



Hawke's Bay Health Consumer Council Meeting

Date: Thursday, 6 August 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, 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.	Apologies	
3.	Interests Register	
4.	Minutes of Previous Meeting (Public)	
5.	Matters Arising – Review Actions (Public)	

HB Health Consumer Council 6 August 2020 - Agenda

Item	Section 1 – Routine	Time (pm)
6.	Consumer Council Workplan	
7.	Consumer Council Board Report for July 2020 <i>(report for information)</i>	
8.	Planning & Funding Report to Board for July 2020 <i>(report for information)</i> Provider Services Report to Board for July 2020 <i>(report for information)</i> Chief Executive Officer's Report to Board for July 2020 <i>(report for information)</i>	
9.	Chair's Report <i>(Verbal - Rachel Ritchie)</i>	
10.	Consumer Experience Facilitators Report – <i>(Nancy Barlow / Caryn Daum)</i>	
11.	Committee Representatives Feedback Consumer members on Committees – Groups list 11.1 PAG <i>(Partnership Advisory Group)</i> – Deborah Grace 11.2 Planned Care Activity Report – Denise Woodhams/Oliver Taylor 11.3 Clinical Council – Les Cunningham <i>(verbal 5 min)</i> 11.4 PSAG Report – Denise Woodhams 11.5 HQSC Consumer Engagement Quality Marker (QSM) – Diane Mara	
Item	Section 2 – For Discussion/Or Approval	Time (pm)
12.	Familiarisation of TOR – Andy Phillips <i>(verbal 20 minutes)</i>	4.40pm
13.	Section 3 – Recommendation to Exclude the Public	5.00pm

Public Excluded

Item	Section 3 – Routine	
14.	Minutes of Previous Meeting (Public Excl) <i>(no matters arising)</i>	5.00pm
15.	Home Help Review – 10 minute verbal <i>(Emma Foster & Karyn Bousfield)</i>	5.05pm
16.	Planning for 20/21 goals incl Objectives (Reports 1 – 8) – <i>(30 minutes)</i>	5.15pm
17.	Topics of Interest – Members Issues/Updates	5.45pm
18.	Karakia Whakamutunga (closing)	6pm

NEXT MEETING:**Thursday, 3 September 2020**

Boardroom, HBDHB Corporate Office, Cnr Omahu Road & McLeod Street, Hastings & zoom

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 use 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

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 Faioso	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 IN THE TE WAIORA MEETING ROOM HBDHB & VIA ZOOM
ON THURSDAY, 2 JULY 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 (via zoom)
Deborah Grace
Dallas Adams
Les Cunningham
Sami McIntosh
Denise Woodhams
Gerraldine Tahere
Daisy Hill (via zoom)
Oliver Taylor
Angie Smith (via zoom)
- In Attendance:** Dr Andy Phillips – Executive Lead
Emma Foster, Interim Executive Director, Planning & Funding
Wayne Woolrich – CEO Health Hawke's Bay
Sue Barnes, Patient Safety & Quality Manager
Nancy Barlow - Consumer Experience Facilitators
Debs Higgins – Clinical Council representative (via zoom)
Toni McGill - Council Administrator
- Apologies:** Caryn Daum
Tumema Faioso

SECTION 1: ROUTINE

- 1. KARAKIA TIMATANGA (OPENING) / REFLECTION**
Rachel Ritchie (Chair) welcomed everyone to the meeting
James opened the meeting with a Karakia
Round table introductions welcoming Dr Andy Phillips, ELT lead to his first meeting.
- 2. APOLOGIES**
Apologies received from Caryn Daum and Tumema Faioso.
- 3. INTERESTS REGISTER**
No new conflicts of interest were noted for items on today's agenda.
- 4. CONFIRMATION OF PREVIOUS MINUTES**
The minutes of the Hawke's Bay Health Consumer Council meeting held on 4 June 2020 were confirmed as a correct record of the meeting.
Moved: Malcolm Dixon
Seconded: Oliver Taylor
Carried

5. MATTERS ARISING AND ACTIONS**Item 1: 1737 Support Line**

Deborah and Daisy talked to this item. A further meeting has been held with the provider, Homecare Medical. Discussions at that meeting included the possibility of a “call-back option” being utilised, however this may not be appropriate. The suggestion was made that a “patient story” would be beneficial to take to the discussion with the provider and members were asked if anyone had any experience of using the support line, it would be appreciated if they were able to share this.

Item 2: Vulnerable Adult Policies / Guidelines

Angie and Diane are meeting this week via zoom to progress discussions on this policy. Diane Mara will talk to her Disability Working Group update paper at today’s meeting.

Action: MOH process to be sent to members - Admin – Toni

Item 3: Planned Care

Emma provided the members with a definition of the planned care programme and asked what Consumer Council were specifically requesting information on.

Action: Rachel to discuss at the Chairs Leadership meeting - what information Consumer Council would like brought back to them relating to the planned care programme – Rachel (Chair).

Item 4: New Member Orientation

Action: The new draft HBDHB Organisation Orientation Induction for staff to be sent to Council Members for their info when agreed with incoming CEO – (Andy Phillips).

Item 5: Induction Manual Review

Action: The Induction manual is to be brought to the August meeting in its draft form for Council members info. Feedback to be provided to Nancy & Caryn via email – (Nancy Barlow, Caryn Daum)

Item 6: 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.

Action: (Admin – Toni) to follow up the response to the MOH letter

Item 7: Household Management Review Report

For discussion on today’s agenda if time permits, otherwise deferred to the August meeting due to a full agenda.

Action: Put on August agenda if deferred today (Admin – Toni)

Item 8: Committee Representatives List

Action: Members to update the list and return to Rachel / Toni for amendment on the master list – (all members)

Item 9: CIMS Review

Rachel has organised two zoom sessions with Sandra Bee by way of an update for Consumer Council on the CIMS review. Meeting request to follow in next two weeks.

Item 10: Communication Plan

On agenda to be discussed at July meeting.

6. CONSUMER COUNCIL WORKPLAN

The Consumer Council workplan was taken as read.

7. CONSUMER COUNCIL REPORT TO BOARD

The Consumer Council Report to Board for June was taken as read.

8. PLANNING & FUNDING REPORT TO BOARD

The Planning & Funding Report to Board for June was taken as read.

9. PROVIDER SERVICES REPORT TO BOARD

The Provider Services Report to Board for June was taken as read.

10. CHIEF EXECUTIVE OFFICER'S REPORT TO BOARD

The Chief Executive Officers Report to Board for June was taken as read.

11. CHAIRS VERBAL REPORT

Rachel spoke to the members covering the following points:-

- Attended the introductory Regional Chairs meeting held via zoom. Further meetings to follow.
- HQSC (Health Quality & Safety Commission) – looking for consumer input direct on the “Consumer Engagement” assessment tool to be introduced as a reporting requirement to the MOH.
- Brian Betty RNZCGPs – had discussion and started conversation.
- Anne Speden – undertaking work in the service improvement area. Wants to involve consumers and is working on initial collaboration with a view to including consumer input as she makes more progress in this new approach.

12. CONSUMER EXPERIENCE FACILITATORS REPORT

The Consumer Experience Facilitators Report was taken as read with the following points made:-

- The information sent out to all consumer representatives relating to the Long Term Conditions project focus group is below:-
 - We are looking for input from consumers with lived experience and/or whānau of those who have lived experience. Consumers who are also able to speak with a disability lens or viewpoint would be welcomed.
 - There are 3 x 1.5 hour consumer focus groups/meetings for consumer experiences to be captured and they start in late July/early August. They are a mix of Consumer Council members and other consumers.
 - The focus groups will be looking at services available in the community for diabetes, cardiac e.g. chronic heart failure and respiratory (asthma, COPD) and also renal. They will be looking at best self-management and what services are required to support our people with this.
 - The hope is that we obtain consumers that identify as Māori and Pacific although that does not negate other consumers.

13. COMMITTEE REPRESENTATIVES FEEDBACK*Partnership Advisory Group – Deborah Grace*

Deborah spoke to her paper. There were no questions from the members.

Disability Working Group – Diane Mara

Diane spoke to her paper and acknowledged that having Lisa Jones involved was excellent. There were no questions from the members.

Clinical Council meeting – Les Cunningham

Les gave a verbal update on points of note from Clinical Council July meeting.

– COVID 19 discussions, Clinical risk & events, CC reviewed year in progress, Skin cancer pathway paper, high numbers of COVID swabbing discussions.

Pharmacy Services Action Group – Denise Woodhams

Denise spoke to her paper and the codesign work done by Andy Phillips and commended this work.

SECTION 2: FOR DISCUSSION/APPROVAL**14. HB HEALTH AWARDS**

This item has been deferred to August due to Anna Kirk being ill.

15. COMMUNICATION FRAMEWORK

Nancy spoke to her presentation on the Communication framework. Points to note and feedback:-

- The framework describes how Consumer Council is currently perceived/portrayed.
- HBDHB website information will be up to date and reviewed annually.
- Majority of members in favour of the concept.
- Connectivity to the terms of reference was identified.
- Content will be formulated by Nancy Barlow and Caryn Daum in conjunction with input they seek. This plan is focussed on a framework and a direction of travel.

Questions:-

- As a concept are the timeframes in the framework workable?
- When does the framework start – who drives it? Subject to the detail around the timing and who will drive it, there was general agreement to the concept.

Moved: Malcolm Dixon

Seconded: Deborah Grace

Carried

16. MEMBERSHIP UPDATE

Andy gave a verbal update on the extension of memberships expiring within the Committee.

Approval has been given to extend the three expiring memberships until September 2020. Letters will be forthcoming. The Chair of Consumer Council appointment was discussed. Andy informed the members of the process. Person Specifications will be sent out requesting comment and feedback – closing in one week. They will then be presented to the Chief Executive.

SECTION 3: PUBLIC EXCLUDED - ROUTINE**17. RECOMMENDATION TO EXCLUDE THE PUBLIC**

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. Skin Cancer Pathway in Primary Care (Public excluded)
21. Household Management Review (Public excluded)
22. Consumer Council Annual Plan 2019/20 Progress Report (Objective 7)
23. Topics of Interest – Member Issues

Move to Public Excluded:-

Moved: Les Cunningham

Seconded: Malcolm Dixon

Carried:

The meeting closed at 6.07pm

Confirmed: _____


Date: _____

UNCONFIRMED

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

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	12/12/19	Vulnerable Adult Policies/ Guidelines <ul style="list-style-type: none"> MOH process to be sent to members 	Toni McGill	May-20	
2	12/02/20	Planned Care <ul style="list-style-type: none"> Discuss at the Chairs Leadership meeting the information Council would like clarity on going forward 	Rachel Ritchie (Chair)	May 20 & June 20	Update August meeting
3	12/02/20	New Member Orientation <ul style="list-style-type: none"> Andy Phillips to send the draft HBDHB Organisation Orientation Induction (in draft) to members for their info, once discussions have been had with the new incoming CE 	Dr Andy Phillips	Feb-20	Ongoing
4	12/02/20	Induction Manual Review <ul style="list-style-type: none"> A copy of the revised Consumer Council Induction Manual (in draft form) to be sent to Council members for their info and feedback (prior to or at the August meeting, depending on progress) 	Nancy Barlow and Caryn Daum	May-20	Update August meeting
5	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 	Toni McGill	June 20	Update August meeting
6	04/06/20	Home Help Report <ul style="list-style-type: none"> Home help report to be on August agenda 	Toni (Admin)	June 20	On August agenda

MASTER as at 28 July 2020	Destination Month	EMT Member	Lead/Author	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	BOARD Meeting date
Te Ara Whakawaiaora - Adult Health (Access Local Indicator/Cardiovascular National Indicator/Smoking National Indicator)	Sep-20	Emma Foster/ Patrick Le Geyt		2-Sep-20	2-Sep-20	3-Sep-20	16-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
Matariki update to Consumer council written report	Sep-20	Patrick Le Geyt	Shari Tidswell			3-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


	Hawke's Bay Health Consumer Council
	For the attention of: HBDHB Board
Document Owner:	Rachel Ritchie (Chair)
Month/Year:	July 2020
Consideration:	For Information
RECOMMENDATION: That the HBDHB Board: <ol style="list-style-type: none"> Note the contents of the report. 	

Consumer Council met on 2 July 2020. An overview of the matters discussed follows.

We welcomed Dr Andy Phillips as our new executive lead.

Council work is getting back on track after the COVID interruption. Consumer engagement is now continuing with a number of steering and service review groups. For example Telehealth focus group (working with the PHO) and the CIMS review process have all been progressing following the COVID experience. Consumers continue to provide input across the Partnership Advisory Group (MH&A), the Disability Working Group, Pharmacy Services Advisory Group amongst others. A number of these groups reported back to Council after being on hold for a period of time. Consumer Council members are currently providing input into 10 committees and advisory groups. The growth in the number of review and steering groups with consumer input gives Council assurance that consumer input is expanding and normalising across the organisation; albeit slowly.

A communications framework for Council was agreed. This sets out fundamental components such as website content, internal communication documents - induction and recruitment materials. Consumer Council is committed to ensuring that there is clarity around our role and the way we work.

	PLANNING & FUNDING MONTHLY REPORT
	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:	July 2020 - PUBLIC
Consideration:	For Noting
RECOMMENDATION That the HBDHB Board 1. Note the contents of the report	

Development and Innovation

Annual Plan 2020/2021

Since the last Board meeting we have received and incorporated feedback from Board members and aligned the system recovery plan. Yet to be incorporated are Regional Services Plan actions and financial summary information. Ministry of Health feedback is due on the 10 July, at which point we will be making final adjustments and be ready for formal sign off by the Board 31 July at the latest.

HBDHB System Priorities Performance programme 2020/21

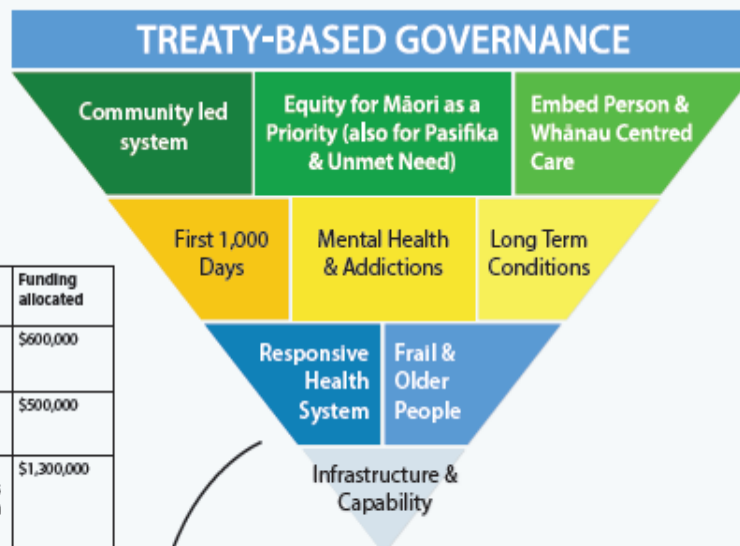
A framework has been developed to provide a structured approach to system performance, both governance and providers using system priorities as the structure. The intention of this framework is to have transparency for Governance and Management. See below.

HBDHB System Priorities Performance 2020/21

HBDHB System Priorities

New investment to support system change

System priority	Action	Funding allocated
1st 1000 days	He Ngakau Aotearoa and Alliance actions	\$600,000
Long term conditions	Clinical Pharmacy Facilitators, CVD response.	\$500,000
Responsive Health System	Sexual health strategy, Localities Wairoa, Localities Napier, Outpatients, Health Pathways	\$1,300,000



Board focus workshops

We will run workshops to provide more in-depth analysis and focus on each System priority.

August	1st 1000 days (including dental)	
October	Long term conditions (including pharmacy)	
November	Frail and Older People	
February	Mental Health and Addiction	

Each focus workshop will use the Health Equity process as below:

1. Identify health equity issues
 - a) health status (utilising Te Ara Whakawaiaora, plus other relevant population health information)
 - b) whānau voice (what have we heard is important to whānau?)
2. Co-design solutions
 - a) What has been done? What needs to be done?
3. Put solutions in place
 - a) What needs to be repurposed, what does current investment need to be focussed on, is there a potential for future investment.
 - b) Procurement
4. Monitor progress and measure effectiveness

Annual Plan Governance Accountability dashboards Quarterly reports



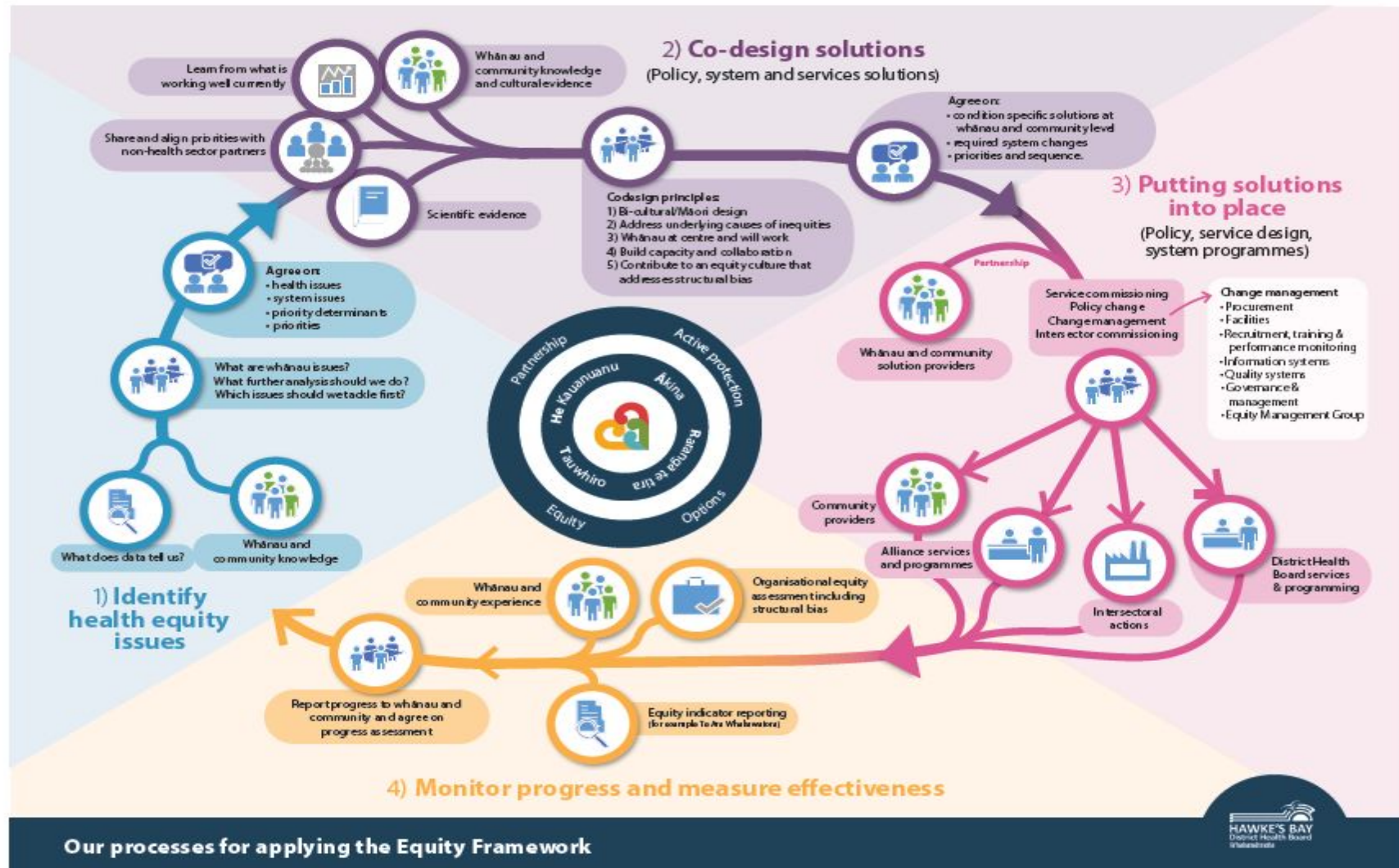
We will report via a dashboard quarterly reporting on the progress of the System Priorities 20/21.

- Hawke's Bay District Health Board, incl Patient Quality and Safety
- Māori Relationship Board
- Clinical Council
- Consumer Council
- FRAC (including capital, risks, and audits)

System Performance Monitoring

We will monitor our performance to ensure that our whānau and community get what they need.

- Provider Arm (monthly)
- Health HB (monthly)
- Wairoa (quarterly)
- plus other localities as we understand what is important to them.



Exceptions**Growing well**

Oral health – Work is underway co-led between Māori Health and Planning & Funding in relation to community oral health services. This work will provide recommendations to inform future decisions in relation to service delivery and accountability measures. This will be linked into the First 1000 days mahi underway as one of our health system priorities.

Living Well

Mental Health & Addiction – The Ministry of Health has confirmed additional funding to support the development of a Hawke's Bay specific crisis response. The funding is to initially support the establishment and then ongoing funding to support capacity and capability where whānau present with a crisis. The development of this model is through staged engagement with DHB-NGO-Consumer focus groups.

Additional funding has been secured to increase Springhill capacity and the service reopened to referrals from the middle of June. This service is open to central region DHBs and also extends to Bay of Plenty and Taranaki through individual agreements.

Long Term Conditions - Heart disease is the highest cause of avoidable death for Māori. Māori have the highest prevalence of risk factors associated with heart disease compared to the general population and subsequently the highest morbidity, readmission and mortality statistics.

This is across all cardiovascular disorders, but especially heart failure. Māori have rates of readmission for heart failure of 30percent within 30 days.

Under our 2020/21 Annual Plan activities, we will be incorporating heart failure patients into an already successful pulmonary rehabilitation service, as these two cohorts experience the same symptoms and improve with similar rehabilitation. The service will be renamed appropriately and the extension to the service will cover both Wairoa and CHB as well as Hastings and Napier. This expansion will be monitored closely for improved outcomes, especially for Māori and will make up the part of the governance accountability reporting and provider system reporting.

Ageing Well

See separate paper

Matters arising from June Board Minutes of Meeting

Ngātahi Project - The project team will be handing the responsibility to complete wānanga over to the operational team, so that it can be picked up again and not lost. Some of the practitioners that would have attended the wānanga, cancelled under covid, were included in the final one on 16 June. Others will be given spaces in upcoming wānanga.

Update of Immunisations in Pharmacies

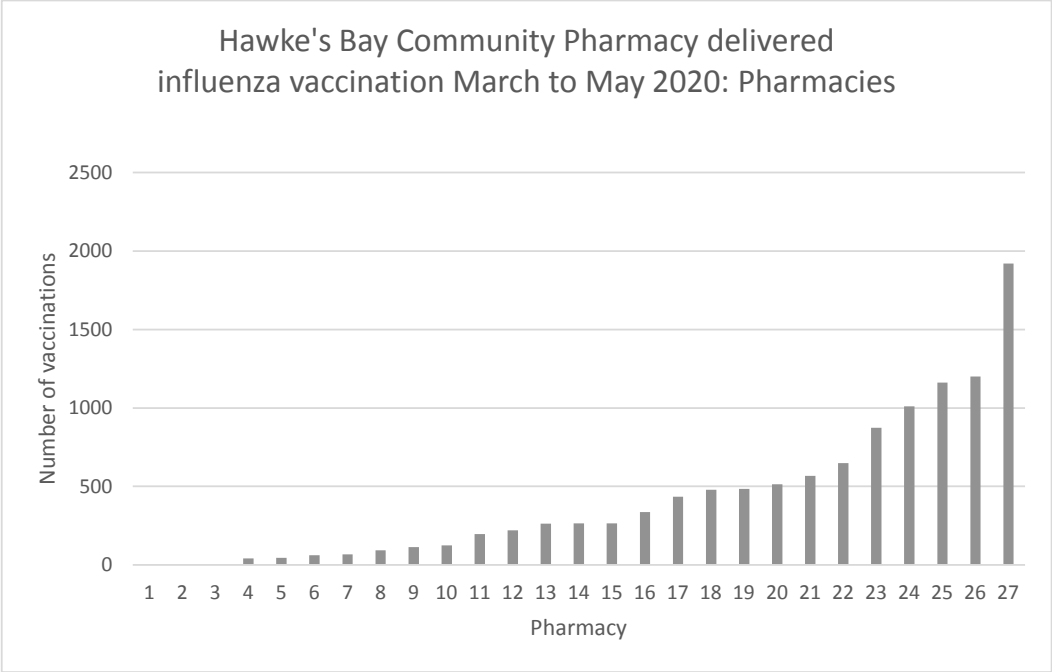
HBDHB Board has requested information about community pharmacy vaccinations, particularly understanding which patients are utilising this service. As a matter of interest below is the the current influenza immunisation coverage over the past 4 years:

6 months to:	Target	Total	Maori	Pacific	Other
Sep-16	70%	60.4%	59.8%	57.4%	60.9%
Sep-17	70%	59.1%	56.3%	51.5%	60.0%
Sep-18	70%	58.1%	53.0%	51.7%	59.4%
Sep-19	75%	59.8%	52.8%	45.6%	61.4%

Pharmacies providing influenza vaccinations

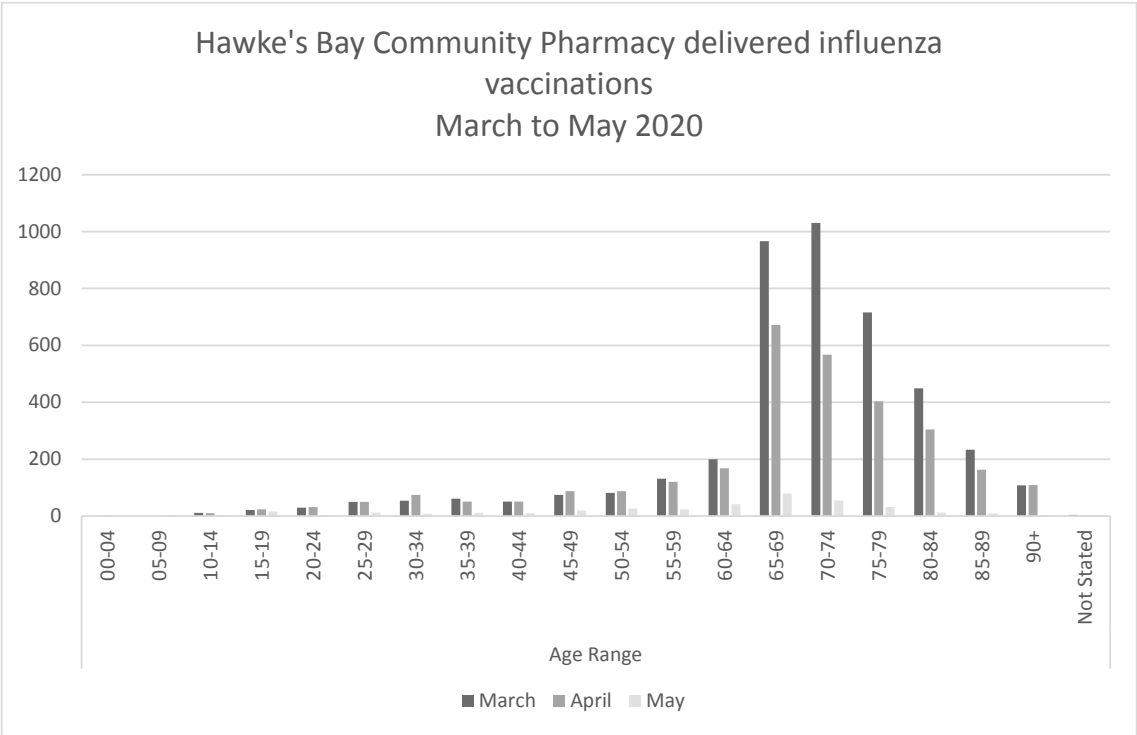
Hawke’s Bay DHB has 40 community pharmacies; all but one have a contract to provide influenza vaccinations. Data shows that between 1 January and 25 June 2020

- 27 pharmacies loaded information into Immunisation register
 - Geographic spread: Wairoa, Napier, Hastings, Central Hawke’s Bay
 - Four pharmacies have delivered over 1,000 vaccinations



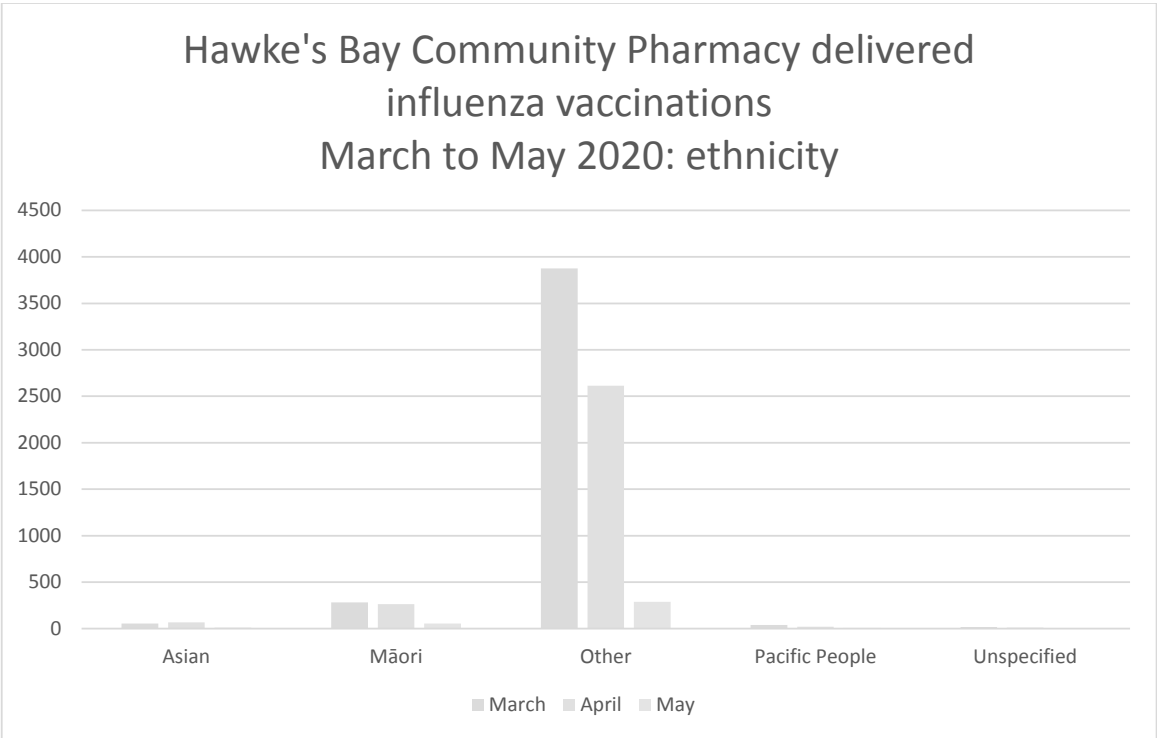
Population Demographics


Age: Majority of consumers are aged 65 - 80 years of age. Prior to 2020 pharmacy could only provide influenza vaccination to 65 years and older; younger age groups have only been allowed this year.



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Ethnicity: Majority of consumers are of 'Other' ethnicity; 601 Māori consumers, and 68 Pacific, received their influenza vaccination via community pharmacy between March and May 2020.



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

Executive Summary

- Demand and activity have largely recovered post the COVID-19 heightened alert, although challenges remain for both recovery and 'deferred demand'.
- The DHB achieved 99.3% of its Ministry of Health surgical discharges target for June, although performance is not sustainable in the short- to medium-term without extra external capacity. Good progress is being made on increased outsourcing.
- Progress has been made in the recovery plan for Gastroenterology, including recruitment of key clinical staff and immediate-term solutions to boost endoscopy capacity.
- The Ngā Rau Rākau Acute Mental Health Unit continues to experience a high level of delayed patients with complex, but non-acute needs. Intensive work is taking place with Planning & Funding to create bespoke solutions for these clients.
- Increased emergency demand on the hospital and delayed transfers of care (due to both internal and external factors) have resulted in a high level of inpatient bed occupancy.

Activity – June 2020

Demand and activity recovered to pre-COVID levels in June, across all major categories of DHB work.

Outpatient First Specialist Assessment (FSA) Referrals – Potential 'Deferred Demand'

- The last two weeks of June saw an average of 871 referrals received per week, compared to an average of 751 referrals per week during February 2020 (a 16% increase). This change since moving to Level One of the national COVID Alert Framework is potentially important and is therefore being closely monitored.

- During the eight weeks spent at Levels Four and Three, a total of 2,774 referrals were received. At the February rate, 6,008 referrals would have been received over this time period. If 'missing' demand of over 3,000 referrals is fed into the DHB system over the coming weeks it will place considerable extra demand and capacity pressure on the system during the spring.

Recovery – Surgical Outsourcing Update

Recovery within surgical specialties is significantly dependent on external capacity in the short- to medium-term. Once on-site and Inter-District Flow (IDF) discharges are accounted for, HBDHB will require up to 25% of its total elective surgical discharges to come from other sources if it is to meet Ministry of Health delivery targets. Some agreements, for example for off-site ophthalmology work, are already in place and working well.

Good progress has been made in negotiations with local private providers. This includes advanced work on a proposal to increase the number of outsourced major joints by over 65% in 2020/21, and discussions with a number of providers (including our main private surgical partner, Royston Hospital) around increased volumes across multiple specialties over a multi-year period.

Gastroenterology Recovery

The DHB has made strong progress during June in addressing long-standing issues facing the Gastroenterology Service. In the coming months this will enable reduction of the wait list backlog, improvements in key access standards, and ultimately recommencement of the National Bowel Screening Programme. Progress in recent weeks includes:

- Two gastroenterologists accepted full-time roles. Subject to meeting NZ Medical Council and Immigration requirements, they will start in November 2020 and January 2021. An offer for the remaining vacant position is in progress. In the interim, the service is being supported by HBDHB General Surgeons and a range of short-term locums.
- The purpose-built Ruakopito endoscopy unit has been reverted to its intended function, with two procedure rooms working full scope. Additional endoscopy lists are being performed on-site, including weekend activity.
- The DHB is negotiating a contract with Royston Hospital to perform at least two endoscopy lists per week off site.
- Remote support arrangements have been confirmed with other DHBs for patients admitted under General Surgery with Inflammatory Bowel Disease (IBD) conditions.

Long-Stay Patients in Ngā Rau Rākau (NRR, Acute Mental Health Unit)

The NRR Acute Mental Health Unit currently has around fifteen high and complex need clients who require placement or who were homeless at the time of their admission – a number of these with extended lengths of stay. These patients do not have acute mental health needs, and the situation has impacted demand and capacity within the NRR service.

Work is ongoing with Planning & Funding to develop creative and sustainable plans to facilitate the transfer of these clients to more appropriate care settings. Early results have been promising, including the discharge last week of a high and complex need client to the Wai o Rua residential facility, run by Te Taiwhenua o Heretaunga (TToH).

The ongoing work includes:

- Building a case, in partnership, to potentially discharge four long-stay clients to a non-governmental organisation (NGO) facility with DHB support.
- Collaboration with Health of Older Peoples Directorate to discuss referrals to Age Related Residential Care (ARRC) for two long-stay clients.

Panui

New Mental Health Crisis Role Approved

A three-year funding package has been approved by the Ministry of Health for a Nurse Educator role, based in the Emergency Department or other locations where people present in mental health crisis. The role is intended to build the professional development, capability and confidence of front-line clinical and non-clinical staff who interact with people in mental health need, and their whānau or support, at a clearly challenging or distressing point in their lives.

Key Quality Measures & Statement of Performance Expectations (SPE)

Ministry of Health Planned Care (Surgical Discharges) Target

The DHB hit 99.3% of its elective surgical discharge target for June – the figure may rise slightly as additional IDFs are registered. This achievement - which comfortably exceeded the Ministry of Health minimum standard of 85% June outturn to qualify for the full Planned Care income (March-June) – reflected enormous work and dedication from surgical specialties and our theatre team.

Outsourcing formed a relatively small component of total delivery (12.5%), with on-site discharges significantly elevated on prior months. Increased out-sourcing is essential to hitting this target sustainably during 2020/21.

ED6

Performance against the standard, for patients to be seen, admitted, or treated and discharged from ED within 6 hours fell by 2.6% in June, to 80.2%. This contributes to a full-year result of 79.1%.

Pressure on the hospital bed base has been significant in-month. During week commencing 15th June, a final series of ward moves restored the hospital to its pre-COVID bed configuration, enabling:

- Establishment of the additional ward beds on A2
- Services such as Paediatrics and the AT&R Rehabilitation ward returning to their purpose-built environments
- Reinstatement of 10 beds hospital overflow capacity (unfunded flex)

The impact of these changes has been significantly reducing the number of patients in 'outlier' wards from last year (i.e. medical patients in surgical beds, and vice versa). However, emergency demand and acuity has remained significant. This, coupled with a higher level of patient dependency and some barriers to timely discharge, has placed significant strain on hospital occupancy. This results in bed availability being the most common cause of ED target breaches.

Elective Services Performance Indicators (ESPI)

- ESPI 2 performance (Outpatient Referrals Waiting Longer than 4 Months) has seen only marginal improvement in June, with 44.2% of referrals now overdue (down from 44.4%). Of these referrals, ~50% have been waiting longer than 6 months.
- ESPI 5 performance (Waits for Surgery Longer than 4 Months) has deteriorated in June, with 43.6% of patients now overdue. This movement is largely due to a 6.8% reduction in the total size of the waiting list (112 fewer patients waiting in total), which in turn is partly on account of the DHB hitting 99.3% of its elective surgical discharge target in-month.

Other key measures

- Faster Cancer Treatment – 86% in month (six out of seven patients) were treated within the 62-day standard. This is against a national target of 90%.
- Patient Seclusion – The recent increases in seclusion hours were repeated in June. The total of 417 hours involved seven consumers, five of whom were Māori. As with the May result, one client accounted for almost 50% of the total hours.

Financial Performance

At the time of writing, the month-end financial result for June was not available. An analysis of the position will be addressed in the report of the Executive Director of Financial Services to the Finance, Risk & Audit Committee (FRAC).

 HAWKE'S BAY District Health Board Whakawāteatia	Chief Executive Officer's Report - Public
	For the attention of: HBDHB Board
Document Owner:	Craig Climo, Interim Chief Executive Officer
Month as at	9 July 2020
Consideration:	For Information

RECOMMENDATION**That the HBDHB Board:**

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

OVERVIEW OF THIS MONTH'S AGENDA**Financial report will be a late item**

The Executive Director of Financial Services financial report may not be available until Monday. This is due to this Board meeting being on the earliest possible date of a month – members were aware of this issue - and the month is also year-end, as well as accounting for COVID-19.

Late papers

This segues into late papers. After comment at the last Board meeting we looked at the incidence this calendar year. There were a couple of one-offs that were particular to the circumstance such as EDX (the Emergency Department extension for COVID-19), but what has recurred is late papers from the committees. The Executive has been asked to ensure they are in the agenda on time or held to the next Board meeting.

Other non-standing agenda items

There are two matters for decision:

1. Skin lesion

- a. This is based on moving to targeted funding and therefore is likely to be a service change and is subject to Ministerial approval. The paper is in the public excluded section of this agenda. It is open to the Board to move it to public.

2. Māori and DHB governance

- a. A proposal to put in place two groups, with one being a governance counter-part to the Board and the other an expert advisory group to inform the governance group. The Māori Relationship Board (MRB) would be disestablished.
- b. The concept has been discussed with MRB.
- c. The challenge for the Board will be in how “joint” decision making would work. The paper points to arrangements elsewhere in New Zealand.

There are four presentation type papers:

1. PHO change journey and new strategy report to the Board plus a snapshot of PHO activity. A paper on the impact of level 4 on general practice is also included. The PHO Chief Executive, Wayne Woolrich, will attend for this item. The PHO Chair is not available for this meeting.
2. A workforce paper jointly from the professional leads for medical, nursing, and allied health. They selected workforce and it will be inked to the annual plan.
3. Service Improvement. The Service Improvement work has for three months been focused on "Recovery" and this month will be third "Recovery" presentation, and last as currently planned.
4. Health of Older Persons is in the agenda to further introduce this big part of the sector to members in advance of what may be significant decisions sought later this calendar year.

Four presentations would normally not be doable in a single Board meeting but we propose to deal with them, not in a presentation style, but as papers that will be taken as read and for which the presenters will be available to ask questions. The four have accumulated due to being held over during peak COVID-19 activity. All but one is what we started to schedule from late last calendar year as quarterly (or less frequent) reports to the Board from executives who do not have standing monthly reports.

FINANCIAL PERFORMANCE

The raw result came to hand at the time of finalising this paper for publication. In outline it is:

- The interim result for the 2019/20 year, excluding abnormal items, is \$30M, as forecast, compared to a planned \$12.9M deficit. With abnormals included, such as COVID-19 net costs and Holidays Act, the result is a \$43.3M deficit.
- The June month result was \$2.9M unfavourable excluding abnormals. It was \$10.4M including abnormals \$2.3M of the \$2.9M variance was in the provider-arm.

ANNUAL PLAN 2020/21

Firstly, a correction to advice I provided the Board on the back of the Government's budget announcement of a \$980M funding increase for each of the next four years starting 1 July 2020. I had advised that it was incremental year-on-year. Whereas the \$980M is for this current year and will be maintained i.e. not taken away in the subsequent three years, which makes more sense than my interpretation.

The timeframe and process from here for plan approval is:

- 10 July the Ministry will feedback to DHBs including advice re escalation of issues
- 17 July DHBs are to send any changes back to the Ministry
- 24 July the Ministry will respond
- 31 July Board sign-off
- 7 August plans will go to the Minister

The Board agreed at the June meeting that the Chair approve minor changes to the plan. Any significant changes will be referred to the Board with a decision process to meet the timeframe above.

The Ministry had advised that draft plans tended to be weak in areas of sustainability, and linking changes in resourcing to service changes and outcomes. This Board's management sees a plan that naturally has parts that are more or less well developed than others. Approving the plan is a step in an ongoing planning process, and we will continue to work on the case for as yet uncommitted expenditure. We will bring these to the Board, for example the \$2.4M for Board priorities from the Board's March hui. Our plan also translates into about 67 FTE additional staff, which we are working through to identify the benefit or deliverable from each position.

MINISTERIAL APPROVAL/FUNDING FOR CAPITAL INVESTMENT

As has been publicised, we now have approval for:

1. Dental bus replacement – 4 x \$0.4M = \$1.6M from the \$300M infrastructure fund announced pre-Christmas by the Government. The Ministry has asked us for opportunities to fund a further \$10M from this fund on which we are in discussion with them.
2. The Surgical Expansion and Radiology major capital cases, which each being over \$10M required Ministerial approval. Funding has also been approved on the basis we understood it would.

COVID-19

Andy Philips, our Chief Allied Health Professions Officer, has added the COVID-19 response to his other executive duties and I am comforted having Andy in the role. The desirability for having a lead executive became evident after the emergency response structure was wound right down.

It continues to be that there are no known cases of COVID-19 in Hawke's Bay, as it is for NZ.

The COVID-19 activity/response continues, mostly in the swabbing/testing space where the community criteria remains subject to change. Hawke's Bay Hospital is using a definition that allows it to return to normal, noting that normal differentiates patients with influenza like illness. This has been timely to allow for the usual impact of seasonal illness and to lift elective services to normal levels and beyond. The hospital has been under extreme bed pressure on some days over the last week or so.

Members may wonder where Hawke's Bay is placed in terms of being a location for managed isolation facilities. I am advised that Hawke's Bay is logistically not as good as other locations in New Zealand. This includes transporting to and from Hawke's Bay and the type of accommodation required, including a preference for at least 150 beds in any one facility.



Consumer Council Chairs Report (verbal)

August 2020



CONSUMER EXPERIENCE FACILITATORS REPORT

August 2020

Consumer/Patient and their Whanau Experience

- Korero Mai co-design work in Wairoa has restarted, project meeting and workshop later this month
- Inpatient Experience Survey due to start again this month
- Consumer representatives for Long Term Conditions focus group
- Consumer representatives for LINAC project (Radiotherapy in Hawke's Bay)
- Survey developed to assist complaints advisor with review of complaint process
- Early preparation for 2020 Patient Safety Day.

Community Engagement

- Meetings arranged to present wayfinding to community groups for feedback
- Ongoing meetings for wider disability community sector

Health Literacy

Assist services review their documents

- Code of conduct
- Equity, Diversity and Inclusion policy

Other

- CC induction manual
- Review of Disability responsiveness training module


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

Partnership Advisory Group met on 17th July 2020. An overview of matters discussed is provided below:

MAIN TOPICS OF DISCUSSION

- Black board paint has been purchased and PAG members will paint a black board in each client's room for notes etc. Following up on sound baffles and sound absorbing furniture which has been ordered.
- Invitation to Springhill Residential Addiction Centre on 8th July to hear the specialist alcohol and drug addiction funding announced by the Prime Minister. This will see Hawke's Bay DHB invest in four more beds at the centre. This funding will increase the beds from 8 to 12 of the 15 beds at Springhill. These additional beds will increase Springhill's capacity to provide a robust, recovery-focussed programme to meet the needs of people experiencing alcohol and other drug issues.

Main pieces of work:

New way of working for crisis hub – workshops taking place with Jill Garrett

Patient flow/access to inpatient beds – work ongoing.

Wall of Fame – Members have completed putting up the wall of fame in the reception corridor and first 3 nominated health heroes are up. Publicised story on 'Our Hub'.

HQSC/Learning from Adverse Events. Staff feedback in; starting on whānau feedback and have had first SWARM with whānau, positive learning has come out of this. A slow and steady approach will continue to be taken when engaging with whānau. A Zoom meeting with DHB colleagues nationwide takes place on 30th July.

1737 - Good relationship being developed

Abandoned calls and call back option which is available on other service line - Discuss with development team: turning on the call back function for 1737 ? A New Innovation while waiting for a period of time – what options are available?

1. Partnering with a peer support organisation: options clinical or peer support option
2. Call back option – had been trialed before (re-looking at this)
3. Most common long wait is - middle of the night due to low staffing levels typically, then what should happen in that process - Connected through to Healthline nurse?
 - Amount of information requested by text on first encounter with client - Review with development team and consumers ways of reducing this. Deborah and Brian to be in touch to enhance consumer perspective on product design.
 - 1737 have built into the system for **text** to recognise the caller so not to repeat collection of details and the system recognises the caller:
 - 1737 are building team and capacity to match callers to team member that best fits the caller: Person connected with last time, Age – ethnicity – skills set.
 - 5% of callers – equate to 45% of call load - 1737 have set up a special team to proactively contact these clients, resulting in a drop in calls from these individuals from 12 times per day to 1 x month. Small cohort of clients but significant improvement achieved. EHMS already doing welfare calls to clients who are high users. Explored the option of EHMS linking to primary care teams to carry out some of this follow up.
 - Discussed RNZ interview on meth addiction RNZ then referenced 1737 for help – query if this was appropriate. RNZ - should have referenced the Meth line.
 - 1737 is not a crisis line - All coms need to reiterate this and reinforce 1737 is for mild to moderate and crisis lines are for crisis.
 - How to keep 1737 up to date with HB services – what is available and for what. Health point is the directory that is referred to – providers listed update their information 6-12monthly (it is shown on the page) – 1737 have a more detailed view than the public view so they can be very specific about what service and who they are linking clients to locally. Low down is the youth specific line – promote to all Rangatahi services/workforce

Connecting Care Project - In process of re-starting. Covid + three key HBDHB people leaving their roles means starting process again.

One of main focusses was when referred by Primary Care they are seen by health professional (aim for 80%). We are not reaching that target; we need to look at different ways to have this achieved; recent figures showed 35% were not seen. Need to drill down further to see what is the reason behind this; i.e. DNA, not wanting appointment, lack of information from GP or inappropriate referrals.

Would like feedback of key worker attending first appointment with GP for handover.

	Report to HB Health Consumer Council from: Denise Woodhams
	For the attention of: HB Health Consumer Council
Document Owner:	Denise Woodhams, Angie Smith, Diane Mara, Oliver Taylor
Month:	July
Consideration:	For Information
RECOMMENDATION That the HB Health Consumer Council: <ol style="list-style-type: none"> 1. Note the content of the report. 	

Planned Care zoom meeting with Penny Rongotoa and Rebecca Adams - 7 July 2020

Oliver will speak to this report on behalf of us all.

We had a very successful meeting via Zoom with Penny and Rebecca about the Interactive Activity for consumers on waiting lists for elective surgery/planned care. Penny presented the proposed activity to our June meeting. Penny and Rebecca were very open to hearing our views on the activity and the stereotyping which caused alarm when this was first presented.

There was a degree of confusion around how and when the activity was to be used. Further parts of the activity were shown to us which resulted in a better understanding of how the activity (and all its parts) were to be used with consumers. While providing this context did answer some questions, it also created others.

Although seeing the whole proposed activity enabled us to understand it better it was decided, by consensus, to scrap the proposed activity and start again.

Consumer Council members suggested using voices of consumers and clinicians to explain elective surgery wait times and evaluations to consumers.

Members were thankful to Penny and Rebecca for their openness to meaningful consumer engagement.

Penny will get back to us with the new proposal for evaluation. We have the following feedback from Penny on the outcome of our discussion.

*Thank you for your email. I hope the following accurately reflects our discussion.
It was agreed that the exercise would not proceed. In its place patient and surgeons stories were the renewed focus for Planned Care. This is an opportunity to listen to patient stories, ensure they have a sense of being heard and where possible integrate any learnings from those patient stories into service improvement.*


Nga mihi

*Penny Rongotoa, Portfolio Manager, Te Puni Aro Putea – Planning and Funding Directorate
Hawke's Bay District Health Board*



Clinical Council Update (verbal)

August 2020

	Report to HB Health Consumer Council from: Denise Woodhams
	For the attention of: HB Health Consumer Council
Document Owner:	Denise Woodhams
Month:	August
sConsideration:	For Information
RECOMMENDATION That the HB Health Consumer Council: 1. Note the content of the report.	

PSAG - 14th July 2020

Pharmacy Subsidy Card

Heather Simpson Review does not support subsidy. The \$5 co-payment is impacting on consumers who can least afford it.


PSAG still supports an action to abolish the \$5 co-payment and Subsidy Card completely. Maybe an opportunity for Consumer Council to have a say?

MUR Medicine use Review

This is a service for consumers who don't understand their medication, either why they're being prescribed it, or how to take it correctly. Currently 24 pharmacies in Hawke's Bay offer the service.

I am mentioning this because it is available to all consumers. If you or someone you know doesn't understand anything about their meds, or doesn't take them for whatever reason a MUR could be a good idea. Ask at your pharmacy.

PSAG will not be meeting in August 2020.

	Report to HB Health Consumer Council Health Quality & Safety Commission NZ Consumer Engagement Quality Marker (QSM)
Document Owner:	Dr Diane Mara
Month:	August 2020
Consideration:	For Noting and Information: Planning 2020/21
<p>Background</p> <p>The HQSC NZ invited Board Chairs and Deputy Chairs of all Consumer Councils across Aotearoa to two Zoom meetings: Thursday 25th June and Thursday July 23rd. Rachel attended both, I attended the second. The next meeting is to be held on Tuesday 22 September.</p> <p>The purpose of these meetings was to inform Boards about a framework for a consumer engagement and quality marker (QSM) by all DHBs. The framework has been worked on by an invited reference group and the HQSC Consumer Advisory Group since July 2018. This framework has been piloted by Counties - Manukau, Waitemata, Waikato and Canterbury District Health Boards.</p> <p>The mandate for this initiative comes from “the improving quality section of the MOH DHB annual plan guidance for 2020/21” which invites all DHBs to participate in this QSM development.</p> <p>The framework is named SURE: Supporting, Understanding, Responding, Evaluating and is a tool for self assessment and self-evaluation by Consumer Councils/DHBs under 3 domains: Engagement, Responsiveness, Experience and along a continuum of four quality stages: minimal, consultation, involvement, partnership.</p> <p>The HQSC are promoting consumer engagement at all levels with a focus on influence at governance level. HB DHB including HB Consumer Council will need to engage in the suggested self-assessment and self review processes as a transparent accountability mechanism, demonstrating improvement over time of the quality of consumer engagement.</p> <p>Expected Action:</p> <ol style="list-style-type: none"> 1. Implementation of framework by 1 July 2020 with progress report by December 2020. 2. March 2021 is another expected time frame for reporting evidence using the tool 3. Establish across DHB mechanism to gather evidence using the self-assessment monitoring framework that will feed back to HQSC including using a co-design approach. (The intended replacement for CEC collaboration may be the appropriate body for HBDHB). <p>* Note these dates were in June HQSC papers so there may be some alteration</p> <p>Recommendation: That the HB Health Consumer Council</p> <ol style="list-style-type: none"> 1. Note the content of this progress report 2. Agree that CC Leadership advance work on QSM in conjunction with HB DHB Senior Clinical Governance to achieve this MOH and HQSC requirement and improve consumer engagement across the DHB. 	



Familiarisation of TOR (verbal)

August 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:

14. Minutes of Previous Meeting (Public Excluded)
15. Home Help Review verbal update
16. Planning for 20 21 goals & Objectives Reports 1 - 8
17. 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).