# Hawke's Bay Health
# Consumer Council Meeting

**Date:** **Thursday, 9 May 2019**

**Meeting:** **4.00 pm to 6.00 pm**

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

## Council Members:

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

## Apologies:

## In Attendance:

Ken Foote, Company Secretary (Co Sec)
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 March | |
| 8. | Consumer Council Annual Plan | |
| 9. | Chair's Report – Rachel Ritchie | |
| 10. | Consumer Experience Facilitators Report – Nancy Barlow / Caryn Daum | |
| 11. | Committee Representatives Feedback | |
| | **Section 2 – Presentation and Discussion** | |
| 12. | HB Health Strategy - Chris Ash & Kate Rawstron | 4:30 |
| | **Section 3 – For information/ Discussion** | |
| 13. | After Hours Urgent Care Service update<br>– Wayne Woolrich, Peter Satterthwaite, Jill Garrett | 5.10 |
| 14. | PHLG Nurse Navigators (verbal update) – Bernard Te Paa/ Talalelei Taufale | 5.25 |
| 15. | Te Ara Whakawaiora CHILD HEALTH indicators combined report – Patrick le Geyt | - |
| 16. | **Section 5 – Recommendation to Exclude** | |

**Public Excluded**

| | | |
|---|---|---|
| | **Section 6 – Routine** | |
| 17. | Minutes of Previous Meeting (public excluded) | 5.30 |
| 18. | Matters Arising – Review Actions (public excluded) - Nil | |
| 19. | Topics of Interest – Member Issues / Updates | |
| 20. | Karakia Whakamutunga (closing) | |

**NEXT MEETING:**

**Thursday, 13 June 2019, 4.00 pm**
Boardroom, HBDHB Corporate Office, Cnr Omahu Road & McLeod Street, Hastings

# Our shared values and behaviours

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

## HE KAUANUANU RESPECT

*Showing **respect** for each other, our staff, patients and consumers*

| | ✔ | ✘ |
|---|---|---|
| Welcoming | Is polite, welcoming, friendly, smiles, introduce self<br>Acknowledges people, makes eye contact, smiles | Is closed, cold, makes people feel a nuisance<br>Ignore people, doesn't look up, rolls their eyes |
| Respectful | Values people as individuals; is culturally aware / safe<br>Respects and protects privacy and dignity | Lacks respect or discriminates against people<br>Lacks privacy, gossips, talks behind other people's backs |
| Kind | Shows kindness, empathy and compassion for others<br>Enhances peoples mana | Is rude, aggressive, shouts, snaps, intimidates, bullies<br>Is abrupt, belittling, or creates stress and anxiety |
| Helpful | Attentive to people's needs, will go the extra mile<br>Reliable, keeps their promises; advocates for others | Unhelpful, begrudging, lazy, 'not my job' attitude<br>Doesn't keep promises, unresponsive |

## ĀKINA IMPROVEMENT

*Continuous **improvement** in everything we do*

| | ✔ | ✘ |
|---|---|---|
| Positive | Has a positive attitude, optimistic, happy<br>Encourages and enables others; looks for solutions | Grumpy, moaning, moody, has a negative attitude<br>Complains but doesn't act to change things |
| Learning | Always learning and developing themselves or others<br>Seeks out training and development; 'growth mindset' | Not interested in learning or development; apathy<br>"Fixed mindset, 'that's just how I am', OK with just OK |
| Innovating | Always looking for better ways to do things<br>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<br>Says 'thank you', recognises people's contributions | Nit picks, criticises, undermines or passes blame<br>Makes people feel undervalued or inadequate |

## RARANGA TE TIRA PARTNERSHIP

*Working together in **partnership** across the community*

| | ✔ | ✘ |
|---|---|---|
| Listens | Listens to people, hears and values their views<br>Takes time to answer questions and to clarify | 'Tells', dictates to others and dismisses their views<br>Judgmental, assumes, ignores people's views |
| Communicates | Explains clearly in ways people can understand<br>Shares information, is open, honest and transparent | Uses language / jargon people don't understand<br>Leaves people in the dark |
| Involves | Involves colleagues, partners, patients and whanau<br>Trusts people; helps people play an active part | Excludes people, withholds info, micromanages<br>Makes people feel excluded or isolated |
| Connects | Pro-actively joins up services, teams, communities<br>Builds understanding and teamwork | Promotes or maintains silo-working<br>'Us and them' attitude, shows favouritism |

## TAUWHIRO CARE

*Delivering high quality **care** to patients and consumers*

| | ✔ | ✘ |
|---|---|---|
| Professional | Calm, patient, reassuring, makes people feel safe<br>Has high standards, takes responsibility, is accountable | Rushes, 'too busy', looks / sounds unprofessional<br>Unrealistic expectations, takes on too much |
| Safe | Consistently follows agreed safe practice<br>Knows the safest care is supporting people to stay well | Inconsistent practice, slow to follow latest evidence<br>Not thinking about health of our whole community |
| Efficient | Makes best use of resources and time<br>Respects the value of other people's time, prompt | Not interested in effective user of resources<br>Keeps people waiting unnecessarily, often late |
| Speaks up | Seeks out, welcomes and give feedback to others<br>Speaks up whenever they have a concern | Rejects feedback from others, give a 'telling off'<br>'Walks past' safety concerns or poor behaviour |

## Interest Register

## Hawke's Bay Health Consumer Council

**Dec 18**

| **Name**<br>**Consumer Council Member** | **Interest**<br>**eg Organisation / Close Family Member** | **Nature of Interest**<br>**eg Role / Relationship** | **Core Business**<br>**Key Activity of Interest** | **Conflict of Interest**<br>**Yes / No** | **If Yes, Nature of Conflict:**<br>**- Real, potential, perceived**<br>**- Pecuniary / Personal**<br>**- 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 |
| 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 | Wairoa Waikaremoana Māori Trust | Trustee | Legal Entity for Ngati Kahungunu owners in bed of Lake Waikaremoana | No | |
| | Wairoa Services Integrated Governance Group | Consumer Council member | Group of professionals discussing health in Wairoa | | |
| | Wairoa Renal Working Group | Consumer Council member | Looking at relocation of dialysis unit to Wairoa Hospital | | |
| | Moeangiangi Part 42N Ahuwhenua Trust | Trustee | Māori Land block | | |

**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, 11 APRIL 2019 AT 4.00 PM**

**PUBLIC**

| | |
|---|---|
| **Present:** | Dr Diane Mara (Co-Deputy Chair)<br>Malcolm Dixon (Co-Deputy Chair)<br>James Henry<br>Sarah Hansen<br>Deborah Grace<br>Wayne Taylor<br>Les Cunningham<br>Denise Woodhams<br>Jenny Peters<br>Sami McIntosh<br>Olive Tanielu |
| **In Attendance:** | Ken Foote, Company Secretary<br>Nancy Barlow– Consumer Experience Facilitator<br>Tracy Fricker – Council Administrator / EA to ED P&Q |
| **Guests:** | Wayne Woolwich, CEO Health Hawke's Bay<br>Chris Ash, Executive Director – Primary Care<br>Graeme Norton, National Consumer Council Chair |
| **Apologies:** | Rachel Ritchie, Dallas Adams and Gerraldine Tahere |

## SECTION 1: ROUTINE

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

Dr Diane Mara (Co-Deputy 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 members Kate Coley and Caryn Daum.

### 3. INTERESTS REGISTER

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

### 4. PREVIOUS MINUTES

The minutes of the Hawke's Bay Health Consumer Council meeting held on 13 March 2019 were confirmed as a correct record of the meeting.

Moved by Jim Henry and seconded by Wayne Taylor.

**Carried.**

## 5. MATTERS ARISING AND ACTIONS

***Item 1: Primary Care – PHO Consumer Input***
Malcom Dixon confirmed that he and Jenny Peters have had a catch up meeting with Chris Ash. Further discussion to be had under item #11. *Item can now be closed.*

***Item 2: Violence Intervention Programme* (VIP)**
Consumer input on VIP being reviewed. To remain on matters arising.

***Item 3: MoH Teleconference re: Planned Care Approach/Framework***
Teleconference with MoH held on 26 October 2018. Awaiting feedback from MoH. To remain on matters arising.

***Item 4: IT Project Priorities***
Chair to follow up with Anne Speden and provide an update to Council.

***Item 5:* Consumer Engagement**
The feedback summary was completed and provided to members via email. *Item can now be closed.*

Ken Foote, Company Secretary advised that a discussion has been had with the Chairs of the Governance Groups and a decision has been made to include the Health Sector Values with the meeting papers as a reminder for all to be mindful of these values during interactions with each other, presenters, visitors and guests. It is important for all to respect the values and the person, challenge the idea.

## 6. CONSUMER COUNCIL WORK PLAN

The monthly work plan provided in the meeting papers was noted.

## 7. COUNCIL'S BOARD REPORT

The Company Secretary advised that following the joint workshop the Chair of Consumer and Co-Chairs of Clinical Councils' decided to provide a combined report to the Board on the workshop held, including the concerns expressed about the lack of progress and that not enough was being done to advance Person & Whanau Centred Care (P&WCC). The recommendations in the report were endorsed by the CEO and has been adopted by the Board. Management are required to provide a report to the Board in June on what will be done to implement P&WCC. A working group will be formed to assist in the preparation of the report and this will include Clinical and Consumer Council members.

## 8. CHAIR'S REPORT

Dr Diane Mara provided an update on the Chair's activities:

- Rachel Ritchie sent a note of support to the Chair of the Canterbury Consumer Council, on behalf of Consumer Council following the tragic event in Christchurch on 15 March.
- At the Board meeting there was discussion on equity and how to describe it in a meaningful way
- The tenure of two members of Council will end in June – Jenny Peters and Olive Tanielu. It is important that Council has diversity in its representation, so there will be a targeted approach to recruit members from Central Hawke's Bay and the Pasifika community
- Youth Consumer Council – a productive meeting was held with Jemma Russell and Marie Beattie. A framework has been discussed for a way forward. For the youth voice to be sustainable, we will be looking to select youth members from existing groups i.e. Councils, EIT, Directions. Another meeting is to be held to confirm the process.

- The Chair would like Kate Coley to report back at the May meeting around the current consumer feedback tools and how they are being used and evaluated.
- Consumer Experience Committee – Les Cunningham has been nominated to be a Consumer Council representative. Moved by Malcolm Dixon and seconded by Wayne Taylor. **Carried.**
- Disability Implementation Group – Sarah Hansen has agreed to attend these meetings as the Consumer Council Representative.
- The Chair is struggling with the volume of contact being made requesting discussion/comment/input from a consumer perspective. Each consumer member has identified areas of interest and portfolios. Graeme Norton commented that engagement from the system is good but it doesn't mean consumer council itself have to be the ones to provide engagement. Council is here to ensure consumer engagement takes place. It is important the system engage with consumers directly, otherwise it won't be owned by the system. The Consumer Engagement Facilitators can also assist with linking services with consumers.

### 9. CONSUMER EXPERIENCE FACILITATORS REPORT

An update on activities was provided in writing. Nancy Barlow also provided a brief verbal update:

- Volume is increasing for consumer engagement. The CE Facilitators have a database of consumers compiled over the last 18 months. They will be sending out a survey to check that these consumers still want to be contacted when projects come up, asking for their areas of interest and any groups they are aligned to. They are also getting information from the services on what they want regarding skills, time commitment etc. This will enable the CE Facilitators to better match requests for consumer input.
- There has not been a process around looking at people who have applied to be on Council but were not successful and past members of Council. They want to be engaged, so they should be asked if they would like to be on the consumer database for any specific projects that come up.

### 10. COMMITTEE REPRESENTATIVE FEEDBACK

- Jenny Peters - After Hours Urgent Care: Meeting held on 26 March; project has been going for around 16 months. Dr Peter Satterwaite gave an overview of how things would look in the future. Really pleased with the progress the group has made around consumer involvement.

- Jenny Peters – Advance Care Planning Group, Chaired by Allison Stevenson. Training the trainers from Health Quality Safety Commission. Progress is being hindered due to the IT link-ups required.

- Denise Woodhams - Laboratory Strategy Group: looking at different options for the delivery of community laboratory services in Hawke's Bay. Stakeholder presentations were held last week. End of June a recommendation will go to the Board. The Company Secretary advised that a directive has been received from the Ministry of Health that we are not to privatise our hospital laboratory. Two options are currently being looked at.

## SECTION 2: PRESENTATION

### 11. CONSUMER ENGAGEMENT IN PRIMARY / COMMUNITY HEALTH

The Chair welcomed Wayne Woolwich, CEO Health Hawke's Bay and Chris Ash, Executive Director – Primary Care to the meeting.

A presentation was provided on activity in primary health with a focus on the Health Care Home (HCH) model in Hawke's Bay. Key points noted:

- Community Health Hubs - clustered populations around general practice and extended care teams first step in development; building on the HCH practice model of care; interdisciplinary team working; shared patient record; Local leadership and management
- Significant challenges in the health system – high acute demand in primary and secondary care; health inequalities for Maori; Pacific and those living in high deprivation; aging population; satisfaction and sustainability of the workforce; financial pressure across the sector
- Patient experience – feedback from patients show our current system is not working well for our community
- Primary Care in Hawke's Bay – demand for services exceed current capacity; expectation on general practice to do more; GPs and nurses are aging; patients are sicker with more complex issues; patients want more timely and convenient care; technology advancements are not always taken advantage of
- Health Care Home (HCH) – improves access to general practice; manages care for patients with complex needs in partnership with the hospital; expands roles within general practice workforce; future proofs general practice services
- HCH in New Zealand – 23 Primary Health Organisations and 5 DHBs - customised for communities
- HCH Four Domains – timely unplanned care; proactive care for high needs; routine and preventative care and business efficiency
- Community integration – district nursing, allied health and Maori health providers become part of the extended primary health team; improves communication and reduces duplication and fragmentation across services and providers; specialist services support primary care with case collaboration and shared care to manage complex patients; partnership with wider community health providers and social services
- Patient changes – more appointments available; extended opening hours; less waiting; access to health record electronically; longer appointments for complex health issues; practice having access to specialists
- HCH positive impacts: GP triage is creating capacity; better co-ordinated care for patients with community integration; patient portal uptake continues to grow; cost benefits using lean principles; higher staff satisfaction
- Implementation milestones – Health HB Board have approved business case; consumer and stakeholder consultation document is being developed (to be issued 19 April); expressions of interest for practices and preparation for implementation (May 19); implementation (June/July 19) – 3 or 4 practices to start with

In summary the Health Care Home is the building block to move services closer to home, more proactive care, improved self-care and patient experience and allows the hospital to focus on the more complex patients.

General discussion held. The progress over the last 12 month is exciting; the need to get the criteria right for Hawke's Bay is important; concern raised for practitioners on financial viability and whether there will be a financial impact on consumers; access for consumers and new ways of working; importance of communication by the PHO with providers and transparency.

In terms of the criteria, the Deputy Co-Chair suggested to look at practices which already do pro-active work and want to work collaboratively to empower their patients to take responsibility for their own health.

The Deputy Co-Chair thanked Wayne Woolwich and Chris Ash for attending the meeting.

## SECTION 3: DISCUSSION

### 12. PROGRESS ON CONSUMER COUNCIL ANNUAL PLAN GOALS

The Company Secretary advised he had inserted the comments from the last meeting into the template. Members can provide any additional feedback to rachel.ritchie@hbdhb.govt.nz.

## 13. FUTURE OF YOUTH CONSUMER COUNCIL

The Company Secretary advised that he and Rachel Ritchie had met with Jemma Russell and Marie Beattie, Planning & Commissioning Manager – Integration to discuss the future of the Youth Consumer Council. As advised in the Chair's report, options are being explored. If members have any thoughts or ideas send them to ken.foote@hbdhb.govt.nz.

## 14. CONSUMER ENGAGEMENT DISCUSSION PAPER

Dr Diane Mara advised that one of the outcomes from the last meeting was that she offered to write a discussion paper on consumer engagement. The paper was provided in the meeting papers.

One of the key issues is the volume of requests for engagement and expectations on members of Consumer Council. The DHB/Service needs to own strategies and the Consumer Council are here to ensure that the consumer voice has been included.

Jenny Peters acknowledged Diane for the work on the disability strategy and getting it through to completion. Diane also commended Shari Tidswell and her team for their assistance. It is a good model showing how we can work together.

Les Cunningham was pleased to see section 15 about consumer feedback to give Council confidence that it is working. It is important that if members hear a good story that it comes back to Council, so we know that the strategy is meeting the needs of our disabled consumers.

Graeme Norton advised a couple of years ago he was the guest speaker at the Hutt Valley Health Awards. All of the nominations at the awards had to demonstrate consumer engagement. He suggested an area where Council can have a continuing emphasis around consumer engagement is through the health award process. The Company Secretary advised that Rachel Ritchie is involved with the Health Awards process this year and Consumer Council will be more involved with the selection and judging process.

Relationship centred care training will now also have a disability dimension to ensure that staff are appropriately informed of the strategy.

## 15. MATARIKI HB REGIONAL DEVELOPMENT STRATEGY AND SOCIAL INCLUSION STRATEGY (UPDATE)

The paper was provided for information only.

Malcolm Dixon advised that the major focus for both Councils is around housing and healthy homes. The Company Secretary advised that due to timing, this paper had already been to the Board so is for Council to note only.

## 16. VIOLENCE INTERVENTION PROGRAMME REPORT (UPDATE)

The paper was provided for information only.

A concern was raised that Consumer Council members had not been consulted with as stated in the report, since Cheryl Newman presented to Council in July 2018. Nancy Barlow, CE Facilitator advised that community consultation was being undertaken by a third party and due to the nature and sensitivity of the feedback, it will come back to the wider group in themes.

***Action:*** ***Co-Deputy Chair to follow up with Rachel Ritchie regarding clarifying Consumer Council's role in VIP consultation.***

## 17. SECTION 5: RECOMMENDATION TO EXCLUDE

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

18. Minutes of Previous Meeting (public excluded)
19. Joint Consumer and Clinical Councils' Workshop Notes
20. Topics of Interest – Member Issues / Updates

Moved by Malcolm Dixon and seconded by Deborah Grace. **Carried.**

The meeting closed at 5.40 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**<br>Consumer input on VIP. VIP being renewed.<br>*(Note: to be kept on matters arising for follow up in the New Year)*. | G Tahere | Feb/Mar 2019 | Included on workplan |
| 2 | 11/10/18 | **MoH Teleconference re: Planned Care Approach/Framework**<br>Awaiting feedback post teleconference from MoH | Company Secretary | Ongoing | Information to be sent to members when received |
| 3 | 06/12/18 | **IT Project Priorities**<br>Email to request input to be sent to members | Chair | Feb/Mar | Chair to follow up |
| 4 | 11/04/19 | **Consumer Feedback Tools**<br>Report from ED P&Q on tools used and how they are being evaluated | ED P&Q / CE Facilitators | May | |
| 5 | 11/04/19 | **Progress on Annual Plan Goals**<br>Feedback to be provided to the Chair | All members | May | Ongoing |

## GOVERNANCE WORKPLAN PAPERS

Updated: 24 April 2019

| CLINICAL & CONSUMER MEETING 8/9 MAY 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 | | | | 8-May-19 | | | |
| Collaborative Pathways update (Nov - **May**) 6mthly Clinical Council | E | Mark Peterson | Penny Rongotoa | 21-May-19 | | 8-May-19 | | | |
| Te Ara Whakawaiora - Access Rates 0-4 (local indicators) CHILD HEALTH | E | Chris Ash | Mark P/ Jil Garrett / Patrick | 23-Apr-19 | 8-May-19 | 8-May-19 | 9-May-19 | | 29-May-19 |
| After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept) | E | Wayne Woolrich | | 30-Apr-19 | 8-May-19 | 8-May-19 | 9-May-19 | | 29-May-19 |
| PHLG Nurse Navigators - roles & responsibilities | | Bernard Te Paa | | 30-Apr-19 | | 8-May-19 | 9-May-19 | | 29-May-19 |
| Early Supportive Discharge service Model of Care | | Colin Hutchison | Allison Stevenson | 14-May-19 | | 8-May-19 | | | |
| Primary Care Workforce Survery | | Wayne Woolrich | Rochelle Robertson | | | 8-May-19 | | | |
| Strategy Workstream presentations/feedback sessions (30mins + 10mins Equity discussion (20min MRB)) | | Chris Ash | Kate Rawstron | | 8-May-19 | 8-May-19 | 9-May-19 | | 29-May-19 |

| CLINICAL & CONSUMER MEETING 12/13 June 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 |
|---|---|---|---|---|---|---|---|---|---|
| Annual Plan 2019/20 SPEs to Board by end of June (include committees?) | | Chris Ash | Robyn Richardson | 4-Jun-19 | 12-Jun-19 | 12-Jun-19 | 13-Jun-19 | | 26-Jun-19 |
| Clinical Advisory & Governance Group Meeting Update | | Chris McKenna | | | | 12-Jun-19 | | | |
| IS updates/presentations 30 mins - Bi-monthly Feb Apr **Jun** Aug Oct Dec | | Anne Speden | | | | 12-Jun-19 | | 26-Jun-19 | |
| People Plan Progress Update Report (6 monthly - Dec, **Jun 19**) | | Kate Coley | | 4-Jun-19 | 12-Jun-19 | 12-Jun-19 | 13-Jun-19 | | 26-Jun-19 |
| Person & Whanau Centered Care actions | | Kate Coley | | 28-May-19 | 12-Jun-19 | 12-Jun-19 | 13-Jun-19 | | 26-Jun-19 |

| CLINICAL & CONSUMER MEETING 10/ 11 July 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 | | | | 10-Jul-19 | | | |

| CLINICAL & CONSUMER MEETING 14/15 August 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 |
|---|---|---|---|---|---|---|---|---|---|
| Alcohol Harm Reduction Strategy (6 monthly update) Feb **- Aug** | | Bernard TePaa | Rachel Eyre | 13-Aug-19 | 14-Aug-19 | 14-Aug-19 | 15-Aug-19 | | 28-Aug-19 |
| Annual Plan 2019/20 draft to the Board | | Chris Ash | Robyn Richardson | 6-Aug-19 | 14-Aug-19 | 14-Aug-19 | 15-Aug-19 | | 28-Aug-19 |
| Clinical Advisory & Governance Group Meeting Update | | Chris McKenna | | | | 14-Aug-19 | | | |
| Clinical Council Annual Plan 2019/2020 discussion on the year ahead | | Jules Arthur / John Gommans | | | | 14-Aug-19 | | | |
| Clinical Council Annual General Meeting | | | | | | 14-Aug-19 | | | |
| HB Health Awards - preparation for judging **2019**-2020 | E | Kevin Snee | Anna Kirk | 30-Jul-19 | | 14-Aug-19 | 15-Aug-19 | | 28-Aug-19 |
| IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun **Aug** Oct Dec | | Anne Speden | | | | 14-Aug-19 | | 28-Aug-19 | |

| 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 | | | |
| Health Certification Audit Findings (sept19) | E | Kate Coley | Kaye Lafferty | 27-Aug-19 | | 11-Sep-19 | | 25-Sep-19 | |
| Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) **Sept**-Mar | E | Bernard TePaa | Shari Tidswell | 27-Aug-19 | 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 | E | Wayne Woolrich | | 27-Aug-19 | 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 | |

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| OURHEALTH HAWKE'S BAY Whakawateatia | **Hawke's Bay Health Consumer Council** 34 |
| | For the attention of: **HBDHB Board** |
| Document Owner: | Rachel Ritchie (Chair) |
| Month: | April 2019 |
| Consideration: | For Information |

**RECOMMENDATION**

**That the Board**

**Note** the contents of this report.

Council met on Thursday 11 April 2019. An overview of matters discussed is provided below:

## CLINICAL & CONSUMER COUNCIL COMBINED CHAIR'S REPORT TO BOARD

Council briefly discussed the combined chair's report to the Board, and noted the Board's approval of the recommendations. Council members are really keen to see some active progress with the implementation of Person and Whanau Centred Care across Hawkes Bay, and appreciate the Boards support through approving the recommendations

## CONSUMER EXPERIENCE FACILITATORS REPORT

The Facilitators report highlighted the increasing demand for consumer engagement through requesting consumer representatives. A database is being developed of all consumers who have expressed and interest in being involved, such that ultimately requests can be quickly and easily matched to the required skills and experience.

## COMMITTEE REPRESENTATIVE FEEDBACK

Feedback was provided by representatives on:

- After Hours Urgent Care
- Advance Care Planning Group
- Laboratory Strategy Group

## CONSUMER ENGAGEMENT IN PRIMARY / COMMUNITY HEALTHCARE

Wayne Woolrich, CEO Health Hawkes Bay Ltd, and Chris Ash, Executive Director Primary Care, provided a presentation on activity in primary care, with a focus on the Health Care Home model.

In summary Council members noted that the Health Care Home is the building block to move services closer to home, more proactive care, improved self-care and patient experience and allows the hospital to focus on the more complex patients.

Comments expressed during the general discussion that followed included:

- the progress over the last 12 month is exciting;
- the need to get the criteria right for Hawke's Bay is important;
- concern raised for practitioners on financial viability and whether there will be a financial impact on consumers;
- access for consumers and new ways of working;
- importance of communication by the PHO with providers and transparency;
- needs pro-active engagement with consumers at a practice level

In terms of the criteria, it was suggested to look at practices which already do pro-active work and want to work collaboratively to empower their patients to take responsibility for their own health.

**FUTURE OF YOUTH CONSUMER COUNCIL**

It appears that the Youth Health Consumer Council is no longer functioning, given the departure of several long standing members. A review of how best to engage with Youth and have their voice heard around the Consumer Council table is currently underway. The preference at this stage is to seek to align with existing Youth related councils/organisations, rather than re-establish a dedicated stand alone body.

**CONSUMER ENGAGEMENT DISCUSSION PAPER**

Council continued to discuss effective 'ways and means' by which the health sector will engage with communities/consumers in the future, particularly given the commitments made in the Clinical Services Plan.

**INFORMATION PAPERS**

Papers received and noted without any significant comment included:

- Matariki HB Regional Decelopment Strategy and Social Inclusion Strategy (Update)
- Violence Intervention Programme Report (Update)
  - Clarification was requested on the level of consumer engagement involved in this programme

## HAWKE'S BAY HEALTH CONSUMER COUNCIL
## ANNUAL PLAN 2018/19

| Purpose | Provide a strong viable voice for the community and consumers on health service planning and delivery | Advise and encourage best practice and innovation in the areas of patient safety, consumer experience and clinical quality | Promote and support the enhancement of consumer engagement |
|---|---|---|---|
| **FUNCTIONS** | • Identify and advise on and promote, a 'Partners in care' approach to the implementation of 'Person and Whānau Centred Care' into the Hawkes Bay health system, including input into:<br>- Development of health service priorities<br>- Strategic direction<br>- The reduction of inequities<br>• Participate, review and advise on reports, developments and initiatives relating to health service planning and delivery.<br>• Seek to ensure that services are organised around the needs of all consumers | • Identify and advise on issues that will improve clinical quality, patient safety and making health easy to understand.<br>• Seek to enhance consumer experience and service integration across the sector.<br>• Promote equity of access/treatment<br>• .Seek to ensure that services are responsive to individual and collective consumer needs. | • Oversee implementation of the Consumer Engagement Strategy for the Hawkes bay health system<br>• Ensure, coordinate and enable appropriate consumer engagement within the health system<br>- across Hawke's Bay<br>- within the Central region<br>- at National level<br>• Receive, consider and disseminate information from and to HBDHB, Health Hawke's Bay, Consumer groups and communities.<br>• Ensure regular communication and networking with the community and relevant consumer groups.<br>• Link with special interest groups as required for specific issues and problems solving. |
| **STRATEGIES** | • Proactively raise and promote issues of importance and/or concern to consumers generally, for consideration and/or resolution by relevant organisations within the health system.<br>• Engage early with project and planning teams, and standing committees, to ensure the consumer perspective is included in all outcomes and recommendations.<br>• Review and comment on all relevant reports, papers, initiatives to the Board. | • Work with Clinical Council to develop and maintain an environment that promotes and improves:<br>- Putting patients / consumers at the centre<br>- Patient safety<br>- Consumer experience<br>- Clinical quality<br>- Health literacy<br>- Equity<br>• Promote initiatives that empower communities and consumers to take more responsibility for their own health and wellness. | • Raise the profile and community awareness of Consumer Council and the opportunities / options for enhanced consumer engagement in decision making.<br>• Ensure good attendance and robust discussions at monthly Consumer Council meetings<br>• Co-ordinate consumer representation on appropriate committees and project teams:<br>- Within Hawke's Bay<br>- At Central Region and National levels |

| Purpose | Provide a strong viable voice for the community and consumers on health service planning and delivery | Advise and encourage best practice and innovation in the areas of patient safety, consumer experience and clinical quality | Promote and support the enhancement of consumer engagement |
|---|---|---|---|
| **Strategies cont..** | • Ensure robust complaint/feedback systems are in place and that consumers are well informed and easily able to access these<br>• Consumer Council members to be allocated portfolio/areas of responsibility. | • Promote a clinical culture which actively engages with patients / consumers at all levels, as 'partners in care'.<br>• Advocate / promote for Intersectoral action on key determinants of health. | • Engage with HQSC programmes around consumer engagement and 'partners in care'.<br>• Maintain current database and regular communications with all Hawke's Bay health consumer groups/organisations.<br>• Provide regular updates on both the HBDHB and Health Hawke's Bay websites<br>• Ensure Consumer Council members continue to be well connected and engaged with relevant consumer groups and communities |
| **OBJECTIVES 2018/19** | • Actively promote and participate in' co-design processes for:<br>- Mental Health, Youth<br>• Participate in the evolution of primary care and the work of the Primary Care Development Partnership.<br>• Promote and support work on the development of a Disability Strategy for the HB Health sector.<br>• Hold active membership in Clinical Council committees including Consumer Experience Committee.<br>• Actively participate in the People Strategy and Clinical Services Plan development and implementation. | • Promote and assist initiatives that make health easy to understand within the sector and community.<br>• Facilitate and promote the implementation of a 'person and whānau centred care" approach and culture to the delivery of health services, in partnership with the Clinical Council.<br>• Oversee the provision of consumer feedback and the use of 'consumer stories'.<br>• Require regular provision of and monitor all 'Consumer Experience' performance measures/indicators as co-sponsor of the 'Consumer Experience Committee' within the clinical governance structure.<br>• Facilitate a focus on disability issues | • Support the implementation of the Consumer Engagement Strategy and principles in Hawkes Bay<br>• Further develop and maintain connections with Youth within the community.<br>• Influence the establishment and then participate in regional and national Consumer Advisory Networks. |

# HAWKES BAY HEALTH CONSUMER COUNCIL
# ANNUAL PLAN 2018/19

## ACTION/PROGRESS REPORT

| OBJECTIVE | PROGRESS TO MAR 19 |
|---|---|
| 1. Actively promote and participate in' co-design processes for:<br>- Mental Health, Youth | Mental Health ongoing through PAG<br>Need to support YCC – Jemma just resigned |
| 2. Participate in the evolution of primary care and the work of the Te Pitau Health Alliance. | Ongoing - Rachel Consumer Council rep on Governance Group |
| 3. Promote and support work on the development of a Disability Strategy for the HB Health sector. | Completed |
| 4. Hold active membership in Clinical Council committees including Consumer Experience Committee. | Happening |
| 5. Actively participate in the People Strategy and Clinical Services Plan development and implementation. | Happening |
| 6. Promote and assist initiatives that make health easy to understand within the sector and community. | Coming along – need visibility of current initiatives/improvements |
| 7. Facilitate and promote the implementation of a 'person and whānau centred care" approach and culture to the delivery of health services, in partnership with the Clinical Council. | Combined workshop on PWCC in primary care held 13 March 2019 |
| 8. Oversee the provision of consumer feedback and the use of 'consumer stories'. | Consumer feedback coordinated through Consumer Experience Committee<br>Consumer stories now only used as management tool for lessons learned |
| 9. Require regular provision of and monitor all 'Consumer Experience' performance measures/indicators as co-sponsor of the 'Consumer Experience Committee' within the clinical governance structure. | Consumer experience Committee functioning – ongoing development of measures/indicators |
| 10. Facilitate a focus on disability issues | Disability strategy developed & approved by HBDHB Board |
| 11. Support the implementation of the Consumer Engagement Strategy and principles in Hawkes Bay | 'What will consumer engagement look like in the future? – discussed and feedback provided being summarised |
| 12. Further develop and maintain connections with Youth within the community. | Need to review structure, effectiveness and relationships of YCC given recent changes – broader base may be required |

| OBJECTIVE | PROGRESS TO MAR 19 |
|---|---|
| 13. Influence the establishment and then participate in regional and national Consumer Advisory Networks. | Graeme still working on raising profile and support for national network. Regional coordination limited due to lack of support by Boards in some DHBs but regional meeting being discussed |

# CHAIR'S REPORT

# CONSUMER EXPERIENCE FACILITATORS REPORT

## May 2019

Caryn and Nancy both away for two weeks of this month

Consumer/Patient and their Whanau Experience

- Ongoing discussion to develop a local Consumer Experience Survey for Hawke's Bay, to capture real time feedback appropriate to our demographic. Meeting with IS to about the mechanisms to capture and collate data to enable analysis so we can easily identify improvements for services.
- Ongoing work with IS and Cemplicity re the national inpatient survey
- Finalising Consumer Charter, Health Literacy Policy. (worked with CEC on this)
- Developed template 'You said- We did'. ( see example)

Community Engagement

- Working with Directorates to support consumer engagement
- Developing a directory of Community agencies to build or further develop relationship with, next steps to prioritise and develop draft information to send out to them
- Received information from external platform provider, (Be collective), working through what is feasible with IS. (To gain a better view of our volunteers, their interests, activities they are involved in and hours of voluntary work they have provided.)

Other

- Work continues on Feedback Stream of RL6


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# COMMITTEE REPRESENTATIVE FEEDBACK

HAWKE'S BAY
District Health Board
Whakawāteatia

# HB Health Strategy

Late paper

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| HAWKE'S BAY District Health Board Whakawāteatia | **PRIMARY CARE AFTER HOURS SERVICE REVIEW** |
| | For the attention of: **HB Health Consumer Council** |
| **Document Owner** | Chris Ash, Executive Director of Primary Care<br>Wayne Woolrich, CEO, Health Hawke's Bay |
| **Document Author(s)** | Peter Satterthwaite, GM Health Services & Innovation, Health Hawke's Bay<br>Jill Garrett, Senior Commissioning Manager |
| **Reviewed by** | Executive Management Team |
| **Month/Year** | April 2019 |
| **Purpose** | Information only |
| **Previous Consideration Discussions** | Te Pītau Health Alliance Support Group (17/04/19); Te Pītau Health Alliance Governance Group (scheduled for 08/05/19) |
| **Summary** | Review of current After Hours primary care model |
| **Contribution to Goals and Strategic Implications** | Strengthening Primary Health Care / Community based care delivery |
| **Impact on Reducing Inequities/Disparities** | Achieving equitable access for priority populations |
| **Consumer Engagement** | Consumer consultation (existing and new) will form part of the data resource to inform decision making |
| **Other Consultation /Involvement** | Primary care sector engagement |
| **Financial/Budget Impact** | N/A at this stage |
| **Timing Issues** | N/A at this stage |
| **Announcements/ Communications** | N/A at this stage |

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**RECOMMENDATION**

**That the HB Health Consumer Council:**

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

## OVERVIEW

A process has commenced to strategically review the current Primary Care After Hours service model alongside a review of the City Medical service contract. Key stakeholders have been engaged and a strategic approach to the review has been presented and endorsed at the After Hours Steering Group.

## BACKGROUND

- A new Primary Care After Hours service model was implemented in December 2017 after a long process of review. A review drafted by Dr David Rodgers in August 2018 identified deficiencies and concerns with the model. For example, some parts of the service model are expensive and have low utilisation.
- Since the commencement of this model, City Medical has not been delivering the overnight GP availability aspect of their contract. In lieu of this, 12 months' notice on their current contract was issued in December 2018. Negotiations are well underway reviewing and negotiating a replacement contract. There are opportunities for City Medical to provide an expanded range of services which are being explored in separate discussions.
- The DHB continues to fund and support the overnight nursing service operated from City Medical and staffed by DHB employees.
- The current service model also has direct funding by the PHO sourced through a levy on capitation of practices.
- The overnight provision of services is the service being reviewed.

## KEY ISSUES

- Overall the Napier based overnight service is considered to be relatively efficient and cost effective.
- There is no overnight service in Hastings apart from the HB Hospital Emergency Department (ED). Use of the ED is high with a low percentage of patients admitted. Indications are that there is a high Primary Care component to ED presentation. ED attendance by residents of suburbs surrounding HB Hospital is very high.
- A comprehensive 2018 ED attendance dataset has been obtained. Analysis of attendance patterns by domicile and decile by hour of day is underway to inform a future service model.
- A strategic framework for developing a new service model has been proposed and is currently being socialised.
- The current After Hours Governance Group have endorsed the intentions of the framework. Active discussions continue with City Medical and the wider Napier network as required.
- A Hastings Practice Working Group is being established to develop an evening and overnight service model.

# PHLG: NURSE NAVIGATORS

## Verbal update

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|---|---|
| HAWKE'S BAY District Health Board Whakawāteatia | **Te Ara Whakawaiora – Child Health** |
| | For the attention of: **HB Consumer Council** |
| **Document Owner** | Patrick Le Geyt, Director Māori Health |
| **Champions** | ASH 0-4 years – Chris Ash<br>Child Oral Health – Robin Whyman<br>Breastfeeding – Chris McKenna<br>Child Healthy Weight – Bernard Te Paa |
| **Document Author(s)** | Shari Tidswell, Intersectoral Manager, Te Puni Matawhanui<br>Tracy Ashworth, Health Equity Advisor, Te Puni Matawhanui<br>Jeanette Frechling, Acting Deputy Director, Communities, Women, and Children's Directorate<br>Marie Beattie, Planning and Commissioning Manager, Primary Care Directorate<br>Charrissa Keenan, Programme Manager, Te Puni Matawhanui |
| **Reviewed by** | EMT |
| **Month/Year** | April 2019 |
| **Purpose** | The purpose of this report is to present information about the status of Child Health and equity targets for:<br>• ASH 0 – 4years<br>• Breastfeeding<br>• Oral Health<br>• Healthy Weight.<br>The report presents relevant data, progress to date, and advice about intended actions over the next 12 months to achieve respective equity targets. |
| **Previous Consideration Discussions** | Previously each child health indicator was reported separately and annually; it is now presented as one report annually. |
| **Summary** | This is the first collective report on key Child Health indicators. Progress across all indicators has been mixed. Data shows:<br>• Increases in inequities in ASH 0 – 4 year olds, particularly for asthma, lower-respiratory infections, and cellulitis among Māori and Pacific children.<br>• Child oral health shows some improvement in the number of caries free children at age five across all ethnic groups but no equity gain, and an increase in ASH GA dental rates.<br>• There has been a slight improvement in breastfeeding rates across Māori, Pacific, and high deprivation groups.<br>• HBDHB is meeting the target for Child Healthy Weight.<br><br>Over the past year, concerted and considered efforts have been applied to develop and implement whānau-centred, equity focused actions, but it's too early to know how effective or what difference these efforts are |

| | |
|---|---|
| | having on equitable health outcomes for tamariki Māori, Pacific, and Other children of low socioeconomic backgrounds. The oral health prevention initiative and the Māori breastfeeding service are examples of these efforts and while showing positive signs of responsiveness to whānau Māori, will be monitored for their equity impact over the coming quarters.<br><br>In addition to the actions and activities outlined in this report, a new programme is proposed to establish a Child Health kaupapa to lead, influence, monitor and track how we develop, deliver, fund child health across HBDHB. This will bring a more cohesive and collaborative approach to organising child health activities across the organisation, and will ensure health areas are working unitedly toward equitable health outcomes for tamariki. |
| **Contribution to Goals and Strategic Implications** | Health Equity report 2018 – Actions to create a responsive and equitable health system and services; Clinical Services Plan - Whānau centred, kaupapa Māori approaches; HBDHB expectation - Equitable health outcomes for Māori. |
| **Impact on Reducing Inequities/Disparities** | Tamariki Māori, Pacific, and children from low socioeconomic background are prioritised in planning, development, and service implementation. The implication is improved health outcomes for the poor and under-served tamariki and their whānau. |
| **Consumer Engagement** | Included where appropriate in respective planning and development activities within each child health indicator. |
| **Other Consultation /Involvement** | Not applicable |
| **Financial/Budget Impact** | Not applicable |
| **Timing Issues** | Not applicable |
| **Announcements/ Communications** | Not applicable |

**RECOMMENDATION:**

It is recommended that the HB Consumer Council

1. **Note** the contents of the report.
2. **Note** the planned improvements and activities over the next 12 months to achieve equitable health outcomes for tamariki.
3. **Support** the intention to establish a Child Health kaupapa to bring a more cohesive and collaborative approach to track progress and improve effectiveness in child health activities across the organisation.

HAWKE'S BAY
District Health Board
Whakawāteatia

**CHILD HEALTH – TE ARA WHAKAWAIORA REPORT**

| | |
|---|---|
| **Author/s:** | Shari Tidswell, Intersectoral Manager<br>Tracy Ashworth, Health Equity Advisor<br>Jeanette Frechling, Acting Deputy Director, Communities, Women, and Children<br>Marie Beattie, Planning and Commissioning Manager<br>Charrissa Keenan, Programme Manager, Māori Health |
| **Designation:** | As above |
| **Date:** | April 2019 |



**PURPOSE**

This report presents the inaugural Child Health – Te Ara Whakawaiora report (report). The report provides information about the status of Child Health in Hawke's Bay with a description of relevant indicators, equity targets, and current and planned activities to achieve equitable health outcomes for tamariki Māori and other disadvantaged tamariki.

**CONTEXT**

Te Ara Whakawaiora (TAW) was first introduced in 2014 as an equity improvement programme where significant inequities in health outcomes exist between Māori and non-Māori. Following a review in 2018, changes were made to the Te Ara Whakawaiora programme to improve the way child and other health priorities are being actioned, tracked and reported across the organisation. For the first time, Child Health indicators are being collectively reported under a new Child Health TAW report that includes:

- ASH 0 – 4 years
- Breastfeeding
- Oral Health
- Child Healthy Weight

The above indicators were part of the previous TAW reporting, and were included because of their national and local significance. For the purposes of this report they have been retained however, recommendations are made in this report to ensure future indicators remain relevant and applicable to areas disproportionately affecting the health and well-being of tamariki Māori in Hawke's Bay.

**WHY IS THIS INDICATOR IMPORTANT?**

The HBDHB has committed to equitable health outcomes for Māori. Early childhood is recognised as critical to health equity, as children in families with limited economic resources often face multiple physical and psychosocial hardships in early childhood that can impact their health, and can result in lifelong consequences. To advance our committment to equity it is imperative HBDHB health services and programs reflect whānau-centred approches to grow and nuture pepi and tāmariki in a supported way with their whānau.

Evidence supports a number of health and intersectoral inititaives which, when designed well with communities improve maternal and child outcomes. Healthy nutrition including breastfeeding, on time immunisations, raising awareness of family harm, reducing harm from alcohol, tabacco and other drugs, supporting parenting and attachment programs and addressing mental health all reflect protective factors for early childhood. Aligned intersectorial intiatives to raise incomes, improve

housing conditions and provide high quality early childhood education also interact with the health sector to support healthy childhoods. Environments and practices which are responsive and culturally competant enhance health when interwined with Te Ao Māori princples of health and wellbeing.

## IMPLICATIONS

### *Child health kaupapa*

In addition to the actions and activities outlined in this report, a new programme is proposed to establish a Child Health kaupapa with a Child Health Governance group to lead, influence, monitor and track how we develop, deliver, fund, and track child health across our region. This kaupapa will bring a more cohesive and collaborative approach to organising child health activities across the organisation, and will ensure health areas are working unitedly toward equitable health outcomes for tamariki.

It is proposed that the first tranch include: aligning Safe Sleep, Breastfeeding, and Smoking Cessation programmes. There are common risk factors across all three areas impacting on child health outcomes that would benefit from more joined up planning. This first tranch will test out this new approach and identify information needed to track progress and improve the effectiveness of child health services.

Governance and integration of child health indicators to maximise opportunities and leverage potential for targeted and sustainable programs of work is essential. Alongside the Child Health kaupapa we propose a fuller set of indicators reflective of the first 5 years of age be included in the next TAW annual report of Child Health, essentially a child focused Health Equity report to be published annually.

The new Child Health kaupapa is a partnership approach between Primary Care Service, Primary Health Organisation, Māori Health, Population Health, Maternity Services, Children Womens and Communities Services, and will also include community and whānau participation.

### *Annual Planning*

The 2019/20 HBDHB Annual Plan includes measures of Child Wellbeing and intersectorial action of which this annual Child Health TAW report will measure progress of measures of health equity for our tāmariki. By looking at the indicators we gain an understanding of the environments tāmariki are experiencing which impact on their health. A number of these indicators reflect modifiable risk factors and inequities which often have underlying causal links, such as, smoking and unhealthy housing and yet are often looked at in isolation in terms of systems, strategies and monitoring.

### *Inclusion and exclusion of new child health areas*

During the preparation of this report, it has been recommended that the following health areas be considered for inclusion in future Child Health – TAW reports. These areas are requested because of the significant immediate and long-term health and social impacts on tamariki health and well-being:

- Family Violence
- Smokefree
- Immunisation

It is also recommended that Child Healthy Weight be excluded from future reports because equity targets are being met.

## CHILD HEALTH PRIORITY INDICATORS

The table below provides a description of each priority health area, including: the indicator, measure, and the respective Equity Champion.

| Priority | Indicator | Measure | Champion | Responsible Manager/s |
|---|---|---|---|---|
| **Access** *Local Indicator* | Reducing acute admissions of Ambulatory Sensitive Hospitalisations (ASH): | | Chris Ash | Emma Foster Marie Beattie |
| | 1. 0-4 year olds - dental decay, skin conditions, respiratory and ear, nose and throat infections. | ≤82% | | |
| **Breastfeeding** *National Indicator* | Improve breastfeeding rates for children at 6 weeks, 3 months and 6 months: | | Chris McKenna | Shari Tidswell Jules Arthur Charrissa Keenan |
| | 1. % of infants that are exclusively or fully breastfed at 6 weeks of age; | ≥75% | | |
| | 2. % of infants that are exclusively or fully breastfed at 3 months of age; | ≥60% | | |
| | 3. % of infants that are receiving breast milk at 6 months of age (exclusively, fully or partially breastfed) | ≥65% | | |
| **Child Oral Health** *National Indicator* | 1. % of eligible pre-school enrolments in DHB-funded oral health services.<br>2. % of children who are carries free at 5 years of age | ≥95%<br>≥67% | Robin Whyman | Liz Read Charrissa Keenan |
| **Child Healthy Weight** *National Indicator* | % of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions. | ≥95% | Bernard Te Paa | Shari Tidswell |

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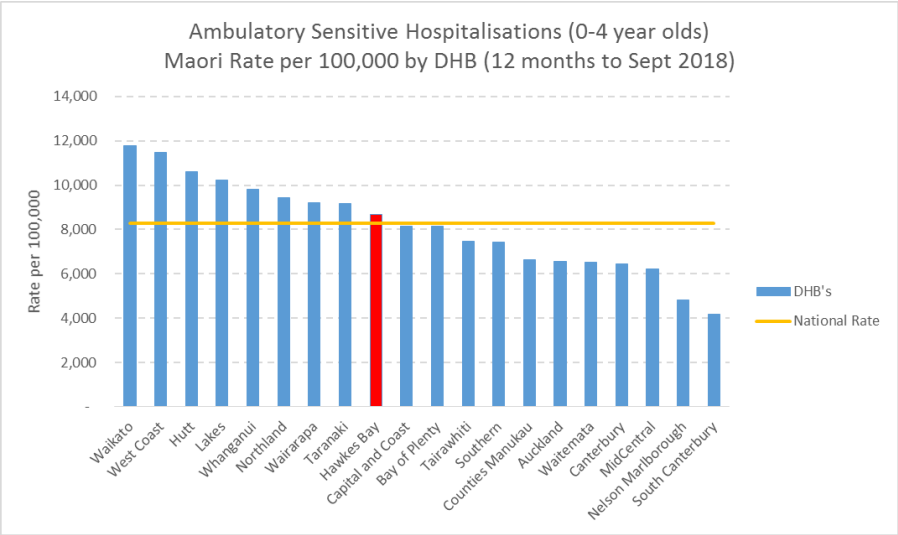
## CHILD HEALTH PRIORITY: AMBULATORY SENSITIVE HOSPITALISATIONS (ASH) CHAMPION'S REVIEW

When compared to national rates, HBDHB ASH rates for tamariki Māori aged 0 – 4 years have worsened over the previous 12 months to September 2018. HBDHB is now ranked 12th compared to 8th in 2017[1].

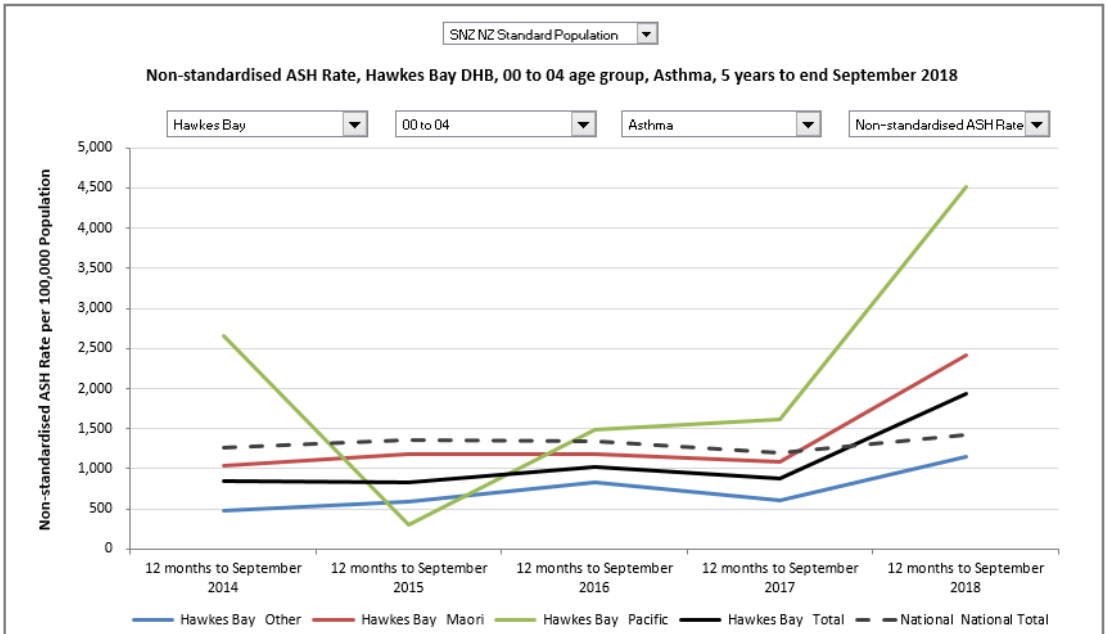



**Graph 4. Hawke's Bay Māori ASH rates 0-4 age group 12 months to September 2018 – Benchmark against DHBs**

### Asthma

The ASH rate for Asthma 0-4 year olds has increased in the 12 month period from September 2017 (882) to September 2018 (1,982). This increase represents an additional 116 children admitted to hospital for asthma. Of these admissions, 67% were tamariki Māori, 28% Pacific children. The Pacific rate is particularly concerning; when compared with 2017 the rate increased by 190%.

[1] ***Note:*** *Data is reported in the non–standardised format for this age band. It is important therefore to examine the number of events over a 12 month period and comparisons to previous periods to get a picture of progress or decline against specific ASH conditions.*



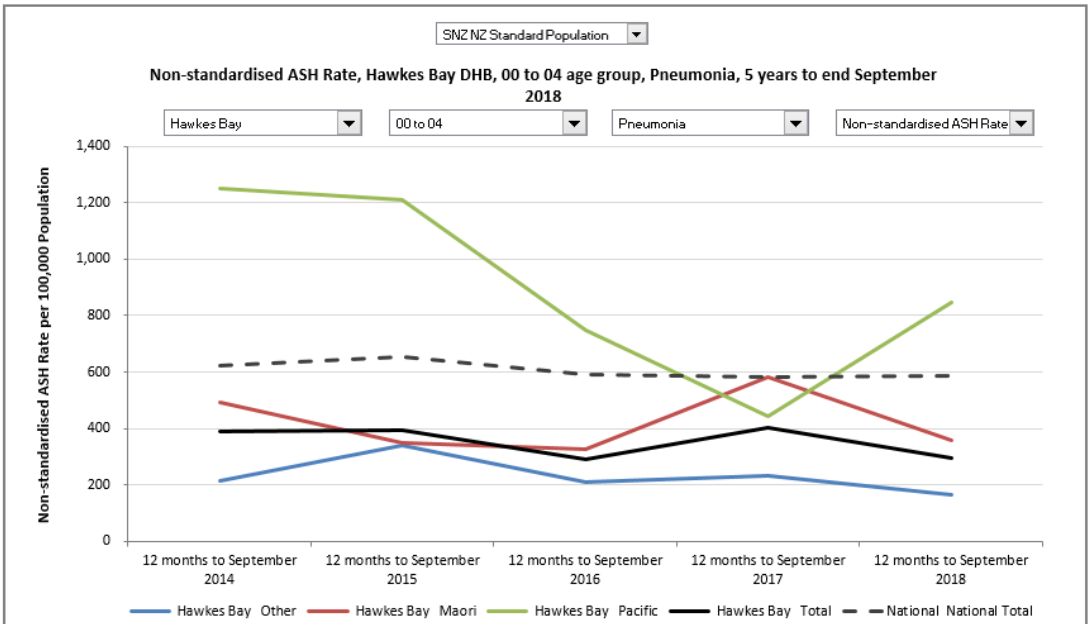

| DHB | Ethnic Group | 12 months to September 2014 | 12 months to September 2015 | 12 months to September 2016 | 12 months to September 2017 | 12 months to September 2018 |
|---|---|---|---|---|---|---|
| Hawkes Bay | Other | 481 | 598 | 827 | 612 | 1,144 |
| Hawkes Bay | Maori | 1,045 | 1,189 | 1,181 | 1,084 | 2,410 |
| Hawkes Bay | Pacific | 2,656 | 303 | 1,493 | 1,618 | 4,507 |
| Hawkes Bay | Total | 840 | 834 | 1,021 | 882 | 1,928 |
| National | Total | 1,269 | 1,362 | 1,342 | 1,204 | 1,425 |

### *Asthma Events*

| DHB | Ethnic Group | 12 months to September 2014 | 12 months to September 2015 | 12 months to September 2016 | 12 months to September 2017 | 12 months to September 2018 |
|---|---|---|---|---|---|---|
| Hawkes Bay | Other | 29 | 35 | 47 | 34 | 62 |
| Hawkes Bay | Maori | 51 | 58 | 58 | 54 | 121 |
| Hawkes Bay | Pacific | 17 | 2 | 10 | 11 | 32 |
| Hawkes Bay | Total | 97 | 95 | 115 | 99 | 215 |
| National | Total | - | - | - | - | - |

### *Pneumonia*

The ASH rate for Pneumonia 0-4 year olds has decreased in the 12 month period from September 2017 (401) to September 2018 (296), this was due to a decrease of 12 events. Despite the overall rate decreasing, Pacific actually had an increase in its ASH rate, this was due to numbers going from 3 (12 months to Sep 2017) to 6 (12 months to Sep 2018). Māori events decreased by 9, from 29 (12 months to Sep 2017) to 18 (12 months to Sep 2018).




| DHB | Ethnic Group | 12 months to September 2014 | 12 months to September 2015 | 12 months to September 2016 | 12 months to September 2017 | 12 months to September 2018 |
|---|---|---|---|---|---|---|
| Hawkes Bay | Other | 216 | 342 | 211 | 234 | 166 |
| Hawkes Bay | Maori | 492 | 348 | 326 | 582 | 359 |
| Hawkes Bay | Pacific | 1,250 | 1,212 | 746 | 441 | 845 |
| Hawkes Bay | Total | 390 | 395 | 293 | 401 | 296 |
| National | Total | 625 | 652 | 591 | 582 | 585 |

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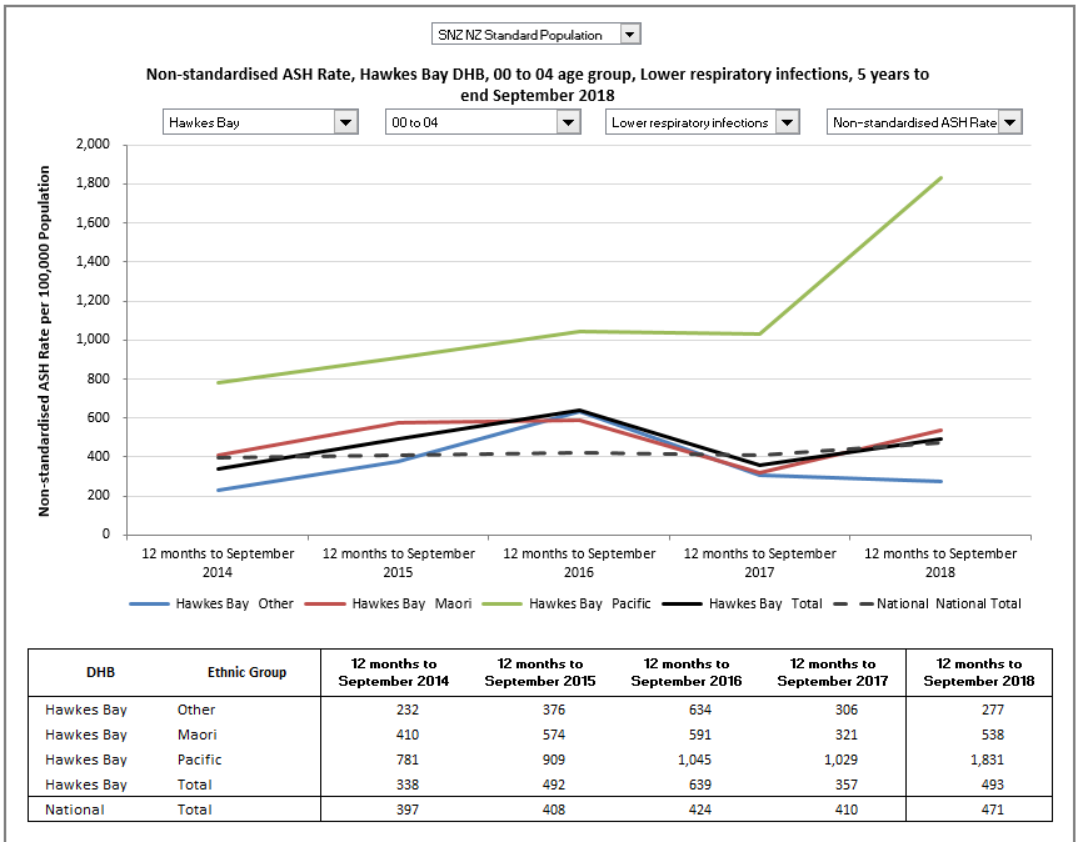
### *Events*

| DHB | Ethnic Group | 12 months to September 2014 | 12 months to September 2015 | 12 months to September 2016 | 12 months to September 2017 | 12 months to September 2018 |
|---|---|---|---|---|---|---|
| Hawkes Bay | Other | 13 | 20 | 12 | 13 | 9 |
| Hawkes Bay | Maori | 24 | 17 | 16 | 29 | 18 |
| Hawkes Bay | Pacific | 8 | 8 | 5 | 3 | 6 |
| Hawkes Bay | Total | 45 | 45 | 33 | 45 | 33 |
| National | Total | - | - | - | - | - |

### *Lower respiratory infections*

The ASH rate for Lower Respiratory Infections 0-4 year olds has increased in the 12 month period from September 2017 (357) to September 2018 (493), this was due to an increase of 15 events. Tamariki Māori saw the largest increase in actual events (11) and Pacific saw the largest increase in rate, this was due to events increasing from 7 (12 months to Sep 2017) to 13 (12 months to Sep 2018).

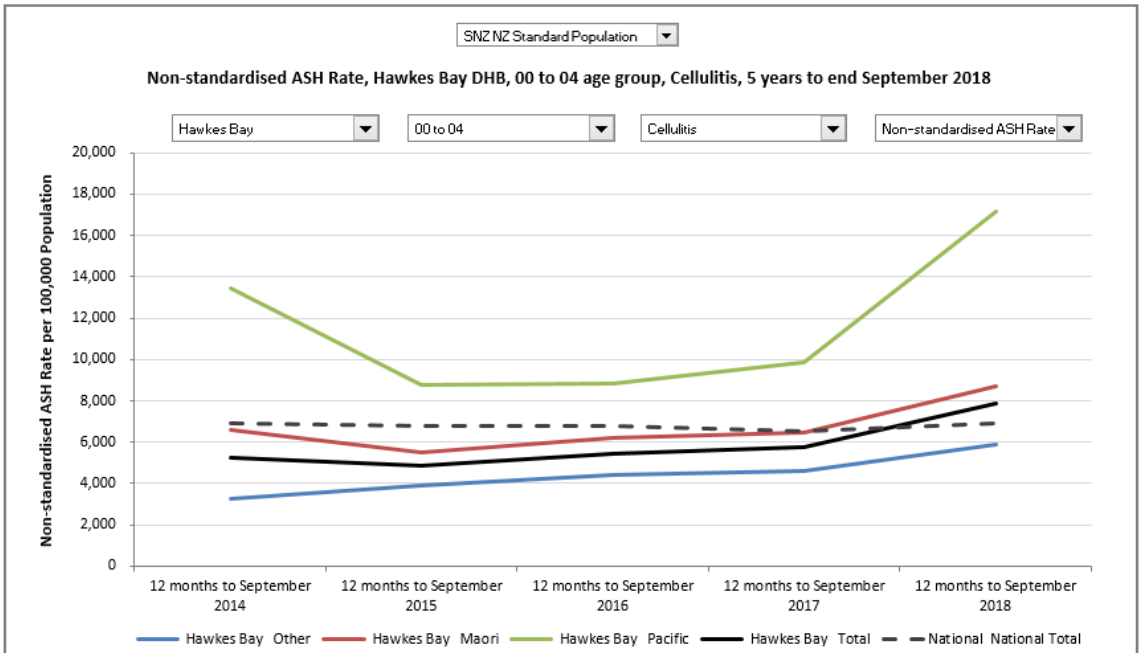



| DHB | Ethnic Group | 12 months to September 2014 | 12 months to September 2015 | 12 months to September 2016 | 12 months to September 2017 | 12 months to September 2018 |
|---|---|---|---|---|---|---|
| Hawkes Bay | Other | 232 | 376 | 634 | 306 | 277 |
| Hawkes Bay | Maori | 410 | 574 | 591 | 321 | 538 |
| Hawkes Bay | Pacific | 781 | 909 | 1,045 | 1,029 | 1,831 |
| Hawkes Bay | Total | 338 | 492 | 639 | 357 | 493 |
| National | Total | 397 | 408 | 424 | 410 | 471 |

## *Events*

| DHB | Ethnic Group | 12 months to September 2014 | 12 months to September 2015 | 12 months to September 2016 | 12 months to September 2017 | 12 months to September 2018 |
|---|---|---|---|---|---|---|
| Hawkes Bay | Other | 14 | 22 | 36 | 17 | 15 |
| Hawkes Bay | Maori | 20 | 28 | 29 | 16 | 27 |
| Hawkes Bay | Pacific | 5 | 6 | 7 | 7 | 13 |
| Hawkes Bay | Total | 39 | 56 | 72 | 40 | 55 |
| National | Total | - | - | - | - | - |

## *Cellulitis*




| DHB | Ethnic Group | 12 months to September 2014 | 12 months to September 2015 | 12 months to September 2016 | 12 months to September 2017 | 12 months to September 2018 |
|---|---|---|---|---|---|---|
| Hawkes Bay | Other | 3,267 | 3,880 | 4,419 | 4,604 | 5,886 |
| Hawkes Bay | Maori | 6,619 | 5,512 | 6,191 | 6,486 | 8,685 |
| Hawkes Bay | Pacific | 13,438 | 8,788 | 8,806 | 9,853 | 17,183 |
| Hawkes Bay | Total | 5,247 | 4,864 | 5,453 | 5,758 | 7,865 |
| National | Total | 6,880 | 6,753 | 6,804 | 6,499 | 6,925 |

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***Events***

| DHB | Ethnic Group | 12 months to September 2014 | 12 months to September 2015 | 12 months to September 2016 | 12 months to September 2017 | 12 months to September 2018 |
|---|---|---|---|---|---|---|
| Hawkes Bay | Other | 197 | 227 | 251 | 256 | 319 |
| Hawkes Bay | Maori | 323 | 269 | 304 | 323 | 436 |
| Hawkes Bay | Pacific | 86 | 58 | 59 | 67 | 122 |
| Hawkes Bay | Total | 606 | 554 | 614 | 646 | 877 |
| National | Total | - | - | - | - | - |

The ASH rate for Cellulitis 0-4 year olds has increased in the 12 month period from September 2017 (5,758) to September 2018 (7,865), this was due to an increase of 231 events. Tamariki Māori saw the largest increase in actual events (113) and Pacific saw the largest increase in rate, this was due to events going from 67 (12 months to Sep 2017) to 122 (12 months to Sep 2018) a 82% increase.

## CHAMPION'S REPORT OF ACTIVITY TO INCREASE PERFORMANCE OF THIS INDICATOR ANALYSIS AND ADVICE: ASH 0 – 4 YEARS

### Respiratory support for tamariki and their whānau

Following a 2017 review of the ASH 0 – 4 respiratory care pathway an action plan was developed to provide better, responsive, and appropriate support for tamariki and their whānau with a respiratory illness. Overseen by an ASH 0 – 4 Respiratory Working Group, actions implemented in the previous 12 months include:

- Improvements to the respiratory referral pathway
- Process to ensure every child admitted to hospital receives a referral to the Child Healthy Housing Programme
- Paediatric respiratory training for primary care respiratory nurse champions to improve confidence working with young children

- Improvement to the primary care respiratory care pathway for following up whānau in the community after a hospital admission
- Winter respiratory support pilot programme.

A main finding of the review identified HBDHB do not fund a child respiratory support service. Without any resources or dedicated funding, the Working Group has not been able to implement any actions that have resource implications. To mitigate this lack of prioritisation, Māori health using Well Child Tamariki Ora quality improvement funding, invested in a pilot winter respiratory support service for the 2018 winter months. Whilst the program was postive in regards to the upskilling of staff and kaiawhina in respiratory care for tamarki, the service did not have the intended impact at the whānau level.

***Current activity:*** A main barrier to the winter pilot was the timely access to information from secondary to primary care services to enable immediate support and follow up in the home when the child was sick. Learnings from the pilot have been considered by the ASH 0 – 4 Respiratory Working Group, and plans are underway to deliver a sustainable long term whānau-centred child respiratory support service. The service will be implemented in two phases over the coming 12 months:

- Phase 1) establishment of a Respiratory Resource Nurse Māori to directly support tamariki and their whānau who present to hospital for a respiratory related illness. The service will have a hospital presence but will be the link between secondary care services, whānau in the home, and their primary care provider.
- Phase 2) establishment of a Community based Respiratory Resource Nurse Māori based in primary care but interfacing with whānau and secondary care services.

Tamariki Māori living in Flaxmere disproportionately carry the burden of respiratory illness in Hawke's Bay with higher rates of presentations and admissions than any other group or location. Therefore, in the first instance, the service will support tamariki Māori living in the Flaxmere community.
The ASH 0 – 4 Respiratory Action Plan will also be reviewed and updated.

**Child Healthy Housing program**
The Child Healthy Housing Programme (CHHP) provides access to housing resources for whānau at risk of, or who have, a respiratory illness. Cold, crowded, damp housing leads to child illnesses such as respiratory infections. Key results of the CHHP show:

- 68.5% of all eligible referrals identify as whānau Māori, and 17.5% Pacific. There has been good progress to identify, refer, and assess whānau Māori and Pacific referrals compared to previous years.

In July 2018/19 whānau feedback was sought to gather information about the responsiveness and effectiveness of the CHHP. Feedback from whānau showed:

- 89% felt their home was warmer and dryer; and their children less sick.
- 97% felt they had increased knowledge regarding maintaining a warm dry home
- 16% of tamariki had been admitted to hospital with ASH symptoms since receiving the intervention
- 2 whānau were re-referred to the CHHP as their circumstances had changed.

As housing is such an important determinant of health, the CHHP actively seeks opportunities to engage in other health and non-health areas to collectively work together to improve child health and well-being. These activities, which have a specific goal to improve equitable health outcomes for tamariki Māori include:

- HB Cot Bank – a programme for older pēpi to minimise barriers to access for whānau with limited or no means to provide a safe sleep environment for their babies once they have outgrown the wahakura/pēpi pod.
- 1000's of pairs of Jammies for June were distributed.
- HBDHB Government submissions to property legislation and housing standards have been enhanced with 'reality stories' and advocacy through the programme.
- A collaborative pilot with Habitat for Humanity homes are receiving minor repairs to maintain a thermal envelope and reduce dampness.
- Collaboration with companies/organisations such as Tumu Timbers and Red Cross to attain resources for warm dry homes at very low or no cost to whānau.
- Pathways and relationships with NGO's and Government Organisations, such as MSD, HNZC improves access to services and supports.

***Current activity:*** A comparison of healthy homes program data between 2017/18 and 2018/19 has revealed a 40% increase in eligible referrals that were unable to be contacted/ or disengaged with the CHHP (17 to 42 whānau). An investigation to find out what is happening, and how we can improve this, is planned.

**Supporting tamariki and their whānau with skin infections**

The HBDHB Skin program aims to reduce admissions to hospital for skin infections and infestations. The programme promotes healthy skin, providing appropriate resources to support whānau with preventative measures, and facilitating access to early treatment.



After feedback from the Early Childhood Education Centres (ECE's) including Kohanga Reo, flip charts and talk cards have been produced in Te Reo Māori, Samoan and English. Resources have been distributed in each language to all education settings via Public Health Nurses who are trained to work with kaimahi. The resources are also available through outreach immunizations, B4 School Checks, Māori health providers, and have also been requested and shared with other regions. The program has also established links with Kidscan to support a head lice prevention pilot in seven ECEs that include Kōhanga Reo and Pacific Language Nests. The pilot involves education for staff regarding the treatment and prevention of head lice.

Tamariki aged 0 – 4 years can now access treatment for impetigo, boils, cellulitis, head lice and scabies when their older siblings are identified with skin infections at school. PHN with standing orders are able to provide treatment directly to whānau on the day. The Schools involved in the programme are targeted to low decile schools that have 1 – 2 visits per week by a PHN. Tracking ethnicity data for tamariki accessing this service is being investigated.

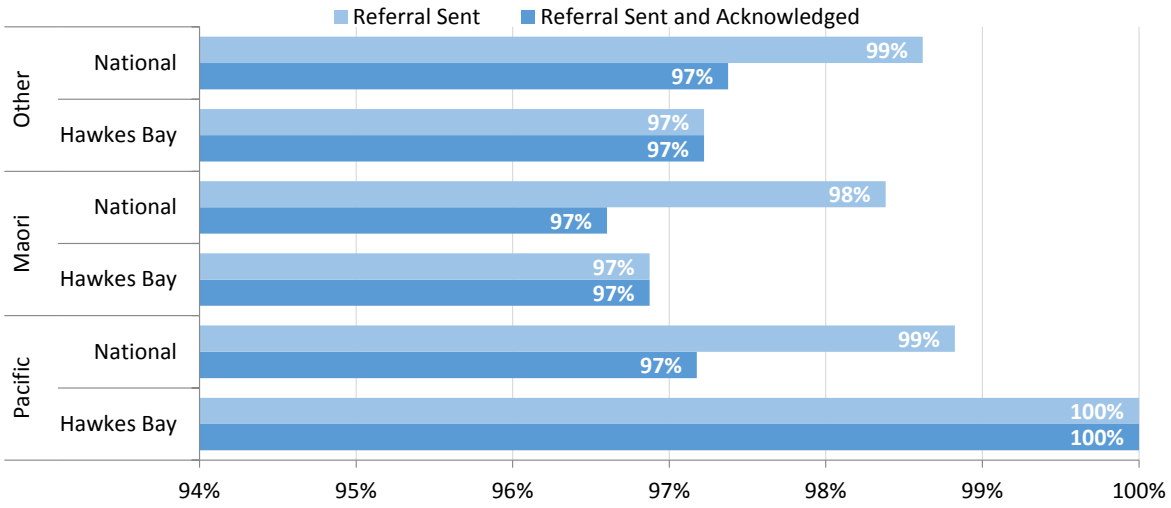
***Current activity:*** An audit is underway for an in depth analysis of ASH rates for children admitted to hospital with preventable and/or recurrent skin infections and infestations. This will identify equity gaps for tamariki Māori.

**Equitable immunisation rates**

Childhood immunisation significantly reduces pneumonia and lower respiratory infections in children. Hawke's Bay continues to maintain equitable immunisation rates for tamariki Māori. However , one area of being monitored is the declining immunisation rates in infants aged under 8 months. 89.8% of infants were up to date with their immunisations at 8 months in the quarter ending 31 March 2019, down 3.5% from the previous quarter. Immunisation coverage is influenced by a complex mix of social, behavioural, demographic and structural factors. Immunisation data should be included in the proposed wider set of indicators for Child Health - TAW.

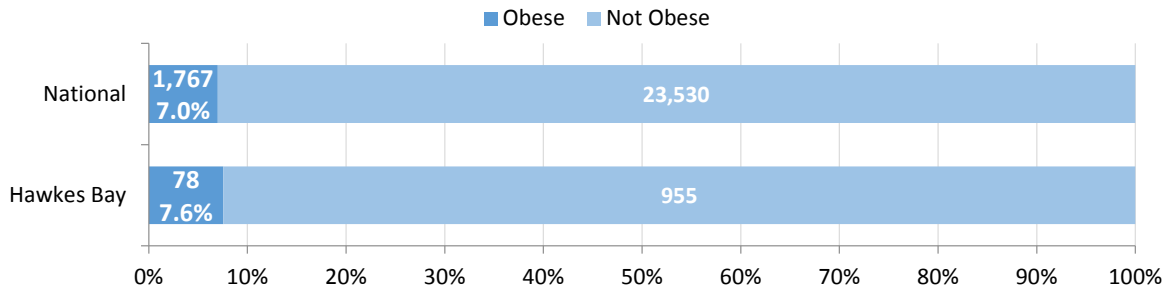
**CHILD HEALTH PRIORITY: CHILD HEALTHY WEIGHT CHAMPION'S REVIEW**

The national target for child healthy weight is - 95% of all children identified as obese are referred to a health professional for follow up support. The graph below shows that of the eligible tamariki Māori, 97% were referred for follow up support, and that referral was received. There is no equity gap for this target and the target has been consistently achieved for over a year.



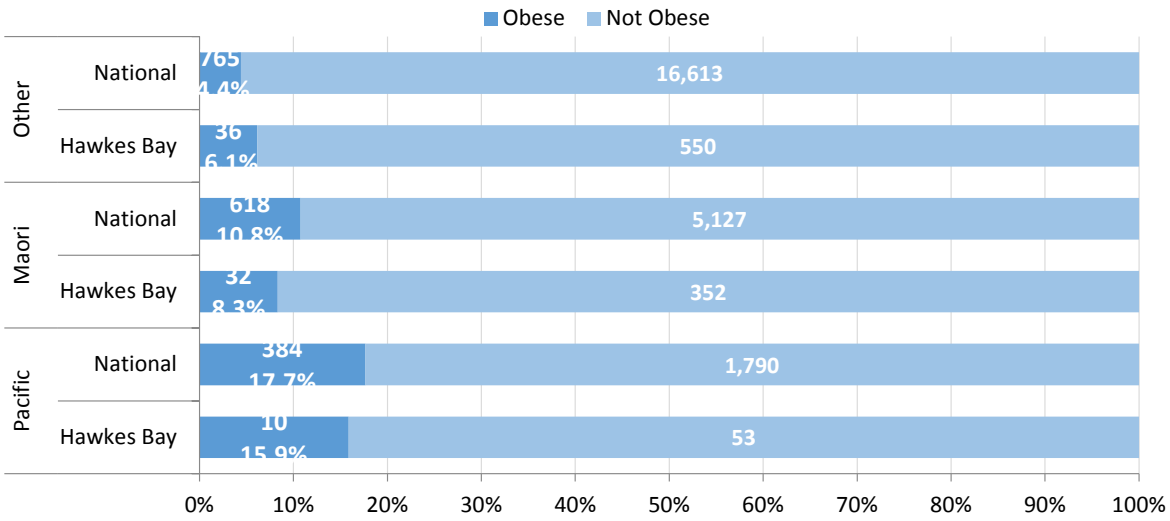

**Graph 1: Child Healthy Weight Referrals sent.**

Data collected at the Before School Check at age 4 years shows a continued decline in obesity rates in this age group at 7.6% for this quarter, and Hawke's Bay is moving closer toward the national average of 7%.




**Graph 2: B4 school check percentage of tamariki Obese national versus HB comparison.**

Graph 3 below shows tamariki Māori (8.3%) and Pasifika (15.9%) rates for obesity are lower than the national average (Māori 10.8% and Pasifika 17.7%). However, the small numbers for Hawke's Bay will require ongoing monitoring of this trend, but it is positive to see HBDHB moving toward a child health vision where ***every*** tamariki Māori gets a healthy start in the first four years of life.




**Graph 3: B4 School check percentage of Obese tamariki in Hawke's Bay data by ethnicity.**

## CHAMPION'S REPORT OF ACTIVITY TO INCREASE PERFORMANCE OF THIS INDICATOR: ANALYSIS AND ADVICE: CHILD HEALTHY WEIGHT

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Since 2016, HBDHB has continued to implement the HBDHB Best Start: healthy nutriton and activity Plan. The Plan delivers actions to support equitable healthy weight in four areas:

**Increase healthy eating and activity environments:** School programmes to support healthy environments in and around education settings. Early Childhood providers are using a healthy conversation tool to use with whānau to support healthy eating in early childhood. The tool was codesigned with Māori parents and Pacific parents. The next step is to work with Kohanga Reo to develop a reo/tikanga based tool.

**Develop and deliver prevention programmes:** supporting ante-natal programmes to support māmā to have a healthy pregnancy, including access to the Maternal GRx programme. Active Families programmes via Sport HB and Iron Māori are also funded for whānau. All programmes have achieved their Māori engagement targets. Active Families under 5 years has 82% Māori referral rates and for Maternal GRx 42% of hapū māmā referrals are Māori.

**Intervention to support children to have healthy weight** in the last 12 months an evaluation of Before School Check referrals has been completed to inform equity based improvements. A number of changes have been subsequently implemented including the referral pathway to ensure informed whānau decision making, and a new referral pathway for school aged children identified as needing supporting to achieve healthy weight. The evaluation targeted whānau Māori input and their feedback has been incorporated accordingly.

**Provide leadership in healthy eating:** a water only policy has been implemented in the Paediatric Ward. Besides the fact that fizzy drinks have no nutritional value, and are a major cause of tooth decay and a contributor to dental hospitalisations under GA, it was agreed it would not be appropriate to have fizzy drinks on the children's ward. Overall, whānau and staff have been receptive and supportive of the policy. HBDHB is considering extending the policy to other areas. HBDHB is supporting contracted providers to develop healthy weight policies.

## CHILD HEALTH PRIORITY: BREASTFEEDING CHAMPIONS REVIEW

| | Target | Total | Māori | Pacific | High dep | National |
|---|---|---|---|---|---|---|
| Jun-18 | 70% | 52% | 36% | 35% | 44% | 59% |
| Dec-18 | 70% | 57% | 43% | 58% | 46% | 58% |

December 2018 data shows an increase in the breastfeeding rate at 3 months old across all ethnicities and high deprivation groups. However, there is a persistent equity gap still evident across all these groups, and still well below the national rate, and national target of 70%.

**CHAMPION'S REPORT OF ACTIVITY TO INCREASE PERFORMANCE OF THIS INDICATOR ANALYSIS AND ADVICE: BREASTFEEDING**

HBDHB is undertaking a program of work that reflects our commitment to achieving equitable breastfeeding outcomes for Māori and also alignment of Child Health indicators. To inform our decision making and to improve our response to māmā Māori and their whānau, interviews with fifty māmā Māori from a 2017/18 birth cohort were conducted in September 2018. Breastfeeding issues and a lack of breastfeeding support was one of the main challenges māmā identified after the birth of their baby. Māmā expressed feelings of confusion and isolation during this difficult time but also desperately wanting to do their best for pēpi.

Maternity Service, Population Health, Primary Care, and Māori Health are working closely to better design and deliver breastfeeding support for māmā Māori. A main piece of work ahead is the proposed establishment of a Child Health kaupapa; breastfeeding will be included under this umbrella of work. Activities to date are outlined below.

***Māori Breastfeeding Support Service***
Māori Health has invested in a whānau-centred breastfeeding support service for māmā Māori delivered by all three Well Child Tamariki Ora services. The service is delivered by lactation consultant and/or peer support outreach to whānau in the home and community settings. The service provides added support targeted specifically to whānau Māori to help establish and maintain breastfeeding through those first few months. The services have only been in place since October/November 2018 but are already reporting positive activities and feedback from whānau, including:

- Visits in the home are good with a māmā sharing, '*Thank you for your help today…it means a lot that you came over*'. Visits in the home also enables other whānau to be present and involved. Whānau are willing and eager to gain knowledge and how to support māmā and pēpi
- Māmā are using texting to communicate with the LC to share how their breastfeeding is going, which also allows the LC to adapt support for māmā as needed
- Māmā are expressing that the ongoing support phone calls are appreciated as they feel valued and supported during times of vulnerability and uncertainty.

***Current activities***: growing the service to reach māmā that need breastfeeding support, establishing and embedding referrals pathways, collaboration with the other WCTO breastfeeding support services. Actions are also underway to improve mental health support for māmā.

***Hospital to Home – Breastfeeding support***
An aligned investment from population health into the community midwifery team was to support transition from hospital to home with increased visits available for breastfeeding to determine if more time spent post natal with women in the home improved rates. Due to staff pressures in midwifery this position has not been realized.

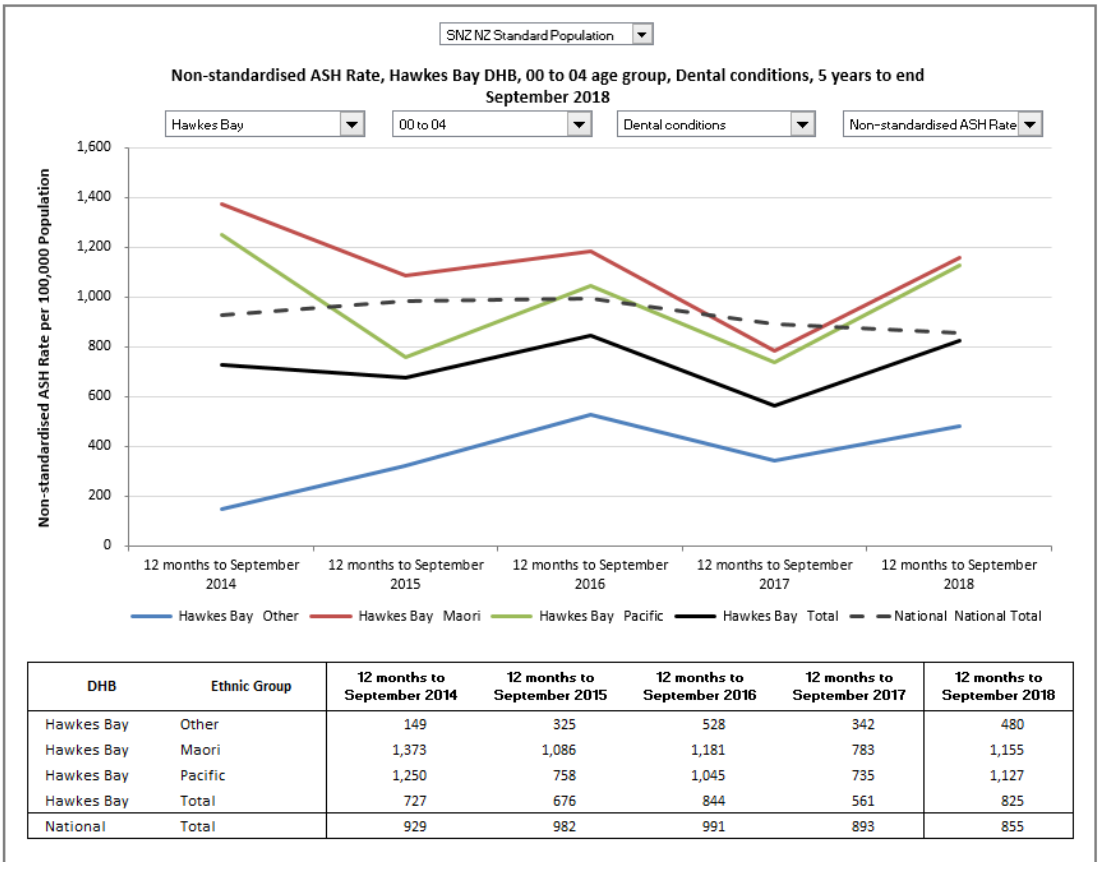
***Current activity:*** Previous investment recommendations for a Kaiawhina role to actively engage with māmā and provide a defined early post-natal resource dedicated to breastfeeding and an engagement point between LMCs, Maternity Services and the community based support services are being re-scoped.

**Kaupapa Māori Health Programmes**

Two Māori health providers are currently in the process of developing Kaupapa Māori Maternal Health Programmes. The programmes will have a specific emphasis on breastfeeding support for māmā Māori, and to work with whānau to identify any unmet needs. One of the providers is due to start the programme by 1 July 2019, the other will likely be in 2020.

Whanake te Kura is the HBDHB funded ante-natal education programme. Delivered by a local Māori health provider, the programme includes information to support establishing and maintaining breastfeeding, and where to go for breastfeeding support. The programme is receiving very positive feedback from whānau.

## CHILD HEALTH PRIORITY: DENTAL CHAMPION'S REVIEW



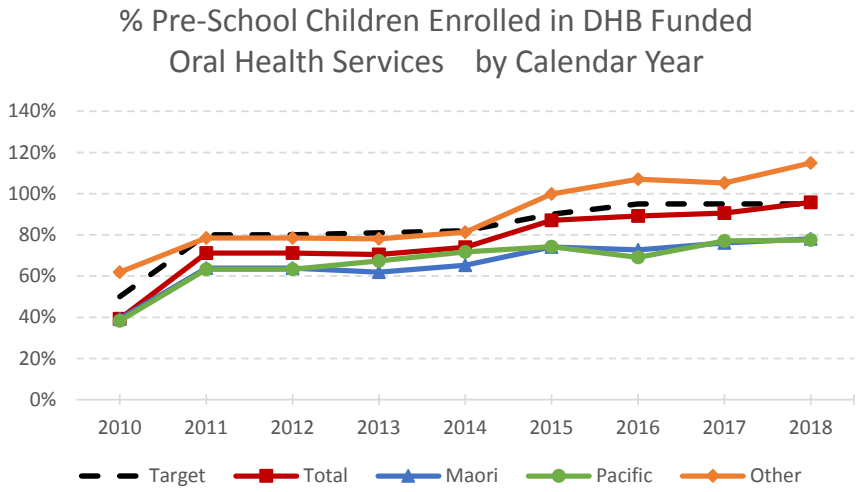

| DHB | Ethnic Group | 12 months to September 2014 | 12 months to September 2015 | 12 months to September 2016 | 12 months to September 2017 | 12 months to September 2018 |
|---|---|---|---|---|---|---|
| Hawkes Bay | Other | 149 | 325 | 528 | 342 | 480 |
| Hawkes Bay | Maori | 1,373 | 1,086 | 1,181 | 783 | 1,155 |
| Hawkes Bay | Pacific | 1,250 | 758 | 1,045 | 735 | 1,127 |
| Hawkes Bay | Total | 727 | 676 | 844 | 561 | 825 |
| National | Total | 929 | 982 | 991 | 893 | 855 |

***Events***

| DHB | Ethnic Group | 12 months to September 2014 | 12 months to September 2015 | 12 months to September 2016 | 12 months to September 2017 | 12 months to September 2018 |
|---|---|---|---|---|---|---|
| Hawkes Bay | Other | 9 | 19 | 30 | 19 | 26 |
| Hawkes Bay | Maori | 67 | 53 | 58 | 39 | 58 |
| Hawkes Bay | Pacific | 8 | 5 | 7 | 5 | 8 |
| Hawkes Bay | Total | 84 | 77 | 95 | 63 | 92 |
| National | Total | - | - | - | - | - |

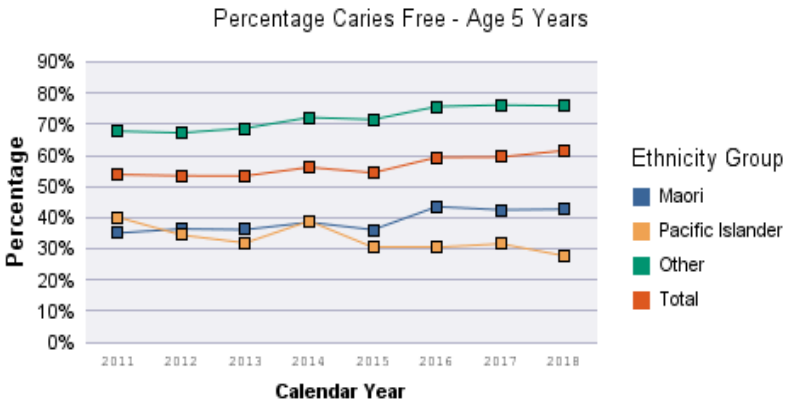
The ASH rate for Dental 0-4 year olds has increased in the 12 month period from September 2017 (561) to September 2018 (825), this was due to an increase of 29 events or an additional 29 tamariki admitted to hospital for dental under a general anaesthetic. Māori saw the largest increase in actual

events at 65% (19) and Pacific saw the largest increase in rate, this was due to events increasing from 5 (12 months to Sep 2017) to 8 (12 months to Sep 2018).




| | Target | Total | Māori | Pacific | Other |
|---|---|---|---|---|---|
| 2010 | 50% | 39% | 39% | 38% | 62% |
| 2011 | 80% | 71% | 64% | 63% | 78% |
| 2012 | 80% | 71% | 64% | 63% | 78% |
| 2013 | 81% | 70% | 62% | 67% | 78% |
| 2014 | 82% | 74% | 65% | 72% | 81% |
| 2015 | 90% | 87% | 74% | 74% | 100% |
| 2016 | 95% | 89% | 73% | 69% | 107% |
| 2017 | 95% | 91% | 76% | 77% | 105% |
| 2018 | 95% | 96% | 78% | 77% | 115% |

It is pleasing to note the target of 95% enrolment has been meet, although with caution due to data challenge. The data challenges are evident from the recording of 115% of tamariki identified as Other. This is being actively addressed within both the Oral Health Service and Information Services. Previous work in 2017 checked that the Oral Health database is capturing the correct ethnicity as provided to Oral health. The concern remains accuracy of the denominator used to calculate the indicator which is externally provided from Ministry of Health data, or the accuracy of initial ethnicity capture at time of birth and used for quadruple enrolment of children at birth in HB health services.




| % Caries Free | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|---|---|---|---|
| Māori | 35.1% | 36.4% | 36.2% | 38.5% | 36.1% | 43.5% | 42.5% | 42.7% |
| Pacific Islander | 40.2% | 34.4% | 31.9% | 38.9% | 30.5% | 30.5% | 31.6% | 27.8% |
| Other | 67.3% | 65.5% | 66.9% | 70.8% | 70.1% | 74.2% | 75.1% | 75.2% |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Total:** | **53.8%** | **53.5%** | **53.4%** | **56.2%** | **54.4%** | **59.4%** | **59.5%** | **61.6%** |

The target of 67% caries free has not yet been achieved for Māori or Pacific children, and results for both groups remain particularly concerning. A small closure of the inequity of Māori to Other in the 2016 period has been maintained but not improved. The inequity for Pacific children may have increased in 2018, although very small numbers in this group do cause greater year to year data movements.

The percentage of children caries free (decay free) at 5 years measures the proportion of children that are 5 years of age, and commencing school education without dental decay severe enough to have caused cavitation (holes) to develop in the primary teeth. Caries free at 5 years is an important indicator as longitudinal studies indicate that children with good early childhood oral health have improved Year 8, adolescent and adult oral health. Children that are free of dental decay in the preschool and early primary school years are also less disrupted with education, eating and sleeping and have better general health.

**CHAMPION'S REPORT OF ACTIVITY TO INCREASE PERFORMANCE OF THIS INDICATOR ANALYSIS AND ADVICE: ORAL HEALTH**



There is a stronger focus on equity within the Oral Health Service with concerted effort to deliver an whānau responsive, interdisciplinary, community engaged approach to the design and continuous improvement of oral health delivery.

A preventive clinical practice and a service focus on equity also exists in the context of the complex interplay of societal factors that affect oral health. The importance of ongoing DHB influences on improving these for tamariki cannot be underestimated when considering the oral health outcomes at 5 years. Environmental influences are also important. The caries free outcomes have been achieved in an environment of loss of access to community water fluoridation in Hastings during 2017 and 2018, and therefore no community water fluoridation across the whole DHB in that time. Specific assessment of the Hastings results for caries free Māori 5-year-olds indicates that the proportion of children caries free plateaued during that time following several years of sustained small improvements. In Central Hawke's Bay it appears the losses in the proportion of caries free Māori 5-year-old children sustained in the 2013-2016 period have continued through 2017 and 2018.

***Enrolment***

There remains a potentially significant opportunity to progress enrolments for tamariki Māori, which do trend positively, but an apparent inequity between Māori and Other remains, contingent upon the data quality. Several workstreams within the Communities Women and Children Directorate's Oral Health Equity Under 5 years five project specifically target enrolment and we would expect to observe improvements, provided data quality can be assured.

Activity planned to support these indicators has been progressed since that outlined within the 2017 report. Many of the activities are now business as usual with an ongoing continuous improvement focus to ensure they are meeting expected outcomes. These include:

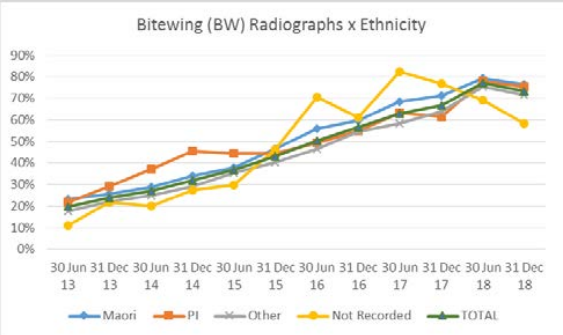
- Quadruple enrolment in the oral health service from birth, alongside enrolment for primary care, Well Child/Tamariki Oral and immunisation services.
- Population health strategies, including the delivery of oral health key messaging at other health touchpoints – including the Before School Check

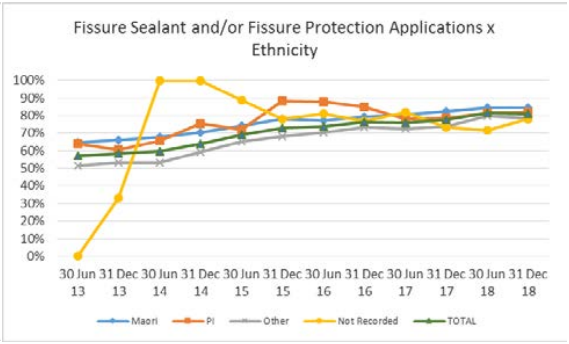
***Oral health prevention***

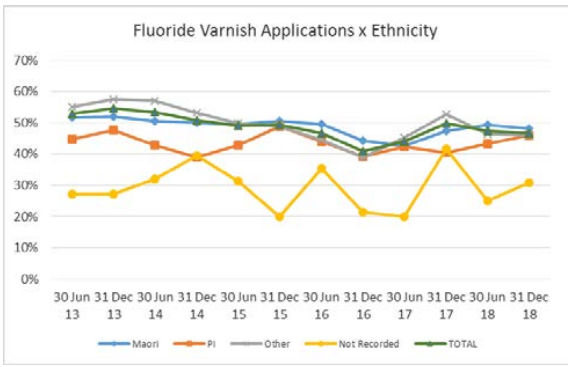
In 2018, the focus was on ensuring preventive practice continued to strengthen across the Community Oral Health Service. The use of preventive clinical care measures including fluoride varnish, fissure sealants, and radiographs are monitored on an individual therapist level, with positive trends noted across the service. The aim of this activity is to ensure individual clinicians focus their clinical activity

on preventive oral health care, and not just interventional treatments. It also aims to ensure clinicians consider equity at a clinical level in their day to day work.

This ongoing work commenced in 2015-16 with a focus on three key quality indicators led by the Clinical Director. Progress is reflected in these graphs. Pleasingly these demonstrate that the highest rates of preventive interventions are provided for Māori and Pacific tamariki and that particularly for use of fluoride varnish in 4 -year-old children the use for Māori and Pacific children has increased to levels consistent with appropriate consideration of clinical risk of dental caries and equity.




We are anticipating a further increase in the use of Fluoride Varnish now that the Kaiawhina is actively working under Standing Orders to provide Fluoride Varnish applications within community settings. Noting in the first six months of 2018 no fluoride applications were untaken by the Kaiawhina, with 90 in the latter half of 2018, and 80 within the first three months of 2019. The clinical impact of these applications is unlikely to be clearly seen within the 'Caries free' indicator for 2-3 years as it is measured at 5 years of age. The number of tamariki Māori seen within this programme is also increasing as more Kohanga Reo engage, which will also be evident within the enrolled children indicator in time.

The focus of the Kaiawhina has been adjusted to meet the needs of the Community. While remaining focused on improving service utilisation for tamariki Māori (pre-schoolers in particular), most of the work is now through engagement with Te Kohanga Reo, facilitating engagement with the local hubs / mobiles and delivering a preventative package – including fluoride varnish and brushing programmes. The oral health team are seeing the benefits of this work as the oral health of tamariki visiting the clinics has already visibly improved.

The kaiawhinia also accepts referrals from the Outreach Immunisation team, who refer 15 month to 4 year old children who are not engaged with the dental service – these may be children who are new to Hawke's Bay or have changed address, phone numbers etc so have not been able to engage with the dental service easily. In the 12 months ending March 2019, 44 children were referred .

***Equity under 5 years project***

The Under 5 years equity project is the key driver of activities to address the persistent inequities within Community Oral Health Services, although this is supported by additional changes within the service. Key achievements include:

- Ensuring workforce cultural responsiveness – 78.4% have now completed Engaging Effectively with Māori, and 92% Treaty of Waitangi training
- Changes within staffing allocation – to improve ratios of Therapist / tamariki in areas of high need; to provide cover across more work days for example two part-time Therapists now have a Hub open five days / week.
- Community Oral Health Service Model of Care review and decisions
- Te Roopu Mātua – Māori Oral Health Advisory Group
- Water-Only Policy in the Paediatric Services

**Planned activities**

Over the next 12 months a number of activities are planned to ensure we are consistent and persistent in our commitment to improve equitable oral health outcomes for Māori. There is a willingness and recognition across the workforce that 'doing the same thing will produce the same results'. Planned activities include:

- Initial presentation of an Oral Health Business case focused on increasing capacity of the workforce needs to be progressed with additional information
- Continue quality control of the ethnicity coding and patient status accuracy within the oral health patient management system (Titanium)
- Extend capacity of those providing fluoride varnish, exploring opportunities to train others in the application of fluoride varnish. Noting the standing order has provision for dental assistants to undertake this.
- Health HB to trial the 'teething brief' at 5 month immunisation with 2 high needs practices (2019 - 2021)
- Agree recommendations from preschool child GA audit and develop action plan
- Continue to transition clinical service delivery towards a preventive care focus using clinical quality indicators to monitor service performance



**RECOMMENDATION:**

It is recommended that the HB Consumer Council:

1. **Note** the contents of the report.
2. **Note** the planned improvements and activities over the next 12 months to achieve equitable health outcomes for tamariki.
3. **Support** the intention to establish a Child Health kaupapa to bring a more cohesive and collaborative approach to organising child health activities across the organisation.

OURHEALTH
HAWKE'S BAY
Whakawateatia

# 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:

17. **Minutes of Previous Meeting (Public Excluded)**
18. **Matters Arising – review of actions**
19. **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).