Hawke's Bay Health
Consumer Council Meeting

Date: **Thursday, 14 September 2017**

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)
Graeme Norton
Rosemary Marriott
Heather Robertson
Terry Kingston
Tessa Robin
Leona Karauria
Sami McIntosh
Deborah Grace
Dr Diane Mara
Jenny Peters
Olive Tanielu
Jim Henry
Malcolm Dixon
Sarah Hansen
Dallas Adams
Kylarni Tamaiva-Eria

Apologies:

In attendance:

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

HB Health Consumer Council
Agenda

PUBLIC

Item	Section 1 – Routine	Time (pm)
1.	Karakia Timatanga (Opening) / Reflection	4.00
2.	Apologies	
3.	Interests Register	
4.	Minutes of Previous Meeting	
5.	Matters Arising - Review Actions	
6.	Consumer Council Workplan	
7.	Chair's Report (verbal)	
8.	Consumer Engagement Manager's Report (verbal)	
9.	Youth Consumer Council Report (verbal)	
	Section 2 – Presentation	
10.	Waioha Primary Birthing Unit - Benefits Realisation – Chris McKenna / Jules Arthur	4.40
	Section 3 – For Decision	
11.	HB Consumer Council Annual Plan 2017/18	4.55
12.	Position on Reducing Alcohol Related Harm – Tracee Te Huia / Rachel Eyre	5.00
	Section 4 – For Discussion	
13.	Quality Dashboard Concept Paper - Kate Coley	5.15
14.	Quality Improvement & Patient Safety - Annual Plan 2017/18 – Kate Coley	5.25
15.	Disability Strategy – Steps from here?	5.35
	Section 5 – For Information only	
16.	Te Ara Whakawaiora - Healthy Weight (national indicator)	-
17.	Implementing the Consumer Engagement Strategy	-
	Section 6 – General Business	
18.	Topics of Interest - Member Issues / Updates	5.45
19.	Karakia Whakamutunga (Closing)	

NEXT MEETING: Thursday 12 October 2017 at 4.00 pm

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATE TIRA PARTNERSHIP
TAUWHIRO CARE

Interest Register

Hawke's Bay Health Consumer Council

1 September 2017

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	Put the Patient First	Involved when group was active	Advocating for Diabetes Patients	Unsure	Real / potential / Perceived
Rosemary Marriott	YMCA of Hawke's Bay	Member	Youth Including health issues	No	
	Totara Health	Consumer Advisor	Health and wellbeing	No	
Heather Robertson	Restraints Committee of DHB	Committee Member	Representing Consumers on this Committee	No	
Terry Kingston	Interest in all health matters, in particular - Mental Health, Youth, Rural and Transport.			No	
	Age Concern Hawke's Bay	Board Member		No	
	Positive Aging Trust	Committee Member		No	
Tessa Robin	Te Kupenga Hauora - Ahuriri	Finance and Quality Manager	Responsible for overseeing QMS for organisation and financial accountability	No	Potential - Employer holds contracts with HBDHB
Leonna Karauria	NZ Maori Internet Society	Chairperson	Advocacy on Maori Communities	No	
	Simplistic Advanced Solutions Ltd	Shareholder / Director	Information Communications Technology services.	Yes	If contracted for service, there could be a perceived conflict of interest.
	Wairoa Wireless Communications Ltd	Director/Owner	Wireless Internet Service Provider	Yes	Approached in early 2014 by HBDHB and contracted for service to provide wireless internet service to Wairoa Rural Health Learning Centre and Hallwright House. Could be a perceived conflict of interest.
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	Hastings District Councillor	Elected Councillor		No	
	Sport Hawke's Bay	Board of Trustees	Non paid role	No	
	Scott Foundation	Allocation Committee		No	
	HB Medical Research Foundation Inc	Hastings District Council Rep		No	

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**
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	Napier Family Centre	Chair	Social Service Organisation	Yes	Perceived/possible conflict as NFC has a small contract for PND from HBDHB
	IHC Hawke's Bay Association	Chair	Disability Intellectual Stakeholder	No	
	Pacifica Women's Tiare Ahuriri Branch (Inc)	Branch Chair	Development Leadership for Pacific Women	No	

MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL MEETING HELD IN THE TE WAIORA MEETING ROOM, HBDHB CORPORATE OFFICE ON 10 AUGUST 2017 AT 4.00 PM

PUBLIC

Present: Graeme Norton (Chair)
Rosemary Marriott
Heather Robertson
Terry Kingston
Olive Tanielu
James Henry
Sarah Hansen
Malcolm Dixon
Dr Diane Mara
Leona Karauria
Rachel Ritchie
Sami McIntosh
Deborah Grace
Dallas Adams
Kylarni Tamaiva-Eria

In Attendance: Jeanette Rendle, Consumer Engagement Manager
Debs Higgins, Clinical Council Representative
Linda Dubbeldam, Health Hawke's Bay Representative
Brenda Crene

Apologies: Jenny Peters and Tessa Robin

SECTION 1: ROUTINE

1. KARAKIA TIMATANGA (OPENING) / REFLECTION

The Chair (Graeme Norton) welcomed everyone to the meeting and opened with a Karakia. He particularly welcomed new Consumer Member Dr Diane Mara to her first meeting. Members introduced themselves and welcomed her.

An apology had been received from attendee member, Kate Coley, Executive Director, People & Quality and Ken Foote, Company Secretary.

Graeme advised he will be retiring as Chair from 31st August and Rachel Ritchie will take over his place as Chair of Consumer Council from 1 September. Graeme will be making himself available for approximately 6 months to ensure a smooth transition.

Rachel was excited as well as nervous saying she had big boots to fill. However, she was very grateful that Graeme will stay on to share his knowledge in the interim.

Graeme has been nominated as Chair of Consumer Council's New Zealand with an Annual Meeting being held in October 2017. To date 15 DHBs now have Consumer Councils with hopefully 20 by the October Annual Meeting.

2. APOLOGIES

Apologies received as noted above.

3. INTERESTS REGISTER

Rosemary Marriott advised a change to the Register as she was no longer the President of the YMCA but will remain as a Member of the YMCA – **Action Admin.**

4. MINUTES OF PREVIOUS MEETING

The Chair advised the minutes of the combined Hawke's Bay Health Consumer Council Meeting with Clinical Council held 12 July 2017 would be amended around the Clinical Services Plan. The amended minutes would be resubmitted for confirmation at the September meeting – **Action Admin.**

The minutes of the Hawke's Bay Health Consumer Council held on 12 July 2017 (following the combined meeting), were confirmed as a correct record of that meeting.

Moved and carried.

5. MATTERS ARISING – REVIEW ACTIONS

Item 1: Presentation by Anne Speden, Chief Information Officer (CIO)
On agenda for today's meeting. *Item can now be closed.*

Item 2: Topics of Interest / Updates: MoH Disability Letter
The MoH disability recommendations letter was included on the agenda as item #12. *Ongoing.*

Item 3: Funding Opportunities for the Youth Council
Contact details have now been forwarded. *Item can now be closed.*

Item 4: Consumer Council Annual Plan
This is on today's agenda for discussion under item #13. *Item can now be closed.*

Item 5: Student Nurses – Access to Facilities
Concern raised at July meeting. Sami advised she had received positive feedback. *Item can now be closed.*

Item 6: Patient Experience Project
Once the project commences the monthly project report will be provided with Consumer papers. *Ongoing*

6. WORK PLAN

The Workplan had been included with the papers for Information.

The HB Health Sector Leadership Forum will be held on Wednesday 6 September 2017

7. CHAIR'S UPDATE

The Chair advised he was pleased with the challenging discussions around the Clinical Services Plan and was encouraged by discussions and feedback provided at the July combined council's meeting. The programme sponsor advised this must be done right, no matter how long it takes.

8. CONSUMER ENGAGEMENT MANAGER'S UPDATE

Jeanette Rendle advised of a really challenging month with the Complaints Manager off work, and she had been covering two roles. She advised of time spent with the Youth Consumer group and also on Surgical Services work with consumers.

She also advised she was challenging those involved with the Clinical Services Plan as she was concerned around engaging with consumers. This needs to be done well. Her concern was the actual workshops were being held when Jeanette was on leave and her goal was for a positive experience with value for all.

9. YOUTH CONSUMER COUNCIL (YCC) UPDATE

Dallas Adams and Kylarni Tamaiva-Eria provided a report on Youth Consumer Council (YCC) activities:

- Three attended a Conference in Auckland entitled "Festival for the Future" consisting of a range of youth issues and suggestions on what bring back to table. A report will be provided on this.
- Four YCC members attended a "P Epidemic" meeting facilitated by Lawrence Yule. How do we limit the harm? A lot of stories were shared. Recommended to put more awareness into the colleges and high school and not sweep under the carpet (like youth suicide). It appeared that boredom leads to more use as there is a drop off during the HB apple season.
- A Suicide Prevention Seminar was attended at the Elwood Centre in Hastings on Monday 7th July. Kylarni had been approached by youth advocate in Napier. To share their experience and stories on suicide and the systems in place. Want this to be addressed at a governance level. A meeting will be set up as there are a lot of barriers which make it really hard.
- Congratulations to Kylarni and Dallas who had received Scholarships recently: Anghers o Te Rangi Trust (Battle for Life) and Dallas the Emma Burns, NZ Police Youth Coordinator.
- YCC members attended a Symposium around what is working what not is working with and for Youth.
- An upcoming Youth Workshop will be held at the HBDHB Education Centre to discuss what the Council can do better/differently including linking in with others. Jeanette Rendle was thanked for her support with this.

SECTION 2: FOR DISCUSSION

10. INFORMATION SERVICES PLAN / CONSUMER ISSUES

The Chair welcomed Anne Speden, Chief Information Officer to the meeting. Anne introduced herself and provided a verbal update. In her prior role with the NZ Police she explained her responsibility for mobilising and digital change. Hand-outs were provided to members.

Key points from Anne:

- The focus is on Information Services Transformational Change and "enabling better patient outcomes"
- Detail was provided around the external review undertaken in late 2016 / the steep change required / and in progress today.
- We need new capability as we cannot do what we have always done!
- An Enterprise Architect had been employed (a person much like a town planner). We will listen to business requirements and look at how to underpin that and connect it up to a future state ie, a connected health system.
- We now have a new clinical portal called RHIP which Anne refers to as "Clinical Regional Portal". A separate presentation will be provided on this which is a new regional web based system.

- There is also focus on a Mobility strategy – information anywhere, anytime to make things faster.
- With new local and national initiatives, this will result in a massive cultural change.

Questions / Feedback

- Any plans from MoH to have nationwide integrated IT system?
  Until DHBs and GPs are connected there will continue to be frustration, especially for those with disabilities!
  - Speaking with MoH tomorrow. Regionally we are starting to take that step. Fragmentation is occurring, not too hard to get to the next step NIVARNA.
- A query about costs and funding of new/upgraded and integrated systems?
  - With rationalisation and mobility a lot of savings will be derived through productivity gains.
- Leona Karauria offered her input as she has internet service provider / connectivity experience in rural communities.
- National data base across DHBs and GPs NZ wide is that far away as it is very frustrating especially for those with disabilities!
  - We will focus on cleaning up our own environment in HB first.
- Bearing in mind the traditional health care model, it is realised there is a lot more acute chronic disease in communities. Is there any way for the carers or patients when under duress to obtain help. The workflow needs to be agile, do you see a way that IT can assist here?
  - This was noted by Anne.

A Workshop will be planned in the near future in the meantime we must be patient to allow some backlog/tidying up to be addressed; if we work together there is nothing we cannot fix. Note as an **ActionTBA.**

11. QUALITY ANNUAL PLAN – ANNUAL REVIEW 2016/17

This item was not discussed and would be held over to September. **Action**

12. A DISABILITY STRATEGY FOR HAWKES BAY

The Chair advised this letter was of very little use and was very generic. Consumer Council need to have a conversation on what the needs/issues are as clearly Hawke's Bay needs a Disability Strategy. Members viewed the online portal at the meeting.

Feedback included:

- This needs to be led by people who use the services!
- Experiences amongst several Consumer Council members illustrated those with disabilities were not receiving a fair go within the community/primary care or hospital.
- To achieve change in a wide range of areas this ties in well with consumer appointments on to **"Clinical Governance Committees"** (the Structure was circulated to Consumer members separately by the Chair).
  An example provided was the success of the "Falls Minimisation Committee" (working across all areas). Illustrating they are an "action group" with a goal to reduce falls across the community and in the hospital. A focus on disabilities within Clinical Governance Structure would be positive.
- There are all types of disabilities and much feedback has been received from consumers who are, or have family members who are "hard of hearing". This creates many communication breakdowns! There will be various ways/methods we can communicate better with those who suffer from hearing loss and this needs to be considered.
- Need to stop putting up barriers – just need leadership and direction.

This item will remain on the workplan for future discussion as Disability Strategy for HB – **action.** This links into the Consumer Council's Annual Plan for 2017/18 discussed below.

CONSUMER COUNCIL ANNUAL PLAN 2016-17 REVIEW

There was a quick review of the plan for 2016/17 which was brought up on the presentation screen.

The following discussion related to the development of the **Consumer Council Annual Plan for 2017/18:**

As noted above, the Chair had circulated the Clinical Governance Structure (to Consumer members prior). He sought an indication from members who had an interest in contributing within the areas nominated (ie, eight members for meetings held once every three months). The members confirmed would be involved in areas which were actually doing the work.

Following some discussion, the following consumer representatives were confirmed:

- Professional Standards and Performance Committee - Sami McIntosh
- Patient Safety & Risk Management Committee - Heather Robertson
- Clinical Effectiveness and Audit Committee – Malcolm Dixon (Terry Kingston as back up)
- Information Management Committee – Leona Campbell.
- Patient Experience Committee – Jim Henry, Deborah Grace, Terry Kingston and Rosemary Marriott.

The voice of Youth within Health was progressing well and becoming business as usual around the DHB. Also, Mental Health was progressing well with Deborah Grace advising she was continuing as Chair of the Partnership Advisory Group (PAG).

There was a query around Clinical Council member representation in rural areas e.g., Wairoa. This was noted and would be mentioned to those recruiting for Clinical Council members in future. **Action Chair.**

From discussions held, the Chair felt there was enough information to update/formulate the HB Health Consumer Council Annual Plan for 2017/18. Once completed, the draft would be provided at a future meeting for consideration. **Action Chair and Admin.**

13. KA ARONUI KI TE KOUNGA / FOCUSSED ON QUALITY (DRAFT)

Jeanette Rendle, Consumer Engagement Manager advised the document was provided in draft form and feedback was sought from members. This document had previously been known as the Quality Accounts for the past four years.

Background had been provided in the report advising the requirement for all 20 DHBs to produce annually for their local communities on the quality of services delivered and performance targets (nationally and locally). For easy reading, the layout suggested was magazine style. There were clearly gaps in the document with an indication of what will come. Feedback received from Clinical Council (the day prior) was for a balance of information, good and not so good.

Consumer Council endorsed the new format of the Ka Aronui Ki Te Kounga / Focussed on Quality draft and provided feedback and comments as follows:

- Suggested profiling a day in the life of the “TeMata Peak Practice” during the gastro outbreak, with Totara Health contributing to the article also.
- That the Health Alerts Page includes:
  - The P Epidemic, including what the signs of abuse are. Have heard the cash system in NZ has likely been contaminated with P (which needs verification).
  - How to keep yourself safe in hospital.
  - How to keep yourself safe in your community.
  - Suicide also may need to be included.

- A query around the focus on outcomes for Maori, why not Pasifika?
  The PHLG have been asked but there has been no information provided to date.

Future focus on page 36 – contained detail on Learning from feedback with Jeanette advising a change of process around "Adverse Events" had occurred, with the Commission making changes to the way these reviews took place, seeking engagement with whanau at the beginning of the process.

Social media will be utilised to distribute and gain readership of this document, in final form. The Communications team will assist in this regard.

14. TE ARA WHAKAPIRI HB - LAST DAYS OF LIFE

The Chair welcomed Leigh White, Long Term Conditions Portfolio Manager, Strategic Services to the meeting to provide a presentation on work undertaken and an overview of the Last Days of Life Care Plan and Toolkit.

Leigh White advised they were seeking endorsement for the roll out of the Last Days of Life Care Plan and toolkit and seeking support for the ongoing work.

Key points:
Focusing on what matters most
- ✓ Provision of person-centred and dignified care
- ✓ Clear and compassionate communication
- ✓ Attention to cultural and spiritual needs
- ✓ Attention to detail on symptom management
- ✓ Supporting the family/whānau
- ✓ Care after death

An overview of the Journey was provided with this being a national document with a localised Tools. With HB advocating for rollout.

A Trial had been undertaken in HB with integrated services and an educated workforce supported by clinical champions. Feedback had been extremely positive from a range of areas across HB.

In summary:
- ✓ Concise
- ✓ Readable
- ✓ Individualised to the person
- ✓ True to NZ environment
- ✓ Applicable across all health settings, a consistent approach
- ✓ Appropriate for the non-specialist workforce to initiate and use - workforce confidence
- ✓ Focused on outcomes (a good death)
- ✓ Supports national and local strategies.

Not to be confused with Advanced Care Planning (which starts the process and can and should occur early on in life):
- ✓ Early opportunity - enter/share important conversations
- ✓ Involved in medical decisions
- ✓ It is not a simple and easy process to engage
- ✓ Too late when I am in my last days of Life (if I am unconscious)
- ✓ It is about me
  - To feel comfortable
  - My values/beliefs/cultures (Te Whare Tapa Wha/ Waka Kakarauri model)
  - My wishes
  - OK to admit my fears of what may lay ahead
  - Gift

Consumer Council endorsed this work and commended Leigh for the work done and her wonderful and heartfelt presentation.

SECTION 3: INFORMATION ONLY

15. TE ARA WHAKAWAIORA - MENTAL HEALTH AND AOD (NATIONAL AND LOCAL INDICATORS)

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

16. ANNUAL MAORI PLAN Q4 APR-JUNE 17 *(DASHBOARD)*

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

SECTION 4: GENERAL BUSINESS

17. TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

No matters were discussed.

18. KARAKIA WHAKAMUTUNGA (CLOSING)

The Chair thanked everyone for their attendance and input.

The meeting closed at 6.15pm.

Confirmed: _____
Chair

Date: _____

5

HAWKE'S BAY HEALTH CONSUMER COUNCIL

Matters Arising
Reviews of Actions

Action	Date Issue first Entered	Action to be Taken	By Whom	By When	Status
1	10/8/17	Formulation of **HB Disability Strategy** was discussed at a future Meeting.	Chair	Sep	On agenda item #15
2	10/8/17	Formulation of the **Consumer Council Annual Plan 2017/18** for presentation and discussion.	Chair	Sep	On agenda item #11
3	10/8/17	**Quality Improvement & Patient Safety / Quality Annual Plan 2017/18** was not discussed at the August meeting and would be placed on the September Agenda	Kate	Sep	On agenda item #14
4	10/8/17	**Clinical Governance Committee – Structure:** Advise the nominated representatives from Consumer Council on the respective committees.	Chair	Asap	Actioned
5	10/8/17	**Clinical Council member representation from Wairoa / CH**B would be passed on to the Chairs of Council to note.	Chair	Asap	Actioned
6	10/8/17	**Timing for an IS Workshop** with Consumer Council to be advised by IS (Anne Speden).	Chair	TBA	TBC

OURHEALTH HAWKE'S BAY Whakawateatia

HB HEALTH CONSUMER COUNCIL WORKPLAN 2017-2018

Meetings	Papers and Topics	Lead(s)
12 Oct	Oncology Model of Care Bowel Screening Collaborative Pathways Update Establishing Health and Social Care Localities in HB Ka Aronui Ki Te Kounga / Focussed on Quality (FINAL) "Quality Accounts" ***Monitoring (info only)*** Te Ara Whakawaiora - Culturally Competent Workforce (local indicator) July to Oct. Building a Diverse Workforce and Engaging Effectively with Maori	Sharon Mason/Allison Stevenson Tracee TeHuia / Leigh white Leigh White Tracee TeHuia Kate Coley/Jeanette Rendle Kate Coley Kate Coley
9 Nov *With Clinical Council TBC*	Recognising Consumer Participation - Policy Amendment Best Start Healthy Eating & Activity Plan update People Strategy (2016-2021) – update Tobacco Annual Update against plan ***Monitoring (info only)*** Te Ara Whakawaiora - Smoking (national indicator) Annual Maori Plan Q1 July-Sept 17 – Dashboard Pasifika Health Plan Q1 July-Sept 17 - Dashboard	Kate Coley/Jeanette Rendle Tracee TeHuia / Shari Tidswell Kate Coley Tracee TeHuia / Johanna Wilson
7 Dec	Consumer Experience Feedback Results Qtly The Big Listen to date (Presentation) Clinical Services Plan Presentation of first draft	Kate Coley /Jeanette Kate Coley Tracee Te Huia / Carina Burgess
15 Feb 18	Quality Annual Plan 2017/18 – 6 month review People Strategy Clinical Services Plan Collaborative Pathways Annual Maori Plan Q2 Dashboard ***Monitoring (info only)*** Te Ara Whakawaiora / Access 0-4 / 45-65 year (local indicator) Annual Maori Plan Q2 Oct-Dec 17 – Dashboard Pasifka Health Plan Q2 Oct-Dec 17 – Dashboard	Kate Coley Kate Coley Tracee TeHuia / Carina Leigh White Tracee TeHuia / Patrick Mark Peterson Tracee TeHuia Tracee TeHuia
Mar 18	Establishing Health and Social Care Localities in HB ***Monitoring (info only)*** Te Ara Whakawaiora - Breastfeeding (National Indicator) Consumer Experience Feedback Quarterly Report Q2	Tracee TeHuia

CHAIR'S REPORT

Verbal

CONSUMER ENGAGEMENT MANAGER'S REPORT

Verbal

YOUTH CONSUMER COUNCIL REPORT

Verbal

10

WAIOHA PRIMARY BIRTHING UNIT - BENEFITS REALISATION

Presentation

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.	• 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	• 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

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
	• 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.	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.	- 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

HB Health Consumer Council Members:

Rachel Ritchie (Chair (from 1/9/17) HAVELOCK NORTH	rachel.ritchie@hawkesbaydhb.govt.nz
Jim Henry NAPIER	jimbhenry@hotmail.co.nz
Jenny Peters NAPIER	peters.jenny26@gmail.com
Olive Tanielu HASTINGS	olivetanielu@rocketmail.com
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HAWKE'S BAY District Health Board Whakawāteatia	**Position on Reducing Alcohol Related Harm – progress report**
	For the attention of: **Maori Relationship Board (MRB), HB Clinical Council and HB Health Consumer Council**
Document Owner:	Tracee Te Huia, ED Strategy and Health Improvement
Document Author:	Dr Rachel Eyre, Medical Officer of Health
Reviewed by:	Executive Management Team
Month:	September 2017
Consideration:	For Information and Decision

RECOMMENDATION

That MRB, Clinical and Consumer Council:

1. **Accept** this progress report on the Alcohol Harm Reduction Position Statement to go to the Board (at 27 September Board meeting)
2. **Support** and mandate the establishment of a Steering Group with wide DHB representation to provide oversight to the alcohol harm reduction activities across the DHB and report to the Clinical Council (and/or other groups as advised) on a regular basis (as referenced in Appendix 1: Terms of Reference for an Alcohol Harm Reduction Steering Group).
3. **Endorse** the Strategic Framework and Priorities to be considered and accepted by the HBDHB Board at their September meeting (as referenced in Appendix 2: 'Tackling Alcohol Harm in Hawke's Bay' *Draft* Strategy).

Additionally, that Clinical Council :

4. **Agree** to the proposal that Clinical Council adopt the clinical governance role (at its 13 September Clinical Council meeting).

OVERVIEW

In November 2016 the HBDHB Board adopted a Position on Reducing Alcohol Related Harm and requested a progress report after six months. The Position effectively acknowledged that alcohol is a priority health and equity issue for our DHB as evidenced by the earlier Health Equity report (2014). The Position includes a vision, principles for engagement and the outcomes we seek to achieve. In addition there are 'next steps' for action with linkages to key relevant strategies, policies and plans (both from our DHB and nationally as per the National Drug Policy).

In adopting the position statement the Board sought assurance that *all building blocks, operational and governance structures would be in place,* noting that *the work was not being done in isolation but in collaboration with other agencies within Hawke's Bay.*

This document reports on progress with each of the steps endorsed by the Board and in particular reports on progress in establishing building blocks, operational and governance structures.

PROGRESS REPORT ON THE POSITION'S 7 'NEXT STEPS'

1. Identify the appropriate capacity and resource to lead the development of an Alcohol Harm Reduction Strategy and Implementation Plan

Prior to June this year the Population Health Service took responsibility for operationalising the 'next steps' and building blocks agreed to by the Board. Some steps, such as those linked to the delivery of Medical Officer of Health regulatory responsibilities under the Sale and Supply of Alcohol Act 2012, are best operationalised by Population Health. Other steps are linked to the community based work of the SHI Directorate and in particular the Health Promotion team.

The role to establish DHB wide support structures or the provision of services and interventions within clinical settings will be managed by clinical services. These services will lead the work to identify and address any gaps in addiction services and to promulgate screening and brief intervention.

During May and June an external contractor worked with the author and a stakeholder group to undertake some initial scoping work. This involved a stocktake of programmes, services and health sector consultation. A DHB-led health sector workshop was held on 5 July to report back findings, agree priorities and to agree an outline strategic framework. This culminated in the *Draft Strategy* report 'Tackling Alcohol Harm in Hawkes Bay' (see Appendix 2).

At the EMT meeting on 27 June, the CEO formally allocated responsibilities across the two DHB Directorates with the Executive Director SHI to take responsibility for external (or population) focused work involving collaboration with external agencies and to the Executive Director Provider Services to lead internally (personal health) focused work across primary and secondary care. EMT also requested a report on how the work was to be led and managed prior to this paper going to the other committees and then to the Board.

On 2 August a meeting was held to agree a coordinated steering and delivery structure for the DHB's Alcohol Harm Reduction Strategy. The Terms of Reference were agreed subsequent to this meeting (see Appendix 1).

2. Identify a governance and management structure to guide and provide an accountability mechanism for the Coordination and Strategy/Plan delivery

Feedback from the May/June stakeholder consultation recommended that the Clinical Council provide clinical governance for both strategy and plan delivery. In particular it was thought that the Council can provide assurance that quality evidence-based strategies will be advanced to achieve the outcomes consistent with the National Drug Policy and the DHB's position. This will give a stronger sense of ownership by clinical teams to the work that is required of them to address alcohol-related harm, akin to the cultural change efforts required across the sector to address smoking.

Higher level governance for the cross sector efforts and leadership has yet to be fully determined. However this work could be driven by the Board and potentially the Social Inclusion Strategy could provide an overarching framework for this work given alcohol is a priority issue for Hawke's Bay. There are also other possibilities for example, through working with broader cross sector Family Harm governance structures.

At the operational level, the Steering Group will drive this work across the different departments. This group will guide and assist those who are charged to deliver on the Implementation Plan, once developed by the clinical services. The responsibility for delivery will be allocated to those departments in which the activity sits. There will be no new resource allocated so it will require a shift in resources and inclusion in workplans. The challenge will also be to ensure there is good coordination of interventions and connections made to create mutually reinforcing activities and momentum. The programme coordination function, provided by Population Health, will service the Steering Group and take responsibility for planning, monitoring and reporting of the delegated actions.

The Steering Group, via the Programme Coordinator, is anticipated to report to the Clinical Council on a regular basis as a high level accountability mechanism.

3. **Support high-level Champions within our health system and in the community to act as spokespersons and be credible role models to help influence staff, community, whānau, family and individual attitudes to reduce harmful alcohol consumption**

   A number of Champions have already been identified both within the health sector and in the community. An example is the Māori Relationship Board requesting that the DHB cease making alcohol available at the Hawke's Bay Health Awards. However the Implementation Plan would specify the support provided to Champions to help deliver key messages in strategic ways.

   Relevant Champions would assist to deliver key messages to target audiences e.g. Samoan Rugby Club Team members to Pasifika around FASD.

4. **Identify the best way to input into the review and delivery of the Napier City and Hastings District Councils' Joint Alcohol Strategy to limit availability and promote safe, responsible drinking**

   The HBDHB has been a key player in the Joint Alcohol Strategy (JAS) (Napier City Council and Hastings District Council) since 2011. The JAS has recently been reviewed by Councils and has been forwarded to our DHB for feedback. The Council's priority groups are very similar to our own with the exception of including specific target groups of Men and Māori, and obviously excluding a focus on health services. Collaborative regulatory and non-regulatory activities sit under this Strategy and the role of the DHB is acknowledged in both these areas. Leadership is similarly identified as a Council priority. The JAS has included the DHB's position as an appendix to show how the Council and DHB activity will partner one another to achieve their Strategy. Clearly there is an opportunity for both the Council and DHB to work together and support each other's leadership role, whether that be through role modelling healthy events, encouraging community to be 'active citizens' when it comes to having a say around licensing decisions, or protecting the most vulnerable in society, such as children (by reducing exposure to alcohol) and helping those with addictions, by provision of clear pathways for support.

   Whilst the Napier/Hastings and Central Hawke's Bay 'Local Alcohol Policies' are currently subject to appeal, the Wairoa District 'Local Alcohol Policy (LAP)' is currently being drafted for community consultation later this year. There is potential for community to use the Wairoa LAP process to have more voice around licensing and availability of alcohol in their community.

   NB. A specific request from a Board member that greater visibility be given to health and alcohol advocacy to local authorities is an opportunity we must take.

5. **Establish the best method to engage the relevant departments across the DHB and PHO, and to engage with Iwi, Pasifika, young people and community (building on existing groups - Safer Communities, Māori NGOs etc.), to develop appropriate strategies and to provide support**

   There has been some initial consultation in developing the Strategic Framework and priorities, however as an effective way to develop Iwi and community-led initiatives, a more comprehensive communication and engagement plan will be a key approach to be outlined within the Implementation Plan during its development.

6. **Consider the development of a local Alcohol Coalition of NGOs and other agencies, akin to the Hawke's Bay Smokefree Coalition to build support at a community level**

   There is support for this concept but forming such a group will require resources and time not just for the DHB but for other agencies too. Other coalitions could potentially pick up on alcohol too. For example, Safer Communities, fora around Family Harm, locality groups, and the Health and Social Care Localities. Whether the community interest in other drugs is interested in tackling alcohol harm, which is more widely prevalent but more widely tolerated, remains to be tested.

7. Identify service gaps and priority objectives for local DHB action to include:

- Improved systems for health data collection/screening and brief intervention (e.g. in the Emergency Department, Maternity and Primary Care)
- Appropriate clinical referral pathways and treatment services
- Support for strong, effective and consistent health messaging (such as no drinking during pregnancy)

The Emergency Department (ED) has begun last month to screen all presentations to the ED to ascertain whether alcohol is involved or not, directly or indirectly. This data is now mandatory required by the Ministry of Health. This provides a unique opportunity to monitor the extent to which alcohol is a contributor to the burden on our ED, and to monitor the harm in our communities and the cost to our health system. This data collection also allows for the development of further brief intervention and treatment pathways and targeted initiatives e.g. to under 18s, frequent attenders, etc. This data collection could also be useful for advocacy to influence alcohol licencing decisions.

The support for strong consistent health messaging is a key action that has come out of the initial consultation. Within the FASD Discussion Document (2016) there is a commitment by our DHB to increase community knowledge and awareness about FASD with resulting behaviour change and to reduce the number of pregnant women who drink whilst pregnant. Limited progress has been made in the FASD prevention area to date however the Population Health team has now made this a priority within their annual plan.

Consultation to date

The 5 July workshop was open to all stakeholders involved in an initial consultation and stocktake exercise, led by Jessica O'Sullivan (DHB-contractor)[1]. The purpose of the workshop, which was opened by Dr Kevin Snee, was to gain agreement across our health sector around a strategic framework and priorities, and how we can initiate some traction in these areas within existing resource. There was widespread agreement around the priorities and an outcome of this meeting was the Draft Strategy document (see Appendix 2).

Consultation with other groups such as Police, Councils and community groups is essential but is anticipated will occur at a later stage. The main purpose of the work to date has been to secure the commitment and agreement from within our health services first, before moving wider into the community. The stakeholders who could potentially have a voice around alcohol harm are very broad as the problems and solutions extend well beyond those people who have an alcohol problem. It is important that as a Health sector we recognise alcohol as a significant health issue first and that we understand the culture change required and to counter any resistance from within before expecting wider societal change.

Final Comments

There is much to do, the position statement has clearly established priorities that have been supported by stakeholder consultation and formalised into the current draft strategy which is for five years (2017-2022).

There is good evidence for what works for reducing alcohol related harm, which shows that there is a place for both population health and targeted approaches. While current national policy settings are relatively weak, changing cultural norms through leadership and role modelling, and providing brief intervention in a range of settings with improved treatment services, are the areas where we can make a difference to improve the health and equity of our Hawke's Bay population. The new Steering Group will be able to draw on an extensive literature in this area and join the dots with other addictions and related areas so that the work is not siloed.

[1] (See attached)

APPENDIX 1

Terms of Reference
HBDHB Alcohol Harm Reduction Strategy Steering Group

AIM

Overall: To enable the Strategy vision, *"Healthy communities, family, and whānau living free from alcohol-related harm and inequity"* to be achieved.

The Alcohol Harm Reduction Strategy Steering Group (referred to the 'AHR Steering group') reports to the Clinical Council (who has overall governance responsibility) and delegates to the Health-sector Programme Working Groups, namely the Clinical Service Programme Working Groups and Population Health Programme Working Groups (these are referred to as 'PWGs'). The AHR Steering group will be expected to take a leadership role in relation to alcohol related harm issues.

The Steering Group is predominantly responsible for initiating and monitoring progress of the Health-sector PWGs and for resolving issues that may compromise the successful delivery of the Strategy overall. The PWGs will address the priority action areas outlined in the Strategy i.e. 'health services', 'youth' and 'unborn babies'.

The external facing work on 'youth' and 'unborn' babies that needs to engage with community, Iwi and other agencies such as Councils and Police may in time develop a separate 'governance' mechanism outside of the DHB. In the meantime the ED SHI Directorate, will be the conduit for the communication around the broader population health and community development approaches adopted in partnership with non-DHB entities (these wide-ranging activities already report in the main to Population Health). However the initial role of the AHR Steering group will be to *mobilise the health workforce to address alcohol harm as a health issue* within and across clinical services. The Steering Group may wish to identify Health-sector Champions to help gain profile for this work.

PRINCIPLES AND VALUES

The Steering Group will be most successful in achieving the aims by:

- Demonstrating leadership
- Fostering a culture of collaboration and mutual respect for each other's contributions
- Being responsive to Māori and applying an equity lens on all projects
- Ensuring culturally and age appropriate strategies
- Being evidence-informed
- Considering a consumer perspective for all projects
- Regular information sharing and establishing an outcome measurement framework to report on to the Clinical Council
- Keeping the workforce and community informed regularly around alcohol-related harm in Hawke's Bay and the health system response
- Using other relevant fora to highlight and respond to the issues – e.g. NCC and HDC Joint Alcohol Strategy group, 'DHB-Police Partnership', Intersectoral forum, Safer Community groups, Wairoa and CHB Health and Social Care Localities groups
- Being systematic and coordinated in our approach and making change sustainable

RESPONSIBILITIES

The Steering Group will:

- Ensure that projects are 'set up to succeed' (realistic timeframes and appropriate resources)
- Identify and support lead staff of PWGs and provide overall guidance and direction to the projects as required, ensuring they remain viable and within agreed constraints
- Approve changes to the PWGs (within delegations/tolerances)
- Ensure that risks, issues and dependencies to the projects are being managed effectively and make decisions & clear roadblocks as required
- Manage communications to internal and external stakeholders regarding the Strategy and projects via a Communications Plan
- Provide assurance that the Strategy and projects are being delivered satisfactorily
- Escalate issues to the appropriate GM or ED, that cannot be adequately resolved by the AHR Steering Group

- Undertake periodic reviews of the overall Strategy achievement and the effectiveness of the project/s and take appropriate action where required

ACCOUNTABILITY
The HBDHB Clinical Council will receive a six-monthly report on progress on the Steering Group's workplan and Strategy progress.

MEMBERSHIP
Membership will be based on a formal membership process including representation from:

- Clinical Council representation
- ED SHI Directorate (Tracee Te Huia)
- EDPS (Sharon Mason)
- ED Primary Care (Chris Ash)
- Service Director for Community, Women and Children (Claire Caddie)
- Emergency Department Clinical representative
- Primary Care Clinical Representative (Primary Care) lead
- Mental Health and Addiction Services Clinician (Mental Health) lead
- Public Health Advisor / Strategy (Public Health) lead
- Consumer representation
- Communications expertise
- (IS support* - for data collection, screening and brief intervention tools and referral processes)

*On an as required basis

CHAIRPERSON
The Chair will, in the first instance, be the ED SHI Directorate whilst the structures, processes and initial workplan are developed. The Chair will be reviewed after six months to reflect the workplan (anticipating that a priority will be the establishment of a Health Services Screening and Brief Intervention project).

QUORUM
Six members (half of total) must be present for confirmation of decisions.

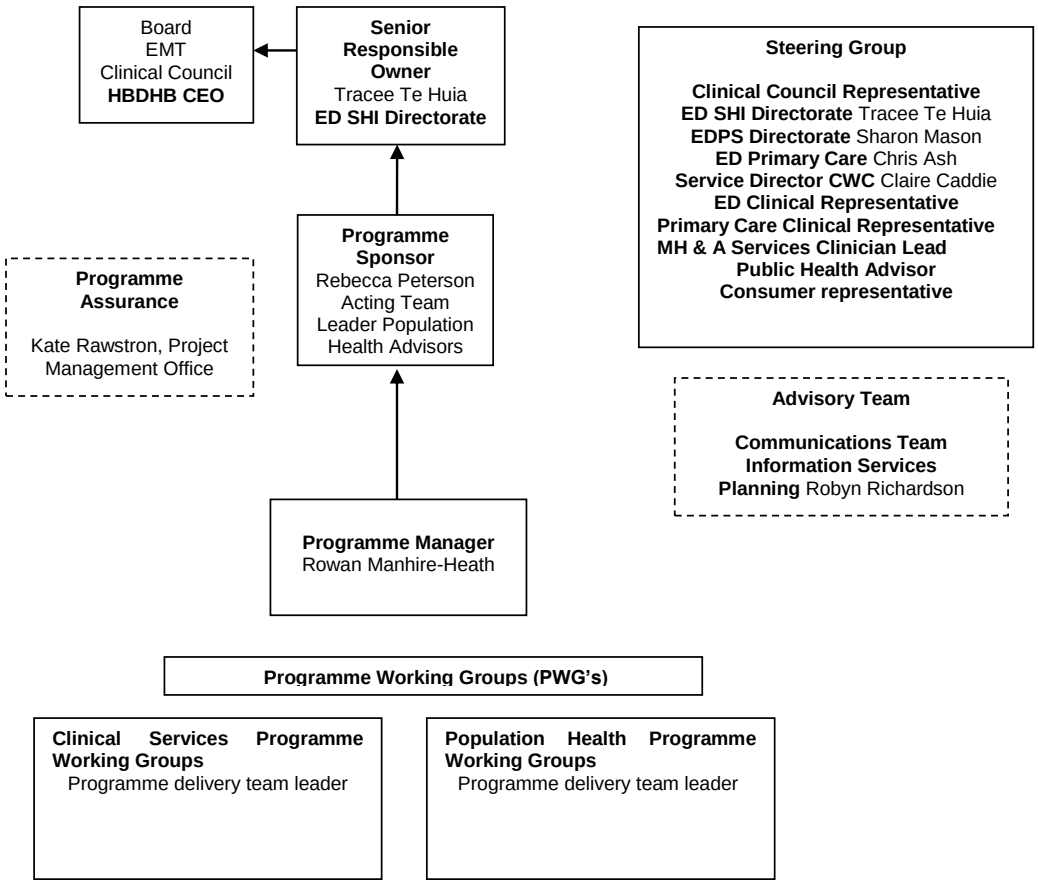
MEETINGS
A minimum of 6 meetings a year (approximately every 2 months)
Meetings will be time-tabled for the entire year by administration support

AGENDA
A written agenda will be developed and approved by the Chair and circulated 5 days prior to the meeting by admin support. Members will send any agenda items to the Chair prior to the meeting.

MINUTES
Minutes will be recorded by administration support and be approved in the first instance by the Chair. These draft minutes will be circulated to all members for final approval at the next meeting. Administration services will be provided by the SHI Directorate for the first six months.

REVIEW
These Terms of Reference and project structure will be reviewed after 6-12 months, as required.

PROGRAMME MANAGEMENT TEAM STRUCTURE



ROLE DESCRIPTIONS

Senior Responsible Owner

- EMT Conduit and support for Programme Sponsor
- Provides active support and leadership if required
- Resolves issues at Executive level

Programme Sponsor

- ACCOUNTABLE for project delivery
- Acts as line manager for the Programme Manager in relation to the programme
- Escalates issues to the Senior Responsible Owner so no surprises
- Ensures expectation for delivery and outcomes are translated into the programme plan
- Enables resources for the programme/s
- Ensures resolution of barriers to progress

Steering Group

- Represents those who will use the deliverables of the project to realise the benefits after the project is complete
- Works together with the Programme Sponsor to resolve strategic and directional issues within the programme which need the input and agreement of senior stakeholders to ensure the progress of the programme.

Advisory Team

- Provide expertise at specific points of programme development and implementation

Consumer Rep

- TBC based on specific programme consumer engagement

Programme Manager

- Plan, delegate, monitor and control all aspects of the programme
- Motivation of those involved to achieve the project objectives within the expected performance targets for time, cost, quality, scope , benefits and risks

Programme Delivery Team Leader

- Coordinates Completion of tasks and effective management of resources
- Works to agreed timeframes
- Report progress and elevates issues to the Programme Manager in a timely way

Programme Working Groups

- Completes tasks as required
- Works to agreed timeframes
- Report progress and elevates issues in a timely way
- Effective team member demonstrating pro-active and constructive problem solving

Project Management Office

- Provides pro-active project *assurance input* to support the programme to use best practice processes to create the deliverables and appropriately follow the programme management processes

HAWKE'S BAY District Health Board Whakawāteatia	**Quality Dashboard**
	For the attention of: **HB Clinical Council and HB Health Consumer Council**
Document Owners/Authors:	John Gommans (CMDO), Chris McKenna (CNO), Andrew Phillips (CAHPO); Russell Wills (MD QIPS); and Kate Coley, Executive Director of People & Quality
Reviewed by:	Executive Management Team
Month:	September 2017
Consideration:	For Endorsement

RECOMMENDATION

That Clinical and Consumer Council

- **Endorse** the establishment of a Quality Dashboard.
- **Note** that the dashboard will be reported on a quarterly basis and shared across the sector from December 2017

OVERVIEW

The governance of clinical quality and patient safety occurs within the context of the broader governance roles of boards, which includes financial governance, health & safety, managing risk, setting strategic direction and ensuring compliance with statutory requirements. Clinical Governance is defined as

"*the system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimizing risks and fostering an environment of excellence in care for consumers, patients, community*"

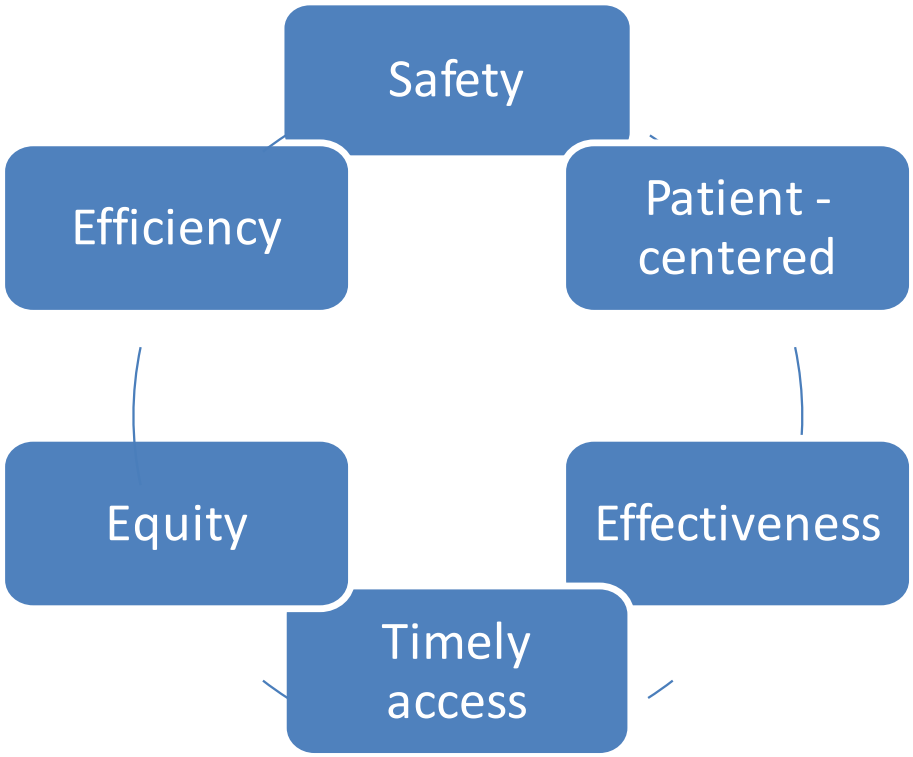
An effective system of clinical governance at all levels of the health system is essential to ensure continuous improvement in the safety and quality of care, Good clinical governance makes certain that there is accountability and creates a 'just' culture that is able to embrace reporting and support improvement.

The DHB has both a stated commitment to quality and safety and a well-established patient safety and quality management system in place. With the establishment of the new clinical governance committee structure, there is now an opportunity to give more prominence to this commitment and establish a quality dashboard.

The purpose of this report is to seek approval for the establishment of a quality dashboard to provide assurance to the Board, EMT, and Clinical Council in regards to the core dimensions of quality.

OVERVIEW OF THE DASHBOARD

As identified the dashboard will be built around the core domains of quality as defined by the Institute of Medicine (IOM) detailed below.



The timing of the development of this dashboard aligns to a piece of work currently being undertaken by Health Quality & Safety Commission (HQSC) and DHBs to establish a national quality dashboard. HBDHB clinical leaders are providing input into the development of the plan influencing the type and number of measures and indicators. It is envisaged that the dashboard will be available in December 2017 and will include around 170 published data items including a newly established primary care dataset. The dashboard will allow understanding of movement over time and valid comparison between other DHBs, both nationally and regionally, with commentary focussing on areas where the DHB is below target performance and the identification mitigation and quality improvement activities to get the indicator back on track.

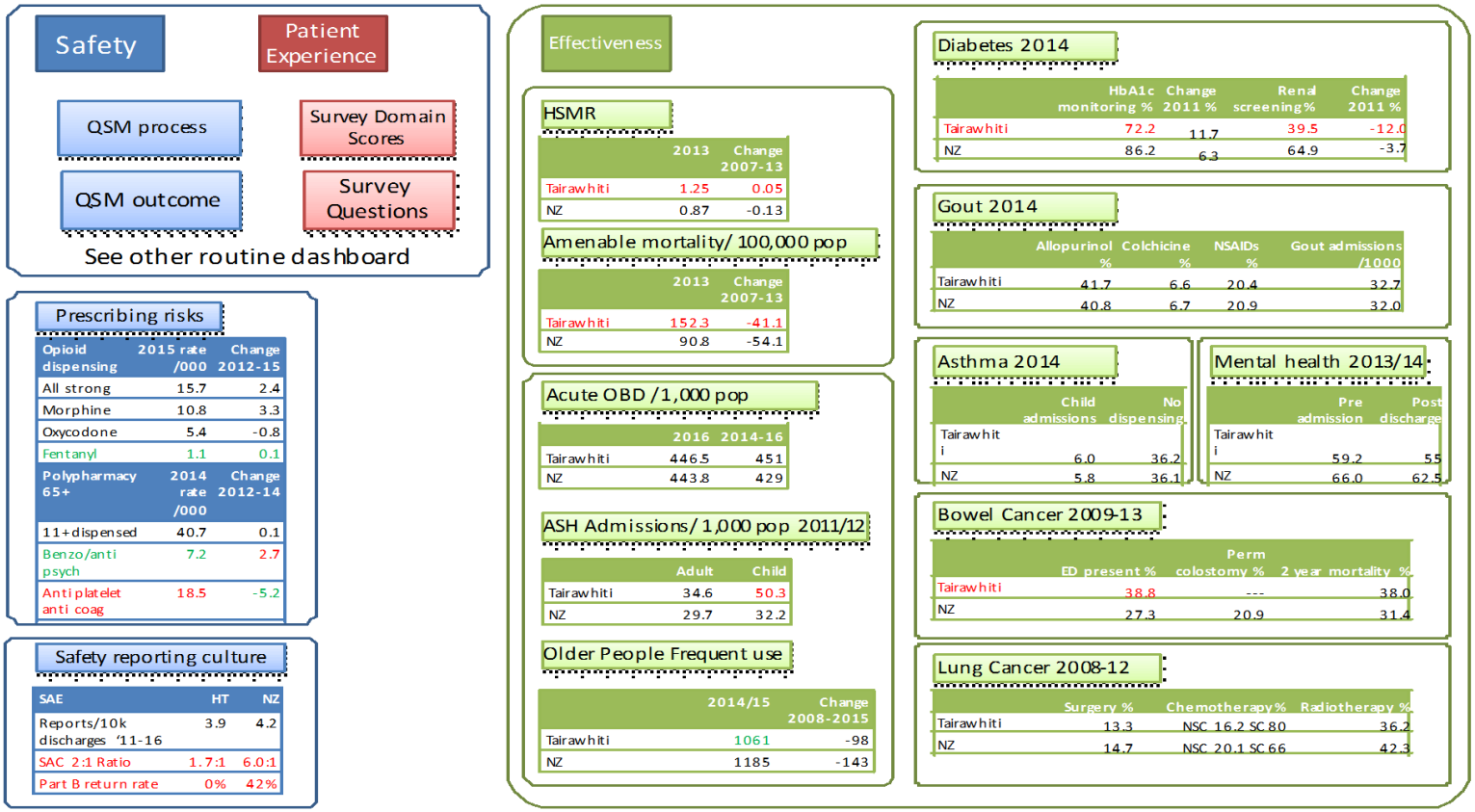
Depending on the final design of the HQSC dashboard it may be necessary to supplement the indicators with those safety issues that are pertinent to the DHB as follows:

- Number of Patient at Risk Calls/Rapid responses,
- Unplanned readmission rates
- Stranded patients/long stay patients (unexpected LOS over 10 days).
- Serious Adverse events (SAC1 & 2)
- Number of days where acute demand is greater than capacity

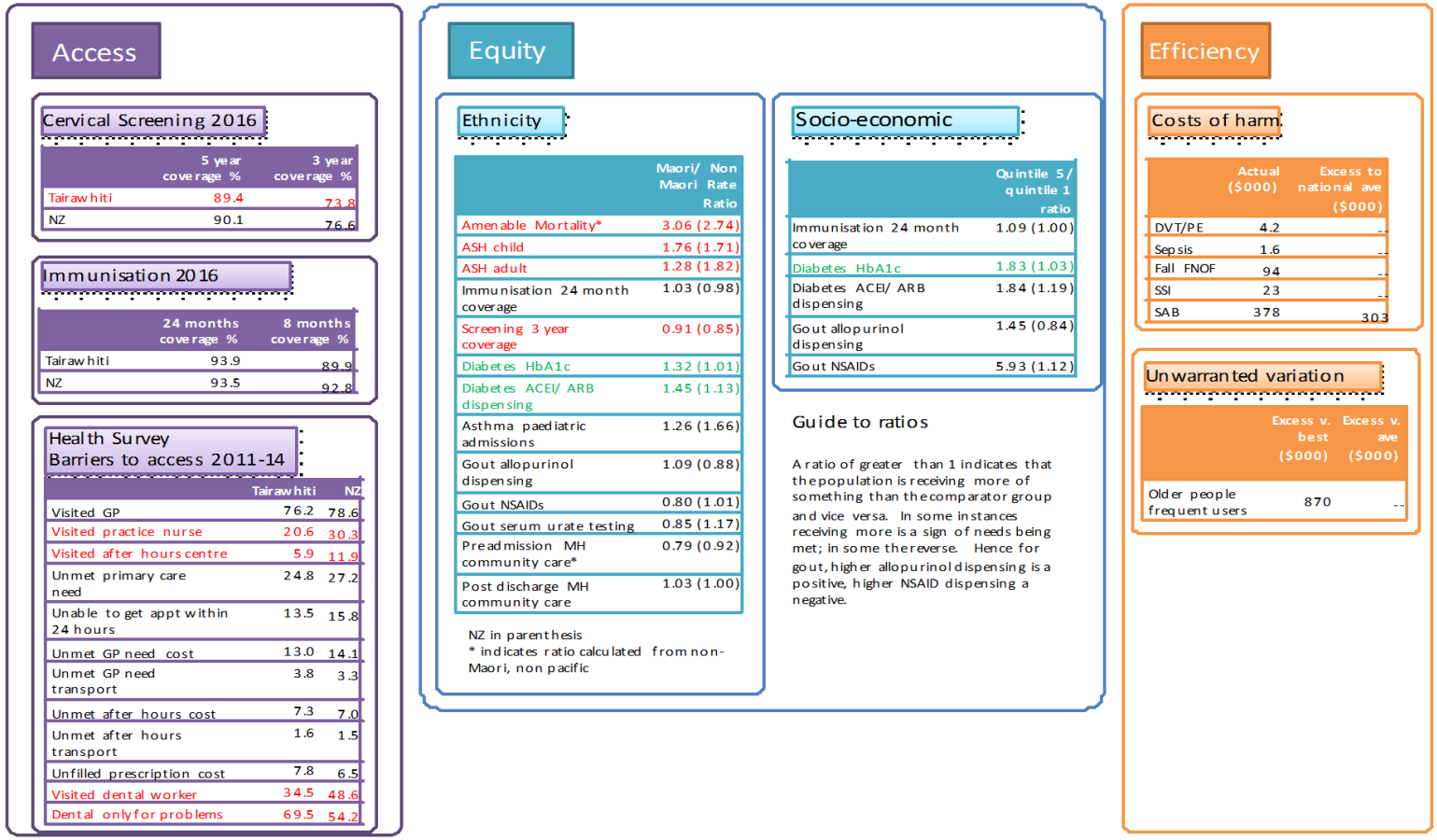
The following shows an example of the dashboard indicators and the proposed format of presentation of those results for comparison against other DHBs.

Appendix 1 - Example of Dashboard Indicators – Still to be finalised

Dashboard – example of Hauora Tairawhiti



Dashboard – example of Hauora Tairawhiti



Access

Cervical Screening 2016

	5 year coverage %	3 year coverage %
Tairawhiti	89.4	73.8
NZ	90.1	76.6

Immunisation 2016

	24 months coverage %	8 months coverage %
Tairawhiti	93.9	89.9
NZ	93.5	92.8

Health Survey Barriers to access 2011-14

	Tairawhiti	NZ
Visited GP	76.2	78.6
Visited practice nurse	20.6	30.3
Visited after hours centre	5.9	11.9
Unmet primary care need	24.8	27.2
Unable to get appt within 24 hours	13.5	15.8
Unmet GP need cost	13.0	14.1
Unmet GP need transport	3.8	3.3
Unmet after hours cost	7.3	7.0
Unmet after hours transport	1.6	1.5
Unfilled prescription cost	7.8	6.5
Visited dental worker	34.5	48.6
Dental only for problems	69.5	54.2

Equity

Ethnicity

	Maori/ Non Maori Rate Ratio
Amenable Mortality*	3.06 (2.74)
ASH child	1.76 (1.71)
ASH adult	1.28 (1.82)
Immunisation 24 month coverage	1.03 (0.98)
Screening 3 year coverage	0.91 (0.85)
Diabetes HbA1c	1.32 (1.01)
Diabetes ACEI/ ARB dispensing	1.45 (1.13)
Asthma paediatric admissions	1.26 (1.66)
Gout allopurinol dispensing	1.09 (0.88)
Gout NSAIDs	0.80 (1.01)
Gout serum urate testing	0.85 (1.17)
Preadmission MH community care*	0.79 (0.92)
Post discharge MH community care	1.03 (1.00)

NZ in parenthesis
* indicates ratio calculated from non-Maori, non pacific

Socio-economic

	Quintile 5/ quintile 1 ratio
Immunisation 24 month coverage	1.09 (1.00)
Diabetes HbA1c	1.83 (1.03)
Diabetes ACEI/ ARB dispensing	1.84 (1.19)
Gout allopurinol dispensing	1.45 (0.84)
Gout NSAIDs	5.93 (1.12)

Guide to ratios

A ratio of greater than 1 indicates that the population is receiving more of something than the comparator group and vice versa. In some instances receiving more is a sign of needs being met; in some the reverse. Hence for gout, higher allopurinol dispensing is a positive, higher NSAID dispensing a negative.

Efficiency

Costs of harm

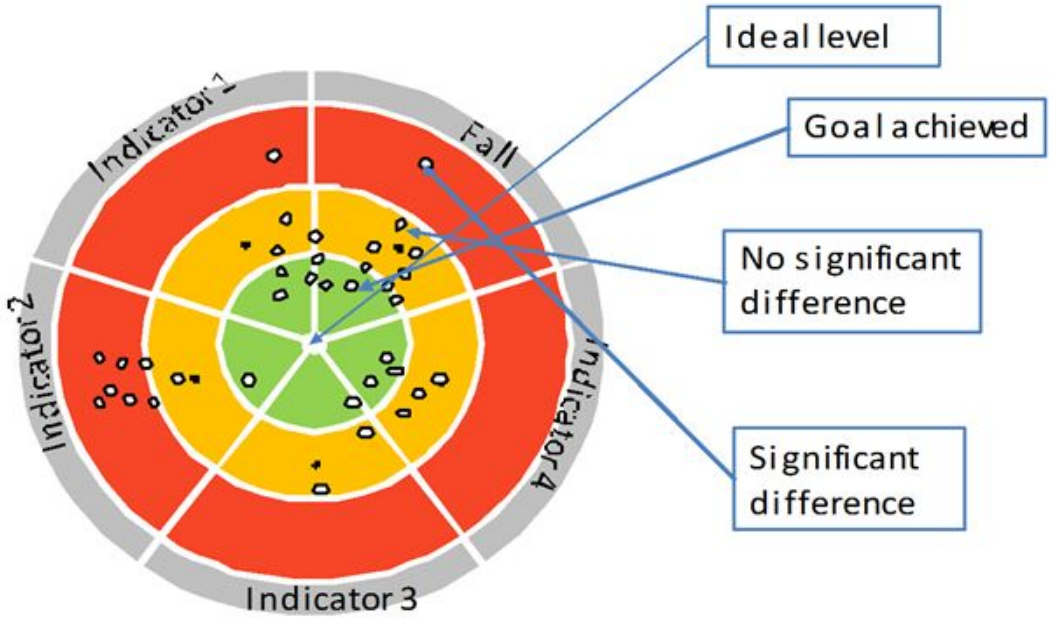
	Actual ($000)	Excess to national ave ($000)
DVT/PE	4.2	--
Sepsis	1.6	--
Fall FNOF	94	--
SSI	23	--
SAB	378	303

Unwarranted variation

	Excess v. best ($000)	Excess v. ave ($000)
Older people frequent users	870	--

Health Quality & Safety Commission New Zealand

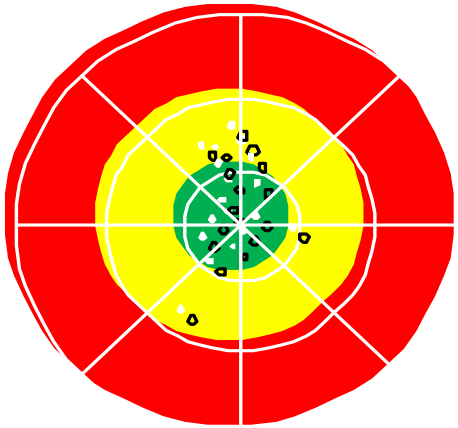
Dashboard future format : dartboard



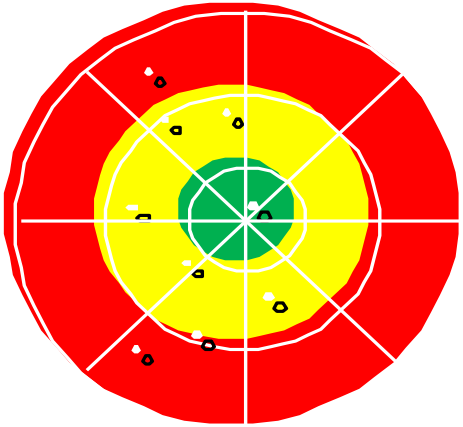
13

Dashboard future format

Dartboard, DHB picture



Domain 1



Domain 2

HAWKE'S BAY District Health Board Whakawāteatia	**Quality Improvement & Patient Safety – Annual Plan 2017-18**
	For the attention of: **HB Clinical Council**
Document Owner & Author:	Kate Coley, Executive Director People and Quality
Reviewed by:	Executive Management Team
Month:	September, 2017
Consideration:	For Feedback/Discussion

RECOMMENDATION

That HB Clinical COuncil:

- Provide feedback and endorse in principle the Quality Annual Plan 2017 /18.

EXECUTIVE SUMMARY

With the embedding of the Working in Partnership for Quality Framework an annual quality plan is developed to ensure that the priorities and objectives identified in the framework are implemented. In addition to this, a number of other priorities including HQSC programmes, the Regional Services Plan and other local drivers have been identified.

The intention is that progress against the objectives detailed within will be reported every six months and progress will be identified as below.

Progress	Progress Indicator
⚪	Completed
🟢	On track
🟡	Behind, some risk
🔴	Behind plan, significant risk
Reporting Schedule	
6 month report	February 2018
Annual review	August 2018

Quality Improvement & Patient Safety

Annual Plan 2017 - 18

OURHEALTH
HAWKE'S BAY
Whakawāteatia

Contents

Introduction & Context

The Quality Improvement and Safety Framework developed in 2013 outlines a framework to support integrated quality improvement and performance across the Hawke's Bay health sector by providing direction and priorities. Its aim is to ensure that the entire health sector has a shared sense of direction in provision of quality care for the Hawke's Bay people.

The Working in Partnership for Quality framework breaks quality improvement and safety into four dimensions to provide a focus for our work and help us identify more readily opportunities for improvement.

WELLNESS: Improving the health of our communities.

PEOPLE'S EXPERIENCE OF HEALTH CARE: Continuously improving the safety of our services, underpinned by a culture of care and compassion.

WORKING WITH THE PEOPLE OF HAWKE'S BAY: The patient, family/whānau and carer voice as an essential component of clinical quality improvement and patient safety.

LEADERSHIP AND WORKFORCE DEVELOPMENT: Clinical quality improvement and safety is embedded within the Hawke's Bay health sector workforce and leaders.

The Framework aligns to the NZ Triple Aim focussing on the three core components.

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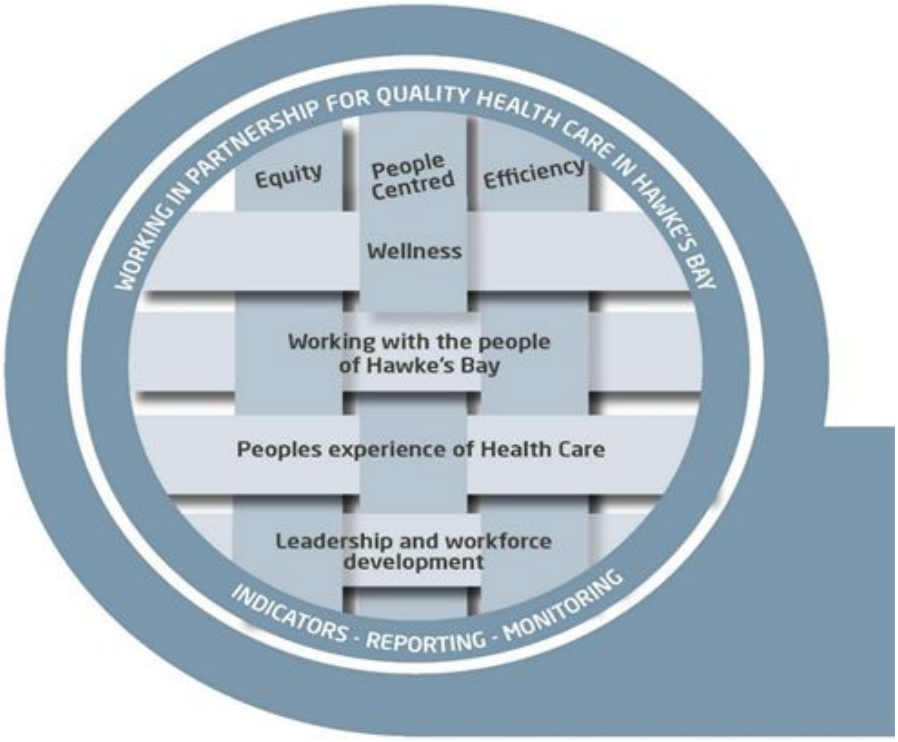
What does success look like?

- Every person that works in the Hawke's Bay Health sector will be aware of their responsibility for quality improvement and patient safety.
- Consumers are active participants in determining their wellness and their voice is valued in decision making.
- Clinical participation in management and governance of health services is essential in creating the culture needed for effective quality improvement and patient safety.
- Clinicians are not only responsible for the provision of high quality patient care, but their leadership is also important at all levels of the system.

Working in Partnership for Quality Framework



HEALTH CARE MUST BE:

- SAFE: Avoiding harm to patients from care that is intended to help them.
- EFFECTIVE: Providing services based on evidence and which produce a clear benefit, with neither underuse nor overuse of the best available techniques.
- PEOPLE CENTERED: Establishing a partnership between clinicians and patients, inclusive of family and whānau, to ensure care respects patient's needs and preferences; and the person should play an active role in making decisions about their own care.

- TIME: Reducing waits and sometimes harmful delays.
- EFFICIENT: Constantly seeking to reduce waste.
- EQUITABLE: Providing care that does not vary in quality because of a person's characteristics

WELLNESS

Population health and prevention programmes ensure that people are better protected from accidents, ill health and disability. The programmes support people to maintain healthy lifestyles.

As part of this annual plan we acknowledge the importance of making sure that health information about conditions and services, are easily accessible and easy to understand. This will reduce barriers for access to services as well as improve equity in health services and outcomes.

PEOPLE'S EXPERIENCE OF HEALTHCARE

The health experience Hawke's Bay people have is of utmost importance. We understand that some people may be vulnerable and may be going through life changing diagnoses and treatments. It is our goal that we make this experience the best that it can possibly be.

This means we will support a culture of care and compassion, sustain an open, transparent system that will ensure those people that use the health service come first at all times.

We will ensure all those who provide care for these people, both individuals and organisations, are aware of their role in ensuring a high quality and safe service, and are accountable for what they do.

WORKING WITH THE PEOPLE OF HAWKE'S BAY

We acknowledge the people who use our services have a unique perspective of health services and are able to provide us with important information about how we design, deliver and monitor health services.

Working together with the people of Hawke's Bay includes developing and maintaining stronger partnerships to share information between all those involved to ensure that the right care, is given to the right person, at the right time and by the right person.

LEADERSHIP AND WORKFORCE DEVELOPMENT

Ultimately we want a health system that focuses on system wide improvements and not on individuals. We want to examine underlying contributing factors and root causes to identify changes that could be made to improve systems and process to improve quality of care.

Ultimately we want a culture of open reporting where staff are empowered to make decisions relating to quality improvement and patient safety as close as possible to the person receiving care.

Annual Quality Improvement & Patient Safety Programme of Activities

Framework	Objectives in Framework & Other	Activities	Measure/Target/KPI	Timeframe
Wellness	Ensure that our systems of communication are responsive to the people of Hawke's Bay	Implementation of Health Literacy Framework	Action plan developed and monitored on a monthly basis through Transform & Sustain programme report	Q4
	Improving the Communication between health professionals and the consumer	Implementation of HL Training programmes to support clinicians to understand how to best engage with consumers	Training programmes developed and utilised	Q2
	Presentation of quality health information	Review of information provided to patients on admission and on discharge, with a view to making improvements.	Plan developed and implemented with improved patient responses to national patient experience survey	Q3
Monitoring & Measuring	Ensuring that quality improvement and safety reporting and monitoring is provided and communicated effectively	Ensure reporting of Serious Adverse Events and ACC Treatment Injury information is completed with learnings identified and recommendations implemented.	SAE Report provided annually	Q2
		Implementation and completion of work in Primary Care relating to misdirected results.	Action plan developed and implemented leading to reduction in number of issues relating to mis-directed results to GP Practices	Q2
		Align to new national event reporting policy and review of new investigation process	New investigation process in place with all staff having received training	Q4

Framework	Objectives in Framework & Other	Activities	Measure/Target/KPI	Timeframe
		Implementation of an Adverse Events reporting framework for Primary Care	Framework developed and implementation of training and tools to support Primary Care.	Q3
		Development of a quarterly sector wide quality dashboard focussed on IOM core dimensions of quality	KPI's developed	Q2
		Implementation of new clinical governance committee's structure to ensure effective reporting	Committees established, with TOR, cross sector representation	Q2
		Implementation of all HQSC Quality safety marker programmes	Maintain and improve DHB positions against all markers	O1 – Q4
		Ensure implementation of an effective morbidity and mortality monitoring framework and audit process	Process and reporting framework established Ongoing monitoring of HSMR	Q1
		Facilitate and lead the implementation of a new Integrated Risk Management System in DHB & Primary Care.	Project plan developed and implemented	Q2 – Q4
Working With HB Community & Patient Experience	Improving clinical oversight in all provider contracts	Consider the development of a mechanism to collect information to monitor quality and safety within our contracted providers	Ensure appropriate reporting processes in place	Q4
	Improving the process of gathering patient experience data and stories, sharing them widely across the sector.	Continue to participate in the National Patient Experience Survey	Communication & Awareness building strategy implemented	Q1
		Support the implementation of System Level Measures relating to Patient Experience	Effective implementation of National Patient Experience survey in Primary Care and the effective sharing of results	Q3
		Development and implementation of a local patient experience survey aligned to	New local experience survey in place Results shared on a quarterly basis	Q3

Framework	Objectives in Framework & Other	Activities	Measure/Target/KPI	Timeframe
		the values of the sector ensuring survey reflects our population.		
		Implementation of new complaints management process	New processes in place with reporting/monitoring implemented	Q3
		Identify a variety of mechanisms to engage effectively with our Community around health matters to gather their feedback and ideas	Identify provider to support effective community engagement and implement programme	Q4
		Implementation of a Consumer Engagement framework and guideline for all staff.	Guidelines, tools and training completed	Q2
Leadership & Workforce	Improving workforce engagement	Implementation of GEMBA Walks	Agree approach and purpose & implementation plan	Q3
		Clinical Documentation Improvement Programme	Reduction in patient complaints Improvement in Certification report	Q2 & Q4
		Certification – Midpoint surveillance audit	Audit completed with reduction of corrective actions	Q2
		Choosing Wisely Campaign	TBD	Q4

OURHEALTH
HAWKE'S BAY
Whakawateatia

DISABILITY STRATEGY - WHERE TO FROM HERE?

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora: Healthy Weight (national indicator)**
	For the attention of: **Māori Relationship Board (MRB), HB Clinical Council and HB Health Consumer Council**
Document Owner:	Tracee Te Huia, ED – Strategy & Health Improvement
Document Author:	Shari Tidswell, Intersector Development Manager
Reviewed by:	Patrick Le Geyt and Executive Management Team
Month:	September 2017
Consideration:	Monitoring

16

RECOMMENDATION

That MRB, Clinical and Consumer Council

Note the contents of this report

OVERVIEW

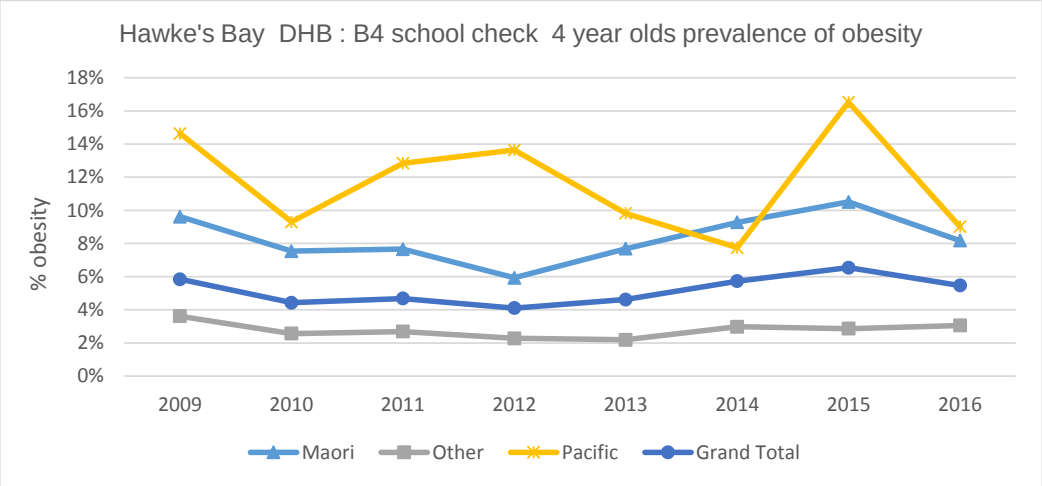
Te Ara Whakawaiora (TAW) is an exception based report, drawn from Annual Maori Health Plan (AMHP) quarterly reporting, and led by TAW Champions. Specific non-performing indicators are identified by the Māori Health Service which are then scheduled for reporting on progress from committees through to Board. The intention of the programme is to gain traction on performance and for the Board to get visibility on what is being done to accelerate the performance against Māori health targets. Part of that TAW programme is to provide the Board with a report each month from one of the champions. This report is from July 2016 to July 2017, Champion for the Indicators is Tracee Te Huia.

UPCOMING REPORTS

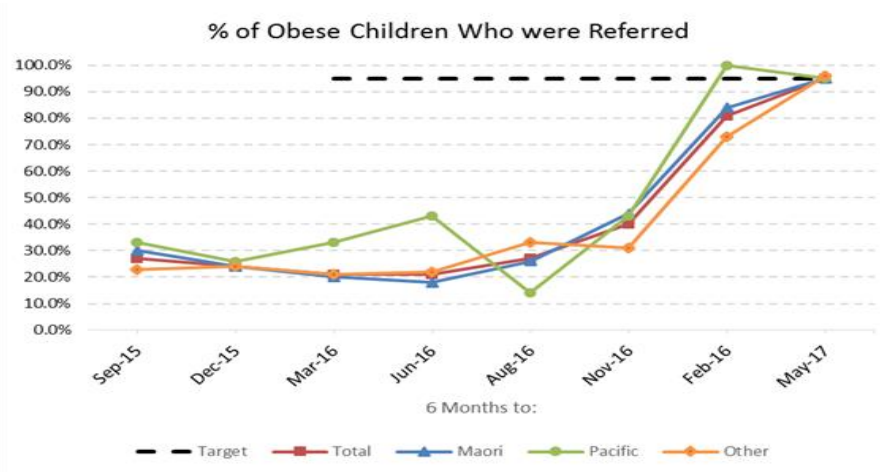
Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Month
Obesity *National Target*	B4SC 4 year olds identified as obese are referred for clinical support and provided with whānau lifestyle change support	95 %	Tracee Te Huia	Shari Tidswell	October 2017

MĀORI HEALTH PLAN INDICATOR:

Below are tables tracking obesity rates and the national target data. From 2014 to 2016 rate for Māori dropped from 9.3% to 8.2% in 2017 and Other have stayed static around 3%. The gap is reducing slowly.



The national target "Raising Healthy Kids" -95% of children attending a B4 School Check and identified as obese (BMI 98th percentile) are referred to a health professional and given whānau based lifestyle support. Table below show the tracking for the target, note the new Target did not start until July 2016.



Key Performance Measures	Baseline [1]	Previous result [2]	Actual to Date [3]	Target 15-16	Trend direction
Māori	30.0%	84% (U)	95% (F)	≥95%	▲
Other	23.0%	73% (U)	96% (F)	≥95%	▲
Total	27.0%	81% (U)	95% (F)	≥95%	▲

The Raising Healthy Kids target has been achieved for Hawke's Bay quarter four- 95 %4. This is ahead of the Ministry's timeline by 6 months. This includes equitable referral rates across ethnicities and 100% referral acknowledgement rate. Also all whānau were provided with a healthy weight plan.

1 6 months to September 2015

2 6 months to February 2017

3 6 months to May 2017

4 The table above are the reported data to the Ministry of Health for quarter 4

WHY IS THIS INDICATOR IMPORTANT?

Obesity is the second leading risk to health in Hawke's Bay. Medium and long-term costs of not addressing obesity are very high, as obesity leads to a range of diseases with high health sector costs. A third of our population are obese; 48% and 68% for Māori and Pacific populations respectively. Childhood weight is a significant influence on adult weight and changing behaviors to increase healthy weight are more effective during childhood years. Measuring BMI at four years should provide an indicator for future obesity and health outcomes.

We are seeing the start of a slow decrease in 4 year old obesity rates and the response for whānau of obese children is equitable with 95% of Māori whānau being referred to a general practitioner for clinical assessment and 100% developing a whānau healthy eating plan with their B4 School Check nurse.

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

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

Delivered activity to support healthy weight under-fives:

Activity	Outcomes
Mama Aroha training and resource provided to key community workers to support and all wāhine delivering pepe.	Mama Aroha programme delivered and resources distributed to providers and wāhine.
Maternal Green Prescription (GRx) delivered- target of 160 referrals with 50% of these being Māori or Pasifika.	Referrals met targets.
Gestation Diabetes management- 100% of pregnant women with gestational diabetes are screened and 75% engaged with support.	Screening targets have been met and the support exceeded 94%.
"Health First Foods" programme delivered via Well child and Tamariki Ora providers.	120 whānau engaged in the sessions (66% Māori). Recipes cards have been developed and are being distributed
Active Families Programme, target of 40 referrals and 50% of these being Māori or Pasifika.	Targets exceeded.
Healthy Conversation Tool developed and trialled in B4 School Checks	Implemented, including whānau input into design and training for nurses to implement. Initial feedback is very positive.
Insector forum establish to support healthy weight leadership and activity across sectors	Forum is established, member are implementing activities to be role models as employers. Map developed to provide oversight of current impact and delivery. Also an advisory group has been establish to support the healthy sector implementation of the Best Start Plan.

Next steps:

- Increase the volumes for Active Families under 5 to meet demand created via the national Target and support earlier engagement (2 and 3 year olds) in Active Families.
- Complete evaluations and work with Advisory Group to action recommendations

- Engage with early childhood education (ECE) sector to design resources to support healthy weight environment and learning for whānau engaged in ECE.
- Find further opportunities to support healthy weight messages via services with existing relationships with whānau
- Continue to monitor contract targets and national Target
- Continue to develop the intersector relationships

RECOMMENDATIONS FROM TARGET CHAMPION

Key Recommendation	Description	Responsible	Timeframe
Complete the evaluations and action based on recommendations	Take the recommendations to the Best Start Advisory Group to develop actions for improvement	Shari Tidswell	Dec 2017
Complete variations to contract to increase the volumes for Active Families Under 5	Secure additional funding from MoH Complete a contract variation	Shari Tidswell	Sept 2017

CONCLUSION

We will continue to work and ensure the Target is met. This will be supported by the work delivered under the Best Start Plan, particularly implementing recommendations for the evaluations currently underway - which will provide guidance for improvements and development.

HAWKE'S BAY District Health Board Whakawāteatia	**Implementing the Consumer Engagement Strategy**
	For the attention of: **HB Clinical Council (in September), Maori Relationship Board (MRB) and HBDHB Board (in October)**
Document Owner/Author:	Kate Coley, Executive Director People & Quality
Document Author	Jeanette Rendle, Consumer Engagement Manager
Reviewed by:	Executive Management Team
Month:	September 2017
Consideration:	For Endorsement

RECOMMENDATION

That HB Clinical Council and MRB

1. Note the contents of this paper and the Consumer Engagement Strategy endorsed by HB Health Consumer Council
2. Note the matters yet to be resolved and proposed action plan
3. Endorse this Strategy to go to Board via Clinical Council and MRB.

PURPOSE

The purpose of this paper is to present the final draft of the Consumer Engagement Strategy, to highlight the matters yet to be resolved and to outline the proposed action plan which will support effective implementation of the strategy. The Strategy was endorsed by HB Health Consumer Council in May 2017 and has since incorporated feedback received from EMT.

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 attached 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 *"Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community".*

MATTERS TO BE RESOLVED

To ensure a systematic approach to working with the people of Hawke's Bay is developed and implemented the following questions will need thorough consideration and to be practically worked through:

- How will we develop success measures?

The collection of consumer feedback over time is in itself a measure of increasing engagement. At a systems level measuring success will mean looking at all areas in which consumers have been involved. To measure how well engagement is being embedded we could consider building it in to performance reviews, regularly review the diversity of consumer representatives and publicly report quality initiatives that have involved consumers.

- How will we recognise consumer participation and engagement?
- Will there be a budget for consumer engagement and where does it sit?

Based on the assumption that we value and wish to encourage consumer, whānau and community input and participation in our work, a discussion paper has been written to work through how we might recognise consumer participation and the budget required to do so. This is being considered by consumers and management.

A review of our current narrow policy ('Payment of Fees and Expenses' (HBDHB/OPM/108) and/or the establishment of an organisation wide policy that incentivises and acknowledges the desired level of engagement and balances the expectations of both consumers and the organisation is required. This needs to be mindful of the financial constraints within the system, be realistic, sustainable and easy to understand and apply.

This should include tangible and intangible recognition of participation as well as investment in training and support. Tangible recognition may include koha/gifts, refreshments, reimbursements, payments and fees. Intangible recognition my include consideration of timing/place of meeting, sincere and valued acknowledgment of contribution. Processes need to be developed to support the implementation of this.

- What information systems are required to support this work?

Currently there is not one electronic source of the truth when it comes to understanding the depth of existing engagement initiatives and information, communications and databases to support engagement work. This will need to be linked up to reduce duplication and waste.

- Based on the assumption that everyone has a part to play in consumer engagement, who will be specifically responsible for what?

For consumer engagement to be effective, clear roles and responsibilities need to be clearly defined. Partnership roles should be well thought through and support will be required from leaders and champions within the system. Consideration will need to be given to how we resource and support administration and coordination of consumer representatives and engagement activities.

WHAT IS REQUIRED?

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.

Six key work stream themes have been identified. The following proposed action plan provides more detail around the streams of work that need to be developed and considered to embed and practically support the implementation of the consumer engagement strategy.

1. Culture change
2. Roles and responsibilities
3. Consumer Engagement Framework
4. Consumer Leadership
5. Consumer Feedback
6. Working in Partnership

A Consumer Engagement Strategy Implementation project has been confirmed as part of the Our People, One Team work stream under the Transform and Sustain programme. A project initiation meeting took place on 29 May to set the scope and direction at a high level. This has since informed some changes to the proposed action plan below (in red).

CONSUMER ENGAGEMENT ACTION PLAN (draft)

	Work streams	Proposed timeframes Start	End
1.	**Culture Change** Position the consumer engagement strategy within the people strategy, with the aim of shifting culture.		
2.	**Roles and Responsibilities** • Identify leaders, champions and partners in the system • Clearly define roles and responsibilities for everyone that plays a part in consumer engagement • Consider how we resource and support administration and coordination of consumer representative and engagement activities	ongoing	
3.	**Consumer Engagement Framework** Support the consumer voice to be a formal part of any planning or redesign process through developing guidelines and resources to embed consumer engagement activities into current and future work. This may include: • Consumer Engagement toolkit including processes, policies, decision tree and flowchart • Guidelines for engagement within projects • Training and education to support staff and build capability in co-design	May 2017	

	• Recognition of consumer participation (out of project but a dependency) • Coordination with Māori Health Service to ensure greater representation of Māori consumers • Development of service and system success measures		
4.	**Consumer Leadership** Empower consumer leadership through developing consumer representative selection, orientation and training guidelines for staff Build and strengthen existing relationships and structures within the sector, such as clinical committees and cross sector quality forums. For example: • Guidelines for engaging with consumer council • Clinical governance committee structure (i.e.: patient experience committee) • Develop subgroups of consumer council • Database of available consumer representatives and community groups	May 2017	June 2018
5.	**Consumer Feedback** Improve the process of gathering and monitoring consumer feedback (Limitations and challenges around capturing, measuring and reporting on patient experience will be addressed in a separate project and linked to System Level Measures) • Ensure clear ownership and accountability • Share stories, outcomes and recommendations for improvement purposes. • Reporting calendar – from Services through to Board • Consumer Feedback process redesign • Implementation of new feedback system • Further develop patient experience survey to include outpatient areas • Online community engagement platform (post project – phase 2)	ongoing	
6.	**Working in Partnership** (BAU, out of scope of project) • Work with the Health Quality and Safety Commission (HQSC) to implement consumer engagement programmes e.g.: patient safety week, patient experience week • Continue involvement in the HQSC sponsored National collective of Consumer Councils	ongoing	

ATTACHMENT Consumer Engagement Strategy.

CONSUMER ENGAGEMENT STRATEGY

EXECUTIVE SUMMARY

Consumer engagement refers to the wide range of approaches in which consumers are involved in the planning, service delivery and evaluation of healthcare. Done well, it contributes to fostering a culture of person and whānau centred care. It supports active, ongoing partnership and communication that benefits consumers, staff and will ultimately transform the system.

We recognise that across the Hawke's Bay health sector there are a number of examples where consumer engagement is already occurring. This is particularly strong at governance level and in some areas of direct care and service development. However, in other cases this is not always structured or consistent. There is confusion as to when, how and at what stage we should be engaging with consumers, which consumers to approach, how to connect with those who aren't engaging with services and how we recognise the contribution of consumers. There is currently a lack of guidance, practical resources and tools to support effective engagement.

Hawke's Bay is a great place to live, but not everyone has the same opportunity to be healthy. Inequities exist within our health system and in our wider society. Māori don't experience the same health status as non-Māori and improving health outcomes for Māori is a key focus. This will only be achieved through targeted efforts to engage and partner with Māori and disadvantaged communities in new and innovative ways. This will help us to understand the opportunities for improvement through the consumers eyes; ensuring that any change we make reflects the needs of the community we serve.

This strategy is not a detailed work plan. It provides direction for the future and a framework for making decisions. It provides guidance around types and levels of engagement and the benefits of engaging. The goal being that consumer engagement at all levels is an embedded way of working and a driver for achievement of the 'Triple Aim'.

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

PURPOSE

The goal of this strategy is to strengthen and embed consumer participation at all levels in the health sector and at every step along the way, ensuring consumers are active partners in their own care and how we design, deliver and improve services. It is a driver for improving experience of care, quality and safety of care, health outcomes and best value. The strategy

also exists to build knowledge and educate health sector staff about the value of consumer engagement.

Ultimately, our aim is to create a person and whānau centred culture which puts our people at the centre of everything that we do, and one that is respectful of, and responsive to their needs, preference, and values. The health system has developed in a way that has encouraged passivity in consumers, where they present with problems for clinicians to fix. Increasingly there has been a recognition of the need to shift from traditional interactions to collaborative partnerships where consumers play an active role in improving their own health and systems and services by making them more aligned to their needs. Consumer engagement is one enabler of a person and whānau centred culture and this strategy exists alongside others to achieve culture change.

WHAT IS CONSUMER ENGAGEMENT?

Consumer engagement refers to the wide range of strategies in which consumers are involved in the planning, service delivery and evaluation of healthcare. It can be at an individual, service, governance or community level.

Consumer refers to people and their families / whānau / caregivers / personal support persons, who have had personal experiences in the health and disability system. The term also includes those who might use services in the future and members of the public generally, given they are the targeted recipients of health promotion and public health messaging and services.

BACKGROUND

The Hawke's Bay Health Consumer Council was established to provide a strong voice for the community and consumers on health service planning and delivery. In partnership with Hawke's Bay Clinical Council they initiated a quality improvement and safety framework with priorities identified to support consumer engagement. In partnership, the vision and plan for consumer engagement was discussed and developed as one piece of a multi layered approach to shifting our culture. The establishment of the People and Quality Directorate further cements the overarching focus of shifting organisational culture to be person and whānau centred. Further detail on the background can be read in Appendix 1.

Legislative background

The Code of Health and Disability Services Consumers' rights and Te Tiriti o Waitangi underpin consumer engagement in New Zealand. Te Tiriti o Waitangi describes the principles of partnership, participation and protection. The New Zealand Health and Disability Act (2000) upholds these principles and specifically addresses the need to provide mechanisms to enable Māori to contribute to decision making and participate in the delivery of health and disability services, which are at the heart of consumer engagement.

Health Quality and Safety Commission

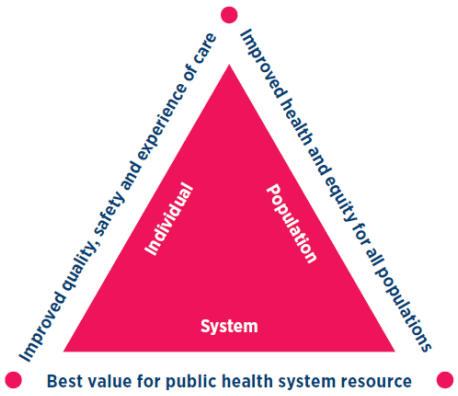
The Health Quality and Safety Commission takes a leadership role in building consumer partnerships in healthcare. They provide examples of best practise and work with health provider organisations and consumers to build recognition of the benefits of consumer engagement. They have developed "Engaging with Consumers: A guide for district health boards" and provide tools and support for effective engagement.

WHY ENGAGE WITH CONSUMERS?

Consumer engagement done well fosters a culture of person and whānau centred care. It supports active, ongoing partnership and communication that will benefit consumers, staff and ultimately transform the system.

There is evidence to support the benefits of engaging with consumers. These include improvements, such as more responsive services, improved clinical quality outcomes, and improved patient experience. In addition, safer care, less waste, reduced length of stay, lower costs, better consumer and health provider satisfaction and staff retention.

Consumer Engagement supports the New Zealand Triple Aim framework (right) for quality improvement at individual, population and system levels. One of its aims is improved health and equity for all populations. Hawke's Bay is a great place to live, but not everyone has the same opportunity to be healthy. Health inequities exist in some parts of our community. Successful consumer engagement will focus on how to be effective within this broader context. Consumers that are disadvantaged or not accessing services are an important group of people to engage with and will require different and innovative approaches.



Without proactive consumer engagement, the drive for change is usually either motivated through system failures (eg adverse events) or from external advocacy to improve the quality and safety of care. Waiting until there is a problem creates avoidable costs for consumers (physical, psychological and economic) and organisations (review processes, staff morale and more expensive treatments).

HOW DO WE ENGAGE?

Engaging with consumers can and should happen at different levels depending on the situation, and as early as possible. How we engage will be determined by the purpose, timeframes and level of impact of different projects, initiatives or programmes of work. Many will require multiple engagement methods at multiple levels.

Principles of engagement

The following five principles have been developed based on the Health Quality and Safety commissions consumer engagement work and Hawke's Bays shared values of He kauanuanu/Respect, Ākina/Improvement, Rāranga te tira/Partnership and Tauwhiro/Care.

1. **Being open and honest -** Consumer engagement is more successful when all parties involved are mutually respectful, listen actively and have the confidence to participate in full and frank conversations.

2. **Providing support -** Support for consumer engagement means being welcoming when meeting consumers, valuing their expertise, and acknowledging and taking consumer viewpoints seriously.

3. **Being real -** Consumers and providers know when we are simply going through the motions of consulting with consumers. Consumer engagement needs to be genuine. All parties should know the purpose of why engagement is taking place and real possibilities for change and improvement.

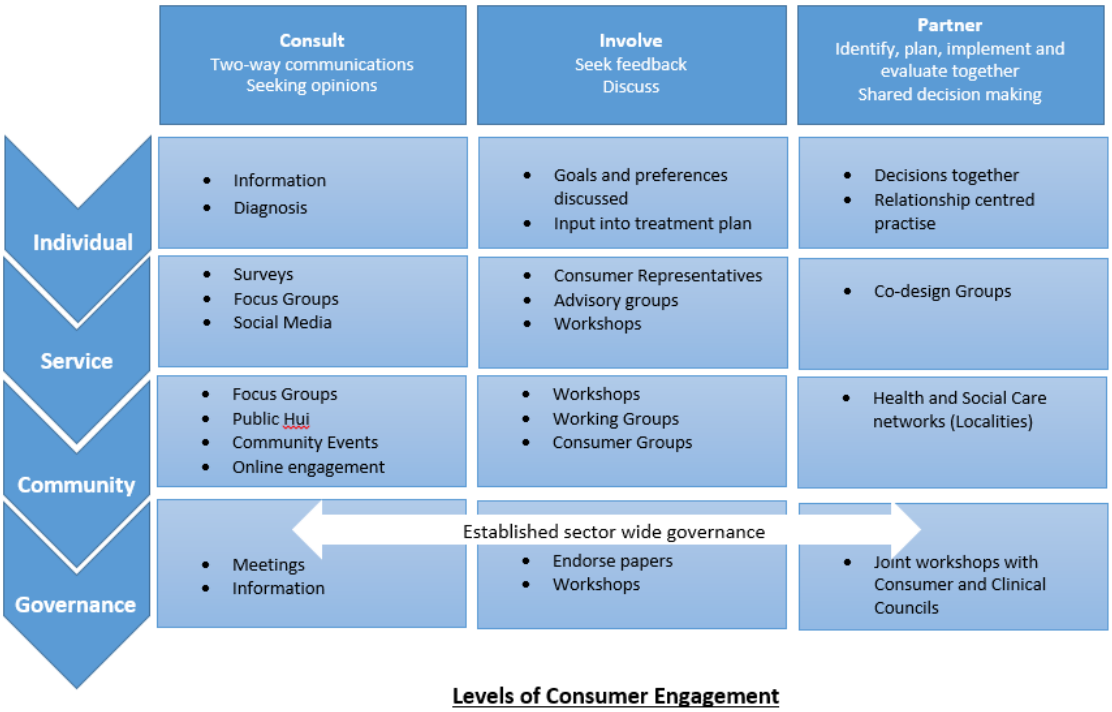
4. **Person and whānau focus -** All consumer engagement needs to keep the focus on person and whānau centred care. It is important that providers and staff are supported to maintain their focus on person/family/whānau as a core aspect of care.

5. **Easy to understand -** Making sure healthcare is easy for people to find, understand and use is a foundation stone of consumer engagement. It is the responsibility of providers to support better understanding for consumers.

Levels of engagement

Individual engagement includes consulting, involving and partnering with individuals in shared decision making about their own health. Put another way – *" 'my say' in decisions about my own care and treatment".* This is covered in more detail within the work being undertaken in the health literacy project, engaging effectively with Māori, and relationship centred practice training.

Collective engagement includes consulting, involving and partnering with individuals or groups of consumers at a service, community or governance level. Put another way – *" 'my' or 'our say' in decisions about planning, design and delivery of services".*



Levels of Consumer Engagement

It is easy to see and value the role of consumers at an individual level – engaging in and contributing to decisions about their own care, or that of loved ones. However, the case is also strong for involvement of consumers at more collective levels, to ensure that our organisation and health sector is person and whānau centred. Consumer participation extends beyond attending meetings.

As seen in the previous diagram, consumers can be engaged collectively in various ways, at multiple levels including:

- As equal partners when redesigning services through co-design groups
- As members of committees, advisory and governance groups
- Through workshops, working groups, steering groups, focus groups and public hui's
- Through consumer experience surveys and feedback mechanisms (complaints and compliments)
- Involvement in consumer interviews, consumer stories, patient journey mapping

WHAT DOES SUCCESS LOOK LIKE?

For the implementation of the consumer engagement strategy to be effective it requires a health sector that is genuinely committed to putting the consumer at the centre of health care.

Measures of success might include:

- A strong governance structure including sub groups of consumer council, where consumers and clinicians work together in partnership

- Increased consumer representation on clinical committees, transform and sustain projects and quality improvement forums
- Services confident to solve problems, develop new services and improve existing services in partnership with consumers and whānau (co-design)
- Increased engagement with Māori communities and consumers
- Improved quality, safety and experience of care

LINKS TO OTHER STRATEGIES

It is important to acknowledge other strategies and frameworks that link to the implementation of this strategy:

- The Quality Improvement and Safety framework "working in Partnership for Quality Healthcare in Hawke's Bay" (2013) outlines priorities that support consumer engagement in Hawke's Bay.

- People and Whānau at the centre and services developed around their needs is a core principle of Hawke's Bay Health System – Transform and Sustain 2013 – 2018

- Youth involvement is a core principle of The Youth Health Strategy 2016 – 2019 in building health system resiliency through youth participation in governance, leadership, design and delivery of work.

- The Mai Māori health strategy focuses on engaging better with whānau and responding to the needs of Māori in the way they prefer services and care.

- The Pasifika Health Action Plan 2014 – 2018 supports a collaborative approach with pacific communities.

- Significant consumer input will be required to make a 'health literate sector' a reality.

- The People Strategy will address the development of a culture for the health sector that will need to include respecting and communicating effectively with consumers

- The development of Health and Social Care Localities includes significant requirements to consult with and engage local communities in decision making.

SUMMARY

The solutions to challenges in the health care sector won't come from doing business as usual. They will come from fostering a person and whānau centred culture and building equal and sustainable partnerships with consumers who care about improving the health and wellbeing of our people and reducing inequities within our community. Effective consumer engagement that is embedded in our "way of working" and part of our 'culture' will benefit consumers, staff and will ultimately transform the system.

APPENDIX 1

Background to Consumer Engagement in Hawke's Bay

2013 – The Hawke's Bay Health Consumer Council was established to provide a strong voice for the community and consumers on health service planning and delivery.

2013 - Hawke's Bay Clinical Council, in partnership with the Hawke's Bay Health Consumer Council initiated a quality improvement and safety framework: Working in Partnership for Quality Healthcare in Hawke's Bay. The document divided quality improvement and safety into four areas to provide a focus for our work and help us identify opportunities for improvement. These domains and the priorities within them support consumer engagement in Hawke's Bay.

2014 - To realise the objectives and direction outlined in the Quality Improvement and Safety Framework it was identified that change was required in the way services to support this framework were structured. This led to the development of the Quality Improvement and Patient Safety Service and the new role of Consumer Engagement Manager, appointed in July 2015.

2015 - Partners in Care: Consumer Engagement – a case for change was presented to Clinical and Consumer Councils for feedback and consideration. Workshops were held and the vision and plan for consumer engagement discussed. This was further developed where Consumer Engagement was identified as one piece of a multi layered approach to shifting our culture to being people centred - putting consumers and their whānau at the centre of everything we do.

2017 - The establishment of the People & Quality Directorate through the merger of the Human Resource and Quality Improvement and Patient Safety Services in February 2017 further cements the overarching focus of shifting organisational culture to be people centred.

TOPICS OF INTERESTS
MEMBER ISSUES / UPDATES

GLOSSARY OF COMMONLY USED ACRONYMS

A&D	Alcohol and Drug
AAU	Acute Assessment Unit
AIM	Acute Inpatient Management
ACC	Accident Compensation Corporation
ACP	Advanced Care Planning
ALOS	Average Length of Stay
ALT	Alliance Leadership Team
ACP	Advanced Care Planning
AOD	Alcohol & Other Drugs
AP	Annual Plan
ASH	Ambulatory Sensitive Hospitalisation
AT & R	Assessment, Treatment & Rehabilitation
B4SC	Before School Check
BSI	Blood Stream Infection
CBF	Capitation Based Funding
CCDHB	Capital & Coast District Health Board
CCN	Clinical Charge Nurse
CCP	Contribution to cost pressure
CCU	Coronary Care Unit
CEO	Chief Executive Officer
CHB	Central Hawke's Bay
CHS	Community Health Services
CMA	Chief Medical Advisor
CME / CNE	Continuing Medical / Nursing Education
CMO	Chief Medical Officer
CMS	Contract Management System
CNO	Chief Nursing Officer
COO	Chief Operating Officer
CPHAC	Community & Public Health Advisory Committee
CPI	Consumer Price Index
CPO	Co-ordinated Primary Options
CQAC	Clinical and Quality Audit Committee (PHO)
CRISP	Central Region Information System Plan
CSSD	Central Sterile Supply Department
CTA	Clinical Training Agency
CWDs	Case Weighted Discharges
CVD	Cardiovascular Disease
DHB	District Health Board
DHBSS	District Health Boards Shared Services
DNA	Did Not Attend
DRG	Diagnostic Related Group
DSAC	Disability Support Advisory Committee
DSS	Disability Support Services
DSU	Day Surgery Unit
DQIPS	Director Quality Improvement & Patient Safety
ED	Emergency Department

ECA	Electronic Clinical Application
ECG	Electrocardiograph
EDS	Electronic Discharge Summary
EMT	Executive Management Team
EoIs	Expressions of Interest
ER	Employment Relations
ESU	Enrolled Service User
ESPIs	Elective Service Patient Flow Indicator
FACEM	Fellow of Australasian College of Emergency Medicine
FAR	Finance, Audit and Risk Committee (PHO)
FRAC	Finance, Risk and Audit Committee (HBDHB)
FMIS	Financial Management Information System
FSA	First Specialist Assessment
FTE	Full Time Equivalent
GIS	Geographical Information System
GL	General Ledger
GM	General Manager
GM PIF	General Manager Planning Informatics & Finance
GMS	General Medicine Subsidy
GP	General Practitioner
GP	General Practice Leadership Forum (PHO)
GPSI	General Practitioners with Special Interests
GPSS	General Practice Support Services
HAC	Hospital Advisory Committee
H&DC	Health and Disability Commissioner
HBDHB	Hawke's Bay District Health Board
~~**HBL**~~	~~Health Benefits Limited~~
HHB	Health Hawke's Bay
HQSC	Health Quality & Safety Commission
HOPSI	Health Older Persons Service Improvement
HP	Health Promotion
HPL	Health Partnerships Limited
HR	Human Resources
HS	Health Services
HWNZ	Health Workforce New Zealand
IANZ	International Accreditation New Zealand
ICS	Integrated Care Services
IDFs	Inter District Flows
IR	Industrial Relations
IS	Information Systems
IT	Information Technology
IUC	Integrated Urgent Care
K10	Kessler 10 questionnaire (MHI assessment tool)
KHW	Kahungunu Hikoi Whenua
KPI	Key Performance Indicator
LMC	Lead Maternity Carer
LTC	Long Term Conditions
MDO	Māori Development Organisation
MECA	Multi Employment Collective Agreement
MHI	Mental Health Initiative (PHO)
MHS	Māori Health Service
MOPS	Maintenance of Professional Standards

MOH	Ministry of Health
MOSS	Medical Officer Special Scale
MOU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MRB	Māori Relationship Board
MSD	Ministry of Social Development
NASC	Needs Assessment Service Coordination
NCSP	National Cervical Screening Programme
NGO	Non Government Organisation
NHB	National Health Board
NHC	Napier Health Centre
NHI	National Health Index
NKII	Ngati Kahungunu Iwi Inc
NMDS	National Minimum Dataset
NRT	Nicotine Replacement Therapy
NZHIS	NZ Health Information Services
NZNO	NZ Nurses Organisation
NZPHD	NZ Public Health and Disability Act 2000
OPF	Operational Policy Framework
OPTIONS	Options Hawke's Bay
ORBS	Operating Results By Service
ORL	Otorhinolaryngology (Ear, Nose and Throat)
OSH	Occupational Safety and Health
PAS	Performance Appraisal System
PBFF	Population Based Funding Formula
PCI	Palliative Care Initiative (PCI)
PDR	Performance Development Review
PHLG	Pacific Health Leadership Group
PHO	Primary Health Organisation
PIB	Proposal for Inclusion in Budget
P&P	Planning and Performance
PMS	Patient Management System
POAC	Primary Options to Acute Care
POC	Package of Care
PPC	Priority Population Committee (PHO)
PPP	PHO Performance Programme
PSA	Public Service Association
PSAAP	PHO Service Agreement Amendment Protocol Group
QHNZ	Quality Health NZ
QRT	Quality Review Team
Q&R	Quality and Risk
RFP	Request for Proposal
RHIP	Regional Health Informatics Programme
RIS/PACS	Radiology Information System Picture Archiving and Communication System
RMO	Resident Medical Officer
RSP	Regional Service Plan
RTS	Regional Tertiary Services
SCBU	Special Care Baby Unit
SLAT	Service Level Alliance Team
SFIP	Service and Financial Improvement Programme
SIA	Services to Improve Access

SMO	Senior Medical Officer
SNA	Special Needs Assessment
SSP	Statement of Service Performance
SOI	Statement of Intent
SUR	Service Utilisation Report
TAS	Technical Advisory Service
TAW	Te Ara Whakawaiora
TOR	Terms of Reference
UCA	Urgent Care Alliance
WBS	Work Breakdown Structure
YTD	Year to Date