



Hawke's Bay Health Consumer Council Meeting

Date: Thursday, 11 July 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)	Sarah Hansen
Malcolm Dixon (Co-Deputy Chair)	Dallas Adams
Dr Diane Mara (Co-Deputy Chair)	Wayne Taylor
Sami McIntosh	Les Cunningham
Deborah Grace	Denise Woodhams
Gerraldine Tahere (via teleconference)	Tumema Faioso
Daisy Hill	Jim Henry

Apologies:

In Attendance:

Kevin Snee, CEO
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.	CEO address	
4.	Interests Register	
5.	Minutes of Previous Meeting	
6.	Matters Arising – Review Actions	

7.	Consumer Council Workplan	
8.	Board Report for June	
9.	Consumer Council Annual Plan	
10.	Chair's Report – Rachel Ritchie	4.15
11.	Consumer Experience Committee Report	4.20
12.	Consumer Experience Facilitators Report – Nancy Barlow / Caryn Daum	4.25
13.	Committee Representatives Feedback 13.1 Te Pitau Report June 2019	4.30
	Section 2 – For Information and Discussion	
14.	Consumer feedback system and tools & presentation – Kate Coley	4.40
15.	PHO Flexible Funding presentation and discussion – Wayne Woolrich	5.00
16.	Brief on Wairoa (verbal) – Karyn Bousfield / Emma Foster	5.20
17.	Section 3 – Recommendation to Exclude	

Public Excluded

	Section 4 – Routine	
18.	Minutes of Previous Meeting (public excluded)	5.40
19.	Matters Arising – Review Actions (public excluded) - Nil	
20.	Topics of Interest – Member Issues / Updates	
21.	Karakia Whakamutunga (closing)	

NEXT MEETING:

Thursday, 15 August 2019, 4.00 pm

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

Our shared values and behaviours



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

Welcoming

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

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

Respectful

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

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

Kind

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

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

Helpful

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

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

1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

Positive

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

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

Learning

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

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

Innovating

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

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

Appreciative

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

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

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

Listens

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

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

Communicates

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

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

Involves

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

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

Connects

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

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

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

Professional

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

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

Safe

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

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

Efficient

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

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

Speaks up

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

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

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Interest Register

Hawke's Bay Health Consumer Council

03.07.19

Name Consumer Council Member	Interest eg Organisation / Close Family Member	Nature of Interest eg Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of Interest to
Rachel Ritchie (Chair)	Put the Patient First	Involved when group was active	Advocating for Diabetes Patients	Unsure	Real / potential / Perceived
	Sainsbury Logan and Williams, Solicitors	Employee	legal services	Yes	Potential/real as provides legal advice to some health care providers
Malcolm Dixon (Deputy Chair)	Hastings District Councillor	Elected Councillor		No	
	Scott Foundation	Allocation Committee		No	
	HB Medical Research Foundation Inc	Hastings District Council Rep		No	
James Henry	Health Hawke's Bay Ltd	Facilitator	Part-time role. Improving lifestyles for people with chronic illness.	No	
Sarah 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 Faiofo	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 13 JUNE 2019 AT 4.00 PM**

5

PUBLIC

- Present:**
- Rachel Ritchie (Chair)
 - Dr Diane Mara (Co-Deputy Chair)
 - Malcolm Dixon (Do-Deputy chair)
 - James Henry
 - Sarah Hansen
 - Deborah Grace
 - Les Cunningham
 - Olive Tanielu
 - Denise Woodhams
 - Jenny Peters
 - Sami McIntosh
 - Geraldine Tahere (via teleconference)
 - Daisy Hill
 - Tumema Faioso
- In Attendance:**
- Ken Foote, Company Secretary
 - Caryn Daum – Consumer Experience Facilitators
 - Jacqui Sanders-Jones, Board Administrator
 - Kate Coley, Executive Director of People & Quality
 - Wayne Woolrich, CEO Health HB
- Apologies:**
- Wayne Taylor
 - 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. INTRODUCTION TO NEW MEMBERS

Chair welcomed and then introduced two new members to the HB Health Consumer Council:

- **Daisy Hill**
- **Tumema Faioso**

A round table of introductions followed for benefit of the new members.

Wayne Woolrich introduced himself and explained his role as CEO of Health HB. Wayne gave a brief overview of the work of Health HB, in that they fund directly to medical centres to subsidise government levy for patients along with apportioning funds into targeted programmes.

3. APOLOGIES

Wayne Taylor and Dallas Adams.

Noted that Nancy Barlow, Consumer Experience Facilitator and Deb Higgins, as Clinical Council representative had also sent their apologies.

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 9 May 2019 were confirmed as a correct record of the meeting.

Moved by Jenny Peters

Seconded by Gerraldine Tahere

Carried

6. MATTERS ARISING AND ACTIONS

Item 1: Violence Intervention Programme

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

Item 2: MoH Teleconference re: Planned Care Approach/Framework

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

Item 3: IT Project Priorities

Feedback received from members offline and collated back to Anne Speden, Chief Information Officer. *Complete*

Item 4: Consumer Feedback tools – For July work plan

7. CONSUMER COUNCIL WORK PLAN

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

8. CONSUMER COUNCIL'S BOARD REPORT

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

9. CONSUMER COUNCIL ANNUAL PLAN

No comment

10. CHAIR'S REPORT

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

Reflecting on Positives:

- Health awards – now includes a 20% focus on consumer outcomes experience for judging criteria
- New members welcomed to the group.
- IS are being a receptive audience to consumer's feedback on IT issues.
- After Hours Steering Group – Please it has been agreed to have another consumer representative on this steering group

- Person and Whanau Centered Care (PWCC) – thanks to team involved with getting this piece of work complete.

Reporting back from Clinical Council on Wednesday 12 June, request from Clinical Council to have consumer council representation. Please make contact with Chair if this is of interest.

Currently we have no member representative from Central Hawke's Bay, so will look to advertise position more widely.

11. CONSUMER EXPERIENCE FACILITATORS REPORT

Report was noted and further update on activities was provided by Caryn Daum:

Consumer Experience Facilitators recently met with Anne Speden as looking at developing a local patient's survey which will be simpler and quicker to complete.

Preferred response is seeming to be to email survey requests rather than SMS or mobile phone links, as no cost to consumer taking the survey (text message cost or data use charges). Working with IS to ensure correct email addresses for patients are captured upon admission. HBDHB plan is to send appointments through electronic mail rather than hard copy post.

Kate Coley, Executive Director of People & Quality confirmed that the PWCC campaign will have a full time facilitator and will show how feedback has been collated, used and implemented. Noted from member, that the follow up process of any campaign needs to also have an 'end' process so as to show the participant what has happened to their input/response and makes them feel valued.

12. CONSUMER EXPERIENCE COMMITTEE REPORT

Committee met on 27 May. Made resolutions including support of PWCC paper and changes to draft literacy policy, but no quorum so subject to approval at next meeting. Other topics of discussion included:

- Discussed patient charter with some additions made
- Posters ready to put up for consumer experience feedback, showing consumers how to feedback to HBDHB and to raise awareness of the importance and value of their opinion.
- Communications are to be more consumer friendly.
- A recent trend analyses showed that complaints in regards to staff communication were weighing higher than any other area.
- Shared the consumer success story regarding change of heart failure clinic to heart function clinic; resulting in a dramatic fall in DNA rates for this clinic.

13. COMMITTEE REPRESENTATIVE FEEDBACK

Te Pitau Alliance Governance Group

Report noted. Update from Rachel Ritchie as they met yesterday

Chair outlined this alliance between PHO & DHB to work together to find ways to deliver services seamlessly between secondary and primary care. Governors of group consists of representatives as follows:

3 x HBDHB, 3 x PHO, 1 x Clinical council, 1 x Consumer council, 1 x MRB

After Hours Care Service group

Jenny Peters sits on the steering group (and has since its inception 2015) and informed committee that feeling is moving towards much better consumer consideration. Felt there is a need to consider the

capitation as afterhours appointments are too expensive for consumers. Nurse led service in Napier is good and have trialed different approaches (i.e. with St John support which has since been removed as was not working well). Jenny's view is that the current model works well and the best option for consumer would be same model for Hastings.

Wayne Woolrich, CEO Health HB, responded with thanks to Jenny for her valuable consumer perspective. Great to have another consumer member join the steering group to provide input from a Hastings perspective. Confirmed the direction of travel is to emulate the model of Napier's nurse led after hours' services.

Professional Standards and Performance Committee

Sami McIntosh gave an update from this committee. Credentialing for medical staff is this group's primary focus. Other topics included:

- Discussions noting a need for a clinical director in Wairoa.
- Need to create a local register of where clinical staff are at with training and accreditation.

Integrated Pharmacy Meeting

Attended by Denise Woodhams and group chaired by Di Vicary. Discussion included:

- Under 18s receiving free prescriptions.
- Challenges with E-prescriptions.
- Pharmacy Strategy Group are information gathering at moment.

NASC Audit group

Attended by Diane Mara. This group shared the disability strategy and support the move towards PWCC. Not many people in community understand what NASC is or does so NASC service has been advised to raise profile of service and be more responsive to Maori and Pasifika.

SECTION 2: FOR INFORMATION AND DISCUSSION

14. HB HEALTH STRATEGY (Round 2)

Chris Ash, Executive Director of Primary Care & Kate Rawstron, Head of Planning & Strategic Projects, returned to committee with a revised document of Health Strategy to determine that the direction of travel for this next iteration of the strategy is correct. This is a foundation document and has to meet requirements of many stakeholder groups.

All feedback has been incorporated and this is an opportunity to further comment.

Committee comments included:

- Language of the key messages to be addressed to enable consumers to see how the strategy moves from A – B.
- Goal 3 – Equity for Maori – what does this look like as isn't written or expressed.
- Digitally enabled health system – suggestion to use more functioning language.
- How are you measuring the success? What are the milestones? How do you know the plan is working?
- Broad system goals are necessary – what does the translation of these goals to implementation look like? This is where detail is really required and where it should be measured.
- Interest lies in the economic changes for consumers in the implementation process – see what the changes are going to be from current system over the next ten years.

Overall agreement of Health Strategy from committee; with the understanding that the implementation phase is the part of the HB Health Strategy that really counts and importance of co-design highlighted in forming the detail in the implementation.

Any further comment to be provided through to kate.rawstron@hbdbh.govt.nz

Kate Coley acknowledged all the work of Chris Ash & Strategy team.

Equity Framework – Nick Jones

Equity Framework document was tabled as a late paper at the meeting

This is a complimentary tool to the HB Health Strategy and a good connection with PWCC.

Nick Jones explained the existing framework has been reviewed and produced five key ideas for Hawke's Bay which work in a cycle of co-design, implementation and review. Consumers and whanau are involved at every stage of the cycle. Important to embed this process cycle and make a reality. The diagram provided shows the equity framework as a co- design and 'change' process. As members had not had time to read and digest the paper they were asked to do this after the meeting and provide feedback by email.

ACTION: Email copy of Equity Framework and supporting document to Consumer Council members, with requesting views and comment to Jacqui.sanders-jones@hbdhb.govt.nz by next Thursday. Feedback will be collated and sent to Nick Jones.

Comments:

- NZ Disability Framework absent.
- Would be good to see more interaction between four areas. I.e. whanau should cover all and not necessarily be a separate section for each area.

15. HBDHB ANNUAL PLAN

The Annual Plan 19/20 was noted, with any further information requests to be sent to Chris.ash@hbdhb.govt.nz. There was no discussion on this document as the Chair understands it is required for compliance purposes with MOH.

RECOMMENDATION:

It is recommended that the **HB Consumer Council:**

1. **Review** and **endorse** documents
2. **Note** that a final version will be presented at the June Board for sign off

Adopted

16. PERSON & WHANAU CENTERED CARE ACTIONS

Kate Coley, Executive Director of People & Quality acknowledged support from Ken Foote, Les Cunningham, Deborah Grace, and Nancy Barlow & Caryn Daum for their hard work and contribution to Person and Whanau Centered Care paper complete.

PWCC is an initiative from a joint meeting earlier in the year, responding to a recommendation from Board that PWCC become the status quo at HBDHB.

Acknowledged that there are pockets of great practice of PWCC around HBDHB already, but there is a requirement for more focus and prioritisation.

This piece of work is specifically targeted at achieving the strategy goals:

- Community-led system and
- PWCC

Clinical Council endorsed the recommendations, so this paper will be coming through well supported by clinical and consumer councils to Board in June.

Comment:

- Consumer input has been really good and level of engagement was appreciated.

- Concern over culture change from clinicians. Importance of getting the right clinical lead to work in partnership with clinical leaders to champion PWCC and create a social movement amongst clinicians.
- Important that the system gives the *time* the patient *needs* not just allocated time
- Chair requested information to be included/addressed on :
 - Where the most impact is (i.e. chronic conditions), and
 - How it improves health outcomes/social change; citing examples so the change can be understood in practice;
 - Recognise in the paper that the 'system' needs to change to support PWCC;
 - Championing the changes already made by way of example i.e. heart function clinic.

Noted that the new PWCC facilitator will have to communicate effectively with everyone in the system and especially those in community. Importance of their role in communicating with a diverse range of communities was highlighted by committee member.

RESOLUTION:

That **HB Health Consumer Council:**

- Endorse the identification of a Clinical Lead who will work with the Executive Director of People & Quality to support this programme
- Endorse the appointment of a fixed term (2 years) Person & Whānau Centered Care Manager to manage the implementation of the programme of work
- Endorse the appointment of a fixed term (2 years) Communications/Campaign Facilitator
- Note the overarching programme structure and potential work streams

Moved: Les Cunningham

Seconded: Malcolm Dixon

Carried

17. SECTION 3: RECOMMENDATION TO EXCLUDE

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

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

Moved: Diane Mara

Seconded: Les Cunningham

Carried

The meeting closed at 5.46 pm.


Confirmed: _____
Chair

Date: _____

HB HEALTH CONSUMER COUNCIL - MATTERS ARISING (Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	11/10/18	Violence Intervention Programme Consumer input on VIP. VIP being renewed. <i>(Note: to be kept on matters arising for follow up in the New Year).</i>	G Tahere	Feb/Mar 2019	Remain as action point
2	11/10/18	MoH Teleconference re: Planned Care Approach/Framework Awaiting feedback post teleconference from MoH	Company Secretary	Ongoing	Information to be sent to members when received
3	11/04/19	Consumer Feedback Tools Report from ED P&Q on tools used and how they are being evaluated	ED P&Q / CE Facilitators	May	Proposed presentation from Kate in June or July meeting TBC.

GOVERNANCE WORKPLAN PAPERS									
Updated: 26 June 2019									
CLINICAL & CONSUMER MEETING 10/ 11 July 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				10-Jul-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				10-Jul-19		31-Jul-19	
CLINICAL & CONSUMER MEETING 14/15 August 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Alcohol Harm Reduction Strategy (6 monthly update) Feb - Aug		Bernard TePaa	Rachel Eyre	13-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Annual Plan 2019/20		Chris Ash	Robyn Richardson	6-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				14-Aug-19			
Clinical Council Annual Plan 2019/2020 discussion on the year ahead		Jules Arthur / John Gommans				14-Aug-19			
Clinical Council Annual General Meeting						14-Aug-19			
HB Health Awards - preparation for judging 2019-2020	E	Kevin Snee	Anna Kirk	30-Jul-19		14-Aug-19	15-Aug-19		28-Aug-19
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				14-Aug-19		28-Aug-19	
HB Health Strategy - APPROVAL		Chris Ash	Kate Rawstron	13-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
CLINICAL & CONSUMER MEETING 11/12 September 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				11-Sep-19			
Health Certification Audit Findings (sept19)	E	Kate Coley		27-Aug-19		11-Sep-19		25-Sep-19	
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept-Mar	E	Bernard TePaa	Shari Tidswell	27-Aug-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept) last one in cycle	E	Wayne Woolrich		27-Aug-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
Serious Adverse Events FULL REPORT		Robyn Whyman		3-Sep-19		11-Sep-19		25-Sep-19	
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		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	E	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	

	Hawke's Bay Health Consumer Council
	For the attention of: HBDHB Board
Document Owner:	Rachel Ritchie (Chair)
Month:	June 2019
Consideration:	For Information
RECOMMENDATION That the HBDHB Board : <ol style="list-style-type: none"> 1. Note the content of the report. 2. Adopts the recommendations in the Person & Whanau Centered Care paper 	

Council met on Thursday 13 June 2019. An overview of matters discussed is provided below:

MEMBERSHIP

Two new members attending their first meeting were welcomed and introduced:

- Tumema Faioso
- Daisy Hill (Hastings District Youth Council representative)

Two long serving members were retiring, having completed the maximum of six years service:

- Jenny Peters
- Olive Tanielu

Both were sincerely thanked for their contributions over these early years of the Consumer Council development and operation.

REPORTS

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

- Consumer Experience Facilitators
- Consumer experience Committee
- Te Pitau Health Alliance Governance Group
- After Hours Care Service Group

- Professional Standards and Performance Committee
- Integrated Pharmacy Group
- NASC Audit Group

The increasing number of reports coming from consumer representatives, illustrates how consumer engagement is slowly expanding.

HAWKES BAY HEALTH STRATEGY

Council reviewed and discussed the latest draft of the Strategy presented at the meeting, and appreciated the opportunity to once again provide further input, noting the inclusion in this draft of feedback previously provided.

There were three themes to the feedback provided on this draft:

- There was discussion about the Measures of Success - some found them vague; some accepted that in undertaking a 'new approach' and a 'co- design' approach the goals were not known yet. It was however noted that more detail supporting these high levels objectives and measures will be developed and agreed during the implementation planning phase.
- Members, on the whole, were more interested in the implementation phase when the 'direction of travel of the 6 headline goals can be seen in 'action'.
- Members were still concerned about some of the language used throughout the document, e.g.:
 - difficult to see the picture it was painting;
 - technical terms used, particularly in the Digitally Enabled Health System goal were out of touch with a consumer approach which was 'that they wanted their IT health record to work across the system';

Overall there was general support for this draft of Health Strategy, noting that there are still some refinements to be made following this round of discussions and feedback. There was also understanding that the implementation phase is the part of the HB Health Strategy that really counts and importance of co-design highlighted in forming the detail in the implementation.

HBDHB ANNUAL PLAN

The Annual Plan was briefly discussed in the context that this is a compliance document and the Chair explained there was nothing to contribute from a consumer perspective. No issues were raised by members

PERSON & WHANAU CENTRED CARE

Council noted in receiving this paper that:

- PWCC as an initiative arising from a joint workshop between Clinical and Consumer Councils in March
- This report was in direct response to a Board resolution
- Council members Les Cunningham and Deborah Grace had been involved in the development of the report and recommendations

Key points raised during discussion included:

- There has been discussion at Consumer Council for some years about the health outcomes that come from a model focused on the needs of patient and whanau.
- Concern over culture change from clinicians. Importance of getting the right clinical lead to work in partnership with clinical leaders to champion PWCC and create a social movement amongst clinicians.
- Important that the system gives the *time* the patient *needs* not just allocated time.
- Clinical Council had endorsed the paper.
- Noted that the new PWCC appointments will have to communicate effectively with everyone in the system and especially those in community.
- Appropriate information to be included/addressed in the paper :
 - Where the most impact is? (i.e. chronic conditions) and
 - How it improves health outcomes/social change and citing examples,
 - Recognise that the 'system' needs to change;
 - Championing examples of the practical changes already made i.e. heart function clinic, mental health co-design group.

Following discussion, and taking account of changes to be made to the paper as necessary to reflect the feedback provided, Council endorsed the paper and the recommendations, recognising that to make these changes in practice resource needs to be allocated. These recommendations are therefore recommended to the Board for adoption.

1737 MENTAL HEALTH SUPPORT LINE

A general concern was raised by one member about apparent unacceptable response times and general inefficiency of the 1737 Mental Health Support Line. Whilst individuals will continue to raise their concerns directly, Council agreed that HBDHB support would be beneficial.

HAWKES BAY HEALTH CONSUMER COUNCIL ANNUAL PLAN 2018/19

ACTION/PROGRESS REPORT

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

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



CHAIR'S REPORT



CONSUMER EXPERIENCE COMMITTEE

Verbal report



CONSUMER EXPERIENCE FACILITATORS REPORT

July 2019

Consumer/Patient and their Whanau Experience

- Meetings continue with PHO and DHB for real time feedback survey appropriate to our demographic. This includes identifying service areas to be included in initial trial survey and the development of survey questions. Questions will then be taken through the consumer experience committee and Maori Relationship Board for input and feedback.
- National Inpatient Survey completion rates for HBDHB have risen from mid-teens to mid-high twenties
- Consumer Charter and Health Literacy Policy finalised by CEC and pending endorsement by Clinical Council members.

Community Engagement


- Meeting with Surgical Services Directorate in July to progress and set up the surgical consumer advisory group.
- Received information from external platform provider, (Be collective), working through what is feasible with IS. (To gain a better view of our volunteers, their interests, activities they are involved in and hours of voluntary work they have provided.)
- Volunteer celebration organised for volunteers in health in Hawke's Bay, good feedback received from volunteers and staff.

Other

- Implementation of the new feedback and event reporting system has been delayed, due to technical issues. Work will continue to support the new implementation date.
- Recognising volunteers – communications on Facebook and Our Hub to raise awareness about the variety of work volunteers undertake in Healthcare in Hawke's Bay. A celebration lunch was held, positive feedback received from volunteers and staff.
- Working with Operations and Facilities to make a more comfortable area for the front of house volunteers. Volunteers have voiced that they like where they are positioned and at this stage, do not wish to move.
- Ongoing Health Literacy review of patient information for Gastroenterology Unit
- Improvement project with Speech Language Therapy to make resources easier to understand.
- Working with communications team and pharmacy to raise consumer/whanau confidence and awareness to ask about their medications.
- 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.
- Attended Advance Care Planning training.



COMMITTEE REPRESENTATIVE FEEDBACK

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

13.1

Recommendation That the Boards: 1. Note the contents of this report.

The Health Alliance Governance Group met on Wednesday 12 June 2019. Significant issues discussed, including Resolutions, are noted below:

Communication Plan

A Senior Communications Manager appointment made on 7 June will be shared jointly between Health Hawke's Bay, and HBDHB's Primary Care and Health Equity & Improvement Directorates. The new appointment will prioritise a high level Communications Plan outlining the intent of the Te Pītau Health Alliance, and highlight initiatives currently being driven by the Governance Group

Mental Health & Addiction (MH&A) Redesign - to extend scope to consider whole continuum of care

Resolution Te Pītau Governance Group members: 1. noted the contents of the report and letter dated 24/05/19 from MH&A clinicians to Bayden Barber 2. agreed that impacts on all services, inclusive of Ngā Rau Rākau (Mental Health inpatient services), be included as part of the scope of work for the model of care continuum for the MH&A redesign 3. agreed that review of internal systems and process within Ngā Rau Rākau in the redesign are not included.

MH&A clinicians advised on challenges regarding capacity issues within Ngā Rau Rākau (the Inpatient Unit), partially attributed to limited options available in residential settings, and increased length of stay regarding the provision of care for long-term and high complex patients within Ngā Rau Rākau.

System Level Measures (SLM) Improvement Plan 2019/20 (sign-off)

Resolution

Te Pītau Governance Group members:

1. **noted** the contents of this report and the attached documents
2. **approved** the 2019/2020 SLM Improvement Plan for sign-off.

A transition year for HBDHB was noted.

Information Systems (IS) Strategy

A business-led 'One Health Ecosystem' was received, which advised on engagement with various internal/external stakeholders. Te Pītau Governance Group members welcomed the approach and identified several priority areas to focus out-of-hospital developments.

Rangatahi Services Redesign

Resolution

Te Pītau Governance Group members:

1. **agreed** to the need to redesign rangatahi service delivery in Hawke's Bay to remove the existing equity gaps
2. **agreed** that any future model should be informed by kaupapa Māori models of service design and delivery, and using the success factors of the Tō Waha initiative and focussing on the obligations under the Treaty of Waitangi
3. **agreed** that regular reporting on progress and monitoring of performance should be through a rangatahi Service Level Alliance to the Te Pītau Governance Group.

Te Pītau Chair advised that his expectation of the Alliance is that redesign will be conducted with appropriate leadership, expertise and discharge of Treaty obligations at every stage.

A new model and contract requires completion prior to 2020.



CONSUMER FEEDBACK SYSTEM & TOOLS PRESENTATION

HB Health Consumer Council 11 July 2019 - Consumer Feedback System & Tools

Current State	Challenges / Issues	Risks	Doing	By When	To be done
Feedback can be given face to face, by phone, online, by email. Feedback includes complaints & compliments	Webpage and contact information outdated		Web and contact us page update	End August 2019	
	Some consumers unaware of how to give feedback		Posters to raise awareness		
	Mechanisms for giving feedback may not be appropriate for all consumers				Focus groups to listen to consumer feedback
	Feedback forms (paper and online) outdated		Update form		
			Auto response to online feedback		
	Response can be seen as more of a process vs being consumer centric		Template response guides for services	End June 2019	Encourage staff to pick up the phone and talk to consumers wherever possible
	Capacity constraints for frontline staff and managers (actual/perceived) to respond to feedback within required timeframes and make improvements to close the loop				Admin review
	Lack of appetite/skill/culture at frontline around customer service.		Template response guides for services written	End August 2019	Encourage staff to resolve frontline complaints.
	Ability to report themes limited in current system		New RADAR system. Includes more detailed information input to allow theme reporting		Upgraded feedback system go live July 2019 (RADAR)
			Develop staff training to use new RADAR system	Start Jul 19	Train staff to use RADAR system
			Provide 1/4ly results to services in simplified format until new system goes live	Started April 2019	Provide 1/4ly reports to FRAC in simplified format until new system goes live. Utilise report facility in new system
			You said we did template guide (currently based on individual complaints)	End May 2019	Broaden scope to match identified themes
Inpatient Experience Survey 1/4ly (Legislated must do) and fortnightly (optional)	Increase of spam/scams - consumers may not believe survey is real.	Raise awareness	Posters	End June 2019	Communication strategy so not one off approach
	Survey length	Consumers start but don't finish Responses skewed	Lobby HQSC/MOH Include auto reminder Investigate system ability to weight data sample to better represent HB demographic	Ongoing (lobbying) Auto reminder completed Investigate weighting by end of May	Develop Local survey (see below).
	How questions are worded				
	Not health literate				
	Responses don't provide balanced picture of HB population				
	Consumer email addresses may be more for social media use rather than day to day use				
	Use of personal data to answer survey may limit response				Local survey completed onsite at hospital
	Email information missing from records (limits pool of consumers who can be surveyed)	Resource, other peoples staff (buy in)			Discussion with services about importance and benefits of having email addresses (e.g. ability to email appointments, reminders etc)
					Develop process to increase email collection, update documentation and train staff
		resources (for local survey)			Develop short local survey
		Report functionality			
		Delivery methods			Develop delivery methods to suit needs
Service Specific surveys (maternity, mental health, paediatrics)	Organisational policy to govern survey use not widely known (or used)	Survey fatigue Viewed as less professional			Raise awareness of survey policy - refresh regularly



PHO Flexible Funding Presentation and discussion



Brief on Wairoa (verbal)



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:

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

