



Hawke's Bay Health Consumer Council Meeting

Combining with the Hawke's Bay Clinical Council

Date: Wednesday, 13 March 2019

Meeting: 1.00 pm to 5.00 pm

Venue: Seminar Room, Havelock North Function Centre, Te Mata Road,
Havelock North

Council Members:

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

Apologies:

In Attendance:

Ken Foote, Company Secretary (Co Sec)

Caryn Daum and Nancy Barlow – Consumer Experience Facilitators

Public

MONTHLY MEETING		
Item	Section 1 – Routine	Time (pm)
1.	Karakia Timatanga (Opening) / Reflection	1.00
2.	Apologies	
3.	Interests Register	
4.	Minutes of Previous Meeting	
5.	Matters Arising – Review Actions	
6.	Consumer Council Workplan (monthly)	
7.	Consumer Council's Board Report - February 2018 (public) – information only	
8.	Chair's Report – Rachel Ritchie	1.05
9.	Youth Consumer Council Report – Jemma Russell	
10.	Consumer Experience Facilitators Report – Nancy Barlow / Caryn Daum	
11.	Committee Representatives Feedback	
	Section 2 – Discussion	
12.	Progress on Consumer Council Annual Plan Goals	1.20
13.	General Discussion – new members feedback and then others	1.30
14.	Section 3 – Recommendation to Exclude	

Public Excluded

	Section 4 – Routine	
15.	Minutes of Previous Meeting (public excluded)	
16.	Topics of Interest – Member Issues / Updates	

Public Excluded

COMBINED MEETING WITH HAWKE'S BAY CLINICAL COUNCIL		
17.	Section 5 – Workshop 17.1 Agenda 17.2 Pre-Reading for Workshop	2.00
18.	Meeting closed	5.00

NEXT MEETING:

Thursday, 11 April 2019, Boardroom, 4.00 pm, HBDHB Corporate Office
Cnr Omaha Road & McLeod Street, Hastings

Interest Register

Hawke's Bay Health Consumer Council

Dec 18

Name Consumer Council Member	Interest eg Organisation / Close Family Member	Nature of Interest eg Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of Interest to
Rachel Ritchie (Chair)	Put the Patient First	Involved when group was active	Advocating for Diabetes Patients	Unsure	Real / potential / Perceived
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		

HB Health Consumer Council 13 March 2019 - Interests Register

Name Consumer Council Member	Interest eg Organisation / Close Family Member	Nature of Interest eg Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of Interest to
	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, 14 FEBRUARY 2019 AT 4.00 PM**

PUBLIC

- Present:** Rachel Ritchie (Chair)
Dr Diane Mara (Co-Deputy Chair)
James Henry
Sarah Hansen
Deborah Grace
Wayne Taylor
Dallas Adams
Les Cunningham
Olive Tanielu
Denise Woodhams
Jenny Peters
Sami McIntosh
Gerraldine Tahere
- In Attendance:** Ken Foote, Company Secretary
Caryn Daum – Consumer Experience Facilitators
Nancy Barlow – Consumer Experience Facilitator
- Apologies:** Jemma Russell, Malcolm Dixon (Co-Deputy Chair)

SECTION 1: ROUTINE

1. KARAKIA TIMATANGA (OPENING) / REFLECTION

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

2. APOLOGIES

Apologies were noted as above.

3. INTERESTS REGISTER

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

4. PREVIOUS MINUTES

The minutes of the Hawke's Bay Health Consumer Council meeting held on 6 December 2018 were confirmed as a correct record of the meeting.

Moved by Deborah Grace and seconded by Les Cunningham.

Carried.

5. MATTERS ARISING AND ACTIONS

Item 1: Consumers on Projects

Consumer Experience Facilitators to send list to Council members.

Item 2: Primary Care – PHO Consumer input

Malcolm Dixon and Jenny Peters to meet with Chris Ash.

Item 3: Violence Intervention Programme

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

Item 4: MoH Teleconference re: Planned Care Approach/Framework

Teleconference with MoH held on 26 October. Awaiting feedback from MoH. To remain on matters arising.

Item 5: IT Project Priorities

Chair to follow up.

Item 6: Health Awards Shortlisting / Judging Process

In Chair's report. Actioned. *Item can be closed.*

6. CONSUMER COUNCIL WORK PLAN

The work plan provided in the meeting papers was noted.

7. CONSUMER COUNCIL'S BOARD REPORT

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

8. CHAIR'S REPORT

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

- Acknowledgement of how the sterile equipment issue on Monday 11 February was handled. Rachel Ritchie has watched the video footage and would like to acknowledge that it was a disappointing situation which was handled well by the DHB. Other members acknowledged the nurse that noticed and raised the issue and the accountability taken by the Board. It was noted that there have been positive comments from the community about how the Board fronted this so quickly. A three week internal investigation is underway and Consumer Council will be briefed on the finalised report. The risk is small. This has never happened before and the learnings from this incident should ensure that it does not happen again.
- CEO is keen for changes to the Health Awards. Kate Coley will be heading this work.
- Met with Wayne Woolrich, the CEO from PHO in regards to working together more. There is a place for an observer from the PHO to attend Council meetings and Wayne Woolrich expressed commitment to work with Consumer Council. Chair and Debs Higgins to follow up. Big changes and some real impact in health outcomes will be in primary care, so we need to work closely with them.
- Thank you to the members who were able to provide their feedback about Consumer Engagement to Nancy and Caryn. Please do let the facilitators know if you are unable to respond within timeframe or have any questions.

9. YOUTH CONSUMER COUNCIL (YCC) REPORT

No report from YCC this month.

10. CONSUMER EXPERIENCE FACILITATORS REPORT

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

- Request for a Consumer Council member to join a new Steering Group to co-design implementation plan of how to roll out HQSC “Serious Illness Conversation Guide” across the sector. Time commitment will be 1 meeting for 1 hour every 2 months. (Information about Serious illness conversation – Part of the HQSC initiative about Early Warning Score and Advanced Care Planning). Where a patient has a condition that cannot be fixed, difficult conversations need to happen. This implementation group is being formed to ensure clinicians are having these conversations with consumers. It is likely to be piloted with Palliative Care teams across Hawke’s Bay. **Action: details to be sent to Council.**
- Requested interest in BUILD training and times and dates that would suit council members.
- Diane and Denise attended RCP Training and found it valuable to sit beside people working at the DHB and listen to their experiences. Clinicians also got a lot out of Consumer input. It was a real partnership. Both noted that they would like to see the consumer voice on any changes made to RCP training.

11. COMMITTEE REPRESENTATIVE FEEDBACK

- **Deborah Grace – PAG** have voiced that consumers are sick of being asked for feedback and not seeing any actions. Summarised situation: If the DHB ask for feedback, the organisation needs to make sure they have the appetite and resource to follow through with improvements.

SECTION 2: PRESENTATIONS

12. STRATEGIC PLANNING UPDATE - POST CLINICAL SERVICES PLAN

The Chair welcomed Kate Rawstron, Manager - Project Management Office to the meeting. A presentation was provided. Keys points noted:

- Two documents have been developed, a 10 year HB Health Strategy and a 5 year Implementation plan.
- The HB Health Strategy consolidates multiple documents (including CSP, Big Listen, People Plan, Korero Mai) and aligns resources to work together effectively to achieve the most important things. Strategy working group, EMT, Consumer Council Chair and Board members have been involved in development of the Strategy.
- The Strategy will allow us to communicate our vision and shared purpose with our people and partners across the system.
- Vision and Mission need updating as heard through CSP, Big Listen, Korero Mai and He Ngakau Aotea.
- Consumer Council members have been invited to the Health Leadership forum on 6 March 2019 to review the first draft of the strategy. All encouraged to attend and provide feedback
- Strategy due to be completed by April 2019
- The Implementation plan will incorporate plans, action plans and activities and will require Consumer Council involvement with co-design.
- First cut of the Implementation plan due May/June 2019.

Questions/comments raised during brief discussion included:

- “How will things look different for consumers” - need to look back to the consumer related commitments and strategies set out in the CSP
- Noted that internal things need to change, for example funding, structure, KPI’s and incentives.
- Need to ensure the focus remains on improved outcomes for consumers.

- Agreed that this is a step in the right direction, with Consumer Council being informed of and invited to provide their feedback.

13. ITS HARD TO ASK

The Chair welcomed Merryn Jones, Clinical Nurse Specialist / Transplant Co-ordinator to the Meeting. A presentation was provided. Keys points noted:

- Merryn Jones' presentation was about examining decision making amongst end stage renal disease patients considering asking friends and family for a kidney.
- Patients find it hard to ask family and friends to donate a kidney.
- More support is needed for people asking for Live Kidney Donation (LKD), including counselling, cultural, psychosocial and spiritual support.
- Work needs to be done in the Health Literacy space to develop tools for screening and education about transplant process, suitable donors and peer support. A tailored support plan for people with poor health literacy or communication barriers.
- At the time of Merryn's research, in ICU only 4% of staff would approach Maori about organ donation of a loved one on life support. More education about organ donation is required for health professionals.
- More resource is required to allow for improvements and more engagement.
- More renal education required at GP level to ensure early referral and transplant benefits
- Merryn Jones will be hosting a regional transplant Hui to up skill and inform health providers about transplant and ways to help increase the rates of transplant for Maori.

A question was raised about BMI requirements for surgery and bias due to many Maori and Pacifica not fitting the criteria. Agreed that this conversation to be taken off line due to time constraints at today's meeting.

The Chair thanked Merryn for the presentation and said it encapsulated P&WCC.

SECTION 3: DISCUSSION

14. DRAFT DISABILITY STRATEGY

Shari Tidswell acknowledged Diane Mara for keeping the work on the Disability Strategy on track. This is a significant document that has been driven by Consumer Council with several members having been involved every step of the way. Diane Mara commended Shari for her consultation throughout the process and also acknowledged the considerable amount of community and consumer input into the Disability Strategy. This strategy is in alignment with the CSP and encompasses everyone from young to old.

Comments noted during discussion included:

- Need to decide 2-3 actions to prioritise
- Need the ability to measure and report. EMT and Clinical Council acknowledge there is IS work required. Data needs to be collected and used to drive improvements.
- Disability type should be captured on ECA, clinicians have recommended a coding report with four categories.
- Resource will be required for coding.
- Feedback – need to capture disability to be able to identify trends in regards to disability.
- Active feedback process suggested (not waiting for complaints)
- Better linkages with community groups with a disability focus
- Mechanisms for reporting back to community groups

The Disability Strategy was then **endorsed** by Council.

Moved by Wayne Taylor and Seconded by Deborah Grace.

Carried.

15. JOINT WORKSHOP DISCUSSION – MEETING WITH CLINICAL COUNCIL IN MARCH ON “PERSON & WHANAU CENTRED CARE IN PRIMARY CARE”

On Wednesday 13 March, the joint workshop will focus on what PWCC will look like in the primary care setting. We need to socialise P&WCC and this is our opportunity to speak out to another audience. Patrick Le Geyt will talk about what can be transferred from NUKA.

Feedback provided included:

- P&WCC diagram and action plan sent out prior to Consumer Council Meeting to be enlarged and circulated
- The action plan is being worked through and is a picture of where we are up to
- Chair has provided comment to Kate Coley and encourages Consumer Council members to forward all comments on P&WCC documents to Nancy and Caryn and cc Rachel.

Action: *P&WCC diagram and action plan to be enlarged and re-sent to members.*

16. CONSUMER ENGAGEMENT

At our December meeting, Ken Foote asked Consumer Council members “What consumer engagement should look like in the future”. Due to time constraints, feedback was requested to the Consumer Experience Facilitators via email.

Feedback received included:

- Involve variety of people in all redesign activities, e.g. governance, clinicians, consumers
- Ensure consumer input at planning stage of all new or re design projects
- Engage with community groups (Cancer society/stroke) access knowledge
- Empower community to be partners in own care
- Redefine consumer role e.g. council, committee representation
- Promote use of support people
- Make champions of clinicians in primary care and use your influence to make changes to how treatment in primary care is provided
- Change for Pacifica community, actions and positive outcomes needed
- Transformation is required, currently the system is not serving the Maori and Pacifica communities
- Clinical champions and consumer champions – share positive stories. “You said/we did”
- Attitude change towards consumers, become a partnership
- Totara Health have implemented CSP on their own. They are putting things in place for an amazing service e.g. Navigators/Consumer voice.

Agreed that Consumer Experience Facilitators summarise themes of what members have said in their responses about what Consumer Engagement should look like in the future.

Action: *Collated responses/themes to be circulated to Council members.*

SECTION 4: INFORMATION ONLY (NO PRESENTERS)

17. NGĀTAHI PROGRESS REPORT – END OF YEAR TWO “VULNERABLE CHILDREN’S WORKFORCE DEVELOPMENT” (ANNUAL UPDATE)

The report was provided for information only. No issues discussed.

18. HBDHB ALCOHOL HARM REDUCTION STRATEGY 2017-22 (SIX MONTH UPDATE)

The report was provided for information only. Engagement with the Consumer Council representative through the initial process was acknowledged.

19. SECTION 5: RECOMMENDATION TO EXCLUDE

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

- 20. Minutes of Previous Meeting (public excluded)
- 21. Matters Arising – Review Actions (public excluded)
- 22. Consumer Council's Board Report – December 2018 (public excluded)
- 23. Topics of Interest – Member Issues / Updates

Moved and carried.

The meeting closed at 6.15 pm.

Confirmed: _____
Chair

Date: _____


HB HEALTH CONSUMER COUNCIL - MATTERS ARISING (Public)

5

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	12/09/17	Consumers on Projects List to be provided to members for their review (Excel document) Provide feedback / advise if any gaps etc to CE Facilitators Updated List to be sent to Council Members	CE Facilitators All Members CE Facilitators	Dec Dec/Jan Feb/Mar	Actioned Actioned Actioned
2	13/9/18	Primary Care – PHO Consumer input A query arose and would be emailed to Chris Ash directly. The question will be formulated by Jenny and Malcolm and would only come back to Consumer Council if there is a need.	J Peters and M Dixon	Feb/Mar	TBC
3	11/10/18	Violence Intervention Programme Consumer input on VIP. VIP being renewed. <i>(Note: to be kept on matters arising for follow up in the New Year).</i>	G Tahere	Feb/Mar 2019	Included on workplan
4	11/10/18	MoH Teleconference re: Planned Care Approach/Framework Awaiting feedback post teleconference from MoH	Company Secretary	Ongoing	Information to be sent to members when received
7	06/12/18	IT Project Priorities Email to request input to be sent to members	Chair	Feb/Mar	Chair to follow up
8	14/02/19	Consumer Engagement “What consumer engagement should look like in the future” Collated responses/themes to be sent to Council Members	CE Facilitators	Feb/Mar	TBC

HB Health Consumer Council 13 March 2019 - Consumer Council Workplan

CONSUMER COUNCIL Workplan as at 6 March 2019 (subject to change)	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	BOARD Meeting date
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept- Mar	13-Mar-19	10-Apr-19	11-Apr-19	27-Mar-19
Te Ara Whakawaiaora - Improving First Specialist Appointment Access (previously did not attend) moved to April 19	10-Apr-19	10-Apr-19	11-Apr-19	27-Mar-19
Te Ara Whakawaiaora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov- March -May (on hold)	10-Apr-19	10-Apr-19	11-Apr-19	24-Apr-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept)	10-Apr-19	10-Apr-19	11-Apr-19	24-Apr-19
Violence Intervention Programme Report Committees reviewed in July - EMT Nov - April19	10-Apr-19	10-Apr-19	11-Apr-19	24-Apr-19
Key Learnings from the Nuka System of Care for Implementation in HBDHB	10-Apr-19	10-Apr-19	11-Apr-19	27-Mar-19
Te Ara Whakawaiaora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-Feb- May	8-May-19	8-May-19	9-May-19	29-May-19
Annual Plan 2019/20 SPEs to Board by end of June (include committees?)	12-Jun-19	12-Jun-19	13-Jun-19	26-Jun-19
People Plan Progress Update Report (6 monthly - Dec, Jun 19)	12-Jun-19	12-Jun-19	13-Jun-19	26-Jun-19
Alcohol Harm Reduction Strategy (6 monthly update) Feb - Aug	14-Aug-19	14-Aug-19	15-Aug-19	28-Aug-19
Annual Plan 2019/20 draft to the Board	14-Aug-19	14-Aug-19	15-Aug-19	28-Aug-19
HB Health Awards - preparation for judging 2019-2020		14-Aug-19	15-Aug-19	28-Aug-19
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept -Mar	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	11-Sep-19	11-Sep-19	12-Sep-19	25-Sep-19
Joint Clinical/Consumer Workshop		13-Nov-19	13-Nov-19	
People Plan Progress Update Report (6 monthly - Dec 19 , Jun)	11-Dec-19	11-Dec-19	12-Dec-19	18-Dec-19

	Hawke's Bay Health Consumer Council 6
	For the attention of: HBDHB Board
Document Owner:	Rachel Ritchie (Chair)
Month:	February 2019
Consideration:	For Information
RECOMMENDATION That the Board Note the contents of this report.	

Council met on Thursday 14 February 2019. An overview of matters discussed is provided below:

CHAIR'S REPORT

Significant issues noted in the Chair's verbal report to Council included:

- Acknowledged that the sterile services issue reported in the media was a disappointing situation that had been handled very well by the DHB
- Report on meeting with the CEO of the PHO to encourage a closer working relationship with Consumer Council
- Progress on getting greater Consumer Council involvement with the Health Awards

COMMITTEE REPRESENTATIVE FEEDBACK

Particular feedback was received from the Partnership Advisory Group expressing general concern about limited actions arising from ongoing engagement. General belief that if the DHB is going to keep asking for feedback, it needs to make sure it has the appetite and resources to follow through with improvements.

STRATEGIC PLANNING UPDATE

Council received and noted a progress update on the development of the Strategic Plan and Implementation plan. Members emphasised the importance of ensuring the plans identified specifically how things will look and feel different for consumers and that improved outcomes for consumers remains the goal. It was noted that many internal things will need to change, including structures, funding, KPIs and incentives.

ITS HARD TO ASK

Merry Jones, Clinical Nurse Specialist / Transplant Co-ordinator, provided a presentation about examining decision making among end stage renal disease patients considering asking friends and family for a kidney, noting how difficult many patients find it 'hard to ask'. Council supported the intent to address this issue, having noted the significant benefits to such patients having access to live donors.

DRAFT DISABILITY STRATEGY

Consumer Council were particularly pleased to receive this Draft Strategy, having initiated and supported its development over the past 12 months. A number of Council members (led by Diane Mara) have worked very closely with DHB staff to ensure this strategy met all the national obligations, linked directly to the CSP and People Plan and most particularly, met the needs of local people with disabilities. The Chair commended everyone involved in this process.

A number of valuable comments were noted during discussion:

- Need to decide 2-3 actions to prioritise
- Need the ability to measure and report. EMT and Clinical Council acknowledge there is IS work required. Data needs to be collected and used to drive improvements.
- Disability type should be captured on ECA, clinicians have recommended a coding report with four categories.
- Resource will be required for coding.
- Feedback – need to capture disability to be able to identify trends in regards to disability.
- Active feedback process suggested (not waiting for complaints)
- Better DHB linkages with community groups with a disability focus
- Mechanisms for reporting back to community groups

The Draft Disability Strategy was then endorsed by Council.

JOINT WORKSHOP DISCUSSION – “PERSON & WHANAU CENTRED CARE IN PRIMARY CARE”

Council briefly discussed the format and content of the combined workshop with Clinical Council to be held in March.

CONSUMER ENGAGEMENT

At Council's December meeting, members were asked “What will consumer engagement look like in the future”. Due to time constraints, feedback was requested to the Consumer Experience Facilitators via email over the Christmas/ New Year period

The significant amount of feedback provided was reviewed and will now be summarised for further consideration and Council endorsement. It will then be submitted into the HBDHB planning processes.

INFORMATION PAPERS

Papers received and noted without any significant comment included:

- Ngatahi Annual Update
- HBDHB Alcohol Harm Reduction Strategy – Six Month Update



CHAIR'S REPORT



YOUTH CONSUMER COUNCIL REPORT

Verbal



CONSUMER EXPERIENCE FACILITATORS REPORT

March 2019

10

Make Health Easy to Understand Framework (MHEtU)

Resources reviewed and developed to make sure the information we provide to our patients and whanau is easy to access, understand and use.

- Reviewed existing material
- MHEtU Toolkit in draft - engaging DHB and Primary services to review content
- Started discussion about incorporating MHEtU with Relationship Centred Practice (RCP) training. Integrated training programmes form a cohesive package that reflect HBDHB's view of PWCC.

Consumer/Patient and their Whanau Experience

- Started discussion with Consumer Experience Committee, Services and PHO about developing a local Consumer Experience Survey for Hawke's Bay, to capture real time feedback appropriate to our demographic. This is dependant on IS support and will require simple analysis and reporting to easily identify improvements for services
- Working with Consumer Experience Committee to look at the most effective way of increasing awareness of and participation in the National Inpatient Experience Survey on appropriate wards
- Discussions with external host of National Inpatient Experience Survey to increase consumer participation.

Community Engagement

- Requested Directorates to advise us of all Projects and programmes across the DHB, so we can support engagement of consumers
- Developing a directory of Community agencies to partner with
- Discussions continue with an external platform provider, which would allow us to gain a better view of our volunteers, their interests, activities they are involved in and hours of voluntary work they have provided.

Resources developed and reviewed to support consumer and service partnership in co design

- Consumer guide
- Guide for services
- Consumer recognition policy
- Fees and expenses policy
- Oversight and management of vouchers policy.

Other

- Met with Pacifica Team about their local survey
- Met with Community Pharmacy about redesign and consumer participation
- Met with Facilities about Way-finding, further meeting to be organised with external provider
- Assisting with development of Consumer Survey development for Pharmacy
- Organising training RCP, BUILD for Consumer Council Members
- Work continues on Feedback Stream of RL6
- New Complaints Advisor started on 25 February.



COMMITTEE REPRESENTATIVE FEEDBACK

HAWKES BAY HEALTH CONSUMER COUNCIL ANNUAL PLAN 2018/19

ACTION/PROGRESS REPORT

OBJECTIVE	PROGRESS TO
1. Actively promote and participate in' co-design processes for: - Mental Health, Youth	
2. Participate in the evolution of primary care and the work of the Primary Care Development Partnership.	
3. Promote and support work on the development of a Disability Strategy for the HB Health sector.	
4. Hold active membership in Clinical Council committees including Consumer Experience Committee.	
5. Actively participate in the People Strategy and Clinical Services Plan development and implementation.	
6. Promote and assist initiatives that make health easy to understand within the sector and community.	
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.	
8. Oversee the provision of consumer feedback and the use of 'consumer stories'.	
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.	
10. Facilitate a focus on disability issues	
11. Support the implementation of the Consumer Engagement Strategy and principles in Hawkes Bay	
12. Further develop and maintain connections with Youth within the community.	
13. Influence the establishment and then participate in regional and national Consumer Advisory Networks.	



GENERAL DISCUSSION



Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

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

- 15. Minutes of Previous Meeting (Public Excluded)**
- 16. Topics of Interest – Member Issues / Updates**
- 17. Workshop with HB Clinical Council**
 - 17.1 Agenda**
 - 17.2 Pre-reading for workshop**

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).

