



Hawke's Bay Health Consumer Council Meeting

Date: Thursday, 10 October 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
Daisy Hill

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

Apologies:

In Attendance:

Ken Foote, Company Secretary
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 September	
8.	Chair's Report – Rachel Ritchie <ul style="list-style-type: none"> - Update from Board - CEO Report to Board - Consumer Council membership 	4.10
9.	Consumer Experience Facilitators Report – Nancy Barlow / Caryn Daum <ul style="list-style-type: none"> - Consumer Council Representation 	4.30
10.	Committee Representatives Feedback: <ul style="list-style-type: none"> - Consumer Experience Committee – amendment to Terms of Reference - Clinical Council (Les Cunningham) - Integrated Pharmacy Group (Denise Woodhams) - Te Pītau Health Alliance Governance Group (report included) 	4.40
	Section 2 – For Discussion	
11.	Consumer Council Annual Plan 19/20: <ul style="list-style-type: none"> • Annual Plan 19/20 • Progress Report • Assign responsibility • Monthly focus x 2 	4.50
	Section 3 – For Information/Discussion	
12.	IS update/presentation	5.10
13.	Matariki HB Regional Development Strategy & Social Inclusion Strategy update - Shari Tidswell	5.25
14.	Section 4 – Recommendation to Exclude	

Public Excluded

	Section 4 – Routine	
15.	Minutes of Previous Meeting (public excluded)	5.40
16.	Matters Arising – Review Actions (public excluded) - Nil	
17.	Chair's report to Board (public excluded)	
18.	Topics of Interest – Member Issues / Updates	
19.	Karakia Whakamutunga (closing)	

NEXT MEETING:**Thursday, 14 November 2019, 4.00 pm**

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

Our shared values and behaviours



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

Welcoming

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

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

Respectful

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

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

Kind

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

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

Helpful

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

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

1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

Positive

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

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

Learning

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

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

Innovating

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

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

Appreciative

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

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

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

Listens

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

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

Communicates

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

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

Involves

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

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

Connects

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

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

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

Professional

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

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

Safe

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

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

Efficient

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

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

Speaks up

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

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

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Interest Register

Hawke's Bay Health Consumer Council

01.09.19

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 Scott Foundation HB Medical Research Foundation Inc	Elected Councillor Allocation Committee Hastings District Council Rep		No No 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 IHC Member Council Anglican Diocese Standing Committee PACIFICA Inc Pacific Women's Council : Tiare Ahuriri Branch	Chair Member Lay Member Branch Chair	Social Service Organisation Development Leadership for Pacific Women	Yes No No No	Perceived/possible conflict as NFC has a small contract for PND from HBDHB
Denise Woodhams	Nil to declare				
Geraldine Tahere	Nil to declare				
Les Cunningham	Strive Rehabilitation @ Hawke's Bay Trust	Trustee		No	
Tumama Faioso	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, 12 SEPTEMBER 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
Tumema Faioso
Daisy Hill

In Attendance: Nancy Barlow – Consumer Experience Facilitator
Carrinna Burgess, Group manager Corporate Services, Health Hawke's Bay
Jacqui Sanders-Jones, Board Administrator

Apologies: Gerraldine Tahere, Dallas Adams

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 Company Secretary, Ken Foote

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 15 August 2019 were confirmed as a correct record of the meeting, with the following amendment agreed.
Correction to Mental Health update from Deborah Grace to read:

Deborah Grace reported that The Partnership Advisory Group members are being approached to be included in staff interviews which shows great recognition and value of consumer input.

Moved: Deborah Grace
Seconded: Malcolm Dixon
Carried

5. MATTERS ARISING AND ACTIONS

Item 1: *Violence Intervention Programme*

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

Item 2: *1737 Support Line* – There was discussion on the reply that Hastings District Council (HDC) Youth Council received from the 1737 service.

The Youth Council have drafted a reply to this which will be used as a basis for constructing a collaborative response letter to the 1737 service from HB Health Consumer Council and HDC Youth Council.

ACTION: Draft letter from Consumer Council to go to members for review before sending onto HDC – noted this letter will be signed by all members of Consumer Council.

Item 3: *20-24 Youth representative for Consumer Council* – Malcolm updated the group that Hastings District Council meets with all the contracted youth groups once a month. They have been informed of the Consumer Council requirement, however as yet, there is no response.

Chair suggested contact with Rangatahi Redesign Working group lead as a possible source of a representative from this age group, and will follow this up.

ACTION: Tumema to follow up with her contacts

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

Item 5: *Consumer Council Annual Plan* – agenda item. Complete

Item 6: *Consumer Experience Committee* – amendment to Terms of Reference – ongoing.

Item 7: *Alcohol Harm Reduction Strategy Group* – progress on joint proposal – Workplan for Feb 2020

6. CONSUMER COUNCIL WORK PLAN

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

7. CONSUMER COUNCIL'S BOARD REPORT

The August report for the Board was provided in the meeting papers for information. Barbara Arnott chaired the meeting noting a focus on taking greater organisational ownership of the Annual Plan going forward.

8. CHAIR'S REPORT

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

- Shortlisting for Health Awards taking place shortly.
- Met with CEO recently and noted his focus on improving flow of the hospital and simplifying governance systems
- Meeting is planned with Kate Coley, Executive Director of People & Quality, Bernard Te Paa, Executive Director of Health Improvement & Equity, and Heather Skipworth, Board member and Deputy Chair of Maori Relationship Board, to progress linking up the He Ngākau Aotea plan and Person and Whanau Centered Care approaches to changing health care models.

9. CONSUMER EXPERIENCE FACILITATORS REPORT

An update on activities was provided by Nancy Barlow.

Comment raised on Health Quality & Safety Commission (HQSC) Nga Poutama survey, noting that this survey was delivered initially by email and understood the HQSC will look to explore other methods of survey delivery to consumers.

Further discussion followed on the standard of questions and the real value in these surveys and the outcomes developed from them.

Concern expressed that this survey was compulsory to undertake. Chair expressed concern that HQSC have not taken on DHB feedback on these surveys.

10. COMMITTEE REPRESENTATIVE FEEDBACK

- ***Clinical Council (Les Cunningham):***

This meeting included the Annual meeting for Clinical Council, with Robin Whyman and Jules Arthur elected as Co-Chairs.

Agenda discussion points included the remodelling of the Clinical Council Workplan for 19/20, redesigning the dashboard to monitor clinical risk, review of agenda to fit better with Terms of Reference and how to better raise awareness of Clinical Council internally and externally.

November 2019 meeting is a joint meeting with Consumer Council.

- ***Consumer Experience Committee (Dr Debs Higgins):***

Discussions included:

- Update on PWCC implementation plan, wasn't endorsed by Board and is being worked up further with MRB input..
- Signed off health literacy charter and feedback forms
- Trend report presented which led to discussion on further information requirements and new system coming to facilitate this. Noted that the new RADAR event reporting/complaints system is delayed to August 2020
- Comms plan for publicising the work of Consumer Experience Committee.

- ***Pharmacy Services Advisory Group (Integrated Pharmacy Group (Denise Woodhams)):***

Discussion included:

- Warfarin monitoring and costs associated with this.
- Problem definition workshop planned for next mtg. Outcome will result in an investment logic map.
- Request by the Chair that Denise take this feedback from the Consumer Council back to Pharmacy Services Advisory Group that this subsidy is made very clear to consumers. Suggestion of utilising the social media of HBDHB (Facebook, webpages) to inform consumers

- ***Ka Hikitia Workshop (Denise Woodhams):***

Discussion included:

- Series of 3 workshops in regards to the PHO flexible funding review with the aim to develop recommendations with specific championing of equity for Maori.
- Co-payment. There was group discussion in regards to cost of prescriptions and variations of this between pharmacies and the knowledge of '20+ item' prescription subsidies. There was note made as to the wastage of uncollected prescriptions and impact this has.

- ***Te Pitau Health Alliance Governance Group (report included with papers)***

SECTION 2: FOR DISCUSSION / DECISION

11. CONSUMER COUNCIL ANNUAL PLAN 19/20

Objectives for the Annual Plan were discussed and agreed, as follows:

Purpose: *Provide a strong visible voice for the community and consumers on health service planning and delivery*

- Actively promote and participate in co-design processes for Mental Health & Youth
- Actively promote and participate in co-design processes for Primary care and Urgent Care
- Actively participate in agreeing and implementing priority actions from the Strategic Plan (Whānau Ora Hāpori ora)

Purpose: *Advise and encourage best practice and innovation in the areas of patient safety, consumer experience and clinical quality*

- Monitor and assist initiatives that make health easy to understand within the health sector and community
- Facilitate and promote the implementation of a 'person and whanau centre care' approach and culture to the delivery of health services, I partnership with the Clinical Council
- Monitor all 'Consumer Experience' performance measures/indicators/feedback etc., to ensure 'changes on the ground' are noticed and that consumer experience and health outcomes are improving.

Purpose: *Promote and support the enhancement of consumer collaboration*

- Support and monitor the implementation of the Consumer Collaboration Strategy and principles in Hawke's Bay
- Raise awareness of the work of Consumer Council

There was proposal to focus on a minor and major objective for each meeting with speakers invited, where applicable, to assist. With eight confirmed objectives this will enable fair coverage of each objective over the next eight months.

Chair noted the importance of giving invited speakers preparation time and plenty of notice.

ACTION: Plan of how these objectives will be reviewed at each meeting to be determined with Chair/Co-Chairs and brought back to Consumer Council members.

RESOLUTION

That HB Health Consumer Council:

- **Endorse** the objectives for HB Health Consumer Council set out for 19/20:
 1. Actively promote and participate in co-design processes for Mental Health & Youth
 2. Actively promote and participate in co-design processes for Primary care and Urgent Care
 3. Actively participate in agreeing and implementing priority actions from the Strategic Plan (Whānau Ora Hāpori ora)
 4. Monitor and assist initiatives that make health easy to understand within the health sector and community
 5. Facilitate and promote the implementation of a 'person and whanau centre care' approach and culture to the delivery of health services, I partnership with the Clinical Council
 6. Monitor all 'Consumer Experience' performance measures/indicators/feedback etc., to ensure 'changes on the ground' are noticed and that consumer experience and health outcomes are improving.

7. Support and monitor the implementation of the Consumer Collaboration Strategy and principles in Hawke's Bay
 8. Raise awareness of the work of Consumer Council
- **Support** the approach of addressing one objective item per month with one major and minor covered each month, as determined by the Chair.
- Moved: **Malcolm Dixon**
 Seconded: **Les Cunningham**
Carried

SECTION 3: FOR INFORMATION

12. WAI2575 TREATY HEALTH CLAIM, STAGE 1 PRIMARY CARE

Bernard Te Paa, Executive Director for Health Improvement and Equity spoke to the presentation, highlighting the significant recommendation of a stand-alone Maori Primary Care Health Authority, with the historic underfunding of Maori primary care health services noted.

Discussion followed on the Heather Simpson 'Health & Disability Report', which is expected in March 2020 and whether this Treaty claim will be considered within it.
 The Health and Disability Interim Report was shared with members via email on 3 September.

13. MATARIKI HB REGIONAL DEVELOPMENT STRATEGY & SOCIAL INCLUSION STRATEGY UPDATE

Paper was provide for information only and will be a discussion topic for next month.

14. SECTION 4: RECOMMENDATION TO EXCLUDE

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

15. Minutes of Previous Meeting (public excluded)
16. Consumer Councils
17. Clinical Risk and Electives explained
18. Topics of Interest – Member Issues/Updates

Moved: **Denise Woodhams**
 Seconded: **Deborah Grace**
Carried

The meeting closed at 17.40 pm.

Confirmed: _____
 Chair


Date: _____

HB HEALTH CONSUMER COUNCIL - MATTERS ARISING (Public)

5

Action	Date Entered	Action to be Taken	By Whom	Month	Status
2	11/07/19	1737 support line Draft letter from Consumer Council to go to members for review before sending onto HDC – noted this letter will be signed by all members of Consumer Council.	Jacqui Sanders-Jones	October 2019	Draft letter with Chair
3	11/07/19	20-24 Youth representative for Consumer Council Active recruitment/follow up for this position Malcolm Dixon to follow up with YMCA & other youth groups Tumema to follow up with her contacts	Chair Tumena Faioso	Asap	Ongoing
4	15/08/19	Consumer Experience Committee Amendment to ToR to require three representatives from each Council	Ken Foote	Sept 2019	Agenda item
5	12/9/19	Consumer Council Annual Plan 19/20 Plan of how these objectives will be reviewed at each meeting	Chair/Co-Deputy Chairs	Oct 2019	Agenda item

GOVERNANCE WORKPLAN PAPERS									
Updated: 25 September 2019									
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			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				9-Oct-19	9-Oct-19	30-Oct-19	
									30-Oct-19
Patient Safety & Clinical Quality Report	E	Kate Coley				9-Oct-19		30-Oct-19	
Matariki - further discussion on report		Bernard Te Paa	Shari Tidswell				9-Oct-19		
Health Certification Audit Findings to Clinical Council						9-Oct-19			
JOINT 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	E	Mark Peterson	Penny Rongotoa	29-Oct-19		13-Nov-19			
Joint Clinical/Consumer Workshop						13-Nov-19	13-Nov-19		
Patient Safety & Clinical Quality Report	E	Kate Coley				13-Nov-19		27-Nov-19	
CLINICAL & CONSUMER MEETING 11/12 December 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				11-Dec-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				11-Dec-19		18-Dec-19	
Patient Safety & Clinical Quality Report	E	Kate Coley				11-Dec-19		18-Dec-19	
CLINICAL & CONSUMER MEETING 12/13 February 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	28-Jan-20	12-Feb-20	12-Feb-20	13-Feb-20		26-Feb-20
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				12-Feb-20			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				12-Feb-20		26-Feb-20	
Consumer Story/Consumer Led Outcomes quarterly updates Oct/Feb/May/Aug		Kate Coley	Caryn Daum				13-Feb-20		
Electives and the Consumer - CMDO back to Consumer Council		Robin Whyman					13-Feb-20		

	Hawke's Bay Health Consumer Council
	For the attention of: HBDHB Board
Document Owner:	Rachel Ritchie (Chair)
Month:	September 2019
Consideration:	For Information
<p>RECOMMENDATION</p> <p>That the HBDHB Board:</p> <ol style="list-style-type: none"> 1. Note the content of the report. 	

Council met on Thursday 12 September 2019. An overview of matters discussed is provided below:

1737 MENTAL HEALTH SUPPORT LINE

Council agreed to continued support for the issue raised by Hastings District Council (HDC) Youth Council of the continued poor response received from the 1737 service, and inadequate explanation provided for such an important service. There was decision to draft a collaborative response letter between HB Health Consumer Council and the HDC Youth Council and present to the 1737 service for their response and actions to the concerns raised.

2019/2020 PLAN

Following the Workshop at the previous meeting, the draft Consumer Council Annual Plan for 19/20 was agreed. Eight objectives have been agreed with a rolling monthly bring up to ensure each objective gets addressed throughout the year.

- Actively promote and participate in co-design processes for Mental Health & Youth
- Actively promote and participate in co-design processes for Primary care and Urgent Care
- Actively participate in agreeing and implementing priority actions from the Strategic Plan (Whānau Ora Hāpori ora)
- Monitor and assist initiatives that make health easy to understand within the health sector and community
- Facilitate and promote the implementation of a 'person and whanau centered care' approach and culture to the delivery of health services in partnership with other group where appropriate
- Monitor all 'Consumer Experience' performance measures/indicators/feedback etc., to ensure 'changes on the ground' are visible to the Council and that consumer experience and health outcomes are improving.
- Support and monitor the implementation of the Consumer Collaboration (previously Engagement) Strategy and principles in Hawke's Bay
- Raise awareness of the work of Consumer Council

REPORTS RECEIVED & DISCUSSED

- **Consumer Experience Committee** signed off health literacy charter and feedback forms
- **Consumer Experience Facilitators** report noted the Health Quality & Safety Commission survey is seen as providing little useful feedback but DHB are required to administer.
- **Pharmacy Services Advisory Group** considered the cost to consumers of Warfarin and are conducting a problem definition workshop next month. There was discussion about co-payments, the cost of prescriptions, variations in charges between pharmacies, and the 20 script maximum subsidy.

Council noted consumer knowledge of eligibility for the prescription subsidy was poorly understood and Consumer Council have requested that this concern be taken back to the Pharmacy Services Advisory Group for action.

- **Te Pitau Health Alliance Governance Group**



CHAIR'S REPORT

	Chief Executive Officer's Report
	For the attention of: HBDHB Board
Document Owner:	Craig Climo, Interim Chief Executive Officer
Month as at	25 September 2019
Consideration:	For Information

RECOMMENDATION**That the Board**

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

The **Overview** this month is that:

1. The planning process for 2020/21 has commenced.
2. We are in the process of rationalising change/project activity in this current year – albeit 2 ½ months into the year.
3. Looking for opportunities to reduce waste or low value spending to shore up our financial position.
4. Operationally in the hospital staff and management are grappling with high demand for beds, mainly for frail older medical patients, which is a bit later here than usual in the winter season.

The agenda overview is that items outside this report are mainly periodic updates with no decision papers.

AUGUST AND YEAR TO DATE FINANCIAL RESULT, AND FORECAST

The August result was \$492k unfavourable to plan. This makes the result for the two months of this year \$601k unfavourable to plan. The provider-arm was \$78k U for the month and \$655 U YTD where locum medical expenses, patient air transfer, and a blood product – Intragram – were significantly over budget. The Funder arm was over budget in August but more one-off or short term in nature.

Management has started forecasting earlier than usual and the bottom up/top down forecast for year-end, if nothing changes, is a \$2.5M unfavourable variance against the \$12.9M planned deficit.

Management response

Although the forecast is early in the year the size of the variance means we need to intervene and look at what we are compiling, quantifying, and prioritising options. Actions will be selected based on a range of expected criteria, including impact on equity, acceptability/consequence. Targeting waste, unnecessary, or low value expenditure will be preferred. Some of this work was already underway as it should be every year regardless of financial circumstances. In terms of the level of sign-off, I contemplate that some will be in the business as usual category of just “getting on with it”, others will be for executive management, and others for the Board. This will be available to the October meeting.

HOSPITAL OVER CAPACITY

On numerous days in the last month Hawke's Bay Hospital bed occupancy has been over establishment. Emergency Department has been busy but exacerbated by difficulty in moving mainly medical patients into hospital beds.

The situation puts a lot of additional pressure on staff – it is not practicable to have a large pool of staff to call on – and is far from ideal for patients.

On a day to day basis we have frustratingly few options to effectively manage the situation beyond relying on the goodwill of staff. We have had staff working additional shifts for which we are very grateful, but it should not be necessary.

We should only tap into goodwill in this way in exceptional circumstances, such as a major incident. Seasonal variation in demand is foreseeable and we need to act to avoid or mitigate the same issue next year. That's easier said than done and I'm aware has been said before.

We have facility and staffing constraints but also need to look at our processes around patient flow - this work has started. It includes a different response when we are in an overload situation.

Beyond that we need to look at ways of avoiding the need for admission to hospital. This includes looking at treatment or care that is currently hospital based and asking if it could be provided in the community/home - this process has started.

DHBs always seem to be on the cusp on the next investment in ED/hospital facilities and resources, and we should ask ourselves if it might be more effectively spent elsewhere. We are also thinking about the mix of after-hours primary services. They are not well utilised and are relatively expensive for the public and DHB.

PLANNING

We are revamping our planning purpose, process and timeframe.

We need to ensure that our planning:

- Is in synch – the plan is prepared before much of the planning is complete in terms of funding proposals or other initiatives i.e. cart before the horse
- Not fragmented – our plans for the year cannot be found in one or more documents
- Ensure horizontal and vertical nexus – plans need overall focus and cohesiveness
- Ensure we capture multi-year activity
- Has focus and delivers on promises – we tend to try to be all things to all people and in doing so generally under deliver, and significantly so in areas that we should be focused on.

This is about the implementing of basic process rather than more process, for which we already have most of the tools.

The annual plan should in effect be an implementation or action plan. It can serve both MoH purposes and ours - while it's a MoH template we can add to it.

Only by exception should proposals that are not in the plan come forward. We organise and resource to deliver the plan and our mantra should be that "if it's not in the plan it doesn't happen."

For planning purposes, Chris Ash, Executive Director Primary Care, will lead the process and now has a whole of DHB perspective, not just primary care.

Suggested process and timeframe will be presented to the Board at its October meeting.

The planning team and Carriann Hall, Executive Director Financial Services, are looking at the following initial pieces of work. In the interim the rest of the executive is thinking about change/action/funding areas for 2020/21.

Engagement

Planning and its outputs need to be integrated horizontally and vertically. The DHB, PHO and other key organisations should be engaged. Within the DHB, in addition to the governance type groups, all staff through the management structure should have the opportunity to input. The information flow should be up and down. It needs to be within a given context, as an unconstrained wish list is unhelpful and frustrating for all involved.

It is envisaged that sitting under the annual plan will be service plans, and under them will be unit plans, which at the unit level may be as simple as four or five bullet pointed actions, together with outcomes and timeframe.

A Board workshop will be planned to inform the working draft stage of the plan. The timing is to be at a point in the process where there is some sense of the possibilities, including proposals to hand, but prior to the working draft plan being more widely available.

Format

We call it the annual plan because that's what the document is known as nationally. For us it should be an action or implementation plan, and it should contain a graphical representation of the key activities that flow through to years two and three - not all things can be completed in year one and not all things can commence in year one.

It should record all our commitments for change, including metrics, and in so doing will record what will change, how, the outcome, outcome measure, resourcing including funds required, timing, and who is responsible.

Review current strategy and plans to extract and prioritise for implementation

Locally we have the strategy and a variety of plans. The goals and objectives in these plans need to be prioritised and actioned via the annual plan.

Decision making principles to inform funding decisions

A set of principles such as pro-equity should guide decisions as to what we are going to do and where funding should go. A simple form of intervention logic should be applied.

Compiling funding or service change requests

Requests for additional funding including capital requests need to be to hand and processed for inclusion, or not, in the plan.

The Board at its August meeting informally suggested that this list would be useful for the current Board to see and discuss i.e. by October. It is a product from a planning process over months and early next calendar year is as early as it can fit within the planning cycle.

Modelling

Modelling should be used to produce a hospital production plan based on planned activity, from which operating theatre, bed, outpatient, staffing rosters and leave should flow. It should help identify key constraints and therefore identify where investment or change is best directed. The modelling may be a work in progress as to the breadth of inputs and the level to which it is available e.g. radiology throughput.

Financial budget including capital

Our current annual plan sets an \$8M deficit for 2020/21, being a \$5M reduction on the current budget (if approved by the Minister). An iterative process, initially with assumptions and updated as national information becomes to hand, and our own plans, needs to show how we will achieve \$8M.

2019/20 PLAN

The current year plan has two aspects of interest at this time:

1. It has not been approved by the Minister - I am unaware that any DHBs have. The Ministry is having ongoing discussion with us and other DHBs regarding reducing the planned deficit.
2. Management is looking to rationalise the work that would flow from the plan and the various other plans the DHB has. Currently it appears to be too much and not sufficiently focused.

The planned activity needs to be achievable and focused to best advantage when viewed against our longer term goals including health equity, and shorter term imperatives, and resourcing. Where formed into projects they need be well organised with clear outcomes and accountability.

We are in the process now of refining the activity for the remainder of this year and beyond, and will present next month to the Board the revised work plan on which implementation should have started.

GOVERNANCE PROCESS

I mentioned at last month's Board meeting that I would come back with some thoughts regarding what I see as extended processes. It takes a minimum of four months for decision papers to get to the Board. Practice appears to be that it's not limited to major decisions.

Each proposal goes through three "governance" type groups, being the Māori Relationship Board, Consumer Council, and Clinical Council. The steps in each are conception (discussing the idea), first draft, final draft, and Board.

I have suggested to the chairs of the three groups that we might look to streamline and that the greatest value for the groups and management is at the concept/development stage and the draft that emanates from it, whereas it seems less useful at the final draft stage. Another aspect is that the chairs of the three groups attend the Board meetings.

STRIKE ACTION

It's a hand wringing statement rather than of practical value, but the national industrial relations scene is grim with strikes a ready option in the sector, with the clinical risk, the lost opportunity to see and treat patients, disruption, and relationship damage it brings.

Psychologists

The sector is currently in the middle of a month long period of strike action whereby psychologists refuse to participate in group work with patients or to take no patients.

Notice has just come to hand of further national strike action, for 1 October to 1 November, with the action being limiting patient face to face time to two hours per day.

Medical Imaging Technologists (radiographers)

The first of a number of national strike notices is to hand which is expected to be for a total of six days of full withdrawal of services for 24 hours, the days being Monday 30 September, Wednesday 2 October, Monday 14 October, Wednesday 16 October, Wednesday 30 October and Friday 1 November.

These strikes will be very disruptive to services, impacting significantly on electives, outpatients and acute services. The operational impact is 12 days of reduced/lost services, as the priority for the day after the strike is catch-up on acute cases, not outpatient work.

It is expected to lead to delays in ED and longer hospital stays. The potential loss of surgery and outpatient attendances is yet to be quantified.

We are looking to use local private radiography providers to the maximum extent possible and our own staff will be offered weekend work, despite it appearing a bit perverse.

The multiple days, although broken, increases risk and we have pushed harder and obtained satisfactory Life Preserving Service coverage from MITs, particularly in Wairoa.

Naturally the focus here is on services, although we are awaiting advice as to what is happening in negotiations.

FUNDER-ARM & PROVIDER-ARM REPORT

A Funder arm report in the Board agenda is planned for the October meeting going forward, however I do feel there is need to discuss the nature of these reports to the Board.

8.1



CONSUMER EXPERIENCE FACILITATORS REPORT

October 2019

Caryn on leave: Sep18th – Oct 17th

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Consumer/Patient and their Whanau Experience

- Health Quality Safety Commission Nga Poutama survey of consumers of mental health and addiction services underway. This survey was requested by the Mental Health and Addiction (MHA) sector, to support consumer, family and whanau centred approaches to quality improvement in MHA services.
- Pilot between HBDHB & HQSC (location Wairoa) on hold due to resource issues. Postponed till early 2020. I.e. Form a working group to co design and pilot an escalation pathway to enable patients and whanau to raise concerns if they are worried about changes in a patient's medical condition.
- Working with HQSC and pharmacy to develop ways to raise consumer/whanau confidence and awareness to ask about their medications (consistently the lowest scoring question in inpatient experience survey) Te Reo medication posters have been reviewed by Maori Health Service. Health Quality Safety Commission have supported our request for the wording to be updated to reflect the language used in our local community.
- Initial meeting with facilities to look at wayfinding. Brief being prepared by facilities to present to Consumer Experience Committee – November meeting.

Community Engagement

- CHB / Hastings and Napier Disability Advisory Groups – attended or attending meetings to show members Ko Awatea (learning platform) e-learn module "Disability Responsiveness". This module was developed by Waitemata DHB (co-designed with members of the disabled community) and we hope to adopt it. Purpose of showing to advisory groups is to gain feedback/comments so we can enhance or make tweaks if needed.
- Met with Halberg Foundation representatives and the Principal and Vice Principal Fairhaven School. This forms part of the CEF actions from the disability strategy. Provided introductions into the various Advisory groups, especially with view to their involvement in International Day for Persons with a Disability being run by HDC on Dec 3rd.
- Assisted with replacement for PGY1 panel that Graeme Norton has been part of for the past few years (perceived conflict due to Graeme running for DHB Board)
- Arranged for Volunteers (meet and greet) at main reception to be issued with cell phones to assist communication.


Consumer Council on Groups/Projects/Committees

Project/Group/Committee	Consumer Representative/s
After Hours Care	Geraldine Tahere Les Cunningham
Alcohol Reduction	Les Cunningham
Clinical Effectiveness & Audit	Malcolm Dixon
Clinical Council liaison	Les Cunningham
Connecting Care (MH)	Consumer Deborah Grace
Consumer Experience Committee	Diane Mara Les Cunningham Deborah Grace
Cultural Competency – Medical Council	Geraldine Tahere
Disability Reference Group (Hastings)	Sarah Hansen
Disability Steering Group	Diane Mara
End of Life Care	Gerraldine Tahere
Family Violence Intervention	Denise Woodhams
Health Awards (2019)	Denise Woodhams Les Cunningham Deborah Grace
Health Care Home	Denise Woodhams Jenny Peters
Heart Action Plan	Les Cunningham
Integrated Pharmacy Strategy	Denise Woodhams
NASC Interview Panel	Les Cunningham
PAG	Deborah Grace
Youth Council HDC	Daisy Hill
Upcoming Projects/Groups	
Older Persons Early Supported Discharge	Les Cunningham
PHO Funding Review	Denise Woodhams
Medical and Surgical Advisory Groups (FLOW, Acute Admissions and Surgical)	Les Cunningham
NASC Advisory Group	Les Cunningham

9.1



COMMITTEE REPRESENTATIVE FEEDBACK

 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	<p>Report to HB Health Consumer Council & HB Clinical Council to adopt changes to the Terms of Reference of Clinical Governance Consumer Experience Committee</p> <p>For the attention of: HB Health Consumer Council & HB Clinical Council</p>
Document Owner:	Ken Foote, Company Secretary
Document Author:	Ken Foote, Company Secretary
Month:	Sept 2019
Consideration:	For Endorsement
<p>RECOMMENDATION</p> <p>That the HB Health Consumer Council & HB Clinical Council:</p> <ol style="list-style-type: none"> 1. Endorse the change to the Terms of Reference of the Clinical Governance Consumer Experience Committee as outlined in this report. 	

Both Councils currently have vacancies on the Consumer Experience Committee and due to availability, both are having some difficulty filling the fourth member position.

In discussion with the Co-Chairs it is recommended that the Terms of Reference be amended to provide for only **three** representatives from each of the Councils to be members of the Committee (with other consequential amendments), as shown below.

The Co-Chairs believe that this number will still be adequate to meet the Purpose and Functions of the Committee. Specific changes are attached.

10.1




TERMS OF REFERENCE
CLINICAL GOVERNANCE
CONSUMER EXPERIENCE COMMITTEE
SEPTEMBER 2018

Purpose	Oversee the development and implementation of strategies, systems, policies, processes and actions that will contribute to the continuous improvement of consumer experience within the HB health system.
Functions	<ul style="list-style-type: none"> • Lead and promote a culture of continuous improvement of consumer experience within the HB health system • Consult as necessary to develop and recommend an overall integrated strategy for improving consumer experience • Develop, enhance and confirm appropriate systems and surveys to be used to gather indicators of consumer experience • Agree targets, monitor and analyse consumer experience performance indicators • Report on performance and recommend and/or initiate improvement actions • Ensure all relevant information, requests for feedback and improvement actions are well communicated throughout the sector, and implemented as appropriate • Ensure decisions and recommendations are consistent with the healthcare quadruple aim (the simultaneous pursuit of improved quality, safety and experience of care for individuals; improved health and equity for all populations; best value for public health system; and improved experience of providing care)
Level of Authority	<p>The Committee reports to, and has the authority to provide advice and recommendations to, the Hawkes Bay Clinical Council and Hawkes Bay Health Consumer Council.</p> <p>To assist it in this function the Committee may:</p> <ul style="list-style-type: none"> • Request reports and presentations from particular groups • Establish sub-groups as necessary to investigate and report back on particular matters • Request the commissioning of audits or investigations on particular issues • Co-opt people from time to time as required for a specific purpose. <p>The Committee's role is one of clinical governance, not operational or line management. Any issues impacting on operational performance must be addressed in partnership with relevant management and clinical leaders.</p> <p>Delegated Authority</p> <p>The Committee has delegated authority to:</p> <ul style="list-style-type: none"> • Make decisions and issue directives/guidelines on consumer experience issues (other than strategy) that: <ul style="list-style-type: none"> ▪ Relate directly to the function of the Committee as set out in the Terms of Reference; and

	<ul style="list-style-type: none"> Relate directly to the provision of, or access to, HBDHB or HHB Ltd publicly funded health services; and Are clinically and financially sustainable; and Are affordable within current budgets. <p>All such decisions and/or directives will be binding on all clinicians or other staff who provide and/or refer to public health services funded (in whole or part) by the HBDHB or HHB Ltd.</p>
Membership	<p>Membership</p> <ul style="list-style-type: none"> Four <u>Three</u> (34) Clinical Council representatives Four <u>Three</u> (34) Consumer Council representatives Health Services Directorates representative PHO representative <p>Tenure</p> <p>Until replaced by the group being represented</p>
Chair	<p>Co-Chairs</p> <ul style="list-style-type: none"> One appointed by Clinical Council from the four <u>three</u> Clinical Council representatives One appointed by Consumer Council from the four <u>three</u> Consumer Council representatives <p>Co-Chairs of the Committee shall not be a Chair or Co-Chair of either of the two Councils</p>
Quorum	<p>A quorum will be a minimum of two members from each of the two Councils plus one other member</p>
Meetings	<p>Meetings will be held quarterly at least 4 times per year, or more frequently at the request of the chair/co-chairs.</p> <p>Meetings shall be held at times and in locations that suit the membership, and the availability of relevant consumer experience survey information</p> <p>Decision making at meetings shall ideally be based on consensus</p>
Reporting	<p>A report shall be submitted to the Clinical Council and Consumer Council following each meeting of the Committee.</p> <p>A formal annual report shall be submitted within 3 months of the end of each financial year (30 June)</p> <p>A precis of the annual report shall be communicated to the sector, once received by both Councils.</p>
Minutes	<p>The minute secretary shall be a Consumer Experience Facilitator.</p> <p>Minutes and action plans will be circulated to all members within one week of the meeting taking place.</p>

10.1

	Te Pītau Health Alliance (Hawke's Bay) Governance Group
	For the attention of: HBDHB and Health Hawke's Bay Ltd Boards
Document Owner:	Bayden Barber, Chair
Author:	Janine Jensen, Senior Commissioning Manager (Te Pītau Health Alliance (Hawke's Bay) Governance Group delegate for Chris Ash, Executive Director of Primary Care)
Month:	September, 2019
Consideration:	For Information

10.2

Recommendation

That the Boards:

1. **Note** the contents of this report
2. **Review** HBDHB's Remuneration Policy in relation to current non-financial recognition of time and valuable contributions and expertise being received from Rangatahi stakeholder groups.

The Te Pītau Health Alliance (Hawke's Bay) Governance Group met on Wednesday 11 September 2019.

Significant issues discussed and agreed included:

Communications Plan

Deferred until October 2019 Te Pītau Governance Group meeting due to upcoming Elections, and new Comms staff commencing employment week commencing 16/09/10.

Rangatahi Services Redesign

Resolution

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

1. **Endorsed** the Kaupapa Plan
2. **Agreed** with the purpose, values, approach, rangatahi, working and stakeholder groups, and timeline of the project
3. **Agreed** to receive a proposed model in November 2019 (previously scheduled for December 2019)
4. **Agreed** to recommend to HBDHB Board that, in relation to current non-financial recognition of valuable contributions, advice and expertise being received from rangatahi stakeholder groups, that a review of HBDHB's remuneration policy be undertaken.

Three projects groups have been established, and stakeholder meetings held in August and September 2019, with Kaumatua involvement. The proposed model will be presented to the Te Pītau Governance Group by rangatahi roopu in November 2019.

Mental Health & Addiction (MH&A) Redesign

P&B workshops with representation from all stakeholders have been undertaken.

The purchase of professional services from Davanti Consulting Ltd to assist with facilitation and the design process.

Additional MH&A portfolio workload, i.e: Addictions, RFP (for mild to moderate clients), and a Crisis pilot with Counties Manukau, to be raised with the Executive Leadership Team (ELT) on 17/09/19.

Workforce development video-conference at MRB on 11/09/19 with Dr Diana Kopua (from Hauora Tairāwhiti) – Director, Te Kurahuna Ltd was discussed, and the possibility of co-investment.

Health Care Home

On track with projected programme timelines with three GP practices, namely: Te Mata Peak Practice; TToH; and, Totara Health.


**HAWKE'S BAY HEALTH CONSUMER COUNCIL
ANNUAL PLAN 2019/20**

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 collaboration
FUNCTIONS	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Development of health service priorities Strategic direction The reduction of inequities Participate, review and advise on reports, developments and initiatives relating to health service planning and delivery. Seek to ensure that services are organised around the needs of all consumers 	<ul style="list-style-type: none"> Identify and advise on issues that will improve clinical quality, patient safety and making health easy to understand. Seek to enhance consumer experience and service integration across the sector. Promote equity of access/treatment Seek to ensure that services are responsive to individual and collective consumer needs. 	<ul style="list-style-type: none"> Oversee implementation of the Consumer Collaboration Strategy for the Hawkes bay health system Ensure, coordinate and enable appropriate consumer engagement within the health system <ul style="list-style-type: none"> across Hawke's Bay within the Central region at National level Receive, consider and disseminate information from and to HBDHB, Health Hawke's Bay, Consumer groups and communities. Ensure regular communication and networking with the community and relevant consumer groups. Link with special interest groups as required for specific issues and problems solving.
STRATEGIES	<ul style="list-style-type: none"> 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 – internally and externally Engage early with project and planning teams, and standing committees, to ensure the consumer perspective is included in all outcomes and recommendations. Review and comment on all relevant reports, papers, initiatives to the Board. Ensure robust complaint/feedback systems are in place and that consumers are well informed and easily able to access these Consumer Council members to be allocated portfolio/areas of responsibility. 	<ul style="list-style-type: none"> Work with Clinical Council to develop and maintain an environment that promotes and improves: <ul style="list-style-type: none"> Putting patients / consumers at the centre Patient safety Consumer experience Clinical quality Health literacy Equity Promote initiatives that empower communities and consumers to take more responsibility for their own health and wellness. Promote a clinical culture which actively engages with patients / consumers at all levels, as 'partners in care'. Advocate / promote for Intersectoral action on key determinants of health. 	<ul style="list-style-type: none"> Raise the profile and community awareness of Consumer Council and the opportunities / options for enhanced consumer collaboration in decision making. Ensure good attendance and robust discussions at monthly Consumer Council meetings Co-ordinate consumer representation on appropriate committees and project teams at all levels: <ul style="list-style-type: none"> Within Hawke's Bay At Central Region and National levels Engage with HQSC programmes around consumer engagement and 'partners in care'. Maintain current database and regular communications with all Hawke's Bay health consumer groups/organisations. Provide regular updates on both the HBDHB and Health Hawke's Bay websites Ensure Consumer Council members continue to be well connected and engaged with relevant consumer groups and communities
OBJECTIVES 2018/19	<ol style="list-style-type: none"> Actively promote and participate in co-design processes for: <ul style="list-style-type: none"> Mental Health, Youth Actively promote and participate in co-design processes for: <ul style="list-style-type: none"> Primary Care Urgent care Actively participate in agreeing and implementing priority actions arising from the Strategic Plan (Whanau Ora Hāpori Ora) 	<ol style="list-style-type: none"> Monitor and assist initiatives that make health easy to understand within the health sector and community. 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. Monitor all 'Consumer Experience' performance measures/indicators/feedback/etc., to ensure 'changes on the ground' are noticed and that consumer experience and health outcomes are improving 	<ol style="list-style-type: none"> Support and monitor the implementation of the Consumer Collaboration Strategy and principles in Hawke's Bay Raise awareness of the work of Consumer Council



IS UPDATE/PRESENTATION

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

OVERVIEW

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

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

and the social inclusion vision:

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

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

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

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

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

ACTIONS REVIEW

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

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

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

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

HBDHB have provided the following feedback:

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

CURRENT ACTIONS

The HBDHB leads or partner to:

Regional Economic Development

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

Social Inclusion

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

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

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

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

YOUTH EMPLOYMENT OUTCOMES

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

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

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

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

GENERAL BUSINESS

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

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

CONCLUSION

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

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

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



Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

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

15. Minutes of Previous Meeting (Public Excluded)
16. Matters Arising – review of actions
17. Chair's report to Board (public excluded)
18. Topics of Interest – Member Issues / Updates

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

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

