



Hawke's Bay Health Consumer Council Meeting

Date: Thursday, 10 March 2016

Meeting: 4.00pm to 6.00pm

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

Council Members:

Graeme Norton (Chair)
Rosemary Marriott
Heather Robertson
Terry Kingston
Tessa Robin
Leona Karauria
Jim Morunga

Nicki Lishman
Jenny Peters
Olive Tanielu
Jim Henry
Malcolm Dixon
Rachel Ritchie
Sarah de la Haye

Apology:

In attendance:

Dr Kevin Snee, Chief Executive Officer
Kate Coley, Director Quality Improvement & Patient Safety (DQIPS)
Tracy Fricker, Council Administrator and PA to DQIPS
Jeanette Rendle, Consumer Engagement Manager
Ken Foote, Company Secretary
Nicola Ehau, Head of Health Services for Health Hawke's Bay Ltd
Debs Higgins, Clinical Council Representative

HB Health Consumer Council Agenda

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.	“Draft” Workplan	
7.	Chair’s Update	
	Section 2 – For Discussion	
8.	Davanti IS Review Presentation – Tim Evans	4.15
9.	Obesity Strategic Plan Consultation – Caroline McElnay / Shari Tidswell	4.30
10.	Youth Health Strategy Consultation – Caroline McElnay / Nicky Skerman	5.00
11.	Older Persons Panel (action from February Meeting)	5.30
12.	Refine Consumer Council Member Portfolios - Ken Foote/Graeme Norton	5.40
	Section 3 – For Information	
13.	Draft Annual Plan Statement of Intent - No Presenter	
14.	Annual Māori Health Plan Q2 Dashboard - No Presenter	
15.	Te Ara Whakawaiaora / Breastfeeding - No Presenter	
	Section 4 – General Business	
16.	Topics of Interest - Member Issues / Updates	
17.	Karakia Whakamutunga (Closing)	6.00

NEXT MEETING Thursday 14 April 2016, commencing at 4.00pm
Te Waiora (Boardroom), HBDHB Corporate Administration Building

Tauwhiro Rāranga te tira He kauanuanu Ākina

Interest Register

Hawke's Bay Health Consumer Council

Feb-16

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
Graeme Norton	3R Group Limited	Director/Shareholder	Product Stewardship	No	Group is sponsored by HBDHB
	NZ Sustainable Business Council	Deputy Chair	Sustainable Development	No	
	HB Diabetes Leadership Team	Chair	Leadership group working to improve outcomes for people in HB with diabetes	No	
	NZ Life Cycle Management Centre	Chair, Advisory Group	Advancing life cycle management thinking across NZ	No	
Rosemary Marriott	YMCA of Hawke's Bay	President	Youth Including health issues	No	
Heather Robertson	Restraints Committee of DHB	Committee Member	Representing Consumers on this Committee	No	
Terry Kingston	Central Hawke's Bay District Council	Elected Member	Local body	No	Will declare any perceived interests as they arise.
	Interest in all health matters, in particular - Mental Health, Youth, Rural and Transport.				
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	If contracted for service, there could be a perceived conflict of interest. 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.
	Computers in Homes HB Steering Committee	Member and Regional Co-ordinator	ICT Project Management through schools and communities	No	
	Computers in Homes, Wairoa Steering Committee	Member and Regional Co-ordinator	ICT Project Management through homes and communities	No	
	Maori Party Wairoa Branch	Chairperson	Supporting Policies at a local level	No	
	Simplistic Advanced Solutions Ltd	Director/Owner	Information Communications Technology services.	Yes	
	Hastings District Council Digital Enablement Focus Group	Member	Advisory for digital literacy and internet access initiatives for communities	No	
	Wairoa Wireless Communications Ltd	Director/Owner	Wireless Internet Service Provider	Yes	
Nicki Lishman	Employee of Ministry of Social Development	Regional Health Advisor	Liaising with health community and supporting Work and Income Staff.	Yes	Could be perceived/potential eg., situation where gaps identified regarding funding.
	Registered Social Worker, member of ANZASW	Professional body	Social work	No	
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
Jim Morunga	Nil				
Malcolm Dixon	Hastings District Councillor	Elected Councillor		No	
	Sport Hawke's Bay	Board of Trustees	Non paid role	No	
	Scott Foundation	Allocation Committee		No	
James Henry	Health Hawke's Bay Ltd	Facilitator	Part-time role. Improving lifestyles for people with chronic illness.	No	
Rachel Ritchie	Put the Patient First	Involved when group was active	Advocating for Diabetes Patients	Unsure	Real / potential / Perceived
Sarah de la Haye	Nil				

**MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL MEETING
HELD IN THE TE WAIORA MEETING ROOM, HBDHB CORPORATE OFFICE
ON 11 FEBRUARY 2016 AT 4.00PM**

PUBLIC

Present: Graeme Norton (Chair)
Heather Robertson
James Henry
Nicki Lishman
Rosemary Marriott
Malcolm Dixon
Tessa Robin
Olive Tanielu
Sarah de la Haye
Jim Morunga
Rachel Ritchie
Terry Kingston
Leona Karauria

In Attendance: Ken Foote, Company Secretary
Kate Coley, Director Quality Improvement Patient Safety
Jeanette Rendle, Consumer Engagement Manager
Tracy Fricker, PA to Director QIPS and Consumer Council Secretary

SECTION 1: ROUTINE

1. WELCOME

Graeme Norton extended a welcome to everyone for the first meeting of 2016. Rosemary Marriott opened the meeting with a Karakia/Prayer.

2. APOLOGIES

Apology noted from Jenny Peters.

3. INTERESTS REGISTER

No conflicts of interest for items on the agenda today.

Malcolm Dixon advised an interest to be registered for him - Scott Foundation (Allocation Committee).

Action: *New interest to be added to the register for Malcolm Dixon.*

4. PREVIOUS MINUTES

The minutes of the Hawke's Bay Health Consumer Council meeting held 10 December 2015 were confirmed as a correct record of the meeting.

5. MATTERS ARISING AND ACTIONS

Item 1: Graeme advised he will email the slides of the HealthOne presentation to Consumer Council members. Item #13 on the agenda is a 5 minute video which has clips from

users of the system in Canterbury (healthcare professionals and consumers) on their ability to communicate using the electronic health record.

Item 2: Included on today's agenda.

6. WORK PLAN

Graeme advised that there will be more information added to the work plan. It is an opportunity for the Consumer Council to drive what is on the agenda and what is important to us.

7. CHAIR'S UPDATE

In September last year a meeting of the Central Region Board Chairs and some of their CEOs was held here in Hawke's Bay. Since this meeting, there has been more movement around formation of consumer councils elsewhere. MidCentral have appointed a full time project manager to drive what their consumer council might look like and Graeme anticipates that this will also include Wanganui as their Chair is also the Deputy Chair at MidCentral.

Next week Graeme is addressing the Board at Hutt Valley DHB about the Consumer Council in Hawke's Bay and the Chair of Hutt Valley is also the Chair of Capital and Coast. Wairarapa are also interested.

It will be interesting in the future how we start to develop relationships with other consumer councils and clinical councils in the Central Region.

SECTION 2: FOR DISCUSSION

8. HEALTH LITERACY STRATEGIC REVIEW

Ken Foote introduced Jen and Kate from Quigley and Watts and advised that a health literacy leadership and project team has been formed to develop a framework for Hawke's Bay. One of the first things to complete is a high level strategic review as to where the sector is at. Extensive consultation is underway with various groups. They have met with the Executive Management Team, Maori Relationship Board, Clinical Council and now the Consumer Council as well as staff groups and one on one telephone interviews.

Jen thanked Ken for his introduction. She asked the Consumer Council members for feedback to the questions posed in the information provided in the papers.

Feedback was provided from all members of the Consumer Council identifying some core issues as below:

- Health professionals need to make sure they use language and terminology that consumers can understand
- Need to spend more time with their patients
- Consumers need to have the confidence to ask questions and be listened to
- Need to get the balance of information right – too much or too little
- Pacific population needs must be met when it comes to health literacy
- Need to factor in literacy across our communities
- Factor in our rural communities
- Partnerships are key between the clinicians and the patient
- Some clinicians are starting to make changes in the way they interact with patients e.g. Pharmacists
- Need to look at building skill set of new clinicians about cultural competence alongside health literacy skills

- Question perhaps needs to be turned around – how consumer literate is the health sector? Definition of health literacy is about what knowledge consumers should have, this needs to be turned on its head and needs to come from what is the capacity to communicate so that consumers can use information and health services to make effective decisions.

Any further feedback can be emailed to Jen by early next week: jen@quigleyandwatts.co.nz.

9. ALCOHOL STRATEGY UPDATE

Graeme Norton welcomed Rachel Eyre to the meeting. It was agreed with Population Health to work in a co-design way around an alcohol strategy for the DHB and Hawke's Bay, Rachel is going to lead this process.

Rachel gave an overview of her experience prior to working for HBDHB. Her role now is working as a Public Health Physician / Medical Officer of Health with a portfolio area of communicable diseases, rheumatic fever and alcohol. As a Medical Officer of Health she has a regulatory role for alcohol. Rachel is interested in hearing views and process for developing an alcohol strategy, which she has been tasked to do within the DHB. A lot of her work around alcohol has been regulatory focused, going to hearings for licensing decisions and is very reactive and difficult with the current Act to create much social change, that was the object of the Act to change the focus to reducing the harms from alcohol and have a more restrictive way of dealing with licencing to think about the harms, not thinking about peoples drinking but focusing on the harms.

Rachel is here to talk about where Population Health are at with their thinking, they don't have an agenda or process mapped out for how to develop an alcohol strategy, it is something we must do as the alcohol related harm in Hawke's Bay is high. The health equity report shows 1:3 people have a hazardous drinking pattern in Hawke's Bay.

A meeting was held this week with ED, Mental Health, Children & Youth Service and Public Health to look at the data, what we know, what don't we know and thinking about a process that would help engage our community, so that the problems as well as the solutions are owned by all.

Graeme advised that he had asked Rachel to give the Consumer Council a picture of where things had gotten up to. We will get into a process of co-design with the alcohol strategy. There is the Co-design workshop on 4 March and he hopes we will get an understanding on how we might work together in a Hawke's Bay way. Following on from that we will get into a process around a strategy for alcohol.

Graeme thanked Rachel for attending the meeting.

10. HEALTH AND SOCIAL CARE NETWORKS

Report accepted as read.

Graeme welcomed Liz Stockley to the meeting. Health and Social Care Networks was discussed at the Leadership Forum in October. Liz is looking for feedback, input and advice around the steering group at this stage, there will be a number of sub-projects coming up in the future which further consumer engagement will be required.

In the programme brief they are looking at the long term picture of having collaborative networks which are co-designed and deliver health and social care differently. Phase one are things we can achieve off the block, doing the things we are currently do better, making those services in our current remit more accessible, appropriate and collaborative that will then expand out to things which are less in our control. This document is a starting point. Liz queried is this a

sensible starting point and has it captured the essence of where we wanted to go from the Leadership Forum?

Feedback from Consumer Council members was provided in terms of the paper. There was general consensus that this was the right way to go and that we needed to start this development as soon as we could. It was suggested that perhaps from a steering group perspective we might need a couple of consumer representatives. Obviously consumer engagement was essential when it came to the development of specific health social care networks.

Liz advised that the paper has also been discussed at the Maori Relationship Board. They want to see more of the Maori values included in the planning. It was also suggested that in terms of engaging consumers it would be good to describe what would they see that was different for them.

11. CONSUMER STORIES: CONSUMER COUNCIL FUTURE REQUIREMENTS

Graeme advised that he had had a conversation with Kate Coley about the Consumer Council not needing to hear a consumer story each month. We have the process underway now and we need to think about where we go to from here. We are sending these stories up to governance but how well are they getting across to enable change within the services themselves and broader reach into the service. We want to get to the next level, looking at solutions.

12. CONSUMER ENGAGEMENT – KEY PRINCIPLES

Kate Coley thanked the members for the feedback received on the draft key principles. Most of the feedback was about the “what” and the key principles of consumer engagement. The next step was to then turn this into a reality and develop a strategy and action plan so that we can start on the journey to changing the culture of the sector.

This is not an overnight job and it would take several years, using multiple levers for us to truly achieve a person and whānau centred care culture. These levers included setting out some guidance around consumer engagement, but they also included improving health literacy, education and training for staff, staff living our values and having an engaged workforce.

The next step is to develop a plan/strategy and start to talk about it with EMT, Maori Relationship Board, Clinical Council and Consumer Council, again to make sure we are comfortable with the plan and then get on with implementing it.

Kate will bring this back to the Consumer Council in April/May.

Action: *Plan/strategy to be put on the agenda for discussion at the April/May Consumer Council meeting.*

SECTION 3: FOR INFORMATION

13. HEALTH ONE VIDEO

As advised in Matters Arising, 5 minute video on HealthOne was played.

14. OLDER PERSONS PANEL

Graeme Norton advised that Allison Stevenson, Service Director for Older Persons, Mental Health, and Options has requested assistance with making sure that the older person's service has a strong set of relationships into the community, to access good quality advice from the community around issues affecting services for older persons. Allison does not wish to set up

another PAG. Do we create a panel of a number of people who are connected to reach out to them for help or advice? Graeme asked Consumer Council to consider this and further discussion will be held at next month's meeting.

Action: *Item to be added to the agenda for March for discussion.*

15. TE ARA WHAKAWAIORA / ASH

Report from Dr Mark Peterson and Mary Wills provided in meeting papers. No discussion at meeting.

SECTION 3: FOR INFORMATION

16. TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

No issues/updates discussed.

Graeme Norton closed the meeting at 6.10 pm.

Confirmed:

Chair

Date:

HAWKE'S BAY HEALTH CONSUMER COUNCIL

Matters Arising
Reviews of Actions

5


Action	Date Issue first Entered	Action to be Taken	By Whom	By When	Status
1	10/12/15 11/2/16	Consumer Engagement principles and framework - Consumer Council members invited to feedback prior to February 2016 meeting. Principles will be signed off for further discussion at other governance committees. Feedback provided. Plan/strategy to be placed on agenda for discussion at April/May meeting.	K Coley	 Apr16	
2	11/2/16	Interest Register update for Malcolm Dixon	Admin		Actioned
3	11/2/16	Older Persons Panel to be included on March agenda.	Admin	Mar16	Actioned

HAWKE'S BAY HEALTH CONSUMER COUNCIL WORK PLAN 2016



6

Meeting Dates 2016	Papers and Topics	Lead(s)
14 Apr	Consumer Engagement Manager's Report Obesity Strategic Plan (draft) Suicide Prevention Plan (draft) Refreshed Transform and Sustain (Draft) Orthopaedic Review – Closure of Phase 1 Monitoring – for information - no presenters: Te Ara Whakawaiaora / Cardiovascular	Jeanette Rendall Caroline McElnay Caroline McElnay Tim Evans Andy Phillips
20 Apr	HB Health Sector Leadership Meeting – venue and time TBA	
12 May	Suggestion to combine with Clinical Council - to be confirmed Obesity Strategic Plan (final for endorsement) Youth Health Strategy (draft) Health Equity Update Refreshed Transform and Sustain (Final) Integrated Shared Patient Care Record HB Integrated Palliative Care (Draft) Final Annual Plan and Statement of Intent Food Services Internal Review Travel Plan (qtlly update) New Patient Safety and Experience Dashboard - Report Monitoring – for information - no presenters: Annual Maori Health Plan Q3 Urgent Integrated Care Monthly Update	Caroline McElnay Caroline McElnay Caroline McElnay Tim Evans Tim Evans Tim Evans / Mary Tim Evans Sharon Mason Sharon Mason Kate Coley
9 Jun	Youth Health Strategy (Final for endorsement) New Patient Safety and Experience Dashboard commences Qtly Food Services Internal Review – Final Developing a Person Whanau Centered Culture Draft Monitoring – for information - no presenters: Te Ara Whakawaiaora / Oral Health Annual Maori Health Plan Q3	Caroline McElnay Kate Coley Sharon Mason Kate Coley
14 July	Alcohol and other Drugs TBC Developing a Person Whanau Centred Culture Final	Kate Coley
11 Aug	Travel Plan (quarterly update) Draft Quality Accounts	Sharon Mason Kate Coley
15 Sept	Fetal Alcohol Spectrum Disorder (depends on Prioritisation) Alcohol and Other Drugs Family Violence – Strategy Effectiveness Orthopaedic Review – phase 2 draft HB Integrated Palliative Care (for endorsement) Quality Accounts for endorsement New Patient Safety and Experience Dashboard Qtly Monitoring – for information - no presenters: Annual Maori Health Plan Q4	Caroline McElnay Caroline McElnay Caroline McElnay Andy Phillips Mary Wills Kate Coley Kate Coley

 HAWKE'S BAY District Health Board Whakawāteatia	Information Service Function review
	For the attention of: HB Clinical Council, HB Health Consumer Council, Maori Relationship Board (MRB)
Document Owner:	Tim Evans
Document Author(s):	Tim Evans
Reviewed by:	Executive Management Team
Month:	March, 2016
Consideration:	For Information and discussion.

RECOMMENDATION

Clinical Council, Consumer Council and MRB

- Note the contents of the attached report.
- Agree the proposed management action in response set out below.

OVERVIEW

The attached report from Davanti Consulting sets out an assessment of the maturity of our Information Services function and recommends a structured approach to improvement.

BACKGROUND

We appointed Davanti Consulting in October 2015 to review the District Health Board's Information Systems function (that is our I.S. department, not our hardware and software).

We asked Davanti to assess and document:

- The challenges and tasks facing the department now, and those likely to arise
- The capability of the department in terms of skills, experience, and expertise
- The capacity of the department in terms of manpower, functions, and scale
- The resilience of the department in terms of business process and practice
- Any gaps (and consequent business risks) between challenge and capability/ capacity/ resilience

We asked them to express a clear opinion as to the fit between challenge and resources and make recommendations on short, medium, and long term actions required to mitigate immediate risks and to maintain or build "fit for purpose" Information Systems function going forward.

The attached report is Davanti's response to this brief.

THE DAVANTI REPORT

The report identifies **3 challenges** facing the I.S. Department:

- Lack of documentation, appropriate team structure, and formal process;
- Focus on managing current state not building the future;
- Lack of formal governance and engagement with stakeholders

The report proposes **5 changes** to the I.S. operating model:

- Set up formal governance structures to include IS and business stakeholders to keep IS accountable to their users;
- Create an “Enterprise Architect” function to plan the future and make sure we are moving toward it;
- Separate innovative “build” and routine “operate” functions to improve focus and delivery of both;
- Formalise project delivery capability to standardise and ensure appropriate use of project management methods;
- Reorganise IS resources along the technology layer domains of application and infrastructure, to reduce risk of undocumented knowledge and increase flexibility.

The report sets out in detail 11 project plans to achieve the required change over a 26 month timeline, and recommends the creation of at least three new roles.

PROPOSED MANAGEMENT ACTION IN RESPONSE

The report is a reasoned and balanced assessment of the current state of maturity of our I.S. function.

The three challenges and 5 changes set out need to be addressed and implemented respectively.

A steering group for change will be set up immediately to include the GM Planning and Funding (as senior Responsible Owner), Chief Operating Officer (as representative business partner), Head of I.S, and Head of Business Intelligence.

The project approach to implementation needs to be localised to follow DHB documentation and project process.

The restructuring to split the proposed needs to be enacted with two caveats:

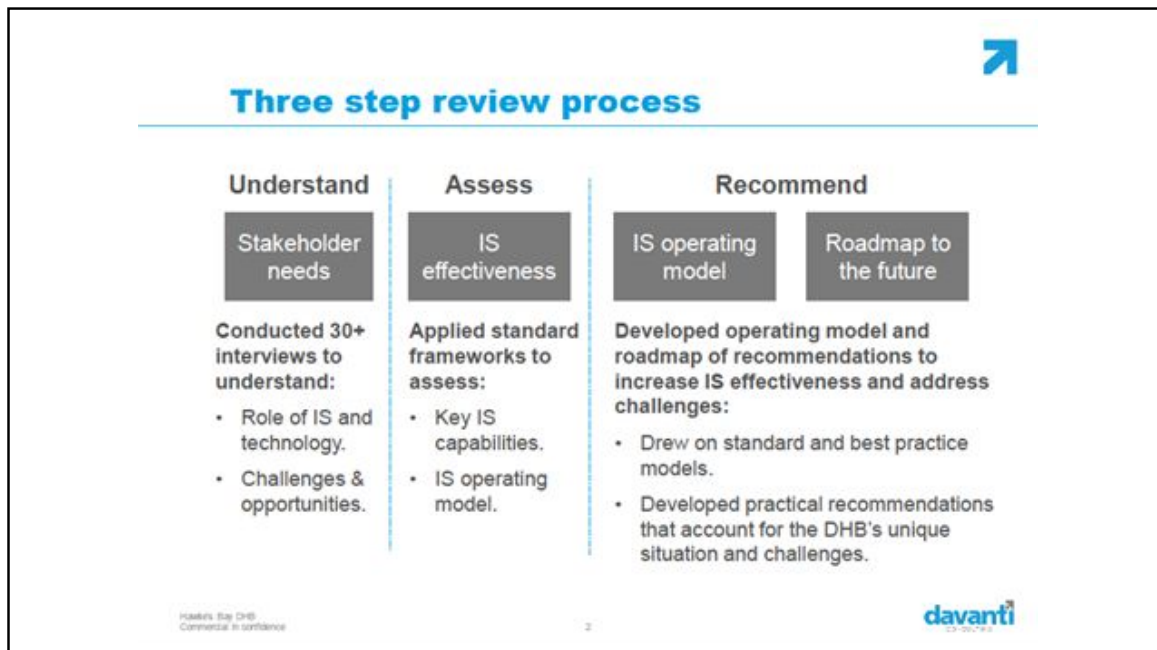
- We need to follow our open transparent and consultative approach in designing the necessary organisational restructure.
- We need to balance additional cost with anticipated benefit, this will involve minimising the additionality required (in cost and FTE) to achieve the key outcomes proposed in the report.

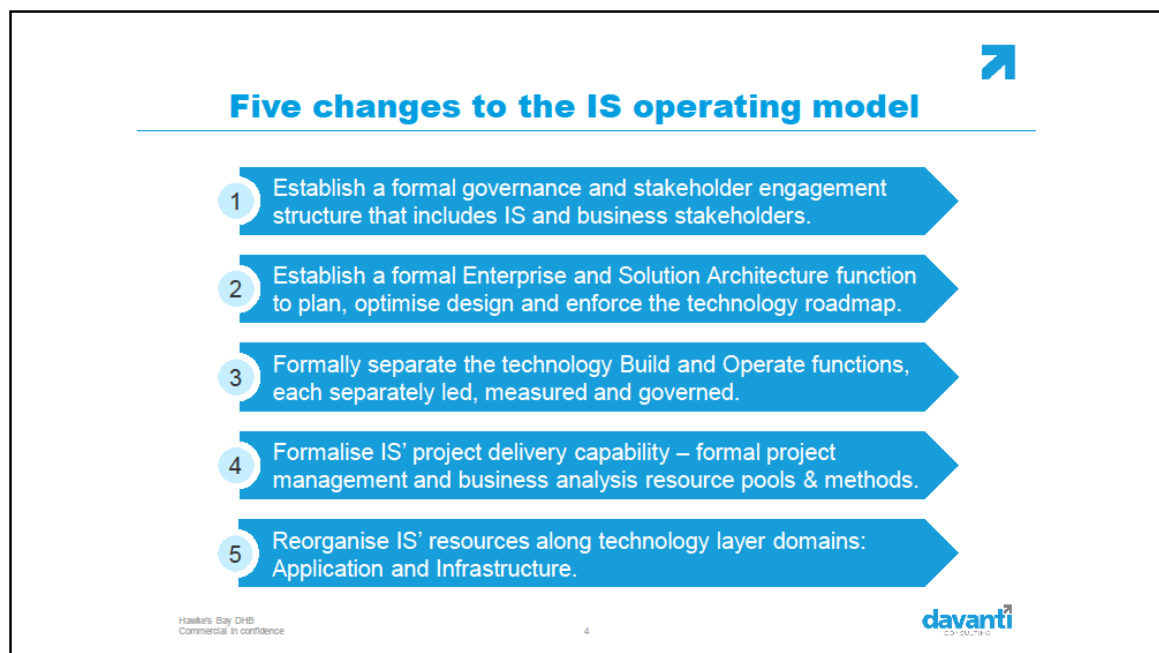
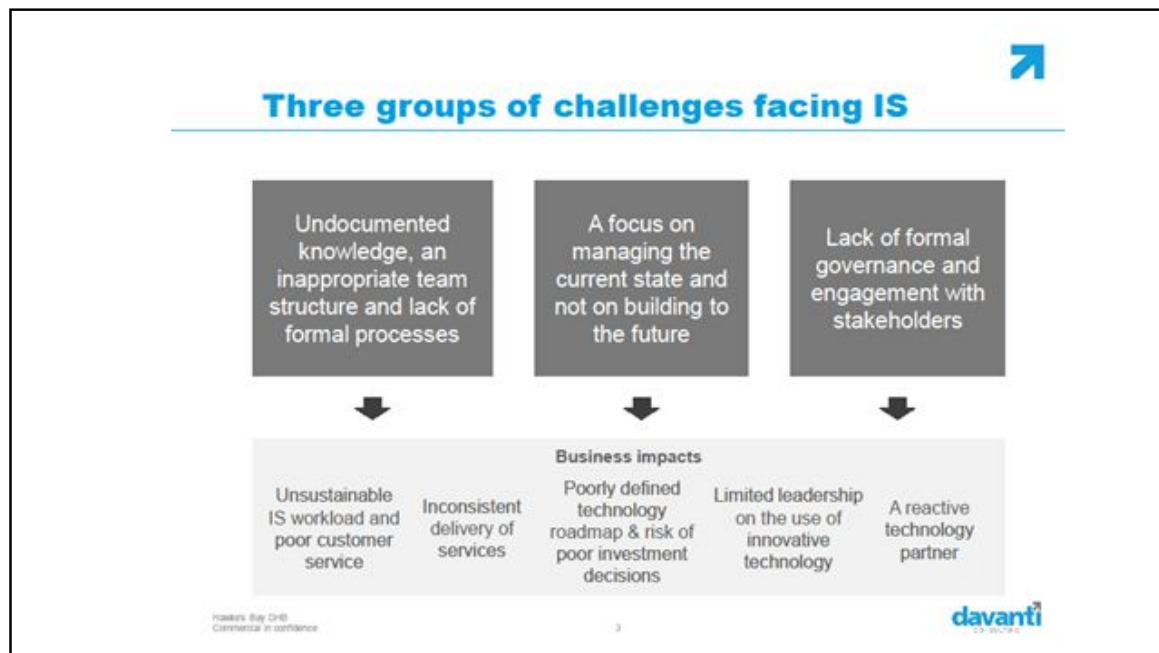
The Board need to be keep abreast of progress, and will need to approve any significant additional spend proposed as a result of the report's implementation.

ATTACHMENTS

Summary slides Davanti report.

(Full report on Diligent Books, paper copies available on request)





Delivering business benefits to the DHB



Hawke's Bay DHB
Commercial in confidence

8

davanti
CONSULTING

A four phase implementation approach




~26 months timeline, 11 critical projects, three new roles.

Hawke's Bay DHB
Commercial in confidence

9

davanti
CONSULTING

 HAWKE'S BAY District Health Board Whakawāteatia	Obesity Strategic Plan Consultation: Healthy Weight Children in Hawke's Bay
	For the attention of: HB Health Consumer Council and Māori Relationship Board (MRB)
Document Owner:	Caroline McElroy, Director Population Health
Document Author(s):	Shari Tidswell, Population Health Advisor Team Leader
Reviewed by:	N/A
Month:	March 2016
Consideration:	For discussion

RECOMMENDATION

That HB Clinical, HB Health Consumer Council and MRB:

Discuss and make recommendations for the implementation of the strategy including processes for ongoing engagement for these committees.

OVERVIEW


This is an opportunity for committees to discuss, provide feedback and make recommendations on the implementation of the Strategy and suggestions about the process for ongoing engagement in the implementation. The focus for this discussion is the child obesity prevention and intervention, looking at environmental, prevention and intervention approaches.

BACKGROUND

Third of our population are obese, 48% and 68% for Māori and Pacific populations respectively. Obesity is the second leading risk to health in New Zealand and the Hawke's Bay region. Medium and long term costs of not addressing obesity are very high, as obesity leads to a range of disease including heart disease and diabetes.

The leading factor in increasing obesity is our lifestyle. We are consuming more calorie rich nutrient poor food which is easily available and cheap, and spend more time sedentary. This is despite living in a region renowned for being the fruit bowl of New Zealand and most people having access to land for a garden. While the cause is simple enough the systems we need to change to reduce obesity are complex. Culture, economics, access, knowledge, family structure, working patterns, government policy and genetics all have a part to play in what we choose to eat and the amount of physical activity we do.

We have a lifespan based strategy to help provide focus and coordination for what will be varied activities delivered across sectors. The Population Health Services are working operationally in the environmental and prevention areas by targeting early intervention. This includes aligning existing work in maternal nutrition, work places and events with the strategy, reviewing the evidence and engaging with the community. The presentation will share what we have found and seek discussion, feedback and a process for ongoing involvement with the committee. The Population Health team look forward to your input.

	Youth Health Strategy 2016-19 Consultation
	For the attention of: HB Clinical and Consumer Council and Māori Relationship Board (MRB)
Document Owner: Document Author(s):	Caroline McElroy, Director Population Health Nicky Skerman, Population Health Strategist Women, Children and Youth
Reviewed by:	N/A
Month:	March 2016
Consideration:	For discussion

RECOMMENDATION

That Clinical, Consumer Council and MRB

Discuss and make recommendations in the development and writing of the Youth Health strategy.

OVERVIEW

This is an opportunity for committees to provide feedback and make recommendation on how we can best support young people in Hawke's Bay to be a healthy and vibrant youth population. Youth health is an area that is being prioritised as we develop a Youth Health Strategy for 2016-2019.

BACKGROUND

In 2014 Hawke's Bay DHB invested in a research project titled "Improving Hawke's Bay Health Services for Youth". This project completed a youth service stocktake, identified gaps in access and service provision for youth which also identified concrete and targeted actions. A range of priority action areas were identified to improve health services for youth.

The Hawke's Bay DHB is the most significant funder of youth health services in the Hawke's Bay region and it is recognised that a strategy is an important document that will lead the youth health sector going forward.


We welcome your feedback.

**HAWKE'S BAY HEALTH CONSUMER COUNCIL
ANNUAL PLAN 2016/17**

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	<ul style="list-style-type: none"> Identify and advise on and promote, a 'Partners in care' approach to the implementation of 'Person and Whanau Centred Care' into the Hawkes Bay health system, including input into: <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Proactively raise and promote issues of importance and/or concern to consumers generally, for consideration and/or resolution by relevant organisations within the health system. Engage early with project and planning teams, and standing committees, to ensure the consumer perspective is included in all outcomes and recommendations. Review and comment on all relevant reports, papers, initiatives to the Board. Ensure robust complaint/feedback systems are in place and that consumers are well informed and easily able to access these Consumer Council members to be allocated portfolio/areas of responsibility. 	<ul style="list-style-type: none"> Work with Clinical Council to develop and maintain an environment that promotes and improves: <ul style="list-style-type: none"> Putting patients / consumers at the centre Patient safety Consumer experience Clinical quality Health literacy Equity Promote initiatives that empower communities and consumers to take more responsibility for their own health and wellness. Promote a clinical culture which actively engages with patients / consumers at all levels, as 'partners in care'. Advocate / promote for Intersectoral action on key determinants of health. 	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Within Hawke's Bay At Central Region and National levels Engage with HQSC programmes around consumer engagement and 'partners in care'. Maintain current database and regular communications with all Hawke's Bay health consumer groups/organisations. Provide regular updates on both the HBDHB and Health Hawke's Bay websites Ensure Consumer Council members continue to be well connected and engaged with relevant consumer groups and communities.
OBJECTIVES 2015/16	<ul style="list-style-type: none"> Actively promote and participate in 'co-design and co-creation of health' processes, including joint Consumer/Clinical Council workshops. Allocate portfolios and provide advice as appropriate in the various areas of interest (see over the page) Develop good working relationships between Consumer Council "leads" with respective services Conduct familiarisation visits to various services. Maintain an overview of all significant projects to ensure all outcomes/actions are focussed (directly or indirectly) on 'consumer and whanau centred care' Maintain an overview of relevant sector performance monitoring/management reports. 	<ul style="list-style-type: none"> Promote and assist initiatives that will improve the level of consumer health literacy: ie 'the ability and capacity to obtain, process and understand basic health information and the services in order to make informed and appropriate health decisions' Facilitate and promote the development of a 'person and whanau centred care' approach to the delivery of health services, in partnership with the Clinical Council. Promote the provision of consumer feedback and 'consumer stories'. Maintain liaison with MRB and PHLG. Monitor all 'Patient Experience' performance measures/indicators 	<ul style="list-style-type: none"> Facilitate and support the development and implementation of a consumer engagement strategy and principles in Hawkes Bay Establish a 'Youth Committee' of Council Influence the establishment and then participate in the proposed Central Region Consumer Advisory Network. Develop/maintain a schedule of all consumer representatives on all committees/project teams Co-ordinate appointments and communications to and from such consumer representatives. Enhance/maintain Consumer Council pages on relevant websites. Develop database of all Hawke's Bay health consumer groups and distribute general communications to these groups at least twice during the year. Consumer Council Chair to meet regularly with CEOs of HBDHB and Health Hawke's Bay. Consumer Council Chair to attend all Clinical Council meetings and regularly liaise with the co-chairs.

HB Health Consumer Council 10 March 2016 - Refine Consumer Council Member Portfolios 2016/17

Portfolios and areas of interest: (leads in bold)		Consumer Council Members:	
<ul style="list-style-type: none">- Women’s’ health- Child health- Youth health- Older Persons health- Chronic conditions- Mental Health- Alcohol and other drugs- Sensory and physical disability- Intellectual and neurological disability- Rural health- Maori health- Pacific health- Primary health- High deprivation populations	<p>Olive, Donna and Leona</p> <p>Malcolm, Donna and Rachel</p> <p>Malcolm, Rosemary, Donna and Jim</p> <p>Jenny</p> <p>Rosemary, Terry, James and Rachel</p> <p>Nicki and Terry</p> <p>Nicki and Rosemary</p> <p>Heather and Tessa</p> <p>Heather and Olive</p> <p>Leona (Wairoa) and Terry (CHB), Heather, Jim,</p> <p>Tessa, Leona, Jim and James</p> <p>Olive and Tessa</p> <p>Jenny and Rachel</p> <p>Nicki, Jenny and Leona</p>	<p>Graeme Norton (Chair) Hastings</p> <p>Nicki Lishman (MSD Rep) Westshore</p> <p>Malcolm Dixon Havelock North</p> <p>Jim Morunga Napier</p> <p>Jenny Peters Napier</p> <p>Olive Tanielu Hastings</p> <p>James Henry Napier</p> <p>Heather Robertson Taradale</p> <p>Leona Karauria Nuhaka</p> <p>Rosemary Marriott Hastings</p> <p>Terry Kingston Waipawa</p> <p>Tessa Robin Hastings</p> <p>Rachel Ritchie Havelock North</p> <p>Sarah de la Haye Havelock North</p> <p>TBC</p>	<p>graeme.norton@clear.net.nz graeme@3R.co.nz</p> <p>nicki.lishman004@msd.govt.nz</p> <p>Dixonmj24@icloud.com</p> <p>jim.morunga@tkh.org.nz</p> <p>peters.jenny26@gmail.com</p> <p>olivetanielu@rocketmail.com</p> <p>jimbhenry@hotmail.co.nz</p> <p>dithb@xtra.co.nz</p> <p>info@s-a-s.co.nz</p> <p>roseandterry@xtra.co.nz</p> <p>terrykingston@xtra.co.nz</p> <p>tessa.robin@tkh.org.nz</p> <p>andyrach@xtra.co.nz</p> <p>hansenhorsemen@xtra.co.nz</p>
<p>Projects/Teams:</p> <ul style="list-style-type: none">- Urgent Care Alliance- AIM 24/7- Mental Health (Partnership Advisory Group)- Clinical Pathways- Maternity Liaison- DNA- Pharmacy- Patient Surveys- Consumer Stories- Restraints Committee- Quality Accounts- Signage- Diabetes Pathways- Digital Retinology contract- Radiology Service Improvement- Advanced Care Planning – Palliative Care- Clinical Research Committee- Endoscopy Redevelopment- Health Literacy Programme (HHB)	<p>Graeme (Chair Leadership Team), Rachel, Jenny (Members Alliance Team)</p> <p>Graeme (Steering Group Member)</p> <p>Nicki (Chair)</p> <p>Graeme (Steering Group Member)</p> <p>Donna</p> <p>Tessa (Steering Group), Olive, Jenny, Leona, Jim (Members working group)</p> <p>Graeme (National & local)</p> <p>Rosemary and Jenny</p> <p>Nicki, Heather, Rosemary</p> <p>Heather</p> <p>Heather, Rosemary</p> <p>Rosemary</p> <p>Rosemary, Rachel</p> <p>Rosemary</p> <p>Graeme (Steering Group Member)</p> <p>TBC</p> <p>Graeme</p> <p>Rosemary (Steering Group Member)</p> <p>Tessa, James H (Steering Group Members)</p>	<p>Support:</p> <p>Governance</p> <p>Ken Foote (Company Secretary)</p> <p>Brenda Crene (Board Administrator and PA to Co-Sec)</p> <p>Operational and Minutes</p> <p>Kate Coley (Director Quality Improvement and Patient Safety)</p> <p>Tracy Fricker (Council Secretary and PA to DQIPS)</p> <p>Jeanette Rendle (Consumer Engagement Manager)</p> <p>Communications</p> <p>Anna Kirk (Communications Manager)</p> <p>Clinical Council Liaison</p> <p>Debs Higgins</p>	

	DRAFT Hawke's Bay District Health Board Annual Plan 2016/17
	HB Clinical Council and HB Health Consumer Council
Document Owner:	Tim Evans, GM Planning Informatics and Finance
Document Author(s):	Carina Burgess, Acting Head of Planning
Reviewed by:	Executive Management Team
Month:	March, 2016
Consideration:	For Information

RECOMMENDATION

That Clinical and Consumer Council note:

- The draft contents, timeline and process for the Hawke's Bay DHB Annual Plan 2016/17 and provide any feedback to Carina Burgess.

OVERVIEW

The first draft of the Hawke's Bay DHB Annual Plan is currently under development and is due to the Ministry of Health by 31st March.

It is important to note that the draft that is under development and the final guidance was only received from the Ministry of Health (MoH) on 26th February. We are also awaiting the final NZ health strategy's release as this will have an impact on the content of the plan.

The draft is being shared at this stage to gather any feedback as it develops.

Timeline

EMT	23 rd February
MoH Planning Guidance & NZ Health Strategy finalised	26 th February
MRB	9 th March
Clinical Council	9 th March
Consumer Council	10 th March
Board	30 th March
Ministry of Health	31 st March

Process

The Minister has asked for a refreshed Statement of Intent (SOI) in this year's Annual Plan. The SOI was refreshed last year to incorporate Transform and Sustain. The refresh will focus on incorporating the NZ Health Strategy themes and how we measure the implementation and impact of Transform and Sustain.

Strategic Services, the PHO, Māori Health, Population Health and Health Services are working closely to develop this plan. Each section in Module 2B: Delivering on Priorities and Targets, has a small working group who are responsible for agreeing actions, leads and timeframes which will lead

to better ownership of reporting going forward. Due to conflicting priorities and the late release of guidance from the MoH, not all of these groups have been able to meet but they are all scheduled to occur within the next two weeks. Activities are still being reviewed by management so are subject to change before submission to the MoH.

Changes to the Annual Plan since 2015/16

All priorities in the plan have been reviewed in the working groups and are being sent out for agreement by wider stakeholders.

New or increased focus areas:

- Reducing childhood obesity has been introduced as a National Health Target
- Reducing Unintended Teenage Pregnancy is a National Priority
- The focus for Stroke has extended to cover timely transfer to inpatient rehabilitation
- Increased emphasis on plans to shift services into the community e.g. Health and Social Care networks, District nursing, engAGE, Pharmacy Facilitators etc.

Less focus:


- More Heart and Diabetes checks is no longer a health target but remains a priority
- Nationally there is less focus on child and maternal health activity such as antenatal education and LMC enrolment. However, these remain as activities relating to outcomes such as increasing breastfeeding rates and reducing SUDI in our Annual Plan.

Local Maori Health Priorities:

- Māori Workforce
- Obesity
- Alcohol and other drugs – NEW

ATTACHMENT

VIA WEBSITE LINK FOR - Hawke's Bay District Health Board Annual Plan 2016/17 Draft v1.1 -

 HAWKE'S BAY District Health Board Whakawāteatia	Annual Māori Health Plan Dashboard Q2 (Oct – Dec 2015)
	For the attention of: HB Clinical Council, HB Health Consumer Council and Māori Relationship Board (MRB)
Document Owner: Document Author(s):	Tracee Te Huia, General Manager Māori Health Patrick Le Geyt, Programme Manager Māori Health Justin Nguma, Senior Health & Social Policy Advisor Peter Mackenzie, Operational Performance Analyst
Reviewed by:	Executive Management Team (EMT)
Month:	March 2016
Consideration:	For Monitoring

RECOMMENDATION

That the HB Clinical Council, HB Health Consumer Council and MRB:

Note the contents of this report.

CONTENTS OF THE REPORT

This is a report on:

- The Māori health indicators agreed as part of the development of 2015 /16 Annual Māori Health Plan.

A quick reference summary dashboard is included and shows our position as at the end of this quarter for all indicators. The dashboard uses traffic light methodology (as described in the key on page 4) to represent this.

As this report is for the period ending December 2015, some results may vary to those presented in other reports.

KEY FOR DETAILED REPORT AND DASHBOARD

Baseline	Latest available data for planning purpose
Target 15-16	Target 2015/16
Actual to date	Actual to date
F (Favourable)	Actual to date is favourable to target
U (Unfavourable)	Actual to date is unfavourable to target
Trend direction ▲	Performance is improving against the previous reporting period or baseline
Trend direction ▼	Performance is declining
Trend direction -	Performance is unchanged

PERFORMANCE HIGHLIGHTS

Achievements

1. HBDHB continues to have the highest percentage in New Zealand for Cervical Screening for 25-69 year old Māori women (71.4%) and the lowest disparity gap between Māori and European (2.4% gap).
2. Immunisation rates for Māori under 2 year olds continue to exceed expected targets of $\geq 95\%$ with 96.1% of all Māori 2 year olds immunized in Quarter 2.
3. Immunised rates for Māori 4 year olds has increased from 93.3% in Q2 to 94.2% in Q2 above the expected target of $\geq 90\%$.
4. ASH Rates overall are declining for both 0-4 years and 45-64 years with a significant narrowing of disparity gap for 0-4 year old group.
5. Advice to pregnant smokers increased above the expected target of $\geq 90\%$ up from 87.7% in Quarter 1 to 96.2% in Quarter 2.
6. The number of Māori enrolled in the PHO has risen from 95.9% in Quarter 1 to 97.2% in Quarter 2 above the expected performance target of 97%.
7. Cultural Training for HBDHB staff has increased from 64% in Quarter 1 to 66% in Quarter 2. Medical staff increased significantly from 14% in Quarter 1 to 19% in Quarter 2.

Areas of progress

1. Heart and Diabetes Checks are continuing to improve towards the expected target and have increased from 85.8% in Quarter 1 to 86.3% in Quarter 2.
2. Breast Screening has improved from 66.6% in Quarter 1 to 68.4% in Quarter 2.

Challenges

1. Breastfeeding rates for Māori at 6 weeks, 3 month and 6 months continues to decrease and remain below expected performance targets.
2. Māori women who are smoke free at 2 weeks post natal decreased by 9% from 62% in Quarter 1 to 53% in Quarter 2 well below the expected performance target of $\geq 86\%$.
3. Immunisation rates for 8 month old Māori dropped below the expected target of $\geq 95\%$; down from 96.7% in Quarter 1 to 93.3% in Quarter 2.
4. Māori under Mental Health Act compulsory treatment orders has risen 6.7 from 189.3 per 100,000 population in Quarter 1 to 196. There remains a significant inequality between Māori and non-Māori.
5. Māori Workforce remained static in Quarter 2 at 12.3% and is below the expected target of 14.3%

Please note:

- Unless otherwise stated the results presented in this dashboard are for Māori.
- The approximated gap to achieving target numbers stated may only be one of a range of possible values that could deliver the targeted level/result.

ANNUAL MĀORI HEALTH PLAN, QUARTER 2 OCTOBER - DECEMBER 2015 DASHBOARD REPORT

Access to Care

PHO Enrolment and ASH rates

Indicator	Baseline	Prior period result	Actual to date Maori	Other	Period target	Individual Numbers to Target (approx)	Time Series Trend (12 months)	Desired Trend
PHO Enrolment	94.7%	95.9%	97.2%	96.5%	≥ 97%	65		↑
0-4 years (6m)	82.0%	95.0%	82.0%	73.0%	≤ -	-		↓
45-64 years (6m)	100.0%	100.0%	98.0%	66.0%	≤ -	-		↓

Child Health

Breastfeeding rates (3m)

Indicator	Baseline	Prior period result	Actual to date Maori	Other	Period target	Individual Numbers to Target (approx)	Time Series Trend (12 months)	Desired Trend
QIF Data								
At 6 Weeks	68.0%	69.0%	62.0%	66.0%	≥ 75%	-		↑
At 3 months	54.0%	45.0%	45.0%	55.0%	≥ 60%	-		↑
At 6 months	59.0%	55.0%	54.0%	66.0%	≥ 65%	-		↑

Immunisation

Indicator	Baseline	Prior period result	Actual to date Maori	Other	Period target	Individual Numbers to Target (approx)	Time Series Trend (12 months)	Desired Trend
Immunisation (8 Months)	95.9%	96.7%	92.6%	93.3%	≥ 95%	-6		↑
Immunisation (2 years)	95.0%	95.9%	95.1%	92.9%	≥ 95%	0		↑
Immunisation (4 years)	-	93.3%	94.2%	91.1%	≥ 90%	11		↑
65+ Influenza (3m)	68.0%	52.4%	56.5%	65.1%	≥ 75%	0		↑

Rheumatic Fever

Indicator	Baseline	Prior period result	Actual to date Maori	Other	Period target	Individual Numbers to Target (approx)	Time Series Trend (12 months)	Desired Trend
Hospitalisation rate (6m)	-	-	-	0.6	≤ 2.6	0		↑

Oral Health

Indicator	Baseline	Prior period result	Actual to date Maori	Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Pre-school enrolment rate	65.3%	65.3%	Yearly Data, Update in Q3	≥ 82%	-	-		↑

SUDI

Indicator	Baseline	Prior period result	Actual to date Maori	Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Rate per 100,000	4.6	2.9	Update not available	≤ 0.5	-	-		↑

Indicator Legend

Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

Time Series Key:

	Target
	Actual

Cardiovascular Disease

Indicator	Baseline	Prior period result	Actual to date Maori	Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Heart & diabetes checks	83.9%	85.8%	86.3%	91.7%	≥ 90%	-416		↑
Quick access to angiograms	66.7%	38.5%	60.0%	68.7%	≥ 70%	-2		↑
Completion of registry data	12.5%	91.7%	71.4%	84.1%	≥ 95%	-5.0		↑

Cancer

Indicator	Baseline	Prior period result	Actual to date Maori	Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Cervical screening (25-69 yrs)	73.8%	74.4%	74.1%	76.5%	≥ 80%	-520		↑
Breast screening (50-69 yrs)	67.2%	66.6%	68.4%	75.8%	≥ 70%	-55.5		↑

Smokefree

Indicator	Baseline	Prior period result	Actual to date Maori	Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Smokefree 2 weeks postnatal	58.0%	62.0%	53.0%	73.0%	≥ 86.0%	0		↑
Pregnant smokers Brief Advice to Quit	100.0%	87.7%	95.2%	96.5%	≥ 90.0%	0		↑

Mental Health & Addictions

Indicator	Baseline	Prior period result	Actual to date Maori	Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Mental Health Act community treatment orders (per 100,000)	-	189.3	196.0	93.4	≤ 81.5	46		↓

Maori Workforce


Indicator	Baseline	Prior period result	Actual to date Maori	Other	Period target	Individual Numbers to Target (approx)	Time Series Trend	Desired Trend
Medical	2.7%	2.7%	2.6%	2.9%	≥ -	-		↑
Medical Management & Administration	15.7%	16.8%	16.5%	-	≥ -	-		↑
Nursing	10.1%	10.5%	10.6%	-	≥ -	-		↑
Allied Health	11.9%	12.6%	12.6%	-	≥ -	-		↑
Support Staff	26.7%	28.1%	28.2%	-	≥ -	-		↑
Maori staff - HBDHB	11.6%	12.3%	12.3%	-	≥ 14.3%	-		↑

Cultural Responsiveness

Indicator	Baseline	Prior period result	Actual to date Maori	Other	Period target	Individual Numbers to Target (approx)	Time Series Trend	Desired Trend
Medical	9%	14%	19%	-	≥ -	-		↑
Medical Management & Administration	43%	78%	79%	-	≥ -	-		↑
Nursing	41%	68%	70%	-	≥ -	-		↑
Allied Health	59%	74%	77%	-	≥ -	-		↑
Support Staff	12%	38%	36%	-	≥ -	-		↑
Maori staff - HBDHB	40%	64%	66%	-	≥ 100%	-		↑

Te Ara Whakawaiora Priorities

Indicator	Baseline	Prior period result	Actual to date Maori	Other	Period target	Individual Numbers to Target (approx)	Time Series Trend	Desired Trend
Obesity (B4SC Healthy Weight for 4yrs)	-	26%	52%	56%	≥ 50%	-		↑
DNA's	-	11.70%	14.90%	5.30%	≤ 7.50%	-		↓
Oral Health (% Caries Free at 5yrs)	38.70%	38.70%	-	-	≥ 65%	-		↑

 HAWKE'S BAY District Health Board Whakawāteatia	Te Ara Whakawaiaora: Breastfeeding (National Indicator)
	For the attention of: HB Clinical Council, HB Health Consumer Council and Māori Relationship Board
Document Owner:	Caroline McElroy, Director Population Health
Document Author(s):	Nicky Skerman, Population Health Strategist
Reviewed by:	Executive Management Team
Month:	March 2016
Consideration:	For Information

RECOMMENDATION

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

Note the contents of this report.

OVERVIEW

The national GMs Māori (Tumu Whakarae) raised concerns about the slow pace of progress on some of the Māori health indicators in 2013. As a result, individual EMT members agreed to providing a championship role for the Māori Health Plan areas of key concern. Part of that role is to provide the Board with a report each month from one of the champions. This report is from Caroline McElroy, Champion for the Breastfeeding National Indicator.

UPCOMING REPORTS

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

Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Month
Breastfeeding <i>National Indicator</i>	Improve breastfeeding rate for children at: 6 weeks, 3 months; 6 months of age	>75% >60% >65%	Caroline McElroy	Nicky Skerman	Mar 2016
Cardiovascular <i>National Indicator</i>	Total number (%) of all ACS patients where door to cath time is between -2 to 3 days of admission. Total number (%) with complete data on ACS forms	70% of high risk >95% of ACS patients	John Gommans	Paula Jones	Apr 2016
Oral Health <i>National Indicator</i>	The total number (%) of children are caries free at first examination after the child has turned five years, but before their sixth birthday	>66%	Sharon Mason	Patrick LeGeyt	Jun 2016
Smoking <i>National Indicator</i>	Percentage of pregnant Māori women that are	>90%	Caroline McElroy	Shari Tidswell	Dec 2016

	smokefree at 2-weeks postnatal				
--	--------------------------------	--	--	--	--

MĀORI PLAN INDICATOR:

Full and exclusive breastfeeding of infants at 6 weeks ($\geq 75\%$), 3 months ($\geq 60\%$) and full, exclusive and partial at 6 months ($\geq 65\%$).

WHY IS THIS INDICATOR IMPORTANT?

The HBDHB is committed to non-differential targets and significant inequality is seen in this indicator. This indicator is seen to best indicate the health systems performance in the early years of a child's life.

Hawke's Bay DHB acknowledges breastfeeding as a key priority for Hawke's Bay women and their babies. The breastfeeding indicator is reported to the Ministry of Health through the District Annual Plan and Annual Māori Health Plan and is a key component in the HBDHB Maternal Child Youth Strategic Framework 2015-18.

For the 12 month period from 1 June 2014 to 31 May 2015, 36% of babies born in Hawke's Bay were identified as Māori. The Hawke's Bay birthing population has a significantly higher proportion of Māori women compared to the national average. The rate of live births to women under 18 years in Hawke's Bay is consistently higher than the New Zealand average, the teenage pregnancy rate in Hawke's Bay is three-times higher for Māori than for non-Māori.

Breastfeeding

Breastfeeding has a range of advantages for both mother and child. These include; health, nutrition, immunological, developmental, psychological, social and economic benefits. The recognised benefits for mothers who breastfeed include a decreased risk of; breast cancer, ovarian cancer, postpartum bleeding and possibly a decreased risk of hip fractures and osteoporosis in the post-menopausal period.

Despite the health benefits for both mother and child, breastfeeding rates in New Zealand remain low compared to those in the early 20th century. The most common reasons given for not breastfeeding include insufficient milk supply and the need to return to work.

We acknowledge that in Hawke's Bay we struggle to meet the Ministry's targets for breastfeeding across the age bands and ethnicities with breastfeeding rates for Māori being consistently lower than other ethnicities.

The Māori Health Service and the Women, Child and Youth Portfolio are exploring different ways to support breastfeeding, as clearly the current systems and supports are not improving the breastfeeding rates at either six weeks or three months. Several targeted strategies are being considered, an example being the incentivising of Lead Maternity Carers (LMC)/midwives to improve the breastfeeding rates for women engaged in their care. The involvement of LMC midwives in the development of any new actions is essential, and challenging, due to the nature of contracting directly with the Ministry and at a local level engagement with the LMC group.

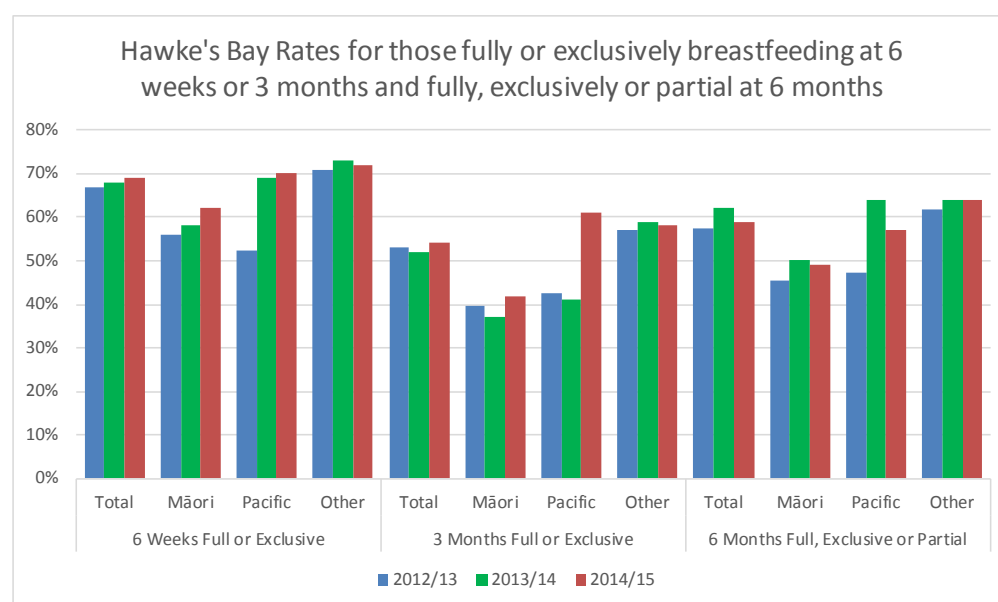
A concerted effort has been made in the last six months to engage LMC/midwives in both governance and operational forums to ensure the messages we convey are taken back to their operational meetings.

Monitoring progress in breastfeeding rates is hampered by the lack of a central collection point of data in New Zealand. Breastfeeding data at discharge post-delivery is collected by each DHB, breastfeeding rates at two weeks are collected by LMCs and are reported directly to the Ministry of Health under section 88 and is only provided to DHBs bi-annually with a 12 month delay in data.

Breastfeeding data as reported for the annual Māori Health Plan

The most recent data provided for the Māori Health Plan by the Ministry is shown below as Table 1. As per Table 1, breastfeeding rates for Māori at six weeks, three months and six months show minimal variability over the three year time period shown. There is however, no significant improvement and an obvious drop off between six weeks and three months.

Data outlined in Table 1 is Plunket only data. Prior to September 2015 this was the only source of Ministry level breastfeeding data available excluding all DHB contracted Well Child/Tamariki Ora (WC/TO) provider data. From September 2015 all Ministry level breastfeeding data includes both Plunket and WC/TO data. Tables 2 below provides a baseline for future comparison.

Table 1

*Plunket Data

Table 2

		Target	Dec-15
Breastfeeding at 6 weeks	Total	75%	68%
	Māori		58%
	Pacific		74%
Breastfeeding at 3 months	Total	60%	54%
	Māori		46%
	Pacific		62%
Breastfeeding at 6 months	Total	65%	56%
	Māori		46%
	Pacific		57%

*QIF data (Quality Improvement Framework).

Breastfeeding at 6 weeks: Source: National Maternity Collection

Breastfeeding at 3 months and 6 months: Source: WCTO NHI dataset

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

Breastfeeding

1. Mama Aroha Talk Cards Training and Resource Development

One of the overwhelming themes identified in a breastfeeding stakeholder workshop held in August 2014 was ensuring “consistent messaging around breastfeeding resources and advice”. The Mama Aroha talk cards have been developed by a Tairāwhiti Māori midwife and lactation consultant and supported by the Ministry of Health to ensure all health professionals such as LMC/midwives and WC/TO providers working with new mothers are giving consistent and appropriate advice the same.

A workshop on the Mama Aroha Breastfeeding support talk cards was held in 2015 and saw 56 local health professionals attend that included LMC, WC/TO staff, midwifery students, peer support counsellors, antenatal educators and hauroa providers. Excellent feedback was gained with the highly visual and evidence based talk card sets presented to each attendee to use in health care, home, education and community settings.

A recent follow on from the training has been local collaboration with Amy Wray of Mama Aroha to develop a user-friendly and motivating resource based on the talk cards to be handed out to all mothers delivering in Hawke's Bay as a take home breastfeeding support.

Based on the Mama Aroha Talk Card, the Hawke's Bay Breastfeeding Group and the Breastfeeding Governance Group developed a resource combining key messages that support the establishment and continuation of; breastfeeding, safe sleep and smokefree. This resource will be used as an educational tool by the community safe sleep coordinator, and will also be handed out to all parents birthing in the HBDHB maternity unit and in the community.



2. Hawke's Bay Breastfeeding Governance Group

The Breastfeeding Governance Group meets quarterly. Their role is to provide a collaborative approach to improving breastfeeding rates in Hawke's Bay. A review of membership is underway to include strategic level representation from stakeholders outside of health (e.g. MSD, Early Childhood Education).

3. Hawke's Bay Breastfeeding Group

An operational group, contributing to the support of breastfeeding in the community, providing resourcing and updates to health professionals and ensuring that the World Health Organisation Breastfeeding Code is upheld and responding to breaches.

4. Workforce Development and Capacity Building Activities

La Leche League NZ (LLLNZ) peer counsellor training delivered by Choices Kahungunu Health Services to community providers across Hawke's Bay. Mama Aroha Talk Card training will be offered to local health professionals over the next year.

5. Well Child/Tamariki Ora Community Breastfeeding Supports

There are loan schemes in place at Kahungunu Executive and Te Taiwhenua o Heretaunga for breastfeeding equipment. These loan schemes ensure all women can access breastfeeding pumps and equipment regardless of cost (e.g. 70 loans were registered over 2015). Central Hawke's Bay Plunket also have six sets of breast pumps they hire out regularly.

Plunket's breastfeeding support in Central Hawke's Bay includes seven breastfeeding peer counsellors that are La Leche League trained. The service receives referrals from the Central Hawke's Bay lactation consultant as well as self-referrals.

To increase early engagement, a Breast Buddy programme has been initiated. Couples who attend antenatal classes are provided the opportunity to sign up to have a "Breast Buddy" contact them before the baby is born which then establishes a relationship, encourages parents to be able to ask for help after the birth. Since the programme was initiated, 100% of couples have signed-up, which is very encouraging. Furthermore, the peer support counsellors are advocates in the community for breastfeeding, providing advice, promoting breastfeeding at local events/social gatherings and playgroups. They also organised the Big Latch On in Central Hawke's Bay in 2015.

6. Breastfeeding Baby Cafes

Baby cafes or support services are run weekly in Napier, Hastings and Wairoa supported by lactation consultants and peer support trainers. Central Hawke's Bay has access to an 'on call' lactation consultant and a strong peer support network. The cafes are run from community locations and work in collaboration with midwives and well child providers.

7. Celebration of World Breastfeeding Week 1-7 August 2015

Big Latch On events organised and supported by Hawke's Bay Breastfeeding Group at local cafes (Hastings and Napier) for the first time.

8. Healthy First Food Promotion

The Healthy First Foods Workshop package (train the trainer) has been provided to two local WC/TO providers. Phase Two is now in progress with all Hawke's Bay WC/TO providers to receive training. The Healthy First Foods programme promotes the optimum timing for solids initiation to infants, including healthy first food preparation, whilst maintaining breastfeeding.

FINANCIAL IMPLICATIONS OR OTHER KEY ISSUES AS REQUIRED

- Ongoing training and resourcing of Mama Aroha Talk Cards and Parent resource
- Possible incentivisation programme for midwives

RECOMMENDATIONS FROM TARGET CHAMPION

The first six weeks after a baby is born is critical to establishing successful breastfeeding. There are multiple factors that impact whether this occurs, for example; consistent messaging, health professional engagement and enrolment processes. It is essential that for any sustainable change to occur in the rates of breastfeeding, efforts must be focussed in the antenatal and early postnatal periods (in addition to other activities already established).

A Ministry of Health funded investigation will take place in Quarter 4 with a focus on barriers to referral to WC/TO by LMC, and subsequently timely engagement with whānau by WC/TO. Additionally, discussions around incentivising LMC and growing LMC involvement in breastfeeding leadership should be seriously considered.

Many women return to work shortly after the birth of their baby and this creates extra challenges to continue breastfeeding. More work is needed to identify practical steps to help support women continue with breastfeeding when back at work.

CONCLUSION

Increasing breastfeeding rates remains a significant ongoing challenge. Whilst rates at six weeks have increased for Maori there is still a significant drop at three months.

Caroline McElnay
Director, Population Health

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
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
CFO	Chief Financial 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
ED	Emergency Department
ECA	Electronic Clinical Application

ECG	Electrocardiograph
EDS	Electronic Discharge Summary
EMT	Executive Management Team
Eols	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
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
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	Maori Development Organisation
MECA	Multi Employment Collective Agreement
MHI	Mental Health Initiative (PHO)
MHS	Maori 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
NZHS	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
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
TOR	Terms of Reference
UCA	Urgent Care Alliance
WBS	Work Breakdown Structure
YTD	Year to Date

