



Hawke's Bay Health Consumer Council Meeting

Date: Thursday, 2 July 2020

Meeting: 4.00 pm to 6.00 pm

Venue: Te Waioira Boardroom, HBDHB Admin Building, Floor 2

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
Oliver Taylor
Angie Smith

Apologies:

In Attendance:

Dr Andy Phillips, Chief Allied Health Professions Officer (ELT Consumer Council Lead)
Susan Barnes, Patient Safety & Quality Manager
Caryn Daum and Nancy Barlow – Consumer Experience Facilitators
Debs Higgins, Clinical Council Representative
Wayne Woolrich – CEO Health Hawke's Bay
Toni McGill - Council Administrator

Public

Item	Section 1 – Routine	Time (pm)
1.	Karakia Timatanga (Opening) / Reflection	4:00pm
2.	Introductions (Dr Andy Phillips and Council members) and Apologies	4.05pm
3.	Interests Register	4.15pm
4.	Minutes of Previous Meeting (Public)	
5.	Matters Arising – Review Actions (Public)	

Item	Section 1 – Routine	Time (pm)
6.	Consumer Council Workplan	
7.	Consumer Council Board Report for June (for information)	
8.	Planning & Funding Report to Board for June (for information)	
9.	Provider Services Report to Board for June (for information)	
10.	Chief Executive Officer's Board Report for June (for information)	
11.	Chair's Report (verbal) – Rachel Ritchie	
12.	Consumer Experience Facilitators Report – Nancy Barlow / Caryn Daum	
13.	Committee Representatives Feedback Consumer members on Committees – Groups list (Maximum 5 minutes each) 13.1 PAG (Partnership Advisory Group) – Deborah Grace 13.2 Disability Working Group – Diane Mara 13.3 Clinical Council – Les Cunningham (verbal) 13.4 PSAG Pharmacy Design – Denise Woodhams	4.25pm
Item	Section 2 – For Discussion/Or Approval	Time (pm)
14.	HB Health Awards – Preparation for judging 2019/20 – Anna Kirk (for info and update - verbal) – (5 minutes)	4.45pm
15.	Communication Framework – Nancy Barlow (For discussion/approval) – (30 minutes)	4.50pm
16.	Consumer Council Membership Update – Dr Andy Phillips verbal (10 min verbal)	5.20pm
17.	Section 3 – Recommendation to Exclude the Public	5.30pm

Public Excluded

	Section 3 – Routine	
18.	Minutes of Previous Meeting (Public Excl)	
19.	Matters Arising – Review Actions (Public Excl)	
Item	Section 4 – For Discussion/Or Approval	
20.	Skin Cancer Pathway in Primary Care (Public Excl) – (For information & feedback) – Emma Foster, Penny Rongotoa, Wayne Woolrich, Dr Alan Wright, Sonya Harwood - Health Hawke's Bay (10 minutes)	5.30pm
21.	Household Management Review – (Public Excl) – (For information and discussion if time permits) – Emma Foster	5.40pm
22.	Consumer Council Annual Plan 2019/20 – Progress Report – (10 minutes): <ul style="list-style-type: none"> Objective 6 – NOT REPORTED ON – NOT ACTIONED DUE TO CEC RESTRUCTURE 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 – (Diane) Objective 7 – Support and monitor the implementation of the Consumer Collaboration Strategy and principles in Hawke's Bay – (Rachel, Denise & Deborah) 	5.40pm

HB Health Consumer Council 2 July 2020 - Agenda

23.	Topics of Interest – Member Issues / Updates <ul style="list-style-type: none"> - One month pharmacy scripts - Dr Andy Phillips (5 minutes) - Heather Simpson Report – discussion (5 minutes) 	5.50pm
24.	Karakia Whakamutunga (closing)	6.00pm

NEXT MEETING:**Thursday, 6 August 2020**

Boardroom, HBDHB Corporate Office, Cnr Omaha Road & McLeod Street, Hastings or zoom (TBA)

Our shared values and behaviours



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

Welcoming	<ul style="list-style-type: none"> ✓ Is polite, welcoming, friendly, smiles, introduce self ✓ Acknowledges people, makes eye contact, smiles 	<ul style="list-style-type: none"> ✗ Is closed, cold, makes people feel a nuisance ✗ Ignore people, doesn't look up, rolls their eyes
Respectful	<ul style="list-style-type: none"> ✓ Values people as individuals; is culturally aware / safe ✓ Respects and protects privacy and dignity 	<ul style="list-style-type: none"> ✗ Lacks respect or discriminates against people ✗ Lacks privacy, gossips, talks behind other people's backs
Kind	<ul style="list-style-type: none"> ✓ Shows kindness, empathy and compassion for others ✓ Enhances people's mana 	<ul style="list-style-type: none"> ✗ Is rude, aggressive, shouts, snaps, intimidates, bullies ✗ Is abrupt, belittling, or creates stress and anxiety
Helpful	<ul style="list-style-type: none"> ✓ Attentive to people's needs, will go the extra mile ✓ Reliable, keeps their promises; advocates for others 	<ul style="list-style-type: none"> ✗ Unhelpful, begrudging, lazy, 'not my job' attitude ✗ Doesn't keep promises, unresponsive

1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

Positive	<ul style="list-style-type: none"> ✓ Has a positive attitude, optimistic, happy ✓ Encourages and enables others; looks for solutions 	<ul style="list-style-type: none"> ✗ Grumpy, moaning, moody, has a negative attitude ✗ Complains but doesn't act to change things
Learning	<ul style="list-style-type: none"> ✓ Always learning and developing themselves or others ✓ Seeks out training and development; 'growth mindset' 	<ul style="list-style-type: none"> ✗ Not interested in learning or development; apathy ✗ "Fixed mindset, 'that's just how I am', OK with just OK
Innovating	<ul style="list-style-type: none"> ✓ Always looking for better ways to do things ✓ Is curious and courageous, embracing change 	<ul style="list-style-type: none"> ✗ Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done
Appreciative	<ul style="list-style-type: none"> ✓ Shares and celebrates success and achievements ✓ Says 'thank you', recognises people's contributions 	<ul style="list-style-type: none"> ✗ 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	<ul style="list-style-type: none"> ✓ Listens to people, hears and values their views ✓ Takes time to answer questions and to clarify 	<ul style="list-style-type: none"> ✗ 'Tells', dictates to others and dismisses their views ✗ Judgmental, assumes, ignores people's views
Communicates	<ul style="list-style-type: none"> ✓ Explains clearly in ways people can understand ✓ Shares information, is open, honest and transparent 	<ul style="list-style-type: none"> ✗ Uses language / jargon people don't understand ✗ Leaves people in the dark
Involves	<ul style="list-style-type: none"> ✓ Involves colleagues, partners, patients and whanau ✓ Trusts people; helps people play an active part 	<ul style="list-style-type: none"> ✗ Excludes people, withholds info, micromanages ✗ Makes people feel excluded or isolated
Connects	<ul style="list-style-type: none"> ✓ Pro-actively joins up services, teams, communities ✓ Builds understanding and teamwork 	<ul style="list-style-type: none"> ✗ Promotes or maintains silo-working ✗ 'Us and them' attitude, shows favouritism

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

Professional	<ul style="list-style-type: none"> ✓ Calm, patient, reassuring, makes people feel safe ✓ Has high standards, takes responsibility, is accountable 	<ul style="list-style-type: none"> ✗ Rushes, 'too busy', looks / sounds unprofessional ✗ Unrealistic expectations, takes on too much
Safe	<ul style="list-style-type: none"> ✓ Consistently follows agreed safe practice ✓ Knows the safest care is supporting people to stay well 	<ul style="list-style-type: none"> ✗ Inconsistent practice, slow to follow latest evidence ✗ Not thinking about health of our whole community
Efficient	<ul style="list-style-type: none"> ✓ Makes best use of resources and time ✓ Respects the value of other people's time, prompt 	<ul style="list-style-type: none"> ✗ Not interested in effective use of resources ✗ Keeps people waiting unnecessarily, often late
Speaks up	<ul style="list-style-type: none"> ✓ Seeks out, welcomes and give feedback to others ✓ Speaks up whenever they have a concern 	<ul style="list-style-type: none"> ✗ 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

Updated June 2020

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	
	Te Matau a Maui Health Trust Board	Board Member	Appointed by HBDHB	No	
	Scott Foundation	Allocation Committee		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 to declare				
Sami McIntosh	HBDHB	Registered Nurse	Hospital	Yes	Employee
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	Strive Rehabilitation @ Hawke's Bay Trust	Trustee		No	
Tumama Faoso	Nil to declare				
Daisy Hill	Nil to declare				
Oliver Taylor	Nil to declare				
Angela Smith	DHB Board Chair	Related	Advocating for Wairoa and Maori	Yes	Real

**MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL
HELD VIA ZOOM ON THURSDAY, 4 JUNE 2020 AT 4.00 PM**

PUBLIC

Present: Rachel Ritchie (Chair)
Dr Diane Mara (Co-Deputy Chair)
Malcolm Dixon (Co-Deputy Chair)
James Henry
Sarah Hansen
Deborah Grace
Dallas Adams
Les Cunningham
Sami McIntosh
Denise Woodhams
Gerraldine Tahere
Daisy Hill
Oliver Taylor
Angie Smith
Tumema Faioso

In Attendance: Emma Foster, Interim Manager - Planning & Funding
Wayne Woolrich – CEO Health Hawke's Bay
Sue Barnes, Patient Safety & Quality Manager
Nancy Barlow & Caryn Daum - Consumer Experience Facilitators
Debs Higgins – Clinical Council representative
Lisa Jones – Portfolio Manager Planning & Funding
Toni McGill - Council Administrator

Apologies:

SECTION 1: ROUTINE

1. KARAKIA TIMATANGA (OPENING) / REFLECTION

Rachel Ritchie (Chair) welcomed everyone to the meeting. Jim, Nancy, Lisa and Caryn joined the meeting at 4.22pm.

Jim Henry opened the meeting with a Karakia.

2. APOLOGIES

Apologies received from Craig Climo, Chris Ash

3. INTERESTS REGISTER

No new interests were noted by members.

4. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Hawke's Bay Health Consumer Council meeting held on 7 May 2020 were confirmed as a correct record of the meeting.

Moved: Les Cunningham

Seconded: Malcolm Dixon

Carried

5. MATTERS ARISING AND ACTIONS

Item 1: 1737 Support Line

Emma Foster EDP&F spoke to this on behalf of Jill Garrett Portfolio Mgr. A report has been requested from Homecare Medical. Daisy and Deborah met with Homecare representative to discuss the timing delay and feel it requires further discussion. Jill and Deborah will regroup prior to meeting with Homecare Medical again. Jill was acknowledged once again for her work on this.

Action: Further update to be provided at July meeting – EDP&F

Item 2: Communication Plan

HBDHB Communications team required to provide input into the plan. Postponed until July meeting.

Action: Update on progress in July meeting - CEFs

Item 3: Vulnerable Adult Policies / Guidelines

The Disability Working group are meeting next week. Disability Plan has no budget currently. Diane will put up the idea of having a Disability advocate. The Vulnerable Adult Policy has stalled due to COVID. Lisa Jones, Portfolio Manager will be restarting. Update in July.

**Action: Update on Policy in July meeting – Lisa Jones, Portfolio Manager
Update on Disability Working Group meeting – Diane Mara, CC member**

Item 4: Electives Update

Penny Rongotoa, Portfolio Manager is to present on Planned Care at this meeting.

Item 5: New Member Orientation

An outline for new member orientation had been put together pre-COVID. Work will now recommence on this, including the induction session for new members.

Item 6: Induction Manual Review

A fortnightly meeting has been arranged to discuss any issues. Oliver, Les, Nancy and Caryn are working on capturing all feedback from the members of the Consumer Council. Members were asked to provide their feedback if they hadn't thus far.

Item 7: Connecting with Consumers around Pharmacy and Medicines

Rachel Ritchie sent an email to the Chief Pharmacist at MOH in March. A second letter is to go to the Community Pharmacists. Rachel is waiting to hear when it is appropriate to go. Ongoing.

Item 8: Projects update

Emma Foster will give an update on the projects being completed at the DHB. Rachel asked for advice on the consumer engagement included in each project.

**Action: Emma (EDP&F) to give an update on project mahi – July
Emma (EDP&F) to confirm there is consumer engagement on every project**

Item 9: Planning/TOR Reset

This work is ongoing and has a restart after COVID and the TOR will be included in that work.

Action: Rachel (Chair) and Diane (Deputy Co-Chair) to update – July

6. CONSUMER COUNCIL WORK PLAN

The Consumer Council Work Plan was included in the papers for information.

Papers on the workplan include; HB Health Awards prep for judging, Alcohol Harm Reduction Strategy, Matariki update.

Action: Home Help Report expected at July meeting – EDP&F

7. CONSUMER COUNCIL REPORT TO BOARD

The Chairs report to the Board in May was taken as read with the following comments listed below:-

- Emma (EDP&F) stated the CIMS Review is about to take place. The group undertaking the review has asked how Consumer Council wish to be involved in that review? Council members would prefer to see the CIMS Review brief before advising how they would best be involved.

Action: Emma (EDP&F) to access CIMS Review brief for CC members and email it to members

8. PLANNING & FUNDING REPORT TO BOARD

The Planning & Funding Report to Board for May was taken as read with the following comments noted.

- How does the DHB link up with Health Care Homes?
- How is the data referred to in the report collected? How does CC interpret this?

9. PROVIDER SERVICES REPORT TO BOARD

The Provider Services Report to Board for May was taken as read with no comments.

10. CHIEF EXECUTIVE OFFICER'S BOARD REPORT

The Chief Executive Officers Report to Board for May was taken as read with no further comments.

11. CHAIRS REPORT

- Rachel has a Regional Chairs meeting that she is chairing next week.
- HQSC have convened a meeting to involve Consumer Councils in two weeks, regarding consumer engagement quality marker.
- Hawke's Bay COVID-19 recovered patients - Les and Rachel are to discuss with Dr Nick Jones & Dr Rachel Eyre.

Action: Rachel and Les to discuss with Dr Nick Jones and Dr Rachel Eyre

12. CONSUMER EXPERIENCE FACILITATORS REPORT

The Consumer Experience Facilitators report for May was taken as read with no further comments.

13. COMMITTEE REPRESENTATIVES FEEDBACK

Any changes to the Consumer members on Committees Report are to be sent to Toni (Admin) to correct.

Action: All members to review and advise Toni of any changes – All members

SECTION 2: FOR DISCUSSION /APPROVAL

14. CONSUMER COUNCIL MEMBERSHIP UPDATE

Emma (EDP&F) updated the group on the recommendation to extend the Consumer Council membership term for Sami McIntosh, Malcolm Dixon and Jim Henry to now cease at the end of September 2020. This is the same extension term as the Chair. Recommendation to go to the Board.

Moved: Les Cunningham

Seconded: Deborah Grace

Carried

Nancy will produce a one page document to go to PHO, MRB and the DHB CE & Chair setting out the process for recruitment and appointment of new members and the Chair. Emma will bring this back to Consumer Council once finalised.

Action: For July meeting – EDP&F

15. PLANNED CARE PRESENTATION

Penny Rongotoa presented to the members on why planned care and taking a strategic approach to transforming the system is important. Points and feedback below:-

- Surgery wait lists too long. First assessments wait lists too long.
- Quality of life issues
- Financial impact on the patient and the health sector
- Learnings have been taken from Hospital directorates, SMO's and data
- We will be:- checking in with Community groups, asking consumers, adding to our agile plan
- Must haves:- Equity focus, high quality, efficiencies, partnerships with private sector
- MOH require a 3 year plan. Plan provides a practical guidance and provides a roadmap using activities, eight align to equity.

Consumer Council member's feedback below:-

- Concern about using an activity that creates visual stereotypes.
- Need to know what the clinical decisions relating to prioritising waitlists are if that is part of the interactive activity.
- Will this review and the activity change the decision process and outcomes for consumers?
- Concern that this review has come this far without any consumer engagement.

Action: What is the current criteria and process that is used by HBDHB Clinicians to prioritise waitlists? Bring to July meeting - EDP&F

Action: Input from Consumer Council members (those interested) to interactive activity – Penny Rongotoa

16. TELEHEALTH RECOVERY

The report was taken as read. Rebecca MacKenzie, Primary Care Innovation lead, Health Hawke's Bay spoke to the report. Comment and feedback below:-

- Consumer input/consultation has been provided by Deborah Grace. Thank you to Deborah.
- Visit to Hauora at Taiwhenua to see Telehealth in action postponed until late June.
- Proposing to create a focus group of consumers to gather feedback, stories. Outputs will be feed into Telehealth embedding plan.
- Discrepancies in Practice charging – why different? Good discussion for the focus group.
- Nationally, a 15 minute consultation is being charged for as it reflects Clinicians time.
- Will be working in consultation with GP Practices and consumers.
- Many members offered their services on the focus groups.

17. EMERGENCY Q PRESENTATION

Chris Peterson gave a verbal update on Emergency Q. Points to note and feedback below:-

- Patients have not been referred during COVID.
- Requested a 3 month extension to enable robust conversations.
- Service Improvement team at HBDHB are working with ED around how this will work.
- Mid November 2019 had around 517 referred from ED. 456 had arrived at Urgent Care Centre, 61 chose not to go (voucher expired – 2 hours to access)
- 27 City Med from January 2020. 429 Hastings Health Centre. 7 repeat patients and of the patients attended, 73% enrolled. Unenrolled at HHC – they are checking enrolment is current.
- Questions asked of patients:- why came to ED? Would they return to ED or go to Primary care? Debt sitting with PC provider was one reason they declined.
- Meeting fortnightly to discuss concerns between providers.
- Moving to text messaging as well as vouchers.

SECTION 3: PUBLIC EXCLUDED - ROUTINE

18. RECOMMENDATION TO EXCLUDE THE PUBLIC

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

- 19.** Minutes of previous meeting (Public Excluded)
- 20.** Matters Arising (Public Excluded)
- 21.** Chairs Report to Board (Public Excluded)
- 22.** Consumer Council Annual Plan 2019/20 Progress Report (Objective 5)
- 23.** Topics of Interest – Member Issues

The meeting closed at 6.45pm.

Confirmed: _____
Chair

Date: 4 June 2020


UNCONFIRMED

**HB HEALTH CONSUMER COUNCIL - MATTERS ARISING
(Public)**

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	10/10/19	1737 Support Line <ul style="list-style-type: none"> Update to be bought to July meeting 	ED Planning & Funding		Update July meeting
2	12/12/219	Communication Plan <ul style="list-style-type: none"> HBDHB Communications team to provide input into the plan. Update to be provided at July meeting 	Consumer Engagement Facilitators (CEF)		Update July meeting
3	12/12/19	Vulnerable Adult Policies/ Guidelines <ul style="list-style-type: none"> Disability Working Group meeting update Update on status of Policy 	D Mara Lisa J	May-20 May 20	Update July Update July
4	12/02/20	Electives Update/Planned Care <ul style="list-style-type: none"> Update on the current process used by the Clinicians to assess priority on wait lists for elective surgery. Interactive activity Review. 	ED Planning & Funding Penny Rongotoa	May 20 & June 20	Update July meeting Update August meeting
5	12/02/20	New Member Orientation <ul style="list-style-type: none"> Learning Sessions – on hold during COVID. Restarting Induction session to be held for new members. On hold due to COVID. Restarting 	S Barnes CEF	Feb-20 TBC	Ongoing
6	12/02/20	Induction Manual Review <ul style="list-style-type: none"> Feedback requested from all members. Coordination of feedback to continue. 	CEF	May-20	Ongoing
7	12/02/20	Connecting with Consumers around Pharmacy and Medicines <ul style="list-style-type: none"> Further letter to be sent to Community Pharmacists (await advice from Di Vicary) Follow up March 2020 letter to MOH 	Chair	June 20	Ongoing
8	12/03/20	Projects Update <ul style="list-style-type: none"> Update on mahi around projects within the DHB & 	ED Planning & Funding	Apr-20	Update July meeting

Action	Date Entered	Action to be Taken	By Whom	Month	Status
		confirmation of consumer representation on each project			
9	07/05/20	CC Planning / TOR/Reset <ul style="list-style-type: none"> Stalled due to COVID. Restarted. 	Rachel (Chair) & Diane (Deputy Co Chair)	June 20	Update July agenda
10	04/06/20	Home Help Report <ul style="list-style-type: none"> Home help report to be on July agenda 	Toni (Admin)	June 20	On July agenda
11	04/06/20	CIMS Review Brief <ul style="list-style-type: none"> Source brief and email to CC members 	Emma (EDP&F)	June 20	Email to CC members
12	04/06/20	Chairs Report – COVID Comms <ul style="list-style-type: none"> Rachel & Les to discuss with Dr Nick Jones & Dr Rachel Eyre 	Rachel (Chair) & Les	June 20	Update July meeting
13	04/06/20	Committee Representatives Feedback <ul style="list-style-type: none"> All members to review and advise Toni of any changes 	All members	June 20	Update July meeting
14	04/06/20	Consumer Council Membership Update <ul style="list-style-type: none"> Update from EDP&F July 	EDP&F	June 20	Update July meeting


Consumer Council Workplan for July 2020 Meeting	Destination Month	EMT Member	Lead/Author	EMT Meeting Date	PHLG Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	FRAC Meeting date	BOARD Meeting date
Corporate Performance Dashboard (quarterly)	Jun-20	Emma Foster				3-Jun-20	3-Jun-20	4-Jun-20		17-Jun-20
Significant Service Change - Skin Cancer Pathway	Jul-20	Emma Foster	Penny Rongotoa			1-Jul-20	1-Jul-20	2-Jul-20		15-Jul-20
HB Health Awards - preparation for judging 2019-2020	Jul-20	Anna Kirk					1-Jul-20	2-Jul-20		15-Jul-20
Te Ara Whakawaiaora - Child Health - First 1000 (Access Local Indicator/Breastfeeding National Indicator/Access to Care/Oral Health National Indicator)	Jul-20	Emma Foster	Marie Beattie/ Jules Arthur/ Charissa Kennan			5-Aug-20	5-Aug-20	6-Aug-20		19-Aug-20
Alcohol Harm Reduction Strategy (6 monthly update) - moved to August 2020	Aug-20	Patrick Le Geyt	Rachel Eyre	4-Aug-20		5-Aug-20	5-Aug-20	6-Aug-20		19-Aug-20
Corporate Performance Dashboard (quarterly)	Aug-20	Chris Ash				5-Aug-20	5-Aug-20	6-Aug-20		19-Aug-20
Cardiology Services Business Case	Aug-20	Chris Ash	Paula Balchin			5-Aug-20	5-Aug-20	6-Aug-20	19-Aug-20	19-Aug-20
Te Ara Whakawaiaora - Adult Health (Access Local Indicator/Cardiovascular National Indicator/Smoking National Indicator)	Aug-20	Emma Foster/ Patrick Le Geyt				5-Aug-20	5-Aug-20	6-Aug-20		19-Aug-20
Matariki update to Consumer council written report	Aug-20	Patrick Le Geyt	Shari Tidswell					3-Sep-20		
Te Ara Whakawaiaora - Workforce Representation (Culturally Competent Workforce Local Indicator/Did not Attend Local Indicator)	Sep-20	Carriann Hall Tracey Patterson Chris Ash				2-Sep-20	2-Sep-20	3-Sep-20		16-Sep-20
Te Ara Whakawaiaora - Mental Health (Mental Health and AOD National and Local Indicators)	Oct-20	Chris Ash	David Warrington			7-Oct-20	7-Oct-20	8-Oct-20		21-Oct-20
Te Ara whakawaiaora - Health of Kaumatua (New)	Nov-20	TBD				4-Nov-20	4-Nov-20	5-Nov-20		18-Nov-20
Model of Care for the Elderly	Nov-20	Emma Foster				4-Nov-20	4-Nov-20	5-Nov-20		18-Nov-20

	Consumer Council Report to Board
	For the attention of: HBDHB Board
Document Owner	Rachel Ritchie, Consumer Council Chair
Month/Year	June 2020
Reviewed By	Emma Foster, Executive Director Planning & Funding (Acting)
Purpose	For noting
RECOMMENDATION: That the HBDHB Board note the contents of this report.	

EXECUTIVE SUMMARY / INTRODUCTION

Council met Thursday 4 June 2020 via Zoom. An overview of the meeting and other developments follows.

- Planned Care**
 Penny Rongotoa, Portfolio Manager Planning & Funding Directorate presented an update on this area as had been requested by Council. Penny advised that a review of Planned Care was underway. Of significant concern to Council was that clinicians and management had been consulted on this review but not consumers. Further questions have been posed about this review and are being followed up by Council.
- Telehealth Recovery**
 Rebecca MacKenzie, Primary Care and Innovation Lead at Health Hawke's Bay PHO presented the planned approach to involve consumers in the PHO process to settle out the new normal. Next step is for the visit to Hauora at Taiwhenua to look at the Health Care Home model in practice and then for the focus group to contribute to the review.
- Consumer Experience Committee**
 Currently this joint committee between Clinical and Consumer Councils is under review as it is not achieving the proposed impact.
- Membership Term Extensions**
 Recommendation - that the terms of Sami McIntosh, Jim Henry and Malcolm Dixon are extended from 30 June 2020 to 30 September 2020 to sync with the expiry of the Chair's term.
- Regional Consumer Councils**
 A zoom meeting of Chair's is scheduled for Friday 12 June. Seven Consumer Councils from the central and lower north island region will come together for the first time since the 2017 national meeting.

	PLANNING & FUNDING MONTHLY REPORT XX
	For the attention of: HBDHB Board
Document Owner:	Emma Foster, Executive Director of Planning & Funding (Acting)
Document Author:	Emma Foster, Executive Director of Planning & Funding (Acting)
Month:	June 2020 - PUBLIC
Consideration:	For Noting
RECOMMENDATION That the HBDHB Board 1. Note the contents of the report	

Development and Innovation

COVID 19 Recovery Planning

COVID 19 Recovery planning for the “Whole of Health System” is well underway. The planning process facilitated jointly by Planning and Funding and Health improvement and Equity Directorates takes a whole of Health System approach to recovery. Planning work streams centre around 5 DHB priority areas First 1000 days, Long Term conditions, Mental Health and Addictions, Frail and Older People and Responsive Health System.

Understanding our clinical service delivery risks in both hospital and community as well as our equity and performance risks, sometimes as a result of COVID 19, are at the forefront of the plan. Initial planning will focus on maintaining health sector service continuity and catching up on services to our vulnerable populations. The plan will also look at opportunities to do things differently and capitalise on things that went well during our COVID response e.g. Telehealth and ensuring workforce work is at the top of scope and responding to emerging vulnerability in our health system. The plan will have a short, medium and long term view.

Exceptions

Growing well

Immunisation – In response to the unprecedented demand for influenza vaccination in Hawke’s Bay this year, Planning and Funding are meeting with stakeholders to plan how access to the vaccine can be increased and the mechanisms for this. Currently our Iwi providers have contracts that have capped limits on volumes they are able to provide. This has proved problematic particularly this year. However, during COVID, together with our Immunisation, Māori and Pacific health teams, temporary arrangements were introduced to ensure all eligible whānau seeking an influenza vaccine were able to receive it. Hawke’s Bay has improved its influenza immunisation for Maori 65+ years over this time and our rates are currently second highest nationally.

The planning stages are underway to deliver a Measles Mumps and Rubella (MMR) catch up immunisation programme to the 15-19 year olds in Hawke’s Bay. This is a national catch up programme designed to improve immunity in this cohort particularly Maori and Pacific young adults. It is expected that the local campaign will be designed with a focus on reaching this population. Measures adopted will include a comprehensive communication and promotion plan, delivery of service at Marae, tertiary institutions and church venues.

In addition, the availability of the vaccine at pharmacies will add a further dimension to the approach. Pharmacies are fast becoming an acceptable and accessible venue to those seeking immunisation without having to attend a general practice with a prior appointment.

Living Well

Pharmacy and Laboratory - Both provider groups are working through implementation of business practices in Level 2 and the challenges that these bring. Both are seeing an increase in workload and demand. Pharmacies are reviewing their finances to assess the financial impact of COVID. Work is underway with the pharmacy sector around recovery planning.

Mental Health & Addiction - Integrated Primary Mental Health and Addictions: PHO and DHB are working on a go live July 1. This will be dependent on recruitment into positions outlined within the contract and mandatory training requirements being completed. There is keenness within the sector to get started.

Long Term Conditions

People with chronic conditions are at higher risk for severe illness from Covid 19. COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. However, based on currently available research and clinical expertise, older adults and people of any age who have serious underlying chronic medical conditions are at greater risk of more severe illness, hospitalisation, requirements for intensive care and mortality. Consistent with earlier reports from China and Italy, USA researchers looked at more than 7,000 cases where data was available on underlying chronic health conditions and other potential risk factors and found:

- Among people hospitalised for COVID-19, about 71 percent had at least one underlying condition.
- Among people admitted into intensive care for COVID-19, about 78 percent had at least one underlying condition.
- Only 27 percent of people with at least one underlying health condition did not require hospitalisation for COVID-19.

The most commonly reported underlying chronic conditions among people with severe illness with COVID-19 were diabetes and heart disease. These were followed by obesity, kidney disease and lung disease. Those with compromised immune systems also are more likely to experience severe illness if infected.

COVID-19 has provided impetus to trial provision of a specific and coordinated health care and wellbeing approach to a population identified as having been in hospital, diagnosed with a Chronic Condition and being vulnerable to diseases such as COVID-19 and winter illnesses. This has been trialled in general practice via the PHO and also by community focussed respiratory who found 14% of people contacted required support as assessed via a Hauora Assessment for People with Chronic Conditions. These people were linked with appropriate teams/services.

Corporate Performance

Strategic Projects Performance Update - This is an out of cycle update on current inflight project progress. Pre Covid-19, a planned schedule for quarterly project performance reporting was planned which will provide a full project portfolio dashboard. A new schedule will be worked up to align with governance and inter related reporting schedule.

1) Surgical Services Expansion Project (SSEP)

This was originally on the FRAC and Board work plan for a six month progress update. However the project was officially placed on hold with no further activity back in March due to COVID-19. Prior to going into lockdown the project was poised to sign the contract with the head contractor. A request for funding is with the Ministry of Health and once approved the project will commence construction within 2-4 months.

Construction will be phased with sections completing in stages and surgical service is working alongside the project to minimise the impact on surgeries during construction. The project is planned to complete late 2023 / early 2024 (based on current expectations).

2) LINAC Project

Work continued to progress through COVID-19; regional working groups are underway with Mid Central and Taranaki DHB's. The project team has completed a comprehensive site assessment, with a preferred site identified on campus.

We have been working on inputs for the business case, and have a new appointed business case writer. A full business case, is expected to go to board and the MoH CIC.

3) Radiology Refurbishment Project

Work continued throughout COVID-19. Capital funding approval is currently sitting with the Joint Minister's and we are awaiting the formal letter of approval, however to avoid delays with progress, activity is continuing with design. Construction is due to start in early 2021 and is phased to maintain provision of services throughout to minimise patient disruption. The project is expected to complete mid 2023 (as per current expectations).

4) Cardiology Project

CCDHB, our tertiary provider are working closely with the project team and workstreams have been established. An equity lead has been partnering the team right from conception and will work across the project.

A comprehensive site assessment has been completed by a specialist construction consultant, overseen by facilities. The proposed site is due to be signed off by next week by Health Services Leadership Team.

The Business case development is in progress, but has had delays due to COVID-19, with capital funding requirements still to be established. It is expected that a full business case will go through governance groups and Board in August for sign off. This project has an indicative planned completion timeframe by mid 2023.


5) Holidays Act Compliance Project

This project is to re-calculate all employee's leave payment over the last ten years and rectify the payroll system so that all leave is calculated correctly going forward. It was not affected by COVID-19, and is making good progress. A more detailed report is on this month's FRAC and Board agenda as a separate item.

6) Ngātahi Project

This project is in its final stages of delivery and is planned to close end of June 2020. Due to COVID, four of the Mental Health and three Trauma Informed Practice (TIP) learning circles/Wānanga Ita, had to be cancelled. A final planned Wānanga Ita for TIP is planned for 16th June.

Further updates on all projects will be provided through scheduled reporting to all governance groups from the Planning and Funding directorate.

	Health Services (DHB Provider Arm) Monthly Report PUBLIC
	For the attention of: HBDHB Board
Document Owner	Chris Ash, Acting Chief Operating Officer
Month/Year	June 2020
Reviewed By	Craig Climo, Interim Chief Executive
Purpose	Health Services Update
Previous Consideration/Discussions	Health Services Leadership Team
RECOMMENDATION: That the HBDHB Board: 1. Note the content of the May 2020 report.	

EXECUTIVE SUMMARY / INTRODUCTION

- Hawke's Bay DHB is slightly ahead of its planned recovery trajectory for clinical activity.
- Steps are being taken to ensure available 'catch-up' resources are applied in such a way as to maximise equity and clinical gain.
- Some specialties, such as endoscopy and Ear, Nose & Throat ('ENT'), have experienced a greater impact as a result of COVID-19 due to non-acute clinical care Alert Level restrictions. Now that alert levels have de-escalated, reinstatement of services have resumed. A clear plan to reduce this backlog is a priority.

Activity – May 2020

New Zealand started May 2020 at National COVID-19 Alert Level 3, and moved to Level 2 on 14 May. Recovery across the course of the month has steadily gained pace, and as a result the monthly average figures set out below understate the level of recovery achieved by month-end. For the purposes of comparison, figures refer to July 2019 – February 2020 averages ('Normal'), unless otherwise stated:

Measure	% of 'Normal' May 2020	% of 'Normal' April 2020
Emergency Department ('ED') Attendances	83%	63%
Inpatient Occupancy	~75%	50-60%
First Specialist Assessment ('FSA') referrals	75%	36%
FSA Activity	64.5%	40.5%

Measure	% of 'Normal' May 2020	% of 'Normal' April 2020
On-site Elective Discharges (Ministry of Health Target)	75.4%	22.5%

Recovery Plan

In the last month, the Recovery Steering Group progressed a number of initiatives to facilitate the primary objectives set out in last month's report, and specifically to recover capacity to see and treat as many patients as quickly as possible. Decisions actioned during May included:

- Implementation of a 23-hour stay unit for surgery, allowing more discharges to be achieved without an impact on inpatient bed capacity
- Further inpatient ward reconfiguration, whilst retaining COVID-19 preparedness, to re-establish the pre-COVID bed plan
- A centralised outpatient receipting and waiting area, allowing outpatient clinics to operate efficiently without compromising social distancing requirements – this arrangement is proposed to remain in place in support of improved consumer experience
- Prioritised scoping work with Facilities to increase isolation capabilities within the main Intensive Care Unit ('ICU') – reducing the likely need to activate the *Tauwhiro Ora* ICU contingency in Ruakopito (Endoscopy Unit)

Recovery Prioritisation

As the immediate operational focus has returned DHB activity closer to normal levels, an even more significant priority is now 'recovery' to ensure it is both equitable and aligned with the most significant patient clinical needs. This entails a deep level of individual specialty analysis.

In partnership with Planning & Funding, Health Improvement & Equity and Digital Enablement, analysis of recovered activity and wait-time metrics is being mapped against measures such as:

- Standardised Intervention Ratios
- Referral variation between different ethnic and socio-economic groups
- Clinical conditions relevant to each specialty, in relation to the major markers identified in the Health Equity Report
- Impact of new ways of working (e.g. digitally enabled consultations) and ability to sustain

The basis of this analysis will help guide the targeted application of available recovery funding.

Panui

Recruitment to key clinical roles

In the last month we have been able to make offers of employment to key specialist clinical roles, some in fields where recruitment has been challenging in recent history. These include radiology and gastroenterology. Not all appointees will start work immediately due to ongoing COVID travel restrictions. However, the management objectives remain to expedite this where possible.

New analyser in the DHB Laboratory increases timeliness and diagnostic capability

At the beginning of June the DHB Laboratory commissioned a new, molecular analyser – the Becton Dickinson BD Max. Faster turnaround times and multi-disease capability will benefit patients across the sector. In respect of recovering normal activity levels, it will provide mitigation against the constraints that would result from reactivation of the COVID Hospital.

Solid progress in influenza vaccination rates

As at the end of May the vaccination rate for clinical staff in Health Services stood at 77.4%, compared to 65.3% at the conclusion of last year's campaign at the end of September 2019.

Waioha – Hawke's Bay DHB's primary birthing unit Waioha, the low-risk birthing unit located next door to the Ata Rangi labour ward, re-opened on 8 June. This change follows its designation as an isolation unit for pregnant women during the heightened COVID alert period.

Radiology upgrade works commence in Wairoa

Work has now commenced in Wairoa to install brand new x-ray equipment. The work has been timed to coincide with the relocation of the community dialysis facility to the hospital site, and the project to install the new renal chairs will commence as soon as the x-ray works are complete.

Key Quality Measures & Statement of Performance Expectations (SPE)*Faster Cancer Treatment*

Results for this indicator are reported a month in arrears. Last month's report incorrectly stated that the result of 66.6% related to April 2020; it actually related to March.

In April, nine patients fell into the Ministry of Health definition for measurement against the 62-day Faster Cancer Treatment health target. While this is an improvement on an April result of 66.6%, month-to-month performance against this target varies on account of a small denominator.

ED6

As the table below shows, performance against the 6-hour standard for patients to be seen, admitted or treated and discharged from ED fell by 2.7% in April, to 82.8% in May. This compares to a result of 79% for the year to the end of May.

	May 2020	April 2020	% Change
ED Attendances (all)	3,241	2,439	+32.9%
ED6 Health Target Result	82.8%	85.5%	
Number of 6 Hour Breaches	536	345	+55.4%
Average minutes in ED	275	268	+2.6%

*Elective Services Performance Indicators*ESPI 2

May has continued the adverse trend for ESPI2 (Outpatient Referrals Waiting Longer than 4 Months), although the total size of the waiting list has again reduced on account of reduced referral volumes.

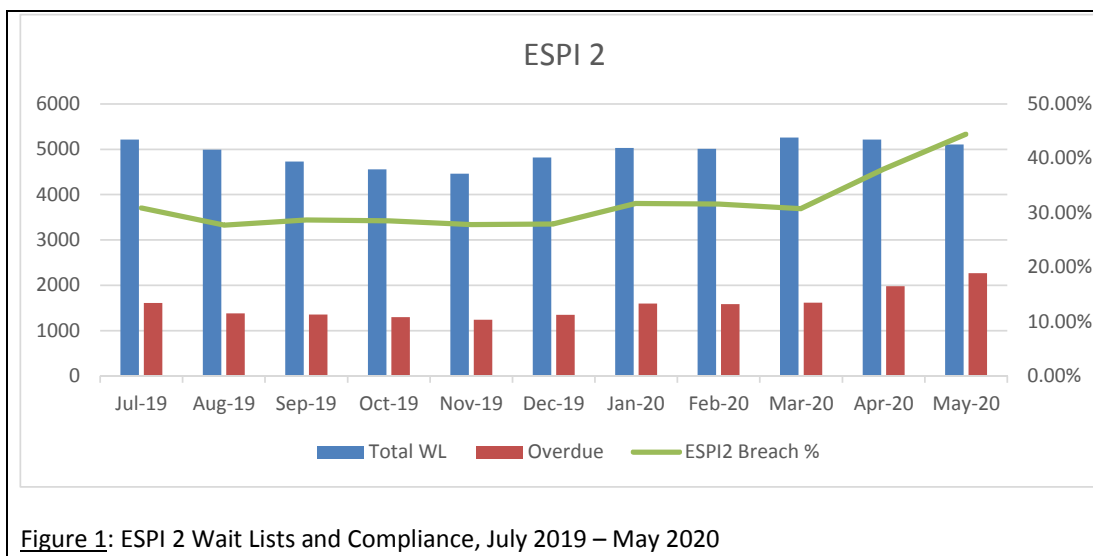
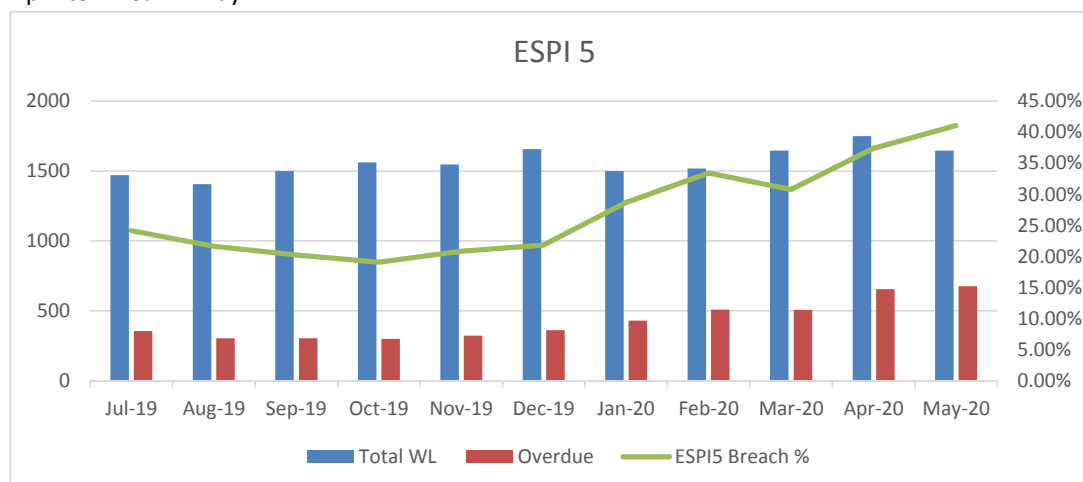


Figure 1: ESPI 2 Wait Lists and Compliance, July 2019 – May 2020

ESPI 5

As with ESPI2, reduced referral demand in recent weeks has seen the total size of the waiting list reduce by 105 patients (6%). The sustained impact of reduced operating, however, has resulted in the proportion of patients waiting longer than 4 months for their surgery increase from 37.4% in April to 41.0% in May.

*Ministry of Health Planned Care (Surgical Discharges) Target*

At the end of May, actual discharges stand at 5,420 – 80.4% against the year-to-date target of 6,741.

	Chief Executive Officer's Report - Public
	For the attention of: HBDHB Board
Document Owner:	Craig Climo, Interim Chief Executive Officer
Month as at	10 June 2020
Consideration:	For Information

RECOMMENDATION**That the HBDHB Board:**

1. **Receives and notes** the contents of this report.

AGENDA ORDER

Members will see we are trying the public excluded session before the public session.

FINANCIALS

The operating result for May was:

- \$5.8M unfavourable to plan, or
- \$0.3M unfavourable excluding COVID costs.

The year to May result was \$31.3 deficit compared to plan of \$12.9M. Excluding COVID costs and revenue, it was \$26M.

The underlying May result of \$0.3M is misleadingly good compared to the rest of the year and a better way to view may be to look at both April and May together for which the unfavourable variance was \$2M compared to forecast of \$2.4M unfavourable.

May saw \$5.5M of cost attributed to COVID - which is high due to booking \$3.5M of material indirect COVID costs, being \$2.9M relating to annual leave not being taken as planned, and \$0.6M of IDF cost that arose from the Ministry of Health (MoH) basing IDF charges on plan, not actual. The balance of \$2M was direct COVID cost.

Areas that have trended as major variances through the year, we saw in May:

1. Provider-arm was \$1M U before the COVID annual leave adjustment above.
2. Health of Older Persons improved.
3. Pharmaceuticals improved – although likely timing – and is expected to deteriorate with the increasing cost of monthly dispensing

ANNUAL PLAN

The working draft annual plan 2020/21 is attached for consideration. It is, of course, subject to the financial operating result to be agreed with the Ministry.

The plan is due to the Ministry on 22 June.

The team have done well to produce it given it COVID and the tight timeframe thereafter.

There had not been the opportunity, prior to publishing the papers, for the executive to consider the whole document.

The Board has had exposure to the working draft budget and importantly now can consider it in the context of the plan, of which it is of course integral.

A couple of refinements to the plan if we are able to do so prior to finalisation will be to include:

1. The financial budget against new initiatives in particular.
2. Current performance alongside planned performance and the action to achieve the change.

COVID

At the time of writing New Zealand had just gone to level one. However, we have a case definition that is liberal and applied at levels where there was active COVID and a lot of testing being done to assess if there was community prevalence. While the case definition exists for community testing, it has been widely applied in health settings including general practice, emergency department (ED) and public hospital, and continues to constrain capacity beyond that expected at level one. By the time of the Board meeting this may have changed.

PROVIDER-ARM

Recovering capacity remains the immediate priority within the provider-arm. As noted above, we still have COVID constraints we are keen to minimise, however good progress overall is being made. "Overall" belies there are many services involved and we are looking at the demand and priority of access to the various services.

Demand on beds, as expected, has been high as we have moved out of COVID lockdown, but I have been pleased with the significantly improved response to issues as they arise. Our escalation planning has been a lot more effective. I attribute that in no small part to how effectively the Health Services Leadership Team is working.

RECOVERY PRESENTATION

The public excluded presentation will be sent to members on Monday 15 June. This will be an update on the April presentation.

PHO PRESENTATION - JULY

Health Hawke's Bay Chair and Chief Executive will present to the July Board meeting. Timing wise it would have been useful in June in the recovery context, but time, particularly due to the DHB working draft annual plan 2020/21 being on the agenda, limits other matters.



Consumer Council Chairs Report (verbal)

July 2020



CONSUMER EXPERIENCE FACILITATORS REPORT

July 2020

Consumer/Patient and their Whanau Experience

- Korero Mai co-design work in Wairoa to be restarted - July
Focus groups to be organised
- Inpatient Experience Survey. Update sent to consumers for revised 'trial survey'. Feedback from HBDHB Pharmacist (Di Vicary) passed to provider
- Assisting Complaints Advisor to develop a survey to review complaint **process**.

Community Engagement

- Re-booking appointments to deliver wayfinding presentation to community groups for feedback
- Aug onwards
- Ongoing meetings for wider disability community sector (post Covid)

Health Literacy

Assist services review their documents

- Inappropriate behaviour, bullying & harassment policy
- Conservative sharp wound debridement
- Work injury process
- Constipation leaflet

Other

- CC induction manual


Consumer Council Members Representation on Committees/Groups etc

Updated May 2020

Committees	Member	Meeting Frequency
Consumer Experience Committee	Diane Mara Deborah Grace Les Cunningham	Quarterly
Clinical Effectiveness & Audit Committee	Malcolm Dixon	Quarterly
Patient Safety & Risk Management Committee	Rachel Ritchie	Quarterly Feb; May; Aug; Nov
Professional Standards & Performance Committee	Sami McIntosh	Quarterly
Information Services Committee	Current ToR makes no provision for consumer rep	
Clinical Advisory & Governance Committee	PHO Committee / no specific consumer rep	
Clinical Council	Les Cunningham	Monthly

Other Groups / Projects / Areas of Interest	Member	Meeting Frequency
Advance Care Planning		
After Hours Care	Geraldine Tahere Les Cunningham	
Aged Care Group		
Alcohol Reduction	Les Cunningham	
Connecting Care (MH)	Deborah Grace	
Cultural Competency – Medical Council	Geraldine Tahere	
Disability Reference Group (Hastings)	Sarah Hansen	
Disability Working Group	Diane Mara	
End of Life Care	Gerraldine Tahere	
Family Violence Intervention	Denise Woodhams	
Health Care Home	Denise Woodhams	
Heart Action Plan	Les Cunningham	
Integrated Pharmacy Strategy	Denise Woodhams	
Maternal Mental Health		
Partnership Advisory Group (PAG)	Deborah Grace	
Patient at Risk Advisory Group		
Pharmacy Design	Denise Woodhams	
Rangatahi Service Redesign		
Serious Illness Conversation	Gerraldine Tahere	
Signage/Patient Journeys		

Other Groups / Projects / Areas of Interest	Member	Meeting Frequency
Surgical Expansion		
Virtual Consumer Consultation Group		
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	

	Report to HB Consumer Council from: Partnership Advisory Group
	For the attention of: HB Health Consumer Council
Document Owner:	Deborah Grace
Month:	July 2020
Consideration:	For Information
RECOMMENDATION That the HB Health Consumer Council: 1. Note the content of the report.	


13

Partnership Advisory Group met on 19th June 2020. An overview of matters discussed is provided below:

- **Main Topics of Interest:**
Following up on sound baffles and sound absorbing furniture - a quote is with facilities
- **Main pieces of work:**
Patient flow/access to inpatient beds.
HQSC/Adverse Events - Staff feedback in
Starting on whānau feedback. Will look at more recent cases – slow and steady approach will be taken when engaging with whānau.
1737 – via Planning and Funding and Consumer Council - Good meeting to develop relationships and a number of questions to be answered.
- **Coming up/Plans**
New way of working for crisis team – crisis hub.
CAFS review.
Addiction review.
Implementing safe side suicide prevention framework

GENERAL COMMENTS

This week PAG members baked for around 200 plus MH&A staff, designed thank you notes, packaged and hand delivered gift bags thanking all staff for their hard work during the COVID 19 period.

	Report to HB Health Consumer Council from: Disability Working Group
	For the attention of: HB Health Consumer Council
Document Owner:	Dr Diane Mara
Month:	July 2020
Consideration:	For Information
RECOMMENDATION That the HB Health Consumer Council: 1. Note the content of the report.	

The Disability Working Group met on 17 June 2020.

An overview of matters discussed is provided below:


- **Main topics of discussion:-**
 - Terms of Reference to be revised to increase and extend membership including the PHO (Rowan)
 - The review of the Vulnerable Adult and Elder Abuse Policies has just recommenced post COVID (Mary and Nancy).
 - The IS Project: it was decided that a valuable starting point would be to include NASC Database since clients have already consented to their data being shared with the wider DHB. In addition, closer working with PHO and medical practices would be a robust source of identifying disability linked to the NHS Number (Lenn and Lisa).
 - Training: to continue with Waitemata resource. Need to collect some data around the roll out. I suggested using some local stories to give meaning to a resource that at present has no people in it. (Nancy and Caren).
- **Coming Up/Plans:-**
 - To action the above and to develop a plan in relation to IS looking at steps/stages of implementation.
- **General Comments:-**
 - My recommendation is that Consumer Council Reps continue as advisors to the working group as this is now an internal implementation and operational group.
 - That this working group reports to the Consumer Council at least twice a year of its progress and achievements in implementing the Disability Plan.
 - We are all pleased to see the focus on the Disability policy and delivery in the Simpson report and the closer links with Tier 1. Assessment related to quality of life welcomed.



Clinical Council Cover Page (verbal)

July 2020

13

	Consumer Council Representative Report from: Pharmacy Services Action Group
	For the attention of: HB Health Consumer Council
Document Owner:	Denise Woodhams
Month:	July 2020
Consideration:	For Information
RECOMMENDATION: That the HB Health Consumer Council: 1. Note the content of the report.	

The Pharmacy Services Action Group meeting was held on 12 May 2020 via zoom. An overview of matters discussed is provided below:

The main topic of the meeting was Covid-19 and how it has affected community pharmacies. The main problems encountered, and how they were handled and the good things that came from the changes made. Pharmacists reported making 3-4 times the normal deliveries to consumers. Many deliveries were made by taxi as the usual drivers were mostly over 70 years of age. This worked well. GP's added another line to prescriptions asking for delivery. GP's and pharmacists worked well together with this and both appreciated the closer contact.

Email scripts became the norm rapidly. These were standardised PDF scripts and not the official NZeps scripts which are having lots of teething problems. Permission for scripts to be emailed without a signature has been extended through Level 2. An electronic solution is being worked on and is close, this will mean no faxes or emails needed.

A problem occurred with the \$5 co-payment. Because scripts were delivered patients were not going to the pharmacy to pay their \$5. The admin time is not adequately funded and there was a call from pharmacists present to remove the co-payment and subsidy card scheme. Removal is a national decision, not by DHB - awaiting the Heather Simpson report to see if this is addressed.

Upcoming/plans for future are to expand vaccination capabilities for community pharmacies. This with mean, as usual, flu vaccinations, also MMR and preparing for Covid vaccination.

Recovery plans are underway with emphasis on planning for vulnerable communities and how to support them going forward.



Hawke's Bay Health Awards Cover Page (verbal)

July 2020



COMMUNICATION FRAMEWORK UPDATE

June 2020

Timeframe	Short term – 0-6 months	Med term – 6-12 months	Long term 12+ months
What			
HUB	Stories on the HUB (over a 12 month period but could be started within the short term)	Ongoing HUB stories <i>once a month</i>	'Refresh' type stories to keep CC fresh in people's minds – <i>once a quarter</i>
Facebook	Cut down version of HUB stories on HBDHB Facebook page	Ongoing <i>once a month</i>	'Refresh' stories to keep CC fresh in people's minds <i>once a quarter</i>
Council external document	Nomination letter update Decide review period (how often CC will review)		Review to see if it still suits purpose (recommend every two years)
Council external website	Update website content Decide review period (how often CC will review)		Review to see if it still suits purpose (recommend every two years)
	Council members Bios – set criteria e.g. how long, perhaps 2-3 sentences)	Craft Bios, upload to website	Annual review to take down Bios of members who leave and replace with new members
Council internal document (public document but internal use)		TOR - Terms of reference update Decide review period (how often CC will review)	Review to see if it still suits purpose (recommend every two years)
Council internal document & process (public document but internal use)	Update induction booklet content Decide review period (how often CC will review)	Induction process – attend new 2-day orientation? (Would need to look at meeting fees). Site visits?	Review to see if it still suits purpose (recommend every two years)
Engage with organisations	Use Age Concern as a start point to see how CC might engage with organisations	Decide how to engage with organisations e.g. the framework	Engage with those organisations



Consumer Council Membership Update (verbal)

July 2020



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 /Actions (Public Excluded)
20. Skin Cancer Pathway in Primary Care (Public Excluded)
21. Household Management Review (Public Excluded)
22. Consumer Council Annual Plan 2019/20 Progress Report Obj 7
23. Topics of Interest - Member Issues and 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).