



# Hawke's Bay Health Consumer Council Meeting

**Date:** Thursday, 6 December 2018  
**Meeting:** 4.00 pm to 6.00 pm  
**Venue:** Te Waiora Meeting Room, District Health Board Corporate Office,  
Cnr Omaha Road & McLeod Street, Hastings

## **Council Members:**

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

## **Apologies:**

## **In Attendance:**

Ken Foote, Company Secretary (Co Sec)  
Caryn Daum and Nancy Barlow – Consumer Experience Facilitators  
Debs Higgins, Clinical Council Representative  
Tracy Fricker, Council Administrator / EA to ED P&Q

**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.	Consumer Council's Board Report November 2018	
8.	Chair's Report (verbal) – Rachel Ritchie	
9.	Youth Consumer Council Report (verbal) – Jemma Russell	
10.	Consumer Experience Facilitators Report (verbal) – Nancy Barlow / Caryn Daum	
11.	Committee Representatives Feedback	
	<b>Section 2 – Presentations</b>	
12.	DHB Funding Overview – Carriann Hall, ED Financial Services	4.30
13.	Mobility Action Plan Implementation - progress update on the phases – Andy Phillips, ED Health Improvement & Equity	4.50
	<b>Section 3 – Discussion</b>	
14.	Scoping Report – Addictions – Shari Tidswell / Shirley Lammas	5.10
15.	<b>Section 4 – Recommendation to Exclude</b>	

**Public Excluded**

	<b>Section 5 – Routine</b>	
16.	Minutes of Previous Meeting (public excluded)	5:20
17.	Consumer Council's Board Report (Public Excluded) November 2018	
18.	Topics of Interest – Member Issues / Updates	
	<b>Section 6 – Workshop</b>	5.25
19.	<ul style="list-style-type: none"> <li>CSP Implications for Consumer Engagement</li> <li>Nuka – Telling Stories</li> </ul>	
20.	Karakia Whakamutunga (Closing)	

**NEXT MEETING:**  
**Thursday 14 February 2019, 4.00-6.00pm, Corporate Boardroom**

**Interest Register****Hawke's Bay Health Consumer Council**

Nov-18

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



**MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL  
HELD IN THE TUKI TUKI MEETING ROOM, HAWKE'S BAY DISTRICT HEALTH BOARD  
CORPORATE OFFICE ON THURSDAY, 15 NOVEMBER 2018 AT 4.00 PM**

**PUBLIC**

- Present:** Rachel Ritchie (Chair)  
Dr Diane Mara (Co-Deputy Chair)  
Malcolm Dixon (Co-Deputy Chair)  
James Henry  
Sarah Hansen  
Deborah Grace  
Wayne Taylor  
Dallas Adams  
Les Cunningham  
Olive Tanielu  
Denise Woodhams
- In Attendance:** Ken Foote, Company Secretary (*until 5.15 pm*)  
Caryn Daum – Consumer Experience Facilitators  
Nancy Barlow – Consumer Experience Facilitator  
Tracy Fricker, Council Administrator / EA to ED P&Q
- Apologies:** Gerraldine Tahere, Jenny Peters, Jemma Russell and Sami McIntosh

**SECTION 1: ROUTINE**

**1. KARAKIA TIMATANGA (OPENING) / REFLECTION**

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

**2. APOLOGIES**

Apologies were noted as above and from attendee member Kate Coley.

**3. INTERESTS REGISTER**

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

**4. PREVIOUS MINUTES**

The minutes of the Hawke's Bay Health Consumer Council meeting held on 11 October 2018 were confirmed as a correct record of the meeting.

Moved by Deborah Grace and seconded by Wayne Taylor.

**Carried.**

**5. MATTERS ARISING AND ACTIONS**

**Item 1: Consumers on Projects**

Work is being progressed. An update will be provided at the December meeting.

**Item 2: Primary Care – PHO Consumer Input**

Response still awaited from Chris Ash re: meeting time for Jenny Peters and Malcom Dixon. The Chair will follow this up.

**Item 3: Consumer Members Portfolios**

Information has been provided by members. Les Cunningham confirmed he has replaced former Consumer Council member Rosemary Marriott on the Alcohol Advisory Steering Group. *Item can now be closed.*

**Item 4: Violence Intervention Programme**

Consumer input on VIP being reviewed. To remain on matters arising.

**Item 5: HQSC Consumer Representation Workshop**

Information sent out to members following the October meeting. Sami McIntosh and Denise Woodhams to attend workshop with the CE Facilitators. *Item can now be closed.*

**Item 6: IS Presentation**

IS Presentation held at the October meeting. The Chair advised that a small group of Council members are meeting with Anne Speden, Chief Information Officer tomorrow. *Item can now be closed.*

**Item 7: Consumer Representatives Guide**

Feedback provided to CE Facilitators.

**Action: Guide to be sent to members once finalised.**

**Item 8: MoH Teleconference re: Planned Care Approach/Framework**

Teleconference with MoH held on 26 October. Awaiting feedback from MoH.

## **6. CONSUMER COUNCIL WORK PLAN**

The work plan provided in the meeting papers was noted.

The Company Secretary advised that internally work is underway to reduce the number of items on work plans of governance groups to allow more time for discussion and work they wish to focus on to be more proactive rather than reactive.

## **7. CONSUMER COUNCIL'S BOARD REPORT**

The October report for the Board was provided in the meeting papers for information. This will be included in the meeting papers going forward.

## **8. CHAIR'S REPORT**

Rachel Ritchie provided an update on activities and information for Council:

- Graeme Norton has been awarded a Local Hero award as part of the 2019 Kiwibank New Zealander of the Year Awards in recognition of the work he has done to for the Consumer Council and advocating for consumers in Hawke's Bay and at a national level
- Will be meeting with Jill Garrett, Senior Commissioning Manager on a regular basis to talk about what is happening with consumers at a governance level and feeding back on the reports coming through to Council
- Nuka Conference – thank you to members who were able to attend. Feedback was positive
- Bay Buzz Interview – DHB and Health Sector article, balanced and fair centred around the CSP and the work that needs to be done

- Consumer Stories Paper – more work is required. Re-thinking what this will look like going forward following the Nuka Conference and how we can ensure consumer engagement at Board level
- Primary Care Development Partnership – meeting held this morning, good discussion on breaking down funding barriers and the streams of work underway.

## 9. YOUTH CONSUMER COUNCIL (YCC) REPORT

Dallas Adams provided an update for Council:

- Youth Expo – March 2019, Mike King has confirmed his attendance for the week. He has also asked the YCC to reach out to local schools so he can do talks at schools while he is here. A planning meeting for the Expo is being held on 21 November, 9.30 am in the Whangawehi Meeting Room, DHB Corporate Building. If members would like to assist with the planning they can attend the meeting or send suggestions via email to Jemma or Dallas. Dallas to also connect with Malcolm Dixon on this front.

## 10. CONSUMER EXPERIENCE FACILITATORS REPORT

An update on activities was provided by Nancy Barlow and Caryn Daum:

- CE Facilitators have been out and about introducing themselves to the services and how they work together as a team
- Looking at opportunities for the consumer voice and whanau to provide feedback
- Started to introduce themselves to community groups
- Survey response rates – have met with the survey tool provider and put some changes in place
- Reviewing the health literacy toolkit, making it easy to understand and meeting with some providers – final draft should be ready by the end of the year
- Building the database of consumers
- Provided input on the Clinical Portal with some consumer focused ideas
- Attended the Consumer Experience Committee Meeting
- Attended the Disability Strategy Meeting – provided information for the action plan
- Consumer Representative Guide – some technical difficulties, hope to have it ready for the next meeting
- Coaching for the new Complaints Advisor is going well
- Feedback workstream for the new integrated risk management system – would like some consumer feedback on the complaint response letter templates
- Attended the Relationship Centred Practice (RCP) training session 1 and are booked to attend session 2
- Attending the HQSC Consumer Representative Workshop being held in Wellington on 27 November.

The three update reports were moved by Wayne Taylor and seconded by Les Cunningham.

**Carried.**

## 11. COMMITTEE REPRESENTATIVE FEEDBACK

- ***Diane Mara - Disability Strategy Group:*** a successful workshop was held on 26 October. It is important that the CSP, national disability strategies, DHB values and the MoH strategies all link together. Shari Tidwell has assisted the group with getting the document together. It will come to the governance groups next year for feedback. One of the priorities is workforce and disability liaison positions – how do we breach the gap that is there to ensure people's needs are being met? Also, when we talk about whanāu, need to ensure that caregivers and

advocates are incorporated. The group is moving ahead now with good links to consumer experience and looking at innovative ways to feedback from people with disabilities. It was noted there is a gap on what is occurring in Wairoa.

- **Debs Higgins - Consumer Experience Committee:** feedback from Clinical Council around the wording of RCP training being mandatory. The aim is to make it mandatory, primarily it has been targeted at the Allied Health workforce. It tries to teach clinicians how to engage more effectively with consumers and whanāu. It was noted that RCP needs to be socialised carefully, so clinicians understand what it is and why it is important. It was also suggested that it is good to have consumers present at these training sessions.

**Acton:** *List of RCP training dates to be provided for members.*

## SECTION 2: PRESENTATION

### 12. DHB FUNDING OVERVIEW

The Chair advised Carriann Hall, Executive Director, Financial Services was unable to attend today's meeting due to illness. This topic will be rescheduled to the December meeting.

## SECTION 3: DISCUSSION

### 13. NUKA CONFERENCE – REPORT BACK FROM ATTENDEES

Feedback provided by members who attended the New Zealand Nuka Conference held on 23-24 October. Attendees were asked to share two main points they learnt and one item they would like the Consumer Council to work on:

#### Deborah Grace

- Good opportunity to attend was appreciated, it was a well-run conference
- The Leadership Team have a 15-22 year relationship, what they demonstrated was amazing, would like to see that type of leadership here. Only one person on the stage had their arms crossed, and they were from our DHB
- Conference of 300+ people, but there was care, consideration and safety for people to talk about personal things and respect was given to the people that did speak. The understanding of the heart not the head was huge
- Would like to take forward “grow your own” our youth – empower them, give them the tools and education
- Importance of using iPads for real time feedback - we are losing a chance to capture data
- Use double books “head and heart”.

#### Diane Mara

- Stories and talking about relationships, you need time and creating trust for people to share their stories and the importance of acknowledging people's stories. Every time someone spoke they were thanked.

#### Denise Woodhams

- Liked the whole conference and getting to know fellow Consumer Council members better by interacting
- Light bulb moment “own your health” and thinking how many people are disempowered. You own your body and your health is your choice – you choose what you put into your body
- Day 2 was confronting, people were very brave
- Loved the sharing stories idea and this is something that could be expanded on
- iPads and getting feedback before people leave – real time feedback is key and would like to see this expanded here.



**Wayne Taylor**

- Liked when they referred to when the first came to New Zealand. They were like lost sheep and were given some Maori principles. It was nice that they were given something and that they have come back to share. Also that they found their own culture.

**Debs Higgins**

- Would like clinicians to stop using time as an excuse to not listen to consumer stories
- Standing in the gap – everyone has stories. It is a privilege as a clinician to receive somebody's story.

**Dallas Adams**

- Thanked the DHB for the opportunity to attend the conference and was honoured to attend as a Consumer Council Member. It was one of the best conferences he has been to
- Day 1 felt like a counselling session, everyone was connecting with each other and hearing each other's stories
- He reflected on the conference and shared his experience via social media
- Developing trusted relationships with the "customer owner" and GP, sharing stories from the heart. Finding your inner warrior to share your story
- Important to take a step back and hear the realities of people's stories so you can better understand them and work better with them to make effective outcomes.

**Olive Tanielu**

- Big thing is the relationship with the community, they came, listened, worked on it and continued to come back. Having an integrated service and working together.

**Rachel Ritchie**

- Reminder to "stand in the gap" was useful
- Story telling has a lot to offer us (including in our capacity as a Consumer Council Group)
- Reminding the Board that the most of the senior people at Nuka spend 20-40% of their time interfacing with consumers
- Wants to see change at the governance and management level.

General discussion held. Is there a will from the top to adapt and change? Nuka is a "customer driven" service. There is a feeling that there is a lack of motivation for change, low staff morale and lack of passion. Challenge to the Board to drive this, they are currently target outcome focused.

It was noted that the South Central Foundation is a privately owned company and that it has taken them 30 years to get to this point, and that we also need to bear in mind the different funding structures (\$400M for 65,000 people). Hawke's Bay has a population of 165,000 and a budget of \$550M. Nuka doesn't provide a tertiary hospital service either – a very expensive component.

**14. CLINICAL SERVICES PLAN (CSP)**

Ken Foote, Company Secretary provided a summary of the process of collating the feedback at the close of the engagement period. A document of the 55 submissions received will be available on the website. The CSP is about transformational change and is a commitment to change. The overwhelming response was that the CSP was right.

The Chair commented that it is a well-researched document, with consumer feedback and Person & Whanau Centred Care is in there and is seen as the way forward. This should impact on everything going forward. The key will be in the action.

Council **endorsed** the changes to the CSP and recommended that the Board approve the final CSP.

Moved by Wayne Taylor and seconded by Deborah Grace.

**Carried.**

## 15. HEALTH EQUITY REPORT

This item was discussed in the public excluded section of the meeting.

## SECTION 4: INFORMATION ONLY

### 16. SCOPING REPORT - ADDICTIONS

Provided for information only. Question posed where does the Mental Health & Addiction review fit in with the Mental Health Inquiry?

**Action:** *Shirley Lammas / Shari Tidswell to be invited to attend the next meeting so the report can be discussed.*

### 17. BEST START HEALTH EATING & ACTIVITY PLAN UPDATE

Report provided for information only. The Chair queried under contribution to goals (summary) if healthy weight is the second highest contributor, what is the highest contributor? And under consumer engagement (summary) would like to understand in greater detail about the consumer engagement "in all programme development and delivery". Who is consulted, how often and what changes are made as a result.

**Action:** *Email to be sent to paper author for response to questions.*

### 18. TE ARA WHAKAWAIORA - SMOKEFREE UPDATE

Report provided for information only. No issues discussed.

### 19. TE ARA WHAKAWAIORA - ACCESS RATES 0-4 / 45-65 YRS (LOCAL INDICATOR)

Report provided for information only. The Chair would like more information on the consumer engagement (summary), who is consulted, how often and what changes are made as a result.

**Action:** *Email to be sent to paper authors for response to question.*

### 20. CONSUMER COUNCIL MEETING DATES FOR 2019

Meeting dates for next year provided. No issues discussed.

## 21. SECTION 5: RECOMMENDATION TO EXCLUDE

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

- 22. Minutes of Previous Meeting (public excluded)
- 23. Health Equity Report
- 24. Topics of Interest – Member Issues/Updates

Seconded by Denise Woodhams and Wayne Taylor.

**Carried.**

The meeting closed at 5.55 pm.

Confirmed: \_\_\_\_\_  
Chair

Date: \_\_\_\_\_

Unconfirmed



## HB HEALTH CONSUMER COUNCIL - MATTERS ARISING (Public)

5

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	12/09/17	<b>Consumers on Projects</b> List of projects requested by Consumer Members (spreadsheet)	CE Facilitators	Dec	Update to be provided
2	13/9/18	<b>Primary Care – PHO Consumer input</b> A query arose and would be emailed to Chris Ash directly. The question will be formulated by Jenny and Malcolm and would only come back to Consumer Council if there is a need.	J Peters and M Dixon	Dec	Chair to follow up with Chris Ash for response to meeting request
3	11/10/18	<b>Violence Intervention Programme</b> Consumer input on VIP. VIP being renewed. <i>(Note: to be kept on matters arising for follow up in the New Year).</i>	G Tahere	Feb/Mar 2019	Included on workplan
4	11/10/18	<b>Consumer Representatives Guide</b> Guide to be sent to member once finalised	CE Facilitators	Nov/Dec	Actioned. Sent to members via email 21/11/18
5	11/10/18	<b>MoH Teleconference re: Planned Care Approach/Framework</b> Awaiting feedback post teleconference from MoH	Company Secretary		Information to be sent to members when received
6	15/11/18	<b>Consumer Experience Committee</b> Relationship Centred Practice training dates to be provided for members	CE Facilitators	Nov	Actioned. Email sent with dates 16/11/18
7	15/11/18	<b>Scoping Report - Addictions</b> Shirley Lammas / Shari Tidswell to be invited to attend the December meeting to talk to the report	Chair / Company Secretary	Dec	Actioned. Item #14 on today's agenda




HB Health Consumer Council 06 December 2018 - Consumer Council Workplan

Consumer Council Workplan as at 26 November 2018 (subject to change)	EMT Member	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Mobility action plan implementation - progress update on the phases	Andy Phillips	5-Dec-18	5-Dec-18	6-Dec-18		19-Dec-18
Planned Care feedback from MoH	Ken Foote			6-Dec-18		
Alcohol Harm Reduction Strategy (6 monthly update) <b>Feb-Aug-Feb-Aug</b>	Andy Phillips	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Consumer Engagement Strategy Implementation Plan and presentation. Effectiveness of the strategy via regular reporting to be confirmed to Board. (previously Nov 18 now Feb 19)	Kate Coley			14-Feb-19		27-Feb-19
Customer Focussed Booking Update	Colin Hutchison	13-Feb-19	14-Feb-18	14-Feb-19	27-Feb-19	
Ngatahi Vulnerable Children's Workforce Development - annual progress <b>Feb 19</b> (annual update)	Colin Hutchison	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Te Ara Whakawaiaora - Improving First Specialist Appointment Access (previously did not attend) moved out from end of 2018	Colin Hutchison	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Te Ara Whakawaiaora REVIEW (paper and discussion) -	Patrick LeGeyt	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Te Ara Whakawaiaora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov- <b>Feb-May</b>	Chris Ash	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept)	Wayne Woolrich	13-Mar-19	13-Mar-19	13-Mar-19		27-Mar-19
Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) <b>Sept-Mar</b>	Andy Phillips	13-Mar-19	13-Mar-19	13-Mar-19		27-Mar-19
People Plan Progress Presentation (6 monthly - <b>Dec</b> , Jun)	Kate Coley	13-Mar-19	13-Mar-19	14-Mar-19		27-Mar-19
Te Ara Whakawaiaora - Alcohol and other Drugs (National and Local Indicators) - <b>following review to be scheduled</b>	Andy Phillips	13-Mar-19	13-Mar-19	13-Mar-19		27-Mar-19
Te Ara Whakawaiaora - Breastfeeding (National Indicator)	Chris McKenna	13-Mar-19	13-Mar-19	13-Mar-19		27-Mar-19
Violence Intervention Programme Presentation Committees reviewed in July - EMT Nov - TBC for March 19	Colin Hutchison	13-Mar-19	13-Mar-19	13-Mar-19		27-Mar-19
Te Ara Whakawaiaora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov- <b>Feb-May</b>	Chris Ash	8-May-19	8-May-19	9-May-19		29-May-19
Annual Plan 2019/20 SPEs to Board by end of June (include committees?)	Chris Ash	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
People Plan Progress Update Report (6 monthly - Dec, <b>Jun 19</b> )	Kate Coley	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
Alcohol Harm Reduction Strategy (6 monthly update) <b>Feb-Aug-Feb-Aug</b>	Andy Phillips	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Annual Plan 2019/20 draft to the Board	Chris Ash	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
HB Health Awards - preparation for judging <b>2019-2020</b>	Kevin Snee		14-Aug-19	15-Aug-19		28-Aug-19
Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) <b>Sept-Mar</b>	Andy Phillips	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept)	Wayne Woolrich	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19





	<b>Hawke's Bay Health Consumer Council 162</b>
	For the attention of: <b>HBDHB Board</b>
Document Owner:	Rachel Ritchie (Chair)
Month:	November 2018
Consideration:	For Information

### RECOMMENDATION

#### That the Board

**Note** the contents of this report; and that the HB Health Consumer Council:

1. **Endorsed** the Clinical Services Plan and recommend that the Board approve the Final Draft.
2. **Received** feedback from members who attended the Nuka Conference in Napier on 23 and 24 October
3. **Received** the following reports for information:
  - Scoping Report - Addictions
  - Best Start Healthy Eating & Activity Plan Update
  - Te Ara Whakawaiaora "Smokefree update"
  - Te Ara Whakawaiaora – Access 0-4 / 45/64 years; and
  - Consumer Council Meeting dates for 2019

Council met on 15 November 2018. An overview of matters discussed is provided below:

### CLINICAL SERVICES PLAN

Council noted all the feedback received from the final engagement process, and the changes made to the Final Draft, in response to the submissions. It was noted that this was a well researched document that puts consumers at the centre, and that this will impact on everything going forward. The key however will be in the actions to come.

Council endorsed the Final Draft for approval by the Board.

### NUKA CONFERENCE REPORT BACK FROM ATTENDEES

Eight Consumer Council members had attended the recent NUKA Conference. Each of them shared their reflections and "take outs" from the two days. Members were generally excited by with the "customer driven" of the NUKA model (which we see as Person & Whanau Centred Care) and could see some real benefits of something similar being developed in Hawke's Bay. They see the level of change required and the challenge this brings as significant, but something the DHB needs to aspire to.

### **OVERVIEW OF OTHER ITEMS DISCUSSED**

Council received and discussed updates from

- the Chair
- Youth Consumer Council
- Consumer Experience Facilitators
- Representatives on the Disability Strategy Group; and
- Consumer Experience Committee

### **REPORTS RECEIVED FOR INFORMATION INCLUDED**

- Scoping Report - Addictions
- Best Start Healthy Eating & Activity Plan Update
- Te Ara Whakawaiaora "Smokefree update"
- Te Ara Whakawaiaora – Access 0-4 / 45/64 years; and
- Consumer Council Meeting dates for 2019



## CHAIR'S REPORT

Verbal





## YOUTH CONSUMER COUNCIL REPORT

Verbal





## CONSUMER EXPERIENCE FACILITATORS REPORT(S)







## COMMITTEE REPRESENTATIVE FEEDBACK





## DHB FUNDING OVERVIEW

Presentation

12






## **MOBILITY ACTION PLAN IMPLEMENTATION Progress Update on the Phases**

**13**

Presentation



 <p><b>HAWKE'S BAY</b> District Health Board Whakawāteatia</p>	<b>Scoping Report - Addictions</b>
	<p>For the attention of:</p> <p><b>Maori Relationship Board (discussion)</b>  <b>Hawke's Bay Clinical Council and HB Health Consumer Council (for information)</b></p>
<b>Document Owner</b>	Chris Ash, Executive Director Primary Care
<b>Document Author(s)</b>	Shari Tidswell; Equity & Intersector Development Manager; Laurie Te Nahu, Health Gains Advisor; and Shirley Lammas, Planning & Commissioning Manager, Integration
<b>Reviewed by</b>	Emma Foster, Deputy ED Primary Care; and Executive Management Team
<b>Month/Year</b>	November 2018
<b>Purpose</b>	Provide information via a map of "meth" use, impact, response and best practice in response to a Board request for information about 'meth' in our communities and how HBDHB are addressing the impact.
<b>Previous Consideration Discussions</b>	None
<b>Summary</b>	<p>The purpose of producing a mapping report is to provide current information about meth and the impacts on the user and their whānau. Overview of services delivered to support user, their whānau and the community impacted. Finally, evidence on what works to address meth and other drug harm.</p> <p>This information will guide the HBDHB Board, those planning HBDHB activities and delivering services. It will also provide some baseline data to measure change and progress in reducing harm for the Hawke's Bay community.</p>
<b>Contribution to Goals and Strategic Implications</b>	Health Equity
<b>Impact on Reducing Inequities/Disparities</b>	Drug use impacts are higher in high deprivation communities. Working with our communities to understand their needs and use this to formulate our response will reduce inequity.
<b>Consumer Engagement</b>	Information from community engagement meetings is included in the report. There was community engagement in Flaxmere and Maraenui
<b>Other Consultation /Involvement</b>	Met with community services providers and attended community meetings. Also used existing consultation documents completed with HBDHB input.
<b>Financial/Budget Impact</b>	Potential impact on reallocating resources

<b>Timing Issues</b>	None
<b>Announcements/ Communications</b>	None
<p><b>RECOMMENDATION:</b></p> <p>It is recommended that Clinical and Consumer Council</p> <ol style="list-style-type: none"> <li>1. Note the contents of this report and any feedback can be provided directly to the document owner.</li> </ol> <p>It is recommended that the Maori Relationship Board</p> <ol style="list-style-type: none"> <li>2. Note the contents of this report and discuss and provide feedback.</li> </ol>	





## Scoping Report - Addictions

### Use, who is working in the area, what is working

<b>Author(s):</b>	Shari Tidswell; Equity & Intersector Development Manager; Laurie Te Nahu, Health Gains Advisor; and Shirley Lammas, Planning & Commissioning Manager, Integration
<b>Date:</b>	November 2018

### EXECUTIVE SUMMARY

This map forms part of the response to the HBDHB Board's request – "how we are addressing our community issue of methamphetamine use and wider impacts".

A working group from Māori Health, Population Health and the Primary Care Directorate, sourced information and collated community consultation and key stakeholders engagement, to inform the content of this map.

This map provides an overview of what methamphetamines (meth) are, who is using meth, what communities are saying about their support needs, who is working in the meth space and what is working to reduce harm for meth use in Hawke's Bay<sup>1</sup>. Information and data has been provided by; Police, Housing NZ and the HBDHB. Feedback from community providers is also included<sup>2</sup>.

Meth use has increased over the last three years with a number of contributing factors including; availability of other drugs, organised crime involvement and unemployment. There have also been changes in how the drug is being manufactured – from 'meth labs' to the back seat of cars. According to National Health Survey data, adult<sup>3</sup> meth use is at 0.9% with little change. Police identify that there is an increase in meth-related crime and harm, they reference increases in the numbers of seizure of drugs and chemicals that create meth. Health services note that hospitalisations remain static and calls to the drug helpline by whānau and friends of 'meth users' have increased.

There are a number of organisations including: Police, HBDHB and TToH that deliver programmes to support people with addictions with a focus on meth. Indirectly, there are organisations that also address the impact of associated issues, e.g. Family Violence Services, Social Housing, Salvation Army, Mental Health and Addiction Services and income support.

### MAP OVERVIEW

The purpose of producing a mapping report is to provide a picture of:

1. Current information about meth and the impacts on the user and whānau.
2. What we know about use of meth in Hawke's Bay.
3. Services delivered to support users of meth and their whānau and the community impacted.

<sup>1</sup> For the purposes of this map, Hawke's Bay is defined as the HBDHB boundaries.

<sup>2</sup> This is sourced from Internal Affairs Report "HB Drug Use Snapshot", CAYAD "Community Meeting – Responding to P", Flaxmere, "Community workshop on P" and Community Alcohol Survey. HBDHB staff engaged in all of the these.

<sup>3</sup> NZ Health Survey 2015

4. Community voice.
5. Evidence on what works to address harm from use of meth.
6. Recommendations for the HBDHB Annual Plan.

This information will guide the HBDHB Board, those planning HBDHB activities and delivering services. It will also provide some baseline data to measure change and progress in reducing harm for the Hawke's Bay community.

### **What is Methamphetamine?**

Methamphetamine is one of a number of amphetamine-type drugs. Some have medical uses and are made by pharmaceutical companies. However, most meth used in New Zealand is made in illegal labs. Meth is a stimulant drug available in pill, powder, crystal or liquid forms. It can be swallowed, snorted or injected but is most commonly smoked in a glass pipe or bong. Meth stimulates the central nervous system to release a large amount of dopamine, a 'feel-good' brain chemical. This can make you feel energetic, alert, talkative, and confident. It can also increase your sex drive and reduce your appetite. Street names include 'P', Crack, Meth, Crank and Ice.

This is not a new drug – it was developed in 1887 and has had a history of being used as a nasal decongestant, treatment for depression, and enhancer for athletic, cognitive and sexual performance. It is a neuro-stimulant, increasing neurotransmissions in the brain and effects norepinephrine and dopamine. The use of Meth significantly increases risk of heart disease. The high doses found in meth are more strongly associated with harmful effects such as; insomnia, agitation, mood swings and hallucinations. Other harmful effects can increase through impaired decision-making, e.g. family violence, unsafe driving, unsafe sex and increased risk of infection via utensil sharing (needles, pipes and spoons).

Addiction is also linked to wider behaviours which support access to the drug. Police information details a link to; dishonesty crimes, shop lifting, drug offenses and violent crime. This increases the risk of a criminal record and incarceration which can act as a further barrier to social inclusion.<sup>4</sup>

The development of Amphetamine Type Stimulant use disorders is associated with a history of:

- Alcohol use disorder (79%)
- Cannabis use disorder (73%)
- Family histories of substance abuse (32%); mood disorders (41%); and Psychosis (20%)
- Imprisonment, homelessness or hospitalisation for substance use or mental health problems (20%)<sup>5</sup>

### **Who is using methamphetamine?**

#### **National Surveys**

National drug surveys puts the rate of use for adults in Aotearoa at 0.9%. This is low and has remained at around this rate over a number of years (includes all amphetamines). The average age of a user is 33 years, with higher use amongst males and Māori (compared with females and non-Māori).

The New Zealand Health Survey estimates amphetamine use in the Hawke's Bay region at 1.4% of adults over 18 years, higher than the the New Zealand rate of 0.8%.<sup>6</sup>

<sup>4</sup> NZ Drug Foundation <https://www.drugfoundation.org.nz/> East Coast Police "Community Meth Presentation" 2018

<sup>5</sup> Shirley to add

<sup>6</sup> NZ Health Survey <https://www.health.govt.nz/publication/regional-results-2014-2017-new-zealand-health-survey>

Illicit Drug Monitoring System (2006-2014) noted an average meth user's age at 36 years, male and most likely to be on a health and disability benefit. A worldwide survey in 2015 indicated a similar rate for New Zealand.<sup>7</sup>

Emergency Department data shows a small increase in admissions. Hospital admissions throughout New Zealand related to meth use appear to have been stable over time with 203 people admitted to hospital in 2009, 234 in 2010 and 229 in 2011. The main reasons people were hospitalised for meth use were psychotic disorders or other mental health and behavioural disorders.

Nationwide data for the number of people seeking treatment (in acute care) for problematic meth and Amphetamine Type Stimulants (ATS) use is currently unavailable due to inconsistent data collection. Although flawed, information collected by the Ministry of Health details a general increase in the number of people attending mental health and addiction services with a diagnosis of ATS abuse or dependence.

All nationally compiled data demonstrate an inequity of meth use in our community, based on ethnicity and socio-economic status, with higher prevalence for Māori and high deprivation communities. Overall, there is a consistent description of the user group.

### **Police information**

The seizure rates for meth and products used to make meth have continued to increase. Police collect data on crimes where drugs are referenced. This data indicates a significant increase of crime where meth is referenced - over 200% in two years. Meth and cannabis now have similar levels referenced in criminal activities. An analysis of one month's data for East Coast Region, identified 54 meth users came to the attention of the Police, the most common age was 26/27 years, most were male, a third were unemployed and half were not legally able to drive (forbidden or cancelled driver licenses).

Family violence crime is strongly linked to meth use. This is followed by; child abuse, violence, weapons, drug offences, dishonesty, shoplifting and driving offences. This illustrates the wider impact of drug use with harm to families, community and businesses through crimes.<sup>8</sup>

Meth users are a relatively small group in our community aged in their late twenties to mid-thirties, mostly male, are often on a benefit or in a low income job and involved in other crime. Few are accessing hospital based services. Their behaviour is impacting on a wider group particularly whānau.

### **Who is working in this space?**

Hawke's Bay DHB provide generic addiction services that includes specific nationally allocated beds for people recovering from amphetamine addiction. Services include residential and community based. Including – the Methadone programme, addiction counselling, nursing, clinical care and social work services.

Hawke's Bay DHB plan and support the clinical pathway including phone line support, primary care, school-based services, community providers and secondary services.

<sup>7</sup> Massey University "Recent Trends in Illegal Drugs use in NZ 2006-2014 (2015)  
<https://www.massey.ac.nz/massey/fms/Colleges/College%20of%20Humanities%20and%20Social%20Sciences/Shore/reports/IDMS%202014%20Final%20Report.pdf?38B9C25FBFC4F517CCB03BCA4C7CF64A>

<sup>8</sup> Taken from an internal Police Report, compiled in 2016

Community addiction services are delivered via Te Taiwhenua o Heretaunga and MASH Trust. There are residential services specialising in Meth via Odyssey, Nova (including beds allocated under the Compulsory Assessment and Treatment Act) and Salvation Army. Nationally beds allocated for meth treatment have not been filled. Hawke's Bay also receives funding for CAYAD (Community Youth Alcohol and Drug programme) and Safe Community (Central Hawke's Bay, Hastings, Napier and Wairoa) programmes delivering prevention and health promotion. There are a number of community developed programmes for example; Grans against P, Flaxmere Stopping P and community education sessions. Phone line and online supports including; Healthline, Alcohol and Drug Help and Drug Foundation all have been accessed by Hawke's Bay people.

The Alcohol Drug Helpline has reported a change in the pattern of contacts for meth use over the past few years with the largest caller group are family and whānau members concerned about someone else's meth use. This is consistent with an ongoing pattern of whānau members being more likely to seek help for someone's methamphetamine use than the person themselves across a range of services.

There is additional support with community services providing social work and counselling. Work and Income provide income support for those in treatment, primary care providing patient care, Probation Services providing habitation and whānau support. The next layer is the work by Police in reducing supply and responding to incidents involving meth. Justice ensures consequences and Oranga Tamaki responds to child safety issues.

Government departments including Police, Ministry of Health and Justice have strategies for managing drugs which include how they are addressing amphetamines. These strategies have similar themes of reducing harm to our communities. Using the National Drug Policy (developed by the Ministry of Health) the three strategic approaches include:

- Problem limitation (increase accessing support and receiving treatment)
- Demand reduction (having knowledge and options to make informed decisions)
- Supply control (minimising access)

**While there is a good range of support and services. There may need to be work to improve user engagement, and greater support or information about for whānau and community. Finally opportunities for more cross agency work that is strategically**

### **What is the Community saying about their support needs ?**

There has been a consistent community voice raising concerns about the impact of meth and other drugs. The communities most active in identifying need are Flaxmere, Maraenui and Wairoa. This aligns with the user profile – higher level of use in high deprivation communities. Whānau and community members are managing the associated behaviour of agitation, crime and family violence that stems from meth use.

Whānau are signalling a need for support for example phone line services have seen an increase in calls from those effected by a meth user. A meeting between HBDHB staff and early childhood education providers (2018) identified information about meth as a key need, as they perceived an increased meth impact on children in their services. They have responded to this need through the establishing of community programmes "Nans Against P" and "Flaxmere Stopping P".

*"People that access our service are usually not looking for support for their drug issues but primarily for support and advocacy to assist them with the impact it is having on their whanau and themselves." (Te Roopu A Iwi Trust)*

Communities are also noting the impact of other drugs including Wairoa identifying the impact of alcohol via a 2016 survey, The Raureka community challenged the license for an off license retailer in their shopping centre noting the negative impact alcohol use has in their community. More recently members of the Maraenui community have highlighted synthetic cannabis use and associated social problems.

*“Maraenui is definitely an area where it’s (synthetics) extremely accessible” (Whatever It Takes)*

Communities are also affected by an increase in crime (e.g. violence, drug driving, theft) linked to drug use and a general reduction in safety. Employers have highlighted the impact of people ‘failing drugs tests’, resulting in the challenges of recruiting and retaining staff, which in turn impacts on business economically growth. Services such as Police, Probation and Courts also note increased workloads. For whānau and community the impact of these behaviours and consequence is economic, social and psychological resulting in community ‘despair and depression’.

A community hui facilitated by CAYAD (Community Action for Youth Alcohol and Drugs) was held in June 2017 that discussed possibilities for a “Regional Meth Solution”. This hui identified:

- Recovery Whakawaiaora - provider list, papatanga, improved services and alternatives (work, walking groups, training opportunities)
- Prevention (address supply, why do people use meth, education about meth, look at Portugal, link to Social Inclusion, provide options, reduce harm, whānau action)
- Politics and funding (petitions, submissions, media, linking government agencies to influence change)<sup>9</sup>

**It is important to ensure that communities have a voice, are informed about evidence, know how to access services and support and are supported in their local responses and solutions.**

### What is working in harm reduction?

National strategies from Ministry of Health, Police and Department of Corrections have similar themes. These themes come through in the NZ Drug Foundations advice on addressing meth and illicit drug use generally. All see merit in agencies working together to support change. The focus on; prevention, intervention and treatment is evident in all approaches.<sup>10</sup>

### Cross-sector approaches

*Enabling an environment for social inclusive economic growth requires cross sector input and provides the support for prevention, education and effective treatment.*

- *Provide intersector strategies to support resilient behaviours and reduce enablers for drug taking.*

For Hawke’s Bay this could include supporting Matariki projects to increase employment, school training engagement, changing how social services are funded and deliver, and provide a whānau centric approach to meet whānau needs. A further opportunity could be delivery of cross-sector strategies and plans, including community plans - these would be responsive to community needs

<sup>9</sup> Meeting notes distributed by CAYD June 2017

<sup>10</sup> NZ Strategic Approaches <https://www.drugfoundation.org.nz/>  
<https://www.health.govt.nz/publication/national-drug-policy-2015-2020> <http://www.police.govt.nz/about-us/publication/illicit-drugs-strategy-2010>

and aspirations to support resilience and healthier communities. Local authorities in Hawke's Bay have community plans that could be built on to respond further to community need.

Using holistic approaches such as Whole of Schools Approach including 'Helping Build a Healthy and Supportive Society'. This approach reduces punitive responses and provides effective links to treatment and support. These approaches would support community raised issues i.e. the Community Hui mentioned above identified the need for prevention and treatment responses. Whānau centric approaches e.g. Strengthening Families and Whānau Ora provide whānau with support across a range of agencies. There is an opportunity for the HBDHB to apply this holistic approach in the planned review of Mental Health and Addictions Services.

### **Prevention**

*Reduces the number of people mis-using drugs and the level of harm. Prevention includes supporting people to be drug free through increasing resilience i.e. employment, meeting needs and creating safe environments. Early intervention is also important to reduce harm i.e. education, access to support services.*

- *Ensure children and young adults stay engaged in school and education.*

This is key to building resilience. Developing career pathways with links to training/qualifications and jobs can be delivered via Matariki Social Inclusion and the Regional Economic Development Strategy.

- *Support engagement in employment through programmes and socially responsible employers*

Being engaged in employment develops resilience, reducing harm and preventing drug use. Programmes that support people into employment are most effective for people on benefits and experiencing barrier to employment (i.e. low or no qualifications, no driver's license, criminal record or past history of substance abuse). Supporting employers to become socially responsible will also help increase opportunity for employment and the support to retain employment.

- *Supporting safe homes where children are not exposed to drug misuse.*

Ensure children, youth and adults have a relationship with a good adult role model, their basic needs are met (safety, food, sleep and care) and opportunities provided for learning. One-third of meth users in treatment have a family history of drug abuse. Those living in a deprived households have higher rates of drug misuse.

- *Address family violence, prevention and respond with support pathways and interventions.*

This would require multiple agencies working collaboratively including advanced community engagement. More than half of meth associated crime is related to family violence. Supporting whānau with interventions to address family violence would increase children's resilience to reduce future drug use as well as addressing adult meth use. Additional effective interventions include supporting people who "fail drug tests", when they apply for benefits or are picked up for traffic offences. An effective first step is to ensure Police, Work and Income and employers have the right information and skills to refer people to support services.

**Education and Community Support**

*Education is an enabler to prevent drug misuses and reduce harm if it is non judgemental and community based.*

- *Support community education programmes, provide accurate information delivered in a non-judgemental manner with clear links to support and treatment services.*

Information needs to include how to reduce harm e.g. from no-use to the safest way to use. There is some support for providing a service that assesses drugs being used so users are aware of what ingredients are in drugs and the level of risk.

Education is beneficial when it covers all drugs and is not targeted at specific drugs; has clear messaging on harmful drugs and provides accurate information. Scare tactics and abstinence messaging have been proven not to be effective. Drugs covered should include tobacco, alcohol and illicit drugs.

Providing a safe place and key people to talk to should include being; non-judgemental, prepared and able to follow-up. Key people need to have the skills to notice change and ask questions to support and engage. Resiliency research also supports the benefit of a significant adult helping people make beneficial choices and develop skill to manage challenges.

**Treatment**

*Treatment must be available when requested with no waiting lists. Programmes have to respond in a way that provides effective recovery from the drug used i.e. methamphetamine.*

A recent meth research and treatment literature review confirms the information and recommendations contained in the Interventions and Treatment for Problematic Use of Methamphetamine and Amphetamine-Type Stimulants (ATS). Specifically the literature confirms that:

- No pharmacology has been consistently identified as being effective in helping people reduce and or stop the use of ATS
- No pharmacology has been identified as being particularly useful to help withdrawal management
- The stepped care model of treatment remains appropriate as an intervention pathway

Clear clinical pathways for meth users with a range of accessible referral points is essential. Accessible support and information for whānau and community is also invaluable.

**Prevention approaches start early in life with safe homes, engagement in school and education, employment and developing resilience. Providing people with information to base decisions on is more effective than ignorance. Treatment needs to be accessible and responsive to the needs of a user's. Good harm reduction approaches are effect for all drugs.**

**SUMMARY**

Methamphetamine is a neuro stimulant and most meth produced in New Zealand is illegal. Meth is used by a relatively small proportion of the population (between 0.8% and 1.4% of people over 18 years), however Māori, beneficiaries and low wage earners have the highest rate of use. Meth use is also linked to other offending, particularly family violence and to heart disease in the user.

There are a wide range of services from clinical to community, however there could be gaps particularly for whānau and community affected by a meth user. Improvements in access to information should provide consistent messaging and opportunities for those working across all sectors.



Community and best practice are very closely aligned with a focus on cross-agency approaches, prevention, education and treatment. These actions support a drugs harm reduction approach rather than a focus on a single drug or category. Prevention strategies have the ability to address the wider determinants of health and wellbeing including education, employment, reducing family violence and safe communities.

There is a ripple effect moving out from the meth user to their whānau and community. This requires layers of responses to support all those affected including; empowering communities, responding to whānau needs, educate, prevention strategies and treatment. A cross-sector response to ensure users, their whānau and the community are able to reduce the harm from meth use.

## RECOMMENDATIONS

Key Recommendation	Description	Responsible	Timeframe
Include in the Mental Health and Addiction review	Include meth and other drug treatment, community responses and the other recommendations from this paper, in the review of mental health and addiction services review.	Shirley Lammas	2019
Engage with whānau and community to understand their needs and provide appropriate support	Investigate ways to link whānau and community with support and information. Including using co-design approaches.	Shirley Lammas	2019
Take a Cross sector approach	Support a cross sector approach as part of the Matariki Strategy and Tripartite programme of work i.e. employment, family harm reduction and whānau centric approaches.	Shari Tidswell	Ongoing
Establish clear clinical pathways	Establish clear clinical pathways and communicate these with a wide range of referral points including whānau, to maximise intervention opportunities.	Addictions Services Managers	July 2019





## **Recommendation to Exclude the Public**

### **Clause 32, New Zealand Public Health and Disability Act 2000**

That the public now be excluded from the following parts of the meeting, namely:

- 16. Minutes of Previous Meeting (Public Excluded)**
- 17. Topics of interest – member issues / updates**
- 18. Workshop:**
  - **CSP Implications for Consumer Engagement**
  - **Nuka – Telling Stories**

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

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

