



Hawke's Bay Health Consumer Council Meeting

Date: Thursday, 12 September 2019

Meeting: 4.00 pm to 6.00 pm

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

Council Members:

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

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

Apologies: Gerraldine Tahere

In Attendance:

Kate Coley, Executive Director – People & Quality (ED P&Q)
Caryn Daum and Nancy Barlow – Consumer Experience Facilitators
Debs Higgins, Clinical Council Representative
Jacqui Sanders-Jones, Board Administrator

Public

Item	Section 1 – Routine	Time (pm)
1.	Karakia Timatanga (Opening) / Reflection	4:00
2.	Apologies	
3.	Interests Register	
4.	Minutes of Previous Meeting	
5.	Matters Arising – Review Actions	
6.	Consumer Council Workplan	
7.	Board Report for August	

8.	Chair's Report – Rachel Ritchie - Nominations – Membership vacancies - Update from Board	4.10
9.	Consumer Experience Facilitators Report – Nancy Barlow / Caryn Daum - Consumer Council Representation	4.20
10.	Committee Representatives Feedback: - Clinical Council (Les Cunningham) - Consumer Experience Committee (Dr Diane Mara) - Integrated Pharmacy Group (Denise Woodhams) - Ka Hikitia Workshop (Denise Woodhams) - Te Pitau Health Alliance Governance Group (report included)	4.30
Section 2 – For Discussion/Decision		
11.	Consumer Council Annual Plan 19/20	4.45
Section 3 – For Information/Discussion		
12.	WAI2575 Treaty Health Claim, Stage 1 Primary Care (presentation) – Bernard Te Paa	5.15
13.	Matariki HB Regional Development Strategy & Social Inclusion Strategy update For information only. Further discussion at October meeting.	5.30
14.	Section 4 – Recommendation to Exclude	

Public Excluded

	Section 4 – Routine	
15.	Minutes of Previous Meeting (public excluded)	5.30
16.	Matters Arising – Review Actions (public excluded) - Nil	
17.	Clinical Risk & Electives explained – Robin Whyman	5.35
18.	Topics of Interest – Member Issues / Updates	
19.	Karakia Whakamutunga (closing)	

NEXT MEETING:**Thursday, 10 October 2019, 4.00 pm**

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

Our shared values and behaviours



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

Welcoming

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

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

Respectful

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

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

Kind

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

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

Helpful

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

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

1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

Positive

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

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

Learning

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

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

Innovating

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

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

Appreciative

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

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

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

Listens

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

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

Communicates

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

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

Involves

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

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

Connects

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

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

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

Professional

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

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

Safe

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

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

Efficient

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

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

Speaks up

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

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

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Interest Register

Hawke's Bay Health Consumer Council

03.07.19

Name Consumer Council Member	Interest eg Organisation / Close Family Member	Nature of Interest eg Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of Interest to
Rachel Ritchie (Chair)	Put the Patient First	Involved when group was active	Advocating for Diabetes Patients	Unsure	Real / potential / Perceived
	Sainsbury Logan and Williams, Solicitors	Employee	legal services	Yes	Potential/real as provides legal advice to some health care providers
Malcolm Dixon (Deputy Chair)	Hastings District Councillor	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 Hansen	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	
Tumama Faioa	Nil				
Daisy Hill	Nil				

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

PUBLIC

- Present:** Rachel Ritchie (Chair)
Dr Diane Mara (Co-Deputy Chair)
Malcolm Dixon (Co-Deputy Chair) (left mtg at 5.40pm)
James Henry
Sarah Hansen
Deborah Grace
Les Cunningham
Denise Woodhams
Gerraldine Tahere
- In Attendance:** Craig Climo, Interim CEO
Ken Foote, Company Secretary
Lisa Jones, Business Intelligence Strategic Advisor
Carina Burgess, Group Manager Corporate Services, Health HB
Nancy Barlow, Consumer Experience Facilitators
Debs Higgins, Clinical Council liaison (left mtg 5.40pm)
Jacqui Sanders-Jones, Board Administrator
- Apologies:** Daisy Hill
Tumema Faioso
Sami McIntosh
- Absent:** Dallas Adams

SECTION 1: ROUTINE

1. KARAKIA TIMATANGA (OPENING) / REFLECTION

A karakia/reflection was provided by James Henry to open the meeting.

Rachel Ritchie (Chair) welcomed everyone to the meeting, with a special welcome to the interim CEO of HBDHB, Craig Climo.

2. APOLOGIES

Apologies received from Daisy Hill, Tumema Faioso and Sami McIntosh.

It was noted that there has been no contact from Dallas Adams for several months. Deborah Grace offered to follow this up with a home visit to Dallas. Chair will also follow up via Sami McIntosh.

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

Moved: Deborah Grace

Seconded: James Henry

Carried

5. MATTERS ARISING AND ACTIONS

Item 1: Violence Intervention Programme

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

Item 2: 1737 Support Line – Youth Council yet to meet so this action remains in progress

Item 3: 20 – 24 Youth rep for Consumer Council – remains as an ongoing action with Malcolm Dixon offering to make contact with YMCA and other community youth groups.

Item 4: Consumer Story/Consumer led outcomes – Workplan for October 2019

Item 5: Consumer Council Annual Plan 19/20 – Agenda item August & continued as agenda item at September meeting.

Item 6: Te Pītau Health Alliance Governance Group report amendment of recommendation to MH&A redesign – complete

6. CONSUMER COUNCIL WORK PLAN

The work plan provided in the meeting papers was noted. No issues discussed.

7. CONSUMER COUNCIL'S BOARD REPORT

The July 2019 report for the Board was provided in the meeting papers for information.

Chair noted that Consumer input into the health system is becoming more prominent and having greater influence.

8. CHAIR'S REPORT

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

- Heather Simpson review of the health system, initial report to the Minister of Health is due 30 August.
- Person & Whanau Centered Care (PWCC) – Chair met with Bernard Te Paa, Executive Director of Health Improvement & Equity and Heather Skipworth, Deputy Chair MRB, with aim to look at how to join up ideas and resourcing for PWCC and He Ngākau Aotea.
- Pharmacy review – Chair responded to reports of some community pharmacies charging a \$8 - \$15 surcharge on prescriptions and explained that this is an unconfirmed pilot scheme, however it does raise opportunity for discussion, Denise Woodhams will be attending an integrated pharmacy meeting next week and will report back to committee next month.

- Totara Health have recently employed a researcher to engage with patients from Nelson Street and Flaxmere Practices about the service they currently receive and to be part of ongoing feedback processes. Totara wanted to involve consumers fully in their continued improvement of services. Reported finding will be shared when available.
- Board Elections – there are new faces up for nomination to Board. There will be 11 seats with 7 elected and 4 appointed.

9. CONSUMER EXPERIENCE FACILITATORS REPORT

An update on activities was provided by Nancy Barlow, Consumer Experience Facilitator, including the good news story for HBDHB Facebook page of the involvement of Consumer Council member Les Cunningham being asked to be involved with recruitment and interviews of NASC Needs Assessor.

A query was raised on the outcomes of the recent Wairoa Hui. Lisa Jones confirmed that there are several Workstreams resulting from this meeting and made suggestion to invite Emma Foster, Deputy Director of Primary Care for further updates on Wairoa. It was explained that Karyn Bousfield, Nurse Director Primary Care and Chris Ash, Executive Director Primary Care, had recently provided an update.

10. COMMITTEE REPRESENTATIVE FEEDBACK

- **Te Pitau Health Alliance Group** reported that there are two streams of work underway, with Gerraldine Tahere specifically involved with End of Life Care and Mental Health redesign. (TBC)
- **Mental Health update** from Deborah Grace reported that Consumer Council members are being approached to be included in staff interviews which shows great recognition and value of consumer input.
- Diane Mara gave update from **Consumer Experience Committee**, noting that a replacement for Jenny Peters was required. Further discussion resulted in a suggestion to amend the ToR to require 'three' representatives (currently four) from each Council.

ACTION: Recommendation for amendment of ToR to be taken forward by Company Secretary

- Les Cunningham gave update from **Alcohol Harm Strategy Group** and highlighted there had been lots of focus on relicensing. The HBDHB can only react to applications if there is good cause to oppose. Legal expenses to fight a precedent of declined applications needs to be prudently considered for further challenges by the DHB. Malcolm Dixon confirmed there is a joint proposal working through local government presently, with the aim to give councils more control of local licensing requests.

ACTION: Malcolm Dixon to report on progress of this joint proposal for local councils in 6 months' time. February Workplan inclusion.

- **NASC Needs Assessor interviews** - Les Cunningham was pleased to be involved in the appointment process of the new Needs Assessor for the NASC service. He felt the panel of staff respected his views and comments, feeling that his contribution was valued. A positive experience.
- **Clinical Council** – Les Cunningham represented Consumer Council at Clinical Council meeting and Workshop on 14 August. He reported that overall there seemed to be a focus on clinical risk operationally, rather than the *governance* of risk.

SECTION 2: FOR DISCUSSION/ DECISION

11. CONSUMER COUNCIL ANNUAL PLANS

The Consumer Council Annual Plan 'Actions & Progress' Report for 18/19 was agreed as a final and complete document.

Moved: Denise Woodhams

Seconded: Les Cunningham

Carried

The Chair then asked the committee to break into groups to consider the **2019/20 plan for Consumer Council** and the following notes were recorded:

- Titles still reflect core function of the committee, however request to change 'consumer engagement' to '**consumer collaboration**'.
- **Simplification** across functions and strategies required and to remove duplications.
- Discussion took place as to the development of the plan going forward with focus on Strategies and Objectives
- Proposed focus on **Primary Care, Mental Health and Youth**

- Member proposed that **Board should be held more accountable for health outcomes**, with the new Board providing an ideal time for Consumer Council to query decisions being made and look to have better clarity on health outcomes.

It was explained that the Chair of Consumer Council has access to Board to voice concerns of this committee and is fully involved in discussions, however, appreciating that the Chair has no voting rights.

Group felt strongly that there needs to be evidence of health improvements and questioned how Consumer Council can work positively with Board to achieve this.

CEO made observation that all groups are seemingly frustrated at lack of speed of change/need to expedite process and this is something which he intends to review immediately, finding opportunity to do things differently.

Company Sec highlighted the importance and influence of Consumer Council into Clinical Services Plan and the resulting 6 goals of the HB Health Strategy. The foundations are now in place to build on as a committee. This will be particularly evident during the Implementation Plan of the Health Strategy.

- Proposed focus on **monitoring role** – disability strategy, consumer engagement , Person & Whanau Centered Care progress & consumer experience
- Website development was highlighted as an opportunity to significantly **raise the profile of Consumer Council**, along with further consideration of other profile raising activities.
- **Health literacy/making health easier to understand**, needs to be revisited, as there is strong feeling of a move away from 'plain language' use. A framework was developed a while ago, but recent review of this shows it needs a lot more work before this can be considered a usable and useful tool.

Chair will take the ideas and discussion points to develop a draft Annual Plan 19/20 and look to have further committee input and discussion next month.

ACTION: Agenda item September 2019 – Annual Plan 19/20 draft review

12. HB HEALTH AWARDS SHORT LISTING OPTIONS

Option 2 was agreed as the favourable option of the group;

For each committee to agree a panel member(s) that would meet once with all the entries and shortlist all at once. A chair would also need to be appointed from this group who could feedback to us for passing on to final judges.

Deborah Grace, Denise Woodhams and Les Cunningham to be involved with HB Health Awards judging process as Consumer Council representatives, was agreed by members.

Board Administrator will inform Anna Kirk, Communications Manager of outcome.

13. HB HEALTH STRATEGY – for approval

Chris Ash, Executive Director of Primary Care, supported by Kate Rawstron, Head of Planning & Strategic Projects explained that following recent approval from Clinical Council and MRB, a final draft of HB Health Strategy is now being presented to this committee.

It was noted that following approval, the team intend on working closely with Communications to develop a *plain language* version of the strategy; the intention to create this over next few months so that reporting material, posters etc. are in easy to understand *plain language*.

Chair felt it was evident in the document that feedback and input from Consumer Council had been given consideration and addressed appropriately.

RESOLUTION**That HB Health Consumer Council:**

1. **Endorse** the new HB Health Strategy - Whānau Ora, Hāpori Ora
2. **Note** the intention to move the strategy content to a 'plain English' document for ratification by the incoming Board
3. **Note** the intention to develop supporting 'summary' materials and library of related information

Moved: Les Cunningham

Seconded: Deborah Grace

Carried

SECTION 3: FOR INFORMATION**14. WAI2575 TREATY HEALTH CLAIM STAGE 1 PRIMARY CARE – PRESENTATION**

Removed from agenda due to presenter illness. Represent at September meeting.

15. ALCOHOL HARM REDUCTION STRATEGY UPDATE

Bernard Te Paa, Executive Director of Health Improvement and Equity gave a brief overview of the activity of the strategy team over the last six months.

The Alcohol Harm Strategy Team have been reviewing ways to impact through the objectives set and continue to collaborate with local government organisations and schools to develop effective alcohol policies.

The recent 'Pre-testie bestie' campaign was felt to be successful in affecting the alcohol decision-making of young people. The Health Promotion Agency are keen to engage with HBDHB to become an initial implementation site for piloting of programmes such as this.

Licensing still remains a challenge and the HBDHB continually face difficulty in successfully challenging a new licence and the relicensing of premises.

RECOMMENDATION

That the HB Health Consumer Council:

- 1) **Notes** the contents of the report
- 2) **Note** the challenges and opportunities

Adopted

16. UPDATE ON DISABILITY PLAN (verbal update)

Shari Tidswell, Intersectoral Development Manager and part of the Disability Plan Working Group, gave a verbal update of the progress being made against the Workplan, including:

- Progress on education and employment continues to be positive, including the Ko Awatea Disability training for DHB staff which has been successfully developed. Consumer Experience Facilitators will take this training to community groups for stakeholder feedback.
- Health & Wellbeing – the inclusion of impairment coding information into ECA is moving forward. Working with IS to enable and understand the practicalities.
- Whanau Voice is being progressed through committees.
- Consumer Feedback policy has been reviewed.
- Looking at accessibility and transport links for consumers.
- 'Attitudes' work – consumer feedback not yet up and running as disability/impairment not identified through ECA yet. There is a need to consider 'how' this data is captured in order to support and provide equitable care.
- Choice and Control – Consumer Experience Facilitators have linked in with disability advisory groups in the community to assist in enabling collaboration.
- Leadership report coming back in February 2020.

17. HBDHB ANNUAL PLAN 19/20

RECOMMENDATION

It is recommended that the HB Health Consumer Council:

Note the content of the report.

Adopted

18. SECTION 4: RECOMMENDATION TO EXCLUDE

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

- 19. Minutes of Previous Meeting (public excluded)
- 20. Matters Arising (Public excluded)
- 21. Topics of Interest – Member Issues/Updates

Moved: Deborah Grace
Seconded: Geraldine Tahere
Carried

The meeting closed at 6.13 pm.

Confirmed: _____
Chair


Date: _____

HB HEALTH CONSUMER COUNCIL - MATTERS ARISING (Public)

5

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	11/10/18	Violence Intervention Programme 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	Remain as action point
2	11/07/19	1737 support line Daisy Hill to send a copy of any correspondence to Council administrator for continued support and monitoring of response.	D Hill	August 2019	In progress. Youth Council yet to meet
3	11/07/19	20-24 Youth representative for Consumer Council Active recruitment/follow up for this position Malcolm Dixon to follow up with YMCA & other youth groups	Chair	Asap	Ongoing
4	11/07/19	Consumer Story/Consumer led outcomes To be set quarterly onto workplan, beginning October 2019	Jacqui Sanders-Jones & Consumer Experience Facilitators	Asap	Entered onto Workplan – Oct 19 Feb 20 May 20 August 20
5	11/07/19	Consumer Council Annual Plan 19/20 Onto workplan	Jacqui Sanders-Jones	Sept 2019	Agenda Item Sept 19
7	15/08/19	Consumer Experience Committee Amendment to ToR to require three representatives from each Council	Ken Foote	Sept 2019	In progress
8	15/08/19	Alcohol Harm Reduction Strategy Group Progress report on joint proposal for local council's regarding licencing. Six month's time.	Malcolm Dixon	February 2020	Update in February 2020

GOVERNANCE WORKPLAN PAPERS									
Updated: 28 August 2019									
CLINICAL & CONSUMER MEETING 11/12 September 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				11-Sep-19			
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept-Mar	F	Bernard TePaa	Shari Tidswell		11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept) last one in cycle	F	Wayne Woolrich			11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
Serious Adverse Events FULL REPORT		Robyn Whyman		3-Sep-19		11-Sep-19		25-Sep-19	
Patient Safety & Clinical Quality Report	E	Kate Coley				11-Sep-19		25-Sep-19	
Clinical Risk/ Electives explained		Robin Whyman					12-Sep-19		
Membership update to Consumer Council - where are we represented?		Ken Foote					12-Sep-19		
Consumer Council Annual Plan 19/20 (2)		Ken Foote					12-Sep-19		
CLINICAL & CONSUMER MEETING 9/10 October 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				9-Oct-19			
Consumer Story/Consumer Led Outcomes (quarterly report)		Kate Coley	Nancy/Caryn				9-Oct-19		
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				9-Oct-19	9-Oct-19	30-Oct-19	
Matariki HB Regional Development Strategy and Social Inclusion Strategy follow up discussions TBC	F	Bernard TePaa	Shari Tidswell				9-Oct-19		
Patient Safety & Clinical Quality Report	F	Kate Coley				9-Oct-19		30-Oct-19	
CLINICAL & CONSUMER MEETING 13/14 November 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				13-Nov-19			
Collaborative Pathways update (Nov - May) 6mthly Clinical Council	F	Mark Peterson	Penny Rongotoa	29-Oct-19		13-Nov-19			
Joint Clinical/Consumer Workshop						13-Nov-19	13-Nov-19		
Patient Safety & Clinical Quality Report	E	Kate Coley				13-Nov-19		27-Nov-19	
CLINICAL & CONSUMER MEETING 11/12 December 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				11-Dec-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				11-Dec-19		18-Dec-19	
Patient Safety & Clinical Quality Report	E	Kate Coley				11-Dec-19		18-Dec-19	

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

Council met on Thursday 15 August 2019. An overview of matters discussed is provided below:

REPORTS

A number of reports from various consumer representatives were received and discussed as appropriate:

- Chair
 - Meeting with EDHI&E to look at joining up ideas and resourcing for PWCC and He Ngakau Aotea
 - Concerns about apparent increases in surcharge on pharmacy prescriptions – unconfirmed pilot scheme
 - Totara Health consumer experience research – looking to have consumers fully involved in their continued improvement of services.
- Consumer Experience Facilitators
 - Involvement of Consumer Council members in recruitment processes
 - Good news story on DHB Facebook page
 - Contacts made with consumers in Wairoa during recent visit
- Te Pitau Health Alliance Governance Group
- Consumer Experience Committee

- Alcohol Harm Strategy Group.
- Mental Health and Addictions Partnership Advisory Group

2018/19 Annual Plan Action/Progress Report

Progress/achievements for the year were acknowledged, but noted that much was still work in progress. Frustrations expressed about apparent lack of evident changes to improve consumer experience and health outcome generally. Consumer Council keen to work positively with Board and management to *make a real difference*.

2019/20 Draft Annual Plan

The 2018/19 as a starting point, Council workshopped potential changes to the Functions and Strategies and discussed priority objectives for this year – noting the discussion above.

Two key concepts agreed were to change the language in the document from consumer engagement to 'consumer collaboration', and to actively encourage much more frequent use of 'plain language'

Ideas submitted will be incorporated into an updated draft for further discussion/agreement at the next meeting. A copy will then be provided to the Board for information.

HB Health Awards

Council discussed and agreed to it's enhanced involvement in the short listing process for the Awards

HB Health Strategy

Having noted that it's comments on a previous draft had been incorporated appropriately, Council was pleased to be able to endorse the new strategy for Board approval.

Alcohol Harm Reduction Strategy Update

Council noted the challenges and opportunities identified in the report and appreciated the efforts made to keep our communities safe.

Update on Disability Plan.

Having been largely instrumental and participated fully in the development of this plan, Council were pleased to note the progress made and issues addressed in this verbal update, noting that it will take some time to achieve the level of 'cultural shift' required to reduce the inequities experienced by many with a disability.



CHAIR'S REPORT



CONSUMER EXPERIENCE FACILITATORS REPORT

9

September 2019

Consumer/Patient and their Whanau Experience


- Health Quality Safety Commission Nga Poutama survey of consumers of mental health and addiction services, their families and whanau commences this month, for two months. This survey was requested by the Mental Health and Addiction (MHA) sector, to support consumer, family and whanau centred approaches to quality improvement in MHA services.
- Initial discussions with HQSC and Wairoa management to look at forming a working group to co design and pilot an escalation pathway which enables patients and whanau to raise concerns if they are concerned about changes in a patient's medical condition.
- Initiated conversations with the administration service to find ways to gather more inpatient email addresses, (inpatient experience survey) this work is underway and ward administrators are following up with patients from a daily report. We are planning a campaign to obtain or confirm consumer email addresses. Benefits include increasing who surveys can be sent to, faster communication with consumers about appointments, reduce the number of consumers who do not receive appointment notification prior to their appointment, cost savings of appointment cards/letters and postage.
- Working with HQSC and pharmacy to develop ways to raise consumer/whanau confidence and awareness to ask about their medications (consistently the lowest scoring question in inpatient experience survey) Te Reo medication posters have been reviewed by Maori Health Service. Health Quality Safety Commission have supported our request for the wording to be updated to reflect the language used in our local community.
- The new consumer feedback forms are with the printers and should be in circulation soon. The online 'Connect with Us' page has been updated to reflect the feedback forms and consumer feedback posters.

Community Engagement

- Napier Disability Advisory Group – raised issues with free bus not provided for DHB services provided off site (e.g. Orthotics). Important to continue discussions to be able to deliver equitable access (including people with disabilities) if more services will be delivered off site. Initiated conversations to review if offsite Orthotics appointments could be included in the free public transport agreement, to deliver equitable access. This has now been agreed and implemented. See “you said we did” attached.
- Met with Napier, Hastings and CHB Disability groups. DHB speaker talked about the sexual health and reproduction strategy and made connections to gain feedback from disability groups and consumers for consideration in this work.



COMMITTEE REPRESENTATIVE FEEDBACK

	Te Pītau Health Alliance Governance Group
	For the attention of: HBDHB and Health Hawke's Bay Ltd Boards
Document Owner:	Bayden Barber, Chair
Author:	Chris Ash, Executive Director of Primary Care
Month:	August, 2019
Consideration:	For Information

10.1**Recommendation****That the Boards:**

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

The Health Alliance Governance Group met on Wednesday 15 August 2019. Significant issues discussed and agreed, including Resolutions, are noted below.

Appointment of Member

Following the resignation of Dr Helen Francis as a member of the Te Pītau Health Alliance (Hawke's Bay) Governance Board, new member Heather Skipworth was welcomed. Hine Flood has assumed the role of Deputy Chair.

Review of Alliance Shadow Year

It was agreed that a strategy session for Te Pītau should follow soon after governance election and appointment processes, and that this should include a comprehensive review of the Terms of Reference. This will allow for issues raised during the shadow year to be addressed, including the extent of clinical representation around the Governance Group.

End of Life Care Redesign Update

Following the closure of expressions of interest, Janine Jensen presented a recommendation to the Governance Group concerning the membership of the Service Level Alliance (SLA) Leadership Team for End of Life care. The recommendation was framed in the context of feedback from around the sector. Proposed members of the Leadership Team covered a wide range of experiential and professional backgrounds, with half of members having a clinical background and half of members from Māori and/or Pasifika backgrounds.

Resolution**Te Pītau Health Alliance (Hawke's Bay) Governance Group members:**

1. **Approved** the recommended End of Life Care Service Level Alliance Leadership Team members, with one condition to be met prior to final confirmation.

Hawke's Bay Health Strategy "Whānau Ora, Hāpori Ora"

Resolution

Te Pītau Health Alliance (Hawke's Bay) Governance Group members:

1. **Endorsed** the new Hawke's Bay Health Strategy - Whānau Ora, Hāpori Ora
2. **Noted** the intention to move the strategy content to a 'plain English' document for ratification by the incoming Board
3. **Noted** the intention to develop supporting 'summary' materials and library of related information.

Health Services and Outcomes Inquiry WAI 2575 – Stage One Report, Primary Care

An overview presentation was received which covered background of the Waitangi Tribunal; types of Inquiries; Health services and outcomes inquiry WAI 2575; stage one scope; stage one findings and the recommendations.

Hawke's Bay Health Equity Framework

A final draft of the report was received, overviewing the process and next steps.

Health Hawke's Bay Flexible Funding Pool

The review, conducted by KPMG, will be used as a platform for Health Hawke's Bay to consider its wider scope and function in delivering health system improvement. Workshops will be set up in late August, early September. This in conjunction with implementing a communications and engagement plan (currently underway); and establish a best practice programme and investment logic.

Te Pītau Governance Group members agreed that the Flexible Funding is a crucial lever for the Alliance to make change.

Primary Care Symposium

A Primary Care Symposium is planned for the end of August 2019, at the Napier Conference Centre.



HB HEALTH CONSUMER COUNCIL ANNUAL PLAN 19/20



Health Services and Outcomes Inquiry

WAI 2575

Stage One Report – Primary Care

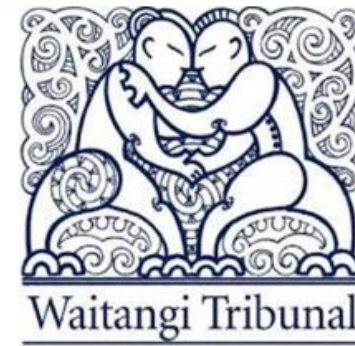
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Waitangi Tribunal

Set up by the Treaty of Waitangi Act 1975
Waitangi Tribunal is a permanent commission of inquiry
It makes recommendations on claims to the Crown (Government)



What is a 'Treaty Claim'?

Claims are allegations that the Crown has breached the Treaty of Waitangi by particular actions, inactions, laws, or policies and that Māori have suffered prejudice (harmful effects) as a result.

Treaty Claims Process

Once the Tribunal issues its report, claimants and the Crown will consider their response.





Types of Inquiries

Historical Claims

relate to matters that occurred before 21 September 1992

District Inquiries

designed to hear the range of claims (mostly historical) brought by Māori from particular areas in a single inquiry

Kaupapa (Thematic) Claims

not specific to any district; they deal with nationally significant issues affecting Māori as a whole

Contemporary Claims

relate to matters that occurred on or after 21 September 1992 and commonly focus on specific issues and local areas





Health Services and Outcomes Inquiry - WAI 2575

Health Services and Outcomes Inquiry WAI 2575 is a grouping of 200 claims that specify eligible health-related grievances in their statements of claim (no cut-off date to lodge claims).

Three staged approach:

Stage one: primary health care and system issues (Oct-Dec 2018)

Stage two: mental health (including suicide and self-harm); disabilities; alcohol, tobacco and substance abuse (July 2019)

Stage three: remaining national significant issues and eligible historical issues





WAI 2575 - Stage One Scope

1. How the primary care system has been legislated, administered, funded and monitored by the Crown since the passing of the New Zealand Public Health & Disability Act 2000 (NZPHDA 2000)
2. Whether persistent inequitable health outcomes suffered by Māori are a Treaty breach

Systemic issues in primary care

- Dates from the NZPHDA 2000

Focused on Treaty compliance of:

- The legislative and policy framework
- Primary health care funding
- Accountability
- Treaty partnership arrangements in primary care





WAI 2575 - Stage One Findings

1. The legislative, strategy and policy framework fails to consistently state a commitment to achieving equity for Māori
2. The Treaty clause in the NZPHD Act is a reductionist effort and fails to afford Māori control of health decision-making in relation to design and delivery
3. DHB governance arrangements do not reflect Treaty partnerships
4. The Crown did not design the primary health care system in partnership with Māori
5. Māori primary care organisations were underfunded from outset
6. \$220 billion health investment since 2000 has seen very little measurable improvement of Māori health outcomes
7. The Crown does not collect sufficient data and does not use the data it does collect effectively to improve Māori health status
8. The Crown is aware of it's failures and has failed to adequately remedy them





WAI 2575 - Stage One Findings

Prof Peter Crampton, Public Health, University of Otago

- *“our system fails in its core function of meeting the basic health needs of those most in need”*

Ashley Bloomfield – Director- General of Ministry of Health

- The overall performance of DHBs was *“largely not good enough”*
- *“...racism at a range of levels does determine access to experience of and outcomes in the health care system”*

Waitangi Tribunal

- *“Māori relationship boards... we found scant evidence of an accurate reflection of the principle of partnership”*
- *“being given the opportunity to merely add commentary to the margins is not consistent with the principle of partnership...”*





WAI 2575 - Stage One Findings

Keriana Brooking, MOH

- *"No [DHB] annual plan has ever been rejected because of issues in their reporting or planning relating to reducing Māori health disparities"*

Simon Royal, National Hauora Coalition

- *"ineffective accountability and monitoring of health entities fosters the prevalence of institutional bias and racism in the health system"*

Janet McLean, GM Māori, BOPDHB, 2001-2016

- *"It would be fair to say that Māori inequalities has been normalised in DHBs"*

Waitangi Tribunal

- *"...the depth of inequity suffered by Māori... mean that the Crown's failures are very serious"*
- The Crown *"cannot continue to evade its obligations... the health inequities experienced by Māori compel an urgent, and thorough, intervention"*





WAI 2575 - Stage One Interim Recommendations

Two overarching recommendations:

1. That the legislative and policy framework recognises and provides for the Treaty of Waitangi and its principles.
 - Amend NZPHD Act to include a new Treaty clause and adopt appropriate Treaty principles
2. The Crown commits itself and the health sector to achieve equitable health outcomes for Māori.
 - Amend section 3(1)(b) of the NZPHD Act





WAI 2575 - Stage One Interim Recommendations

Structural Reform:

The Crown commit to exploring the concept of a stand-alone Māori Primary Health Authority

Funding:

Crown and claimants agree to a methodology to assess underfunding of Māori primary care organisations

Accountability Arrangements:

Crown to review and strengthen accountability mechanisms

Data:

Crown to review and redesign arrangements for monitoring of MOH by external agencies

Performance:

Crown to acknowledge overall failure of legislative and policy framework to improve Māori health outcomes






WAI 2575 - Stage One Recommendations

The Tribunal identified the following Treaty principles as particularly applicable to this Inquiry:

- the guarantee of tino rangatiratanga in the design, delivery and monitoring of primary care system
 - the principle of equity:
 - Crown to commit to achieving equitable health outcomes for Māori
 - the principle of active protection:
 - Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori
 - the principle of partnership:
 - Crown and Māori to work in partnership in governance, design, delivery and monitoring
 - the principle of options:
 - Crown to provide for and properly resource kaupapa Māori primary health care services.
- Crown also has an obligation to ensure all primary care services are provided in a culturally appropriate way



HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

	Matariki HB Regional Economic Development and Social Inclusion Strategy
	For the attention of: HB Health Consumer Council
Document Owner:	Bernard Te Paa, Executive Director, Health Improvement & Equity
Document Author:	Henry Heke, Head of Intersector and Special Project Shari Tidswell, Intersector Development Manager
Month:	September 2019
Consideration:	For Information
RECOMMENDATION That the HB Health Consumer Council: 1. Notes the contents of this report	

OVERVIEW

Matariki combines a regional strategic approach for economic development and social inclusion by utilising a Treaty partnership and intersectoral delivery through projects which deliver planned actions. Matariki supports the economic vision:

“Every household and every whānau has activity engaged in, contributing to and benefiting from a thriving Hawke’s Bay economy.”

and the social inclusion vision:

“Hawke’s Bay is a vibrant, cohesive, diverse and safe community, where every child is given the best start in life and everyone has the opportunities that result in equity of outcomes.”

Underpinning the visions is an understanding that regional economic growth and supporting equitable opportunities for individuals, whānau and community go hand in hand.

This report provides an update on progress for the Matariki Development Strategies (<https://www.hbreds.nz/>) and the HBDHB’s contribution to these. In the last six months, Matariki partners have focused on:

- Reviewing the Actions
- Re-establishing meeting protocols
- Completed the Provincial Growth Fund application and launch
- Continuing to support the current projects

This paper also responds to the Māori Relationship Board’s request for information on youth employment by providing data on youth employment outcomes.

ACTIONS REVIEW

The appointment of a Matariki Programme Coordinator at the beginning of the year provided the resource to complete the actions review. HBDHB reviewed the current actions for potential impact on equity. We noted the specific actions for Māori development as a strength and recommended developing an equity framework monitor as progress toward equity.

The proposed new structure has five pillars (previously there were 7).

- 1) Whānau wellbeing
- 2) Employment, skill and capacity
- 3) Resilient infrastructure
- 4) Economic gardening
- 5) Promoting Hawke's Bay

There are 19 actions which is a significant reduction, achieved by removing completed actions and combining closely associated actions. There is a placeholder for health – “responding to the Equity Report”.

HBDHB have provided the following feedback:

- Support the new structure for the actions – this reduces the pillars from seven to five
- Agree with the reduction in actions - we note that socially responsible employers and reducing barriers to employment are now implied rather than stated
- The action for the “responding to the Health Equity Report” placeholder, should include the Equity Report recommendation - “invest in whānau ora approaches to community needs”¹
- To gain health equity outcomes there is also potential for intersector support to reduce smoking, increase healthy eating and address family violence

CURRENT ACTIONS

The HBDHB leads or partner to:

Regional Economic Development

- Partner - Project 1,000 (placing 1,000 youth into work)
HBDHB are on the working group for Rangatahi Mā Kia Eke which supports youth with health and disability issues to gain work experience and employment. We have developed relationships with our recruitment team and Work and Income.
- Partner - coordinating infrastructure
Facilitated workshops for the infrastructure leads and partners, to support the actions review process. Contributed our planned infrastructure project to the infrastructure stocktake, for the employment pipeline planning.

Social Inclusion

- Lead agency – Socially Responsible Employers
There has been work to link employers to socially responsible employer resources and practice. HBDHB have been working with a range of employers to be Healthy Workplaces.
- Partner – Housing

¹ HBDHB Health Equity Report 2018. <http://www.ourhealthhb.nz/news-and-events/latest-news/hawkes-bay-dhb-releases-third-health-equity-report/>

HBDHB has stepped down as chair and Hastings District Council have picked this up. HBDHB are no longer co-lead for this action. HBDHB contributed to the proposal to the Ministry of Housing and Urban Design led by Hastings District Council. This will support healthy homes.

- Partner– Whānau centric places connected to the community
This links to the place-based activity HBDHB is engaged in – including Camberley, Ahuriri and Wairoa. Government has signalled whānau responsiveness as a priority for a number of government agencies which will support further work towards this action.
- Partner – Develop a new sustainable operating system
This also aligns to the place-based work with community driven service design and funding system e.g. Wairoa.

YOUTH EMPLOYMENT OUTCOMES

The following data responds to the question raised by the Māori Relationship Board who requested data on youth employment. The data is from Rangatahi Mā Kia Eke – work experience leading to employment or training for youth with health and disability issues and benefit dependence. In the 12 month period 1 January to 31 December 2018, Ministry of Social Development were funded for 50 places with the follow outcomes:

- 44 youth had work placement contracts
- 28 completed their placement (with 6 still on placement)
- 45% are in employment (11% in training and 14% are still on placement)
- 34% are Māori and Pasifika

The youth not able to move to a placement contract and those not completing placement (10) were provided with other support and are able to re-enter the programme at a later time. The advisory group are currently working on an evaluation with EIT.

This is an intensive support programme that provides benefits to youth and community/not for profit organisations.

GENERAL BUSINESS

The Terms of Reference and attendees were reviewed and refreshed. This has provided clarity and supports Business Hawke's Bay in effectively administering both the Executive and Governance groups.

The Hawke's Bay Provincial Growth Fund launch occurred on 10 June at the HB Community Fitness Trust, Hastings. This supports local business development and employment through improved infrastructure, business innovation and growth.

CONCLUSION

The review of Matariki actions has allowed for updating, increasing the health focus and streamlining. We support the direction as it responds to Board feedback including there are too many actions and the need to maintain whānau/community input. The proposed review is to be endorsed by Executive and Governance groups.

The introduction of the Provincial Growth Fund has taken the focus for the 12 month up to June and with the funding now in place there is a renewed focus on updating the actions and delivering projects.

HBDHB continues to be involved in the delivery of actions via projects, and providing governance and management for the Strategy. HBDHB has a key role in ensuring social and economic development remains as key partners to achieve growth in Hawke's Bay; with equity a key feature of Matariki delivery.



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:

- 15. Minutes of Previous Meeting (Public Excluded)**
- 16. Matters Arising – review of actions**
- 17. Clinical Risk & Electives explained**
- 18. Topics of Interest – Member Issues / Updates**

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

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

