay on 17 December. This forms part of the CEF actions from the disability strategy.



COMMITTEE REPRESENTATIVE FEEDBACK

	Report to HB Health Consumer Council from: Consumer Experience Committee Meeting 25/11/19
	For the attention of: HB Health Consumer Council
Document Owner:	Dr Diane Mara
Month:	December 2019
Consideration:	For Information
RECOMMENDATION That the HB Health Consumer Council: <ol style="list-style-type: none"> 1. Note the content of the report. 	

Main issues discussed

1. *Wayfinding project*- we were consulted on the new proposed hospital signage which will be clearer and on a white background.
2. *Priorities for 2020*- it was agreed that given we meet only 4 times per year we would like to focus on two main areas:
 2. *The inpatient survey*- involves both seeking and advising on modifications to the national surveys which are required by HQSC and keep on improving internal patient and user feedback. Reports to come back to CEC.
 - *Compliments and Complaints*- as these are being collected CEC would like to receive updates on topics and trends so it can advise or consult on the issues raised and the responses going to patients/consumers.
3. *Patient Safety Week*- well patronised and important. Be useful to find out whether/how this has improved safety standards and practices.



Commitment to Quality Improvement and Patient Safety Award

Awarded to:

Unichem Russell Street Pharmacy, supported by Breathe Hawke's Bay and The Doctors Hastings.

For their entry:

Helping Māori and Pacific Island Children breathe better

Breathing better was the focus of an education and improvement tool developed by Hastings pharmacy, Unichem Russell St Pharmacy targeting families of young Māori and Pasifika patients waiting for asthma prescriptions.

A trial by the pharmacy, with support from the Health Quality and Safety Commission quality improvement programme, saw families invited to have a respiratory 'warrant of fitness' check and education session with a pharmacist – while waiting for their medication to be dispensed.

The pharmacy developed the initiative, in partnership with adjacent medical centre, The Doctors Hastings, as well as a primary health organisation Health Hawke's Bay's clinical advisory pharmacist and respiratory support service, Breathe Hawke's Bay.

As a result of the initiative, twelve families participated in a trial over a six month period with the aim to improve their respiratory Asthma Control Test (ACT) score.

The winning entry explained that Hawke's Bay Māori and Pasifika children have a much higher rate of hospital admissions for respiratory disease (7.3 and 10.4 per 1000 respectively) compared to European children (4.5 per 1000).

The pharmacy introduced a variety of interventions to improve the patients' asthma management.

These included checking if they were on a preventer inhaler and reviewing their technique, seeing if an asthma action plan was in place and understood, monthly follow up phone calls, checking if other family members also had asthma, smoking cessation advice and referral for a healthy home check.

Also, rather than the pharmacy using the prescribed ACT target score of good control (19 out of 25), patients and their families chose their own target score and personal aims, such as having no asthma attacks or waking less at night.

Judges of this category commented the initiative had an excellent focus on equity, provided great linkage between broader health teams and gave the young patients and their parents' empowerment to better manage their respiratory condition through education and easy checklists.

Results are speaking for themselves.

Of the twelve patients who participated in the trial, the patients' average ACT score increased from 13.7 to 21.7, with 83 percent achieving their target score. More preventer inhalers were dispensed and fewer emergency steroids.

Key to the project's success was delivering the education sessions within the pharmacy as well as providing patients with tools, such as spacers, which pharmacies aren't normally funded to provide.

The DHB supported the project by using Medicines Use Review (MUR) funding to cover the pharmacists' time to carry out the warrant of fitness and education.

Early results have been so overwhelming the group would like to see its Warrant of Fitness tool delivered throughout Hawke's Bay.

The project was undertaken as part of the 2018 Whakakotahi quality improvement programme, which aims to increase quality improvement capability in primary care and support the key focus areas of equity, integration, consumer engagement and consumer co-design.



Excellence in Person and Whānau Centred Care

Joint winners:

Hawke's Bay DHB: Relationship Centred Practice Training Programme.

Hawke's Bay DHB renal service, specialist palliative care team, Māori Health and pastoral care team, Cranford Hospice Trust and Primary Care GP representative: Supportive Care Clinic – Renal – Dying Well.

Relationship Centred Practice Training Programme

The interaction between people, whānau and clinicians is at the heart of health care. Consultations happen in a variety of contexts, locations and with many different clinical professions, yet sometimes the traditional model of consultation can leave patients feeling powerless, despite the best intentions of clinicians.

Hawke's Bay DHB's relationship centred practice training programme is an initiative developed around Māori models of care, Hui process and the Meihana model to facilitate person and whānau-centred working relationships.

In a relationship centred interaction, people and whānau work with a supporting clinician. The relationship is built around a person's life goals, whānau support, how they plan to work towards wellness and what support they need to help get there. Working in partnership, a clinician supports people and whānau to think about goals that are meaningful to their lives.

Since the introduction of the training programme, more than 200 clinicians from medicine, nursing and allied health backgrounds have participated. Evaluation has shown transformational change in practice. Clinicians who have attended are empowered by the new skills they've learnt and are empowered to develop strong and trusting relationships with people and whānau. Best of all, patients feel better understood and supported to be in charge of their health care journey.

Supportive Care Clinic – Renal – Dying Well

This winning entry has addressed the hard part of living – dying well. Researching how best to support patients on an end-of-life pathway was key to this initiative, which followed international best practice to developing Support Care Clinics as patients faced tough decisions.

Before establishing their own ideas, the team asked their patients what they wanted and how they could best support them to die well. They also researched what other centres do and visited a similar clinic in Christchurch to gain insight.

The resulting outcome was a care plan that was not limited to renal and palliative care clinicians but others important to providing support in this phase of someone's health journey.

The team invited palliative care specialists, Cranford Hospice Trust, pastoral care, a social worker and GP representative, a Psychologist and Kaitakawaenga from the Māori Health Team to work on developing an end of life pathway for patients. This has now seen the creation of structured appointments that were as long as the patient and their family needed to explore their concerns. Offering not only clinical support, but spiritual and cultural support as well. This team successfully integrated services throughout the health system and is now looking to translate their learnings to other secondary services and to national symposiums.

Most importantly their patients are thankful for this approach. To quote two of those patients:

"I feel stronger now to tell people what it is I want, doctors and my whānau."

"My heart feels lighter" - expressed by a patient at the end of the first visit in the clinic. This patient described how he had not talked about his dying before and understood he was unlikely to live another year.



Excellence in Service Improvement

Awarded to:

Hawke's Bay DHB Pre-Admission Clinic, Perioperative Department and Surgical Services.

For their entry:

Improving elective surgery through a redesigned pre-admission process

10.2

Onerous pre-admission processes for elective surgery patients are now a thing of the past at Hawke's Bay Hospital following a new initiative that not only improves hospital flow, but means less time for patients awaiting their pre-surgery check-ups.

This award-winning entry shared that the hospital's pre-admission processes to prepare patients for surgery was cumbersome for patients, sometimes involving multiple appointments with different staff, leading to a duplication of testing or information given, and hours of waiting at the hospital for all checks and assessments to be completed.

An audit of the service identified the process of preparing patients for surgery needed improving and enhancing, particularly for fit and healthy low risk patients.

A complete re-design of the service was undertaken. Individual specialties were identified and collaborated with. As a result, utilising trained surgical pre-admission nurses to perform physical assessments (clerking) on fit and healthy patients was introduced, leaving house surgeons to focus on more complex patients. Training for pre-admission nurses was delivered by relevant teams with all specialties on board.

Under the old pre-admission process, the 'healthy' inpatients were required to see a Registered Nurse, House Surgeon (HS) and anaesthetist over multiple days. Often this would result in long delays for the patient due to House Surgeon availability. Under the new process, these patients have their physical assessment and clerking completed by a Registered Nurse before being seen by an anaesthetist on the same day.

This winning entry shows there is now more consistency across its pre-admission process, which is patient-centric and allows for smarter use of clinical time and resources. The new approach also provides a more seamless experience for fit and healthy patients.

Anecdotally the new process has allowed for early identification of high risk patients and patients with health issues, which allows for proactive management, improved patient safety through comprehensive nursing assessments and robust post-operative care plans prior to admission. There has also been a reduction in average lengths of stay late cancellation rates.

A mini audit between 4 and 22 March 2019 revealed of the 165 elective patients who went through the Pre-Admission Clinic, 81 percent would have previously seen a Registered Nurse, House Surgeon and anaesthetist. However, under the new process, just 26 percent qualified to see all three.

The new process had also deepened the understanding of the principles of the Treaty of Waitangi for the pre-admission team who work in partnership with Māori health to help patients navigate their way seamlessly through this journey, being well supported at all times.



Commitment to Working Together to Improve Community Health and Wellbeing

Joint winners:

Presbyterian Support East Coast, Hawke's Bay DHB, Oranga Tamariki, Family Works HB, Te Ikaroa Rangatahi Social Services: Poipoi Mokupuna

Te Taiwhenua o Heretaunga, Hawke's Bay DHB, Choices: Improving the cervical health outcomes for wāhine

The judges said it was impossible to separate the two entries, both of which showed excellence in reducing inequities, were innovative with clear problem definition, and had a strong focus on improving the patient-whānau experience.

Poipoi Mokupuna

Poipoi Mokopuna, led by Presbyterian Support East Coast, is a pilot programme committed to supporting whānau and non-whānau caregivers with tamariki in their care who have suffered two or more placement breakdowns. The full project team includes representatives of Hawke's Bay District Health Board, Oranga Tamariki, Family Works HB, and Te Ikaroa Rangatahi Social Services.

The programme recognises that many of the children in care have complex behavioural and mental health problems, and that tamariki Māori are over-represented in this group. The support for caregivers includes in-home coaching, specialised training, peer support networks and counselling.

Pre and post surveys showed marked improvements in caregivers' understanding of the needs of tamariki with complex needs, the quality of relationships between caregivers and tamariki, caregivers' confidence in their skills, and improved cultural connectedness.

The success of the programme has led to Oranga Tamariki considering funding the expansion of the programme.

Improving the cervical health outcomes for wāhine

The joint winning project, Improving cervical health outcomes for wāhine, was led by Te Taiwhenua o Heretaunga mobile nursing team, with the full team including representatives from Choices and Hawke's Bay District Health Board.

The judges said there was no doubt the project was saving lives by removing barriers to cervical screening, particularly cultural and access barriers – using a kanohi ki te kanohi (face-to-face) approach.

Focused on Māori and Pasifika women who had never had the test or had consistently missed test appointments, it provided a range of places that women could take the test: in their own home, at their registered general practice, at a pop-up clinic within their community (organised as required), or at some other place of their choosing.

That kanohi ki te kanohi approach and provision of options for taking the test addressed many issues the women had, including lack of transport, previous poor experience, lack of understanding of the importance of the test, feeling culturally unsafe, and inflexible appointment times at their general practice.

The programme had been so successful that some general practices were now referring their 'hard-to-reach' patients to the service.

By September this year, the team had screened 159 of the 2139 in the target group.

The plan is to continue to provide the outreach service so equitable health outcomes for women are met.



Excellence in the use of knowledge to deliver innovative solutions

Awarded to:

Ngāti Pāhauwera Development Trust and Te Tātai Hauora O Hine (Centre for Women's Health Research, Victoria University of Wellington)

10.2

For their entry:

He Korowai Manaaki – A protective cloak for Hapū mama and Whānau

What began as a research initiative to address health inequities experienced by Māori women and their babies in the rural extremities of southern Wairoa, has grown into a community-led maternity care pathway for pregnant women in Te Wairoa that puts women, their babies and whānau at the centre of care, without barriers.

Wairoa-based Ngāti Pāhauwera Development Trust identified a growing need for better health care intervention for mothers and babies.

The Trust explained the first five years of life from pregnancy onwards are crucial for long-term wellbeing, yet unacceptable health inequities are experienced by wahine Maori and their babies. To reduce these inequities, the Trust invited Te Tātai Hauora O Hine (Centre for Women's Health Research, Victoria University of Wellington), to partner with them in Kaupapa Māori (by, with, and for Māori) research.

The initial partnership goal was to address health inequities experienced by Māori women and babies in southern Wairoa, but it has grown into a well-supported programme 'He Korowai Manaaki (HKM)' which began in November 2018 and leverages the expertise of local people by combining a 'clinical wrap' within a 'whānau wrap' that is responsive to the needs of women and their whānau.

He Korowai Manaaki gives choice to pregnant women and their whānau who are supported to access health and social services to better their health and wellbeing, such as medical care, oral health care, transport and even driver licensing.

Ngāti Pāhauwera facilitated the coordination of health and social service providers to ensure women and her whānau could journey in a more seamless way. Starting from primary or midwifery care, women could identify, and then be connected with, other health and social services. For example, a woman and her partner who identified a need for oral health care were supported by their health provider to access a local dentist. The assessment (clean, x-ray and plan) would be paid for by HKM and then other forms of support were leveraged for treatment (e.g. Work and Income grants).

This winning health awards entry reports that women have expressed their gratitude of what HKM has created – 'opportunity'. Opportunity for them to experience improved oral health care or steps to give up smoking, as well as employment opportunities by those who have gained confidence within themselves through this programme.

He Korowai Manaaki has been congratulated by Health Awards judges. The collaboration between the Iwi and Te Tātai Hauora O Hine has seen a number of stakeholders working together in a strengths-based way to reduce the inequitable health outcomes experienced by Māori women, their infants and whānau in Te Wairoa and more recently, across Hawke's Bay.

The future looks bright. Ngāti Pāhauwera and Te Tātai Hauora O Hine have been invited to share HKM with government ministers, other Iwi, DHBs, PHOs and agencies interested in alternative models of care to support whānau wellness. This sharing has led to funding discussions as parties have acknowledged the importance of sustaining HKM in Te Wairoa.



Outstanding Contribution to Hawke's Bay Health

Awarded to:

Hastings Health Centre

For their entry:

A purpose built one-stop health and urgent care facility

The new Hastings Health Centre, winner of the Outstanding Contribution to Health in Hawke's Bay category, is receiving praise from all quarters.

The award recognises high, quality improvement and planning; which makes a service sustainable into the future, shows respect and lives the values of its service.

Along with its future-proofed new building on St Aubyn St, Hastings Health Centre has a much expanded service to look after its more than 30,000 patients, including new roles and services designed to ensure patients see the right health professional at the right time.


Those new services include a Mental Health credentialed nursing service, aimed at providing better and faster access to mental health treatment for those suffering low to moderate issues. New and expanded existing services span the primary health care range, from the walk-in urgent care facility, radiology and laboratory, to a full dental service, a diabetes specialist nurse, and clinical pharmacy.

The "one-stop" health and urgent care facility opened in April this year, manned by more than 100 staff. The art work and suite naming, designed in collaboration with Kahungunu kaumatua, have resulted in a facility that is warm, welcoming and relevant to all, particularly local iwi. A café and outdoor courtyard add to patient comfort.

The Hastings Health Centre team "lives and breathes" the organisation's values: Care, Teamwork, Respect and Improvement.

The centre is an asset for the whole of Hawke's Bay Health sector as it provides more than 35,000 urgent care consultations a year and is receiving great feedback from patients, including in regular anonymous patient surveys.

The judges said Hastings Health Centre's "outstanding" entry needed to be applauded for its collaboration, scale of investment, development and service redesign.

	Report to HB Health Consumer Council from: Disability Plan Implementation Group
	For the attention of: HB Health Consumer Council
Document Owner:	Dr Diane Mara
Month:	December 2019
Consideration:	For Information and discussion
RECOMMENDATION That the HB Health Consumer Council: <ol style="list-style-type: none"> 1. Note the content of the report. 2. Recommend that the CE and SMT be better informed about the HB DHB Disability Plan and the expectations of consumers to reflect at least one outcome area in their planning and practice delivery for 2020 and beyond 3. Request further clarification on the HB DHB Abuse of Vulnerable Adults policy. 	

The 2019 Plan was reviewed and some progress was noted in these Outcomes Areas:

Accessibility: Service design and audit not started, need for feedback policy and forms which have been reviewed by community disability groups need to be implemented. Some gains in the community networks e.g Orthotic services qualify for free bus service.

Attitudes: The Review of Ka Awatea by Disability Groups in CHB and Napier Disability Advisory Committees however training modules must be developed for use in hospital and health services.

Choice and control: Some contact with disability communities implemented by CE Co-ordinators.

Leadership: Although passed by the DHB as policy this year and there is a working group established no priorities have been set in recent planning across Directorates. (See recommendation for discussion).

Health and Well-being: Although initial meeting has been held with IT regarding adding another question to the Patient Admission Record this is still being investigated. It was revealed that the NASC operates a different data base system and so these do not talk with the DHB. This is important since NASC is part of DHB and is the assessment agency engaged with elderly and disability funding.

Planning for 2020: I have suggested that instead of trying to action all of the planned outcomes that this Group focus on two outcomes:

1. Completing the records and documentation of all patients/clients using health services by self-identifying under the 4 categories of impairment (as specified nationally). Patient management systems. This would also be an area for reporting progress on the Disability Plan.

2. Internal promotion of Plan and accountability for actions taken internally by DHB and PHO to be actioned.

Concerns:

1. **Leadership:** Although the DHB Board has approved a Disability Plan this is not currently being reflected in priority setting across the directorates and the PHO.

I recommend that the DHB Board be reminded that it has signed off the Disability Plan in line with international Conventions and national health and disability standards required of all DHBs. We request them to ensure through the CE that the implications and expectations of the Disability Plan be reflected in planning across all departments of the DHB and PHO. To expedite this process it would be useful for the current Disability Plan Implementation Group be available to brief the CE and Senior Management Team so that Directors can initiate some authentic action.

2. **Health and Well-being :** Need to facilitate IS and IT discussions to streamline systems so that numbers and categories of impairment are gathered and monitored to inform responsive and empathetic care of those with impairments. Set up meetings and NASC will be involved.

3. **Consent forms for service by those with disabilities;** It came to my knowledge that because of the two database systems NASC clients have to sign two sets of consent for each of the databases. I was consulted on the forms as a consumer. The issue for HB is that NASC is under DHB and reports both internally and nationally. Safeguards are now in place but clients/consumers need to know the background.

4. **Policy on Abuse of Vulnerable Adults:** Material received from NASC will be tabled to be discussed so that Consumer Voice can be added to the development of this policy.

Mental Health & Addictions and Youth/Rangatahi December 2019 Report

Consumer Council Report

COLLABORATORS: DEBORAH, DAISY, GERRALDINE, DALLAS AND TUMEMA

OBJECTIVE 1: Actively promote and participate in co-design processes for Mental Health and Youth

WHY DO IT?

- To improve the delivery of Mental Health & Addictions and Rangatahi services in HB
- Improve staff and public awareness of mental health & addictions and youth issues
- To increase staff levels, particularly Māori and Pasifika
- To raise staff awareness, understanding and participation
- To allow the consumer voice to be a partner in the conversation, in the model of care and have input into service planning and design
- Because the service is in crisis!
- The Model of Care is outdated
- Pasifika voice/values are missing
- To reduce suicide rates especially in Māori and Pasifika peoples
- The ambulance at the bottom of the cliff model doesn't work
- Lack of access to services for Māori and Pasifika (Stigma?)
- Increase cultural awareness

WHAT HAVE WE DONE?

- Formed the Partnership Advisory Group (PAG) 5 years ago when Ngā Rau Rākau was built
- Have strong consumer voice there
- Have strong links to Directorate and other staff, working in partnership
- 2 x weekly ward meetings between consumer reps, staff and consumers have started
- A Consumer Advocate role is coming back to DHB from NGO .3 FTE
- Reduction in seclusion hours
- Accreditation training for MH to GP practice nurses (3 years and ongoing)
- Working in Partnership with staff in MH&AS

HOW?

1. CHALLENGES:


- a. Budget/Funding
- b. Staff burnout/shortages
- c. Long term complex patients
- d. Destigmatisation
- e. Importance???
- f. Mental Health & Addictions redesign due next year
- g. Model of Care needs to be rewritten
- h. Improved community facilities for mild to moderate episodes
(resulting in Ngā Rau Rākau being the acute unit as it was designed)
- i. Staffing levels for EMHS/ED/CMH/across the service

2. ACTION POINTS:

- a. More Youth Council Members for youth voice
- b. More Youth Māori and Pasifika Council Members for youth voice
- c. Engage with HDC Youth Council/schools and colleges
- d. Engage with the Health Board Youth Council (are they still running)
- e. Mental Health??
- f. More members for PAG
- g. Increase staff numbers
- h. Mental Health & Addictions redesign due next year
- i. Take initiatives from Men's Medicine. Founder is Watene Waenga.
Invite Watene and Peleti Oli to speak to CC and MH&AS during MM 2020 program.
- j. To support initiatives enabling long term and complex patients to be
in suitable community accommodation, freeing bed space for acute
patients


HAWKES BAY HEALTH CONSUMER COUNCIL ANNUAL PLAN 2019/20

ACTION/PROGRESS REPORT

OBJECTIVE No.	FOCUS MONTH	PROGRESS UPDATES
1. Actively promote and participate in co-design processes for: - Mental Health, - Youth	December 2019 <i>Deborah, Daisy & Gerraldine, Dallas & Tumema</i>	
2. Actively promote and participate in co-design processes for: - Primary Care - Urgent care	March 2020 <i>Rachel, Les, Denise & Sarah</i>	
3. Actively participate in agreeing and implementing priority actions arising from the Strategic Plan (Whanau Ora Hāpori Ora)	February 2020 <i>ALL – led by Rachel</i>	
4. Monitor and assist initiatives that make health easy to understand within the health sector and community.	April 2020 <i>Jim, Denise, Deborah & Malcolm</i>	
5. 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	May 2020 <i>Rachel, Diane, Les & Denise</i>	
6. Monitor all ‘Consumer Experience’ performance measures/indicators/feedback/etc., to ensure ‘changes on the ground’ are noticed and that consumer experience and health outcomes are improving	June 2020 <i>To come through CEC (Diane)</i>	
7. Support and monitor the implementation of the Consumer Collaboration Strategy and principles in Hawke’s Bay	June 2020 <i>Rachel, Denise & Deborah</i>	
8. Raise awareness of the work of Consumer Council	November 2019 <i>Rachel, Les, Malcolm, Deborah & Denise</i>	 Objective 8 document.pdf

FOOTNOTE: Reviews to address:

- What has already been achieved?
- What is currently happening?
- What needs to happen and how can it be done?
- How do we know we are achieving our objectives/evidence?

 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	Person & Whānau Centred Care Draft Options – Discussion document
	For the attention of: Consumer Council
Document Owner	Kate Coley, Executive Director of People & Quality
Document Author(s)	Kate Coley & Bernard Te Paa
Month/Year	November, 2019
Purpose	<p>The purpose of this discussion paper is to provide a starting point for discussion and feedback in regards to supporting a more effective approach and implementation of person and whānau centred care objective which can be proposed to Board in 2020.</p> <p>This follows on from a paper presented to Board in June 2019, seeking additional resources to support the programme of work, which at that time was declined.</p>
Summary	<p>Over the past 18 months both the Clinical & Consumer Councils have been working on the development of the Person & Whānau Centred care concept, and key workshops have informed the context.</p> <p>Since June 2019 a number of meetings have taken place between the chairs of MRB and Consumer Council in an attempt to draw all of the strands together so that we are jointly able to present a further paper to Board in 2020.</p> <p>The attached document has been developed to try and bring together all the elements of these pieces of work that straddle a number of governance groups and operational areas together. The A3 is intended to provide a simple one pager perspective that is easy to understand and identifies key components of a framework/structure to help us achieve not only a focus on person and whānau centred care as outlined in the health strategy but will also support the other two inter-related objectives around equity and community led.</p> <p>The A3 identifies a number of initiatives and programmes of work that are currently being developed or are being implemented by a number of individuals across the People & Quality and Health Improvement & Equity Directorates.</p> <p>Feedback on the diagram will be warmly welcomed.</p> <p>Additionally what we have attempted to do is to provide a number of options to support the operationalising of this programme of work. These are absolutely only starting options for a discussion with both the Consumer Council and MRB, before an agreed approach is put forward for endorsement by Board in 2020.</p>

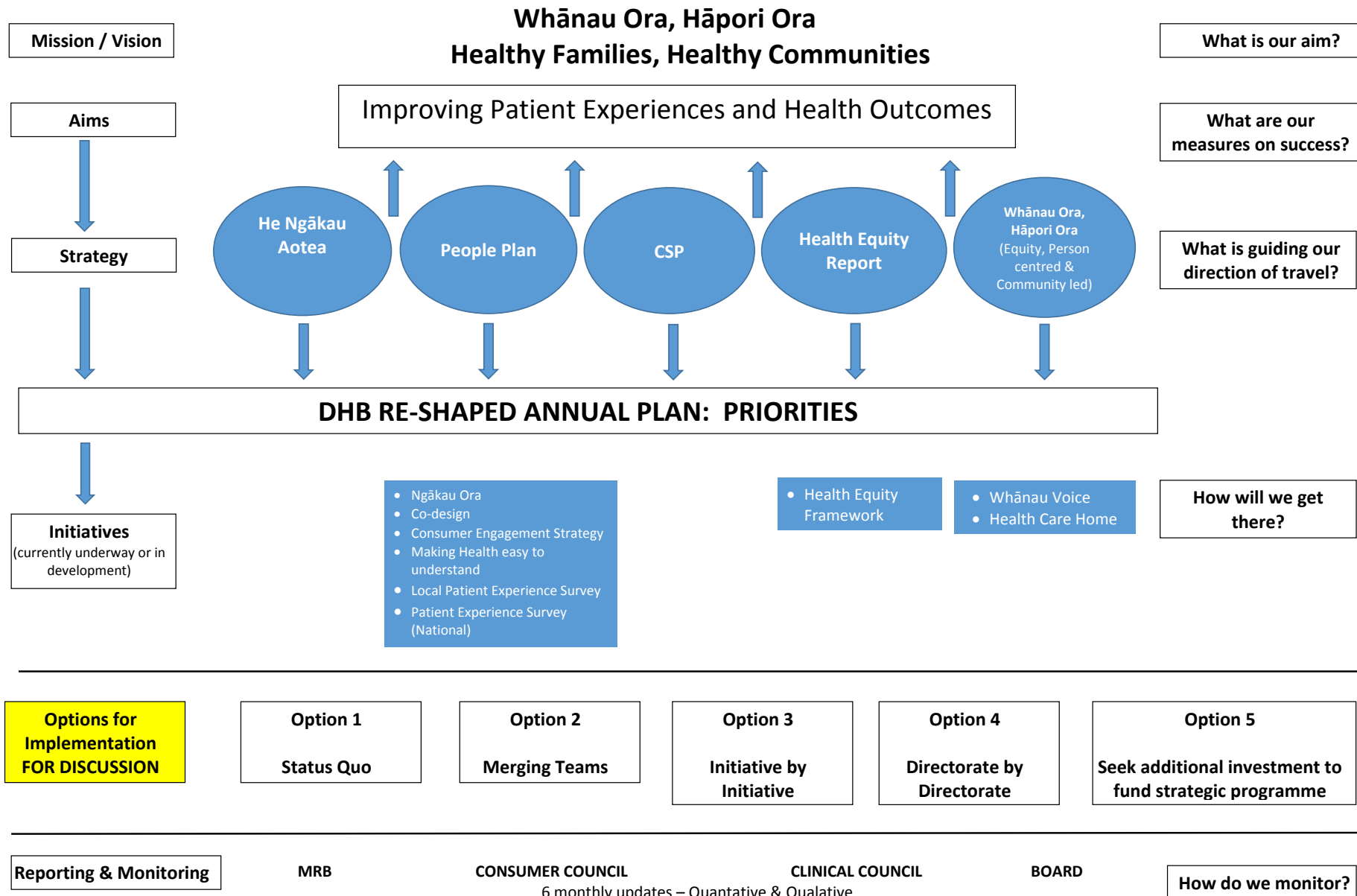
	<p>The intent is to in the context of where the health system is (consumer demands increasing, pressure on frontline clinical teams and financial constraints, annual plan priorities, MOH priorities, negative impact of strikes), consider what we can do pragmatically to energise and provide some momentum and traction for this piece of work. The intent is to develop champions across the organisation, and develop a mechanism for a social movement to begin.</p> <p>The initial ideas are presented as just that, initial thoughts and we are trying to think as broadly as we can whilst being cognisant on the well documented and publicised challenges both financially and demand driven on DHBs and frontline staff.</p> <p>We all want this to be a success and we are passionate about driving and achieving the objectives set out in the health strategy. We also acknowledge and accept that these changes will take time to embed and that the impact on health outcomes and experience will be in future years.</p>
Contribution to Goals and Strategic Implications	<p>Improving safety, wellbeing, and quality of working lives of all HBDHB's staff and patients</p> <p>Improving the safety, quality and experience for patients</p> <p>Value for money</p> <p>Key strategic objective identified and endorsed in the Clinical Services Plan and Hawke's Bay Health Strategy</p>
Impact on reducing inequities/disparities	<p>Māori and Pacific have lower life expectancy, greater morbidity, higher rates of disability, less access to health and rehabilitation services and poorer experience of health care than non-Māori and non-Pacific.</p> <p>A key driver of transformation in any health system is enabling the voice of the consumer, especially those most in need, to co-design health system and services.</p> <p>Implementation of the proposal will have great potential for improving Māori and Pacific health outcomes and reduce health inequities in the district</p>
Financial/Budget Impact	To be determined
<p>RECOMMENDATION:</p> <p>That Consumer Council:</p> <ul style="list-style-type: none"> • Discuss and provide feedback on the outlined framework (A3) and consider the potential options for the implementation of this piece of work. • Please note that these options are purely a starter for discussion and will need to be refined following feedback from Consumer Council and MRB. 	

High level Draft options for discussion

Number	Option	What does this look like in reality?	Pro's	Con's
1	Status Quo	Support Consumer Experience Facilitators to continue to work with services Working with individuals in HI & E team who have an interest and passion and are involved in linked programmes of work e.g. consumer voice.	<ul style="list-style-type: none"> Have positive relationships with Consumer Council and a number of directorates Expertise of the team 	<ul style="list-style-type: none"> Limited resources to drive initiatives at speed Mix of proactive activity and reactive responding
2	Merging of resources under one Executive Director	Consumer Experience Facilitators and other resources as identified in option 1 are brought together as one team under one Executive Director with the core objective of driving this work across the organisation	<ul style="list-style-type: none"> Grouping resources and using staff to totally support the work might increase the impetus and implementation of initiatives One leader who has the responsibility and accountability to deliver 	<ul style="list-style-type: none"> Some of the resources are not fully employed to specifically drive this programme and therefore risk of other tasks/functions not being undertaken or having to be reallocated
3	Initiative by initiative	Linked to status quo (1) or (2) and that initiatives are rolled out across the whole organisation at the same time, embedded and then move onto the next initiative. E.g. start with training through Ngākau Ora programme, then once that has reached a certain completion rate, move onto rolling out Co-design training, then Making health easy to understand framework/assessment etc.	<ul style="list-style-type: none"> All departments would be taking up the initiatives at the same time 	<ul style="list-style-type: none"> Challenging rolling out initiatives organisational wide Past experience is that this approach doesn't work Requires a significant amount of resource (outside of current resources e.g. communications) to support this approach
4	Directorate by Directorate	Linked to option 1 or 2 – would mean that we identify a directorate/department who is potentially already focussed on	<ul style="list-style-type: none"> Working with the willing Ability to learn what works in terms of implementation and the initiatives so 	<ul style="list-style-type: none"> Would require significant focus on that one directorate – would that be at the cost of others

		delivering PWCC approach and roll out and target all of the initiatives in place at the moment with them only. Once these have been rolled out in that directorate then we would move to the next directorate/department	<p>that we can continuously improve the rollout in the future</p> <ul style="list-style-type: none"> • Create some momentum 	<ul style="list-style-type: none"> • Do we still have sufficient resources to push this through quickly with the directorates
5	Seek additional investment to fund strategic programme	Identify what skills, capability and capacity would be required to appoint a project lead, working group, identification of champions and put forward a business case for additional funding.	<ul style="list-style-type: none"> • Increased level of resources • Project leader to drive and prioritise initiatives • Team approach 	<ul style="list-style-type: none"> • Significant investment required • Highly unlikely (in current context) to receive additional funding until can show proven impact on health outcomes. • Should be everyone's responsibility not about a few people driving it – should become part of the way we do things around here • Not sustainable

PERSON AND WHĀNAU CENTRED APPROACH





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:

14. Minutes of Previous Meeting (Public Excluded)
15. Matters Arising – review of actions
16. Topics of Interest – Member Issues / Updates

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

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

