



# Hawke's Bay Health Consumer Council Meeting

**Date:** Thursday, 15 August 2019

**Meeting:** 4.00 pm to 6.00 pm

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

## Council Members:

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

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

## Apologies:

## 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.	<a href="#">Interests Register</a>	
4.	<a href="#">Minutes of Previous Meeting</a>	
5.	<a href="#">Matters Arising</a> – Review Actions	
6.	<a href="#">Consumer Council Workplan</a>	

7.	<a href="#">Board Report for July</a>	
8.	<a href="#">Chair's Report</a> – Rachel Ritchie - Nominations - Update from Board	4.15
9.	<a href="#">Consumer Experience Facilitators Report</a> – Nancy Barlow / Caryn Daum	4.25
10.	<a href="#">Committee Representatives Feedback</a> - <a href="#">Te Pitau Report July 2019</a> - Uniform committee feedback - NASC Needs Assessor interviews	4.30
<b>Section 2 – For Discussion/Decision</b>		
11.	<a href="#">Consumer Council Annual Plan – finalise 18/19</a> Consumer Council Annual Plan – setting 19/20	4.40
12.	<a href="#">HB Health Awards shortlisting options</a>	5.10
13.	<a href="#">Health Strategy</a> – for approval	5.15
<b>Section 3 – For Information/Discussion</b>		
14.	<a href="#">WAI2575 Treaty Health Claim, Stage 1 Primary Care (presentation)</a> – Patrick le Geyt	5.20
15.	<a href="#">Alcohol Harm Reduction Strategy update</a> – Bernard Te Paa	5.35
16.	<a href="#">Update on Disability Plan (verbal update)</a> – Shari Tidswell	5.45
17.	<a href="#">Annual Plan 19/20</a> – available on request	5.50
18.	<b>Section 4 – <a href="#">Recommendation to Exclude</a></b>	

**Public Excluded**

	<b>Section 4 – Routine</b>	
19.	<a href="#">Minutes of Previous Meeting (public excluded)</a>	5.55
20.	<a href="#">Matters Arising – Review Actions (public excluded)</a> - Nil	
21.	<a href="#">Topics of Interest</a> – Member Issues / Updates	
22.	Karakia Whakamutunga (closing)	

**NEXT MEETING:****Thursday, 12 September 2019, 4.00 pm**

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

# Our shared values and behaviours



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

### Welcoming

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

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

### Respectful

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

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

### Kind

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

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

### Helpful

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

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

## 1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

### Positive

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

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

### Learning

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

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

### Innovating

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

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

### Appreciative

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

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

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

### Listens

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

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

### Communicates

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

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

### Involves

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

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

### Connects

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

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

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

### Professional

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

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

### Safe

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

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

### Efficient

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

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

### Speaks up

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

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

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## Interest Register

## Hawke's Bay Health Consumer Council

03.07.19

Name Consumer Council Member	Interest eg Organisation / Close Family Member	Nature of Interest eg Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of Interest to
Rachel Ritchie (Chair)	Put the Patient First	Involved when group was active	Advocating for Diabetes Patients	Unsure	Real / potential / Perceived
	Sainsbury Logan and Williams, Solicitors	Employee	legal services	Yes	Potential/real as provides legal advice to some health care providers
Malcolm Dixon (Deputy Chair)	Hastings District Councillor	Elected Councillor		No	
	Scott Foundation	Allocation Committee		No	
	HB Medical Research Foundation Inc	Hastings District Council Rep		No	
James Henry	Health Hawke's Bay Ltd	Facilitator	Part-time role. Improving lifestyles for people with chronic illness.	No	
Sarah 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	
Tumama Faioa	Nil				
Daisy Hill	Nil				



**MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL  
HELD IN THE TE WAIORA MEETING ROOM, HAWKE'S BAY DISTRICT HEALTH BOARD  
CORPORATE OFFICE ON THURSDAY, 11 JULY 2019 AT 4.00 PM**

**PUBLIC**

**Present:** Rachel Ritchie (Chair)  
Dr Diane Mara (Co-Deputy Chair)  
James Henry  
Sarah Hansen  
Deborah Grace  
Les Cunningham  
Denise Woodhams  
Sami McIntosh  
Gerraldine Tahere (via teleconference)  
Tumema Faioso  
Daisy Hill

**In Attendance:** Kevin Snee, CEO  
Ken Foote, Company Secretary  
Caryn Daum – Consumer Experience Facilitator  
Jacqui Sanders-Jones, Board Administrator

**Apologies:** Dallas Adams, Malcolm Dixon

**SECTION 1: ROUTINE**

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

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

**2. APOLOGIES**

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

**3. CEO address – moved to General Business in the agenda schedule.**

**4. INTERESTS REGISTER**

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

**5. PREVIOUS MINUTES**

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

Moved: Deborah Grace  
Seconded: Sami McIntosh  
**Carried**

## 6. MATTERS ARISING AND ACTIONS

**Item 1: Violence Intervention Programme** – remains on Matters Arising

**Item 4: MoH Teleconference re: Planned Care Approach/Framework** – reply received from MoH. Final paper on Planned Care Strategic Approach tabled by Ken Foote and shared with members via email following the meeting. Any comments to be forwarded to the Chair. Complete

**Item 5: Consumer Feedback Tools** – agenda item. Complete

## 7. CONSUMER COUNCIL WORK PLAN

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

Chair made comment on the HB Health Strategy stating that as although she summarised the feeling of agreement of the members at last month's meeting, any further feedback could still be sent onto her for forwarding to the Strategy team.

## 8. CONSUMER COUNCIL'S BOARD REPORT

Chair addressed the previously raised public-excluded issue of the Mental Health support line 1737 lacking in responsiveness to texts and calls, and informed the members that she had received feedback from Kerri Gilbert, Suicide Prevention Officer. The 1737 Service had been meeting demand until 15 March (Christchurch shooting event) which impacted heavily on the service as demand grew rapidly. Daisy Hill, Hastings Youth Council representative confirmed that a small group of youth council members would be composing a collaborated response to MoH in regards to this issue with the 1737 service.

**ACTION: Daisy to send a copy of any correspondence to Consumer Council administrator, Jacqui Sanders-Jones so that we can continue to support the Youth Council and monitor response.**

## 9. Consumer Council Annual Plan

Annual Plan 18/19 was reviewed.

Ken Foote, Company Secretary suggested members start to give consideration to the 19/20 Consumer Council Annual Plan.

Under 30 'youth' representative remains as an outstanding position on Consumer Council.

**ACTION Chair to actively follow up on recruitment for this position.**

Consumer Stories and implementation resulting from feedback received was felt to be lacking and it was agreed to bring the 'consumer story and consumer-led outcomes' to Consumer Council every quarter.

**ACTION- for Workplan agenda item every quarter**

**ACTION: Annual Plan Consumer Council 19/20 to be an agenda item for August meeting**

Member comments on future objectives included:

- 'Maintain a representative council as far as possible'
- 'Self-Care & Wellbeing' including recognition of work progression

## 10. CHAIR'S REPORT

Rachel Ritchie as Chair provided an update on activities and information for Council.

Chair thanked Les Cunningham for attending After Hours Care Strategy Group, and noted that Geraldine Tahere would also be attending from next month.



Chair informed members that Clinical Council require Consumer Council liaison and that if members had any interest then please contact Chair directly.

Wairoa and CHB representatives are being actively sought through newspaper advertising this month and an active social media campaign.

Chair gave an update on the progress of the recommendation to Board to adopt the Person & Whanau Centred Care (PWCC) model. Chair explained that although Board agree with the ethos of PWCC, Māori Relationship Board have highlighted that PWCC sits well within their He Ngākau Aotea plan and there was suggestion of using the FTE in a wider context than purely PWCC, concluding that although Board would not support the recommendations this month, the work was ongoing and would be brought back to Board over the next few months to monitor progress.

Chair of Consumer Council and Chair of MRB have planned to meet to connect up the work being done by both councils.

#### **11. CONSUMER EXPERIENCE COMMITTEE REPORT**

Included into Consumer Experience Facilitator Report

#### **12. CONSUMER EXPERIENCE FACILITATORS REPORT**

Caryn Daum, Consumer Experience Facilitator, reported to members that both she and Nancy Barlow had recently been to Wairoa to reach out to networks up there for representation within the Consumer Experience database and to Consumer Council.

It was reported that there was a delay in execution of new event and feedback system so this is now due to roll out 1 October 2019.

An update on activities was provided by Nancy Barlow and Caryn Daum, Consumer Experience Facilitators. Member query on Consumer Charter and Health Literacy Policy working in practice, and response was noted of expectation that each staff member recognises their responsibility in displaying the behaviours outlined in the Charter.

Member passed on thanks to Caryn and Nancy for their work with organising and hosting the Volunteer Celebrations. This event provided good acknowledgment of those who volunteer for the DHB and there was positive feedback from those who attended.

Surgical Services are investigating having a consumer group to work alongside their projects to ensure representation and input and have approached the Consumer Experience Facilitators to help with this community engagement. Agreed by all to be a positive step in recognising the importance of consumer engagement.

#### **13. COMMITTEE REPRESENTATIVE FEEDBACK**

##### **13.1 Te Pitau Health Alliance Governance Group report – report noted.**

Deborah Grace stated that priorities of work within this Alliance were reviewed at the recent meeting held Wed 10 July.

##### **Mental Health & Addictions Redesign recommendation to Te Pitau Health Alliance Governance Group**

It was specifically noted that consumers were involved in the writing of the letter and report to Bayden Barber, even though the recommendation was phrased as being 'from MH&A Clinicians'.

**ACTION: Request for amendment to recommendation to include 'consumers'.**

##### **Other reports from Consumer Council representatives included:**

- **Les Cunningham attended After Hours Service Group** – paper presented on pattern of use in ED. Appeared that people are travelling from Napier to ED out of hours.

Different options for the Hastings model were presented and discussed. Locations being considered for Out of Hours Care include Totara Health, Hastings Health Centre, Shape my Health and HBDHB.

- **Mental Health & Addictions (MH&A) update from Deborah Grace** - WorkSafe notice lifted on 11 June. Unknown if any action will follow. Recognised that a lot of work has gone into addressing the WorkSafe expectations since event last year. Window decals are going into day patient unit and the relaxation unit to enable privacy in these areas. Sharing some of the costs of privacy window installation with DHB.

MH& A have been granted money to recruit further SMOs.

## **SECTION 2: FOR INFORMATION & DISCUSSION**

### **14. CONSUMER FEEDBACK SYSTEM TOOLS & PRESENTATION**

Caryn Daum, Consumer Experience Facilitator presented to Consumer Council with information on results of National Inpatient Experience report. Indicated how well we are performing as a DHB in regards to consumer experiences.

Low SMS response rate with a much higher response rate to email survey requests. IS and Administration Services have worked to ensure we capture email addresses of consumers at DHB and request email addresses from those who haven't in order to maximise participation in surveys.

Working with Primary Care to develop a local survey which can be shared between PHO, HBDHB and other local user groups.

Lowest rating question was in regards to patients being informed of medication side effects to watch for upon discharge home. This has been developed into a Service Level Measure and Consumer Experience Facilitators are working with Pharmacy to address this. This is not currently a requirement on Admit to Discharge forms, however it was noted that the explanation of side effects of prescribed medication must be explained by the prescribing officer, which is usually the doctor/consultant.

Complaints/Compliments this quarter has pleasingly been made up of more compliments. Caryn confirmed that any compliments coming through have been sent through to the directorate teams involved for further sharing.

A copy of the presentation will be included with the minutes to members.

### **15. PHO FLEXIBLE FUNDING – presentation and discussion**

Wayne Woolrich, CEO Health HB (PHO), and Carina Burgess, Group Manager Corporate Services gave a presentation to members to update on the Flexible Funding Pool (FFP) as part of the KPMG Value for Money Review.

\$40m a year is allocated to Health Hawke's Bay (HHB) in government funding, however \$30m of this is assigned to capitation. The scope of this review was to evaluate economy, efficiency, effectiveness and equity of investments across funding streams:

- Services of Improve Access
- Care plus
- Health promotion

As well as review economy and effectiveness of the 11% management fee.

KPMG worked with HHB to assess the value for money of services delivered by the FFP.

Carina Burgess explained the level of engagement across Hawke's Bay, including Wairoa and CHB, so as to ensure the evaluation took into account the demographics of this region.

Key Findings included:

- HHB has the necessary foundations to make lasting and impactful change
- HHB operating model has evolved over time rather than by design and should be reviewed
- There are a number of opportunities for improvement in how decisions are made:
- targeting, vision, co-design, value, governance
- Move contracting mechanisms towards best practice:
- High-trust, relationships, outcomes based, pooled funding

Overall findings were that there were considerable variation, with small programmes being poorly targeted/utilised and that evaluation of programmes was not happening effectively.

Recommendations were presented following this review resulting in the core goal of the PHO being redefined. There will also be review of the current programmes, funding and outcomes to determine best practice and that investment is suitable and logical.

Next steps recognise that consumer and iwi partnership is vital, with steering groups and working groups being set up.

A copy of the presentation will be included with the minutes to members.

## 16. BRIEF ON WAIROA

Chris Ash, Executive Director of Primary Care and Karyn Bousfield, Nurse Director Primary Care were introduced to Consumer Council to give an update on Wairoa services.

Two years ago, Wairoa District Council and community requested government agencies to 'come and observe', and realise a vision for a 'Wairoa which thrived'. HBDHB and other agencies having been working with Community partnership groups to work with whanau in Wairoa over past 2 years. This includes addressing methamphetamine use and pathways into work. Communities felt that health systems have not been working as effectively as whanau wanted.

Maori Health has been using a care improvement tool of having a Hui with whanau groups, offering scenarios and getting conversation going to capture data. Patient stories and whanau voice telling their stories of health system experiences enable a rich source of information and feedback to health services and is being used to form a specific way forward

The Primary Care team are now working towards getting clinicians to address issues and offer solutions for Wairoa. This is starting with whanau voice and there has been a recent successful Hui in Wairoa with clinicians.

The next step is to form a working alliance between whanau and clinicians for future services in Wairoa; bringing these two different strands of 'voice' together.

Member commented that there is a real lack of community-provided services in Wairoa, especially outpatient follow-up services such as physiotherapy, and was pleased that the Primary Care team confirmed they will be addressing this as part of the pathway going forward.

Families supporting whanau (carers) was a strong theme, including access to services and visibility of entitlements. Addiction services available in Wairoa to support addictions in the community was felt to be fairly thin in provision currently, however this topic is highlighted at Te Pitau Alliance Group and work continues with whanau to look for gaps and work towards positive outcomes.

## GENERAL BUSINESS

Chair presented thanks to departing CEO, Kevin Snee for his support in the development of Consumer Council and his continued obvious support of the group.

CEO acknowledged the good work of this council and sincerely thanked the committee for their support of the DHB and the positive changes they have instigated for the users of the services.

**17. SECTION 3: RECOMMENDATION TO EXCLUDE**

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

- 16. Minutes of Previous Meeting (public excluded)
- 17. Matters Arising – Review of Actions - nil
- 18. Topics of Interest – Member Issues/Updates

**Moved:** Les Cunningham

**Seconded:** Deborah Grace

**Carried**

The public meeting closed at 5.56pm

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	<b>Violence Intervention Programme</b> Consumer input on VIP. VIP being renewed. <i>(Note: to be kept on matters arising for follow up in the New Year).</i>	G Tahere	Feb/Mar 2019	Remain as action point
2	11/07/19	<b>1737 support line</b> Daisy Hill to send a copy of any correspondence to Council administrator for continued support and monitoring of response.	D Hill	August 2019	In progress. Youth Council yet to meet
3	11/07/19	<b>20-24 Youth representative for Consumer Council</b> Active recruitment/follow up for this position	Chair	Asap	Ongoing
4	11/07/19	<b>Consumer Story/Consumer led outcomes</b> To be set quarterly onto workplan, beginning October 2019	Jacqui Sanders-Jones & Consumer Experience Facilitators	Asap	Entered onto Workplan – Oct 19 Feb 20 May 20 August 20
5	11/07/19	<b>Consumer Council Annual Plan 19/20</b> Onto workplan for August agenda	Jacqui Sanders-Jones	August 2019	Agenda Item August 19
6	11/07/19	<b>Te Pitau Health Alliance Governance Group Report amendment of recommendation to MH&amp; A Redesign</b> MH& A recommendation to amend phrasing of recommendation in 'letter to Bayden Barber from MH&A Clinicians' to include 'consumers'.	Jacqui Sanders-Jones	Asap	Minutes revised and redistributed to Te Pitau members.




HB Health Consumer Council 15 August 2019 - Consumer Council Workplan

GOVERNANCE WORKPLAN PAPERS									
Updated: 6 August 2019									
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		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			
HB Health Strategy - APPROVAL		Chris Ash	Kate Rawstron	13-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
WAI 2575 Treaty Health Claim – Stage One Primary Care		Patrick LeGeyt		6-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Consumer Council Annual Plan setting 19/20		Ken Foote					15-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			
Clinical Council Annual Plan 2019/2020 discussion on the year ahead		Jules Arthur / John Gommans				11-Sep-19			
Clinical Council Annual General Meeting						11-Sep-19			
Health Certification Audit Findings (sept19)	EM	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	EM	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	EM	Wayne Woolrich		27-Aug-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
Clinical Risk/ Electives explained		Robin Whyman					12-Sep-19		
Membership update to Consumer Council - where are we represented?		Ken Foote					12-Sep-19		
Consumer Engagement Strategy		Kate Coley					12-Sep-19		
Serious Adverse Events FULL REPORT		Robyn Whyman		3-Sep-19		11-Sep-19		25-Sep-19	
CLINICAL & CONSUMER MEETING 9/10 October 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				9-Oct-19			
Consumer Story/Consumer Led Outcomes quarterly updates Oct		Kate Coley	Caryn Daum				9-Oct-19		
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				9-Oct-19		30-Oct-19	
CLINICAL & CONSUMER MEETING 13/14 November 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				13-Nov-19			
Collaborative Pathways update (Nov - May) 6mthly Clinical Council	EM	Mark Peterson	Penny Rongotoa	29-Oct-19		13-Nov-19			
Joint Clinical/Consumer Workshop						13-Nov-19	13-Nov-19		
CLINICAL & CONSUMER MEETING 11/12 December 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				11-Dec-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				11-Dec-19		18-Dec-19	





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

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

## REPORTS

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

- Consumer Experience Facilitators
  - Thanks conveyed for organising and hosting Volunteer Celebration
  - Noted recent visit to Wairoa to reach out to community/consumer networks
  - Noted Surgical Services are investigating establishing a consumer group
- Te Pitau Health Alliance Governance Group
- After Hours Care Service Group – Council requested a second Consumer Council member (Hastings based) for this group as it considers the Hasting after hours service provision. This area is of particular interest to the Council.
- Mental Health and Addictions Partnership Advisory group

## PHO FLEXIBLE FUNDING

The CEO and Group manager Corporate Services from Health Hawkes Bay Ltd, provided a presentation on the PHO Flexible Funding Pool and the outcomes of a recent review of the economy, efficiency, effectiveness and equity of investments made from these funds.

Members appreciated learning about and discussing how these investments contribute to improving the health of the Hawkes Bay population. Members expressed a wish to provide consumer input as part of the refresh of the priorities.

#### **BRIEF ON WAIROA**

Executive Director and Nurse Director Primary Care provided a brief on activities in Wairoa, particularly how HBDHB, HHB and other agencies have been working with the Community Partnership Group. Specifically feedback from the community indicated that health systems in Wairoa have not been working as effectively as whanau wanted. There was therefore the need to bring all parties together to address the issues and plan a way forward.

Council appreciated the brief and the discussion, noting that Wairoa were leading the way in demonstrating how effective community and consumer leadership and engagement, can lead to effective health service design and delivery.

#### **HBDHB CEO**

Council's thanks were extended to the departing CEO for his leadership and encouragement in the development of the Consumer Council and for his continued support. Council was encouraged to hear the CEO's support of the consumer voice in steering groups etc and to be more than one lone voice in a narrative often focussed on system and funding and clinical concerns. Allowing a minimum of two consumers on any groups will help redress the balance.

#### **1737 MENTAL HEALTH SUPPORT LINE**

A general concern was raised last month by the member representing the Hastings District Youth Council about apparent unacceptable response times and general inefficiency of the 1737 Mental Health Support Line. At Consumer Council's request, HBDHB staff had followed up this concern and reported back. Whilst acknowledging the explanations provided by the Support Line (increased demand following the Christchurch shooting), Council agreed to continue support for the Youth Council in urging improved levels of service as significant concerns remain.

#### **WAIROA & CHB CONSUMER COUNCIL MEMBER**

The Council is currently advertising to recruit members from each region. We are finding it increasingly difficult to recruit from CHB and Wairoa.

#### **2019/2020 PLAN**

Initial discussions took place turning our minds to objectives for the next year. We also reviewed progress against objectives for the 2018/2019 year. Whilst there is much progress to make in the consumer engagement and PWCC space, there has also been sound progress as we look back over the 2018/19 objectives. I expect to bring out our 19/20 objectives and review of 18/19 progress against objectives to future board meetings.



## CHAIR'S REPORT





## CONSUMER EXPERIENCE FACILITATORS REPORT

August 2019

9

### Consumer/Patient and their Whanau Experience

- Working with the Health Quality Safety Commission and other DHB's about survey methodology and pre work required to support a new survey (Nga Poutama) of consumers of mental health and addiction services, their families and whanau.
- Attended the first of a series of hui and workshops in Wairoa. A consumer story was shared. Workshop looked at the services that are currently available in Wairoa, where needs are not being met and changes that need to be made.
- Consultation with consumer group to develop survey questions for local survey, which will be aligned to our values and from a partnership in care focus. Questions will be taken through the consumer experience committee and Maori Relationship Board for input and feedback.
- National inpatient experience survey completion rates have risen since SMS surveys were stopped. Working with the administration service to obtain email addresses from more consumers. This will allow the National Survey to be sent to more consumers.

### Community Engagement

- Napier Disability Advisory Group – raised issues with free bus not provided for DHB services provided off site (e.g. Orthotics). Important to continue discussions to be able to deliver equitable access (including people with disabilities) if more services will be delivered off site.
- Meeting of Napier, Hastings and CHB Disability groups, speaker from HBDHB and consumer representative to attend with us.

### Other

- Quarter 4 reporting from Inpatient experience survey provided to services
- Review of policies
- Health Literacy review of ICU patient and whanau information booklet
- Health literacy review of HB Health Strategy
- Improvement project with Speech Language Therapy to make resources easier to understand.
- Working with HQSC and pharmacy to develop ways to raise consumer/whanau confidence and awareness to ask about their medications (consistently the lowest scoring question in inpatient experience survey)
- Working with communications team to finalise posters/ feedback forms/Consumer charter.
- In working group to refresh Relationship Centred Practice modules, which will be delivered as part of the Leading with Heart induction programme.






## COMMITTEE REPRESENTATIVE FEEDBACK





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

10.1

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

- Note** the contents of this report.

The Health Alliance Governance Group met on Wednesday 10 July 2019.

Significant issues discussed and agreed, including Resolutions, are noted below.

**Resignation of Deputy Chair**

Resignation of Dr Helen Francis as a member of the Te Pītau Health Alliance (Hawke's Bay) Governance Board.

Ken Foote (Company Secretary) to arrange for the HBDHB Board to appoint a replacement for Helen at their July 2019 Board meeting. The three DHB members will then recommend to the DHB Board who shall be appointed as the Deputy Chair.

**Communications Plan**

Support Group members advised the non-appointment to date of a Senior Communications Advisor to date will have ramifications on the Hawke's Bay Health Strategy.

**System Level Measure (SLM) Improvement Plan 2019/20**

Robyn Richardson (Principal Planner) advised on MoH feedback received post SLM Improvement Plan submission (and approval) at the June 2019 Te Pītau Governance Group meeting.

Two specific amendments to the Plan were noted, as follows:

- Healthy Start - milestone: *increase number of Māori babies living in smokefree homes*
- Person Centred Care - Patient Experience Survey (via People & Quality Directorate) milestone: *decrease the number of patients answering no to "did a member of staff tell you about medication side-effects to watch for when you went home?"*

#### **End of Life Care Redesign Update**

##### **Resolution**

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

1. **Noted** the contents of this report and appendices, and provided their feedback
2. **Agreed** a further update should be provided at the Te Pītau Governance Group meeting on 14/08/19 (via the Te Pītau Support Group) to review and approve recommendations for End of Life Care Service Level Alliance (EoLC SLA) membership.

Road shows are being held throughout July 2019 to raise awareness of EoLC, generate SLA Expressions of Interests (Eols) and encourage participation from whānau and community, either as potential SLA members or focus group.

#### **Mental Health & Addiction Services Redesign Update**

##### **Resolution**

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

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

Governance Group members received a high level view of the value of community-based contracts across age groups, and key contract portfolio groupings. A life course schematic of NGO MH&A services for Hawke's Bay was also provided via a visual map of community-based services across age group and key groupings.

#### **Primary Care Workforce Development Fund**

Karyn Bousfield (Nurse Director Primary Care) to be invited to attend the September 2019 Governance Group to discuss apportionment of the Fund.

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

### ACTION/PROGRESS REPORT

OBJECTIVE	PROGRESS TO JULY 19
1. Actively promote and participate in' co-design processes for: - Mental Health, Youth	Mental Health ongoing through PAG  Youth member appointed
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  Paper on PWCC went to Board in June 2019 – further work required working with MRB
8. Oversee the provision of consumer feedback and the use of 'consumer stories'.	Consumer feedback coordinated through Consumer Experience Committee. Next steps are monitoring. 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  Work on developing surveys in progress
10. Facilitate a focus on disability issues	Disability strategy developed & approved by HBDHB Board. Next step – monitoring needs to relate to the oversight/interest in the implementation of the DHB policies and practices to meet the needs of consumers with disabilities. <b>Action</b> to receive quarterly progress reports from the Disability Implementation Committee.

@BCL@4C136F04

OBJECTIVE	PROGRESS TO JULY 19
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. Next steps??
12. Further develop and maintain connections with Youth within the community.	YCC disbanded. Youth member appointed to Consumer Council. Further work on 18-24 year old representative in progress. Needs on going focus.
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. Connection/input with Heather Simpson review – limited.



## **HB HEALTH AWARDS SHORTLISTING OPTIONS**

**12**





## **HB HEALTH STRATEGY APPROVAL**

Late Paper

13







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

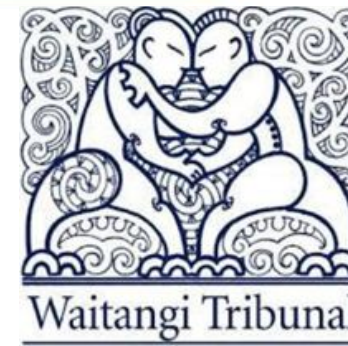
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# Waitangi Tribunal

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



## What is a 'Treaty Claim'?

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

## Treaty Claims Process

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





# Types of Inquiries

## Historical Claims

relate to matters that occurred before 21 September 1992

## District Inquiries

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

## Kaupapa (Thematic) Claims

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

## Contemporary Claims

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





## Health Services and Outcomes Inquiry - WAI 2575

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

Three staged approach:

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

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

Stage three: remaining national significant issues and eligible historical issues





## WAI 2575 - Stage One Scope

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

Systemic issues in primary care

- Dates from the NZPHDA 2000

Focused on Treaty compliance of:

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





## WAI 2575 - Stage One Findings

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





## WAI 2575 - Stage One Findings

Prof Peter Crampton, Public Health, University of Otago

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

Ashley Bloomfield – Director- General of Ministry of Health

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

Waitangi Tribunal

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





## WAI 2575 - Stage One Findings

Keriana Brooking, MOH

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

Simon Royal, National Hauora Coalition

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

Janet McLean, GM Māori, BOPDHB, 2001-2016

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

Waitangi Tribunal

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







# WAI 2575 - Stage One Interim Recommendations

## Two overarching recommendations:

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





## WAI 2575 - Stage One Interim Recommendations

### Structural Reform:

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

### Funding:

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

### Accountability Arrangements:

Crown to review and strengthen accountability mechanisms

### Data:

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

### Performance:

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





## WAI 2575 - Stage One Recommendations

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

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



**HE KAUANUANU RESPECT**  
**ĀKINA IMPROVEMENT**  
**RARANGATETIRA PARTNERSHIP**  
**TAUWHIRO CARE**



	<b>HBDHB Alcohol Harm Reduction Strategy 2017-22 Progress Update</b>
	For the attention of: <b>HB Health Consumer Council</b>
Document Owner:	Bernard Te Paa, Executive Director Health Improvement & Equity
Document Author:	Rebecca Peterson, Health Improvement & Equity Advisor Rachel Eyre, Medical Officer of Health
Month:	August 2019
Consideration:	For information
<b>RECOMMENDATION</b> <b>That the HB Health Consumer Council :</b> <ol style="list-style-type: none"> <li><b>Notes</b> the contents of the report.</li> <li><b>Note</b> the challenges and opportunities.</li> </ol>	

The following is a progress report for the HBDHB Alcohol Harm Reduction Strategy (refer to Appendix One). The previous report was delivered in February 2019.

#### **OBJECTIVE ONE - ADDRESSING THE UNDERLYING DRIVERS OF ALCOHOL USE - POLICY & LEADERSHIP**

##### ***Progress***

- Submission to the Alcohol and Advertising Standards Authority Codes Committee reviewing alcohol advertisements and promotion.
- Joint Alcohol Strategy (JAS) reference group proposal to Hawke's Bay Regional Council requesting alcohol free advertising on Go Bay Hawke's Bay Regional Transport Network. We are awaiting final decision.
- The provisional Joint Local Alcohol Policy has been adopted by Hastings District Council, reducing the hours that alcohol can be sold. Significantly, the LAP will put a cap and sinking lid on alcohol outlets in Flaxmere, Camberley and Maraenui suburbs. Once adopted by Napier City Council, the joint LAP will come into full effect on 21 November.
- HBDHB staff encouraged to participate in Dry July during the month of July.
- Recent LGNZ remit submitted by Hastings District Council and Wellington City Council endorsed a proposal to seek a review of the effectiveness of the Sale and Supply of Alcohol Act by central government.

##### ***Planned***

- Contribute to national Fetal Alcohol Spectrum Disorder (FASD) action plan and align regionally.
- HBDHB, Napier City Council and Hastings District Council working together to adapt a Middlemore Hospital alcohol harm reduction campaign "alcohol wall activation" during the festive season. It is likely the DHB campaign will reach patients and whānau visiting the hospital.

##### ***Challenges & Opportunities***

Opportunity for DHBs to advocate for review of the Sale & Supply of Alcohol Act 2012 in support of councils nationally.

## **OBJECTIVE TWO - SHIFTING ATTITUDES TOWARDS ALCOHOL - COMMUNITY INITIATIVES**

### ***Progress***

- The Health Promotion Agency – Te Hiringa Hauora (HPA) selected Hawke's Bay and Counties Manukau DHBs to pilot a localisation of the Pre-Testie Bestie<sup>1</sup> campaign. Results were favourable with Hawke's Bay respondents more likely to stop drinking if they thought they might be pregnant since seeing the campaign.
- HBDHB Community Advocacy Guidelines written to guide Health Improvement and Equity staff around notifying and supporting the community of alcohol licence applications.
- Māori warden's project underway. The overall aim is to reduce harms from tobacco and alcohol in the community. Whakawhanaungatanga and planning with wardens initiated.

### ***Planned***

- The HPA are looking to create a new campaign with and for Māori that will work with midlife adults. The campaign will focus on Māori between 45-65 year olds who are at risk drinkers to increase their awareness that drinking has a cumulative effect on their health and wellbeing. The campaign will take a tikanga/kaupapa Māori approach to be communicated through channels used by the audience and produce localised campaign components. An online self-help tool will provide a new channel for support. Wairoa has been involved in initial discussions.
- Napier and Hastings Youth Councils, Directions Youth Health Centre and other organisations working with rangatahi to design a youth alcohol harm reduction project for 15-24 year olds living in Hawke's Bay. With the support of funding from the HPA, the project will be finalised by October 2019.

### ***Challenges/Opportunities***

Meetings with the Hastings District Council (HDC) Mayor Sandra Hazelhurst with reporting agencies (Police and health) to discuss community voice in relation to licensing decisions and Local Alcohol Policies. HDC have shown an interest in understanding their role in supporting communities to understand the licensing process and have a say with the potential for independent representation in hearings. The discussion has also included how councils can influence policy upstream of licence applications being submitted.

## **OBJECTIVE THREE - LIMIT AVAILABILITY AND EVERYDAY EXPOSURE - LICENSING**

### ***Progress***

- Joint Alcohol Strategy (Council-led) reference group project to design an exciting new brand that will support existing alcohol-free events and encourage more events to go alcohol-free or to have an alcohol-free zone.
- School based public health nurses supporting schools to develop school alcohol policies. Over 60% currently have policies. No school oppositions since Port Ahuriri School opposition in 2018.

### ***Planned***

- Support the 37 schools without alcohol policies to develop them and redistribute the healthy fundraising resource.

### ***Challenges/Opportunities***

New off licence in Hastings following Medical Officer of Health appeal of the Hastings District Licensing Committee (DLC) decision to the Alcohol Regulatory & Licensing Authority, was resubmitted back to DLC level. On further consideration the Hastings DLC granted the licence.

## **OBJECTIVE FOUR - PROVIDING APPROPRIATE AND ACCESSIBLE HEALTH SERVICES**

### ***Progress***

- Health Hawke's Bay continue to redesign and test the AUDIT tool on their patient dashboard with the aim to streamline the alcohol advanced form under the patient system Medtech and making it easier for GPs to ask questions about alcohol. The intention is to have this up and running and provide training information by end of August.

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<sup>1</sup> Pre-Testie Bestie is the second phase of the *Don't Know? Don't drink* campaign encouraging women to stop drinking alcohol if there is any chance they could be pregnant.

**Planned**

- The HPA approached Health Hawke's Bay to participate in a national piloting project of the Alcohol Risk Assessment Tool (ART).
- Health services workforce development plan across primary and secondary care with a focus on pregnant women. The HPA will work with a range of providers to update tools that will include alcohol harm education and messaging.

**Challenges/Opportunities**

A discussion with the Chair of the Clinical Council was had and support given to proceed with the operationalising of alcohol screening and brief intervention across health services using a quality improvement approach and methodology. This will require agreement and realistic timelines from People & Quality who manage the Quality Improvement workplan and further discussion to understand what resourcing support will be required from Health Improvement & Equity.

Refer to Appendix Two for a snapshot of progress and planned activities.

**STRATEGIC ENABLERS**

**Data** - measuring progress across the Alcohol Harm Reduction Strategy requires a range of programme, service and population level measures. The following indicators have been drafted to be confirmed at the Alcohol Harm Reduction Steering Group meeting in August.

1. Prevalence of hazardous drinking rates (NZ Health Survey)
2. Number of 15 years and older hospitalisations wholly attributed to alcohol (Massey University EHI)
3. Number of alcohol involved victimisations (Police)
4. Number of alcohol involved ED presentations (HBDHB)

We are reporting the following System Level Measure under Youth are Healthy, Safe and Supported - reduced percentage of 'unknown' as answer to alcohol related presentations question in emergency department. To assist with service level measures like this we need to review the intervention we are implementing and currently, there are limited interventions occurring in Emergency Department.

**Communications Plan** – are implemented at the programme level. Alcohol is a commercial determinant of health that carries with it unique challenges. To raise the visibility alongside other social harms an overarching Communications Plan would be beneficial and is planned.

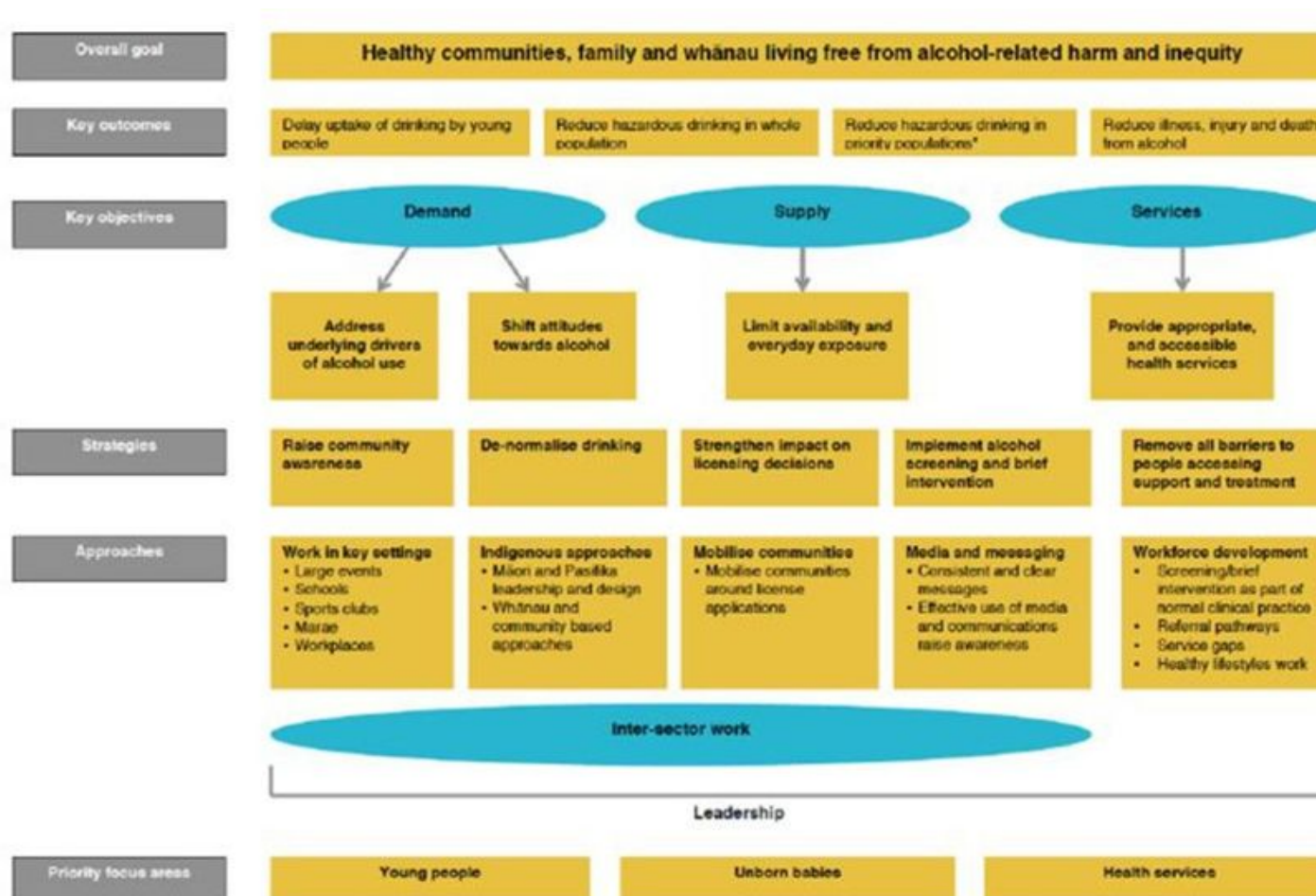
<b>Challenges and Opportunities</b>	
<i>Community advocacy</i>	Hastings District Council, Mayor and reporting agencies (Police and DHB) met to discuss HDC possible role in supporting community voice in relation to licensing decisions, Local Alcohol Policies and how councils can influence policy upstream of licence applications being submitted.
<i>Alcohol policy and legislation</i>	CEO HBDHB continues to advocate and collaborate with DHB CEOs for improved alcohol legislation and policy change.
<i>Screening across health services</i>	We seek continued support and clear direction regarding the Strategy priority - to operationalise alcohol screening and brief intervention across health services using a quality improvement methodology. Note: Clinical Council was identified as the reporting governance group to this end.
<i>Data</i>	Business Intelligence commit to support improved alcohol-related health data including economic health related costs analysis of alcohol-related harm.

**ATTACHMENTS**

**Appendix One:** HBDHB Alcohol Harm Reduction Strategic Framework

**Appendix Two:** Alcohol Harm Reduction Strategy Progress & Planning Diagram

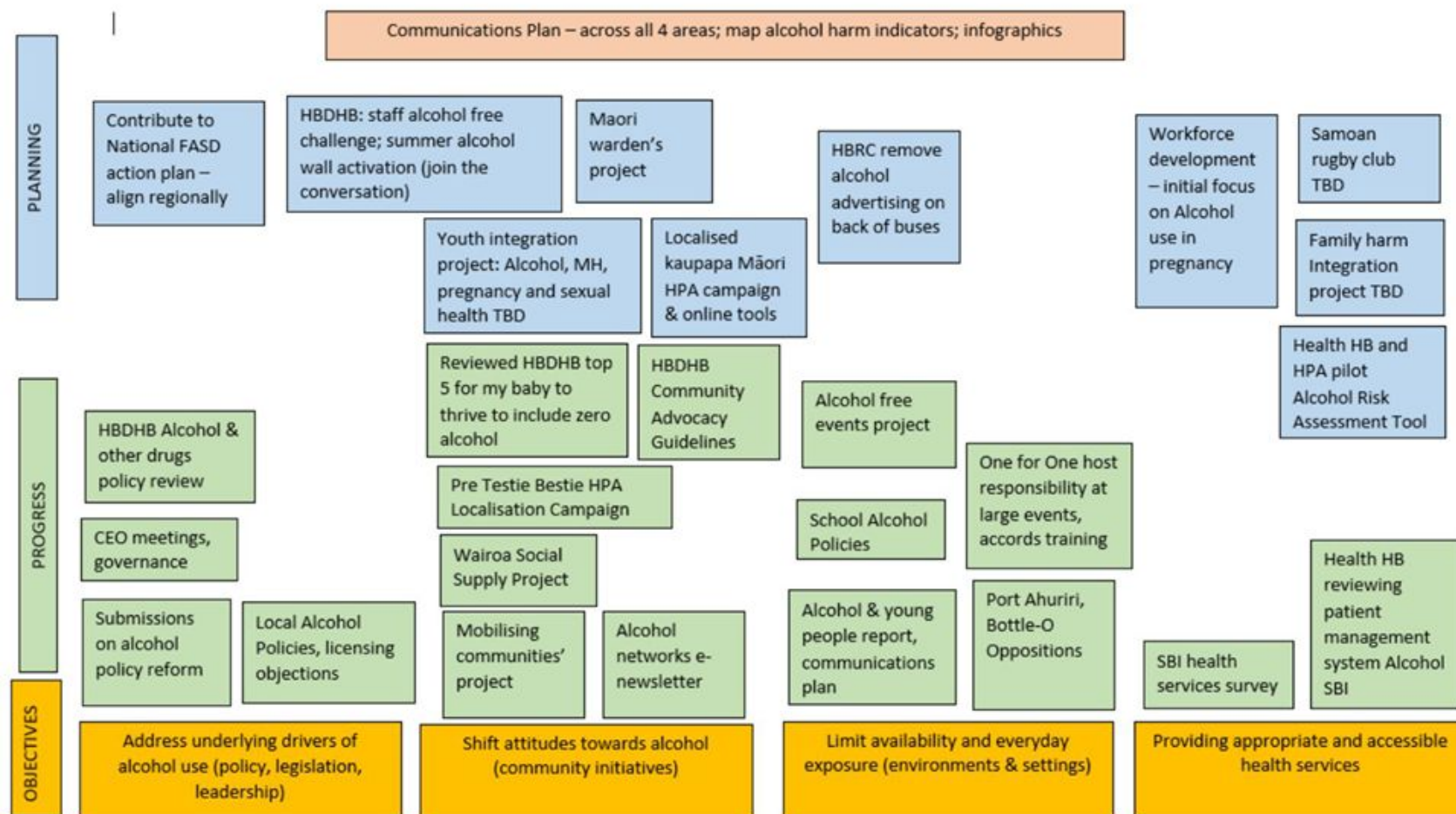
Appendix One : HBDHB Alcohol Harm Reduction Strategic Framework



\* Priority populations: Young people, Māori, Pasifika, Pregnant women



## Appendix Two: Alcohol Harm Reduction Strategy Progress &amp; Planning Diagram



Addressing inequity across the strategy – priority focus areas and population groups; proportionate universalism suggests health actions must be universal, not targeted, but with a scale and intensity that is proportionate to the level of disadvantage. Marmot speaks strongly against targeting – targeting labelling hazards of stigma, and misses much of the problem (promotion and prevention attempts to change) Action on the environmental drivers of alcohol harm - licensing, no of outlets, cost of alcohol and marketing all contribute to reducing inequity





## **DISABILITY PLAN UPDATE**

**Verbal**





**FINAL Draft Hawke's Bay District Health Board Annual Plan – PART A, Part B, Population Health Annual Plan, SLM Improvement Plan 2019/20**

<b>Author:</b>	Kate Rawstron, Robyn Richardson
<b>Designation:</b>	Head of Planning & Strategic Projects, Principal Planner
<b>Date:</b>	7/8/19
<b>RECOMMENDATION:</b> It is recommended that the Committee: 1. <b>Note</b> the above	

**OVERVIEW**

The purpose of this paper is to inform MRB, Clinical and Consumer Councils that HBDHB Annual Plan has been submitted to the Ministry of Health for approval. The Board has approved these documents.

**Activity to date:**

- Hawke's Bay District Health Board (HBDHB) Annual Plan (Part A) Final Draft was approved by the Board in July
- HBDHB Annual Plan (Part B) Final Draft was submitted and approved by the Board in June (brought forward to meet legislative requirements)
- HBDHB SLM Improvement Plan as approved by Te Pitau has been approved by the Ministry
- HBDHB Population Health Annual Plan has also been approved by the Ministry

To view these documents please contact Robyn Richardson, Principal Planner  
robyn.richardson@hbdhb.govt.nz





## **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:

- 19. Minutes of Previous Meeting (Public Excluded)**
- 20. Matters Arising – review of actions**
- 21. 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).

