



Hawke's Bay Health Consumer Council Meeting

Combining with Hawke's Bay Clinical Council

Date: Wednesday, 12 July 2017

Meeting: 3.00 pm to 5.30 pm

Venue: Takarangi Conference Room
Te Taiwhenua o Heretaunga, 821 Orchard Road, Hastings

Council Members:

Graeme Norton (Chair)	Jenny Peters
Rosemary Marriott	Olive Tanielu
Heather Robertson	Jim Henry
Terry Kingston	Malcolm Dixon
Tessa Robin	Rachel Ritchie
Leona Karauria	Sarah Hansen
Sami McIntosh	Dallas Adams
Deborah Grace	Kylarni Tamaiva-Eria
Dr Diane Mara	

Apologies: Jenny Peters, Dr Diane Mara

In attendance:

Kate Coley, Executive Director People & Quality (EDP&Q)
Ken Foote, Company Secretary (Co Sec)
Tracy Fricker, Council Administrator and EA to EDP&Q
Debs Higgins, Clinical Council Representative
Linda Dubbeldam, Health Hawke's Bay Representative
Apology received from Jeanette Rendle

Agenda

PUBLIC

Combined Clinical and Consumer Council Meeting		
	Section 1– Joint Discussion	Time (pm)
1.	Welcome / Introductions	3.00
2.	Workshop on Clinical Services Plan with Sapere Research Group	3.05
	Afternoon Tea	4.30
3.	Surgical Expansion Project – Clinical & Consumer Engagement (presentation) – Sharon Mason / Ben Duffus / Janet Heinz	4.40
4.	Community Pharmacy Services Agreement – Di Vicary	4.55
5.	2017/18 Budget (presentation) – Tim Evans	5.05
	Closure of the combined meeting	5.15

PUBLIC

HB Health Consumer Council Meeting <i>Same location – room partitioned off.</i>		
Item	Section 2 – Routine	Time (pm)
6.	Interest Register	5.20
7.	Minutes of Previous Meeting	
8.	Matters Arising - Review Actions	
9.	Consumer Council Workplan	
10.	Topics of Interest – Member Issues/Updates	
11.	Karakia Whakamutunga (Closing)	5.30

NEXT MEETING: Thursday 10 August 2017 at 4.00 pm





CLINICAL SERVICES PLAN

Discussions with Sapere Research Group



SURGICAL EXPANSION PROJECT CLINICAL & CONSUMER ENGAGEMENT

Presentation

 HAWKE'S BAY District Health Board Whakawāteatia	Community Pharmacy Services Agreement 2017/18 new services
	For the attention of: Clinical and Consumer Councils
Document Owner:	Dr Kevin Snee, Chief Executive Officer
Document Author(s):	Di Vicary, Portfolio Manager
Reviewed by:	Paul Malan, Acting Head of Strategic Services; and Executive Management Team
Month:	July 2017
Consideration:	For Discussion

RECOMMENDATION

That **Clinical and Consumer Council:**

1. Note new pharmacy services via CPSA extension.
2. Discuss and comment on the draft Terms of Reference for the Pharmacy Services in the Community Development Group.

OVERVIEW

The current Community Pharmacy Services Agreement (CPSA or 'the Contract') has been extended for 12 months. This enables the Hawke's Bay District Health Board the opportunity for local development of pharmacy service leadership and governance to enable the full potential of the new contract being developed for 1 July 2018.

An important step is the formation of the Hawke's Bay Pharmacy Services in the Community Development Group.

BACKGROUND

The current Contract is a national agreement which has been extended for 12 months to give certainty to the sector as a new contract continues to be developed in readiness for 1 July 2018. The new contract being developed for 1 July 2018 will align with the other two national contracts, Aged Related Residential Care and Primary Health Organisation where appropriate, and is consistent in delivering the key objectives of the New Zealand Health Strategy and the Pharmacy Action Plan.

*Integrated Pharmacist Services in the Community*¹ is the vision for the new pharmacy contract. Delivering on this vision will see District Health Boards (DHBs) working with the sector, consumers, and other stakeholders to co-design a service delivery model that has consumers at the centre. It will also provide Hawke's Bay DHB with greater flexibility to meet the needs of our local population, promote pharmacists as experts in medicines management, and encourage collaboration between consumers, their pharmacist, and broader multi-disciplinary teams.

¹ The vision booklet *Evolving Consumer Focused Pharmacist Services* is available from: <http://centraltas.co.nz/assets/Publications/Pharmacy-Documents/Integrated-pharmacists-in-the-community/FINAL-Integrated-Pharmacist-Vision-Booklet.pdf>

CONTRACT EXTENSION NEW FUNDING INITIATIVE

The 12-month extension, effective 1 July 2017, includes additional funding allocated by DHBs in 2017/18 for:

- Smoking Cessation
- Workforce Development
- Long-term Conditions Service broadened on Mental Health criteria eligibility.

Decisions on service specifications have been occurring nationally throughout June, with further decisions still pending, thus implementation has been delayed until September / October. While waiting for national decisions, local discussions have started.

Smoking cessation

Hawke's Bay DHB understands that if a local service delivery is unable to be agreed upon then nationally agreed service specifications will be implemented as a default. These smoking cessation service specifications require further engagement with PHARMAC and are currently in development.

Hawke's Bay DHB (HBDHB) Smokefree Team and Strategic Services proposed that community pharmacies are invited to become a community provider as part of the HBDHB Tobacco Control Programme. Learnings from pharmacy based programmes operating in other DHS will assist with development.

Workforce development

A list of Workforce Training options is currently being developed nationally. Once finalised this will be provided to community pharmacies and DHBs. This list will be permissive and not exhaustive.

National guidance is that cultural competence, care planning, communications and motivational training, and relationship centred care be given more prominence on the list.

LTC (Mental Health) Service

This is an existing funded service in community pharmacy. The focus for 2017/18 is to expand access by increasing referrals from secondary mental health services to pharmacies for the LTC (Mental Health) Service. Each DHB is allocated a number of LTC referrals for Mental Health service users based on their PBFF share. It was decided on 19 June that DHBs need to have a local process to ensure the allocation is applied. The process needs to include engagement with the appropriate stakeholders, and ensure the best use of resources, with the people most in need receiving the service.

In the future how Hawke's Bay DHB could best utilise additional funding for new pharmacy services based in the community would be discussed at the Hawke's Bay Pharmacy Services in the Community Development Group.

PHARMACY SERVICES IN THE COMMUNITY DEVELOPMENT GROUP

The development of a Hawke's Bay Pharmacy Services in the Community Development Group has been identified as a priority by the members of Health Hawke's Bay PHO and Hawke's Bay DHB Strategic Services who meet monthly to discuss pharmacy strategy.

The Group will facilitate a collaborative model of care design for Hawke's Bay pharmacy services based in the community, which are delivered in innovative ways, across a broad range of settings. Local co-design with a focus on placing consumers at the centre of any service delivery while promoting pharmacists as the experts in medicines management aligns with government plans such as the NZ Health Strategy and Pharmacy Action Plan and enables Hawke's Bay to flexibly support local service delivery to meet community needs.

ATTACHMENT

Please find attached the proposed draft Terms of Reference for the Hawke's Bay Pharmacy Services in the Community Development Group.



TERMS OF REFERENCE

Hawke's Bay Pharmacy Services in the Community Development Group

July 2017

Purpose	<p>The Pharmacy Services in the Community Development Group provides strategic and operational advice to the Hawke's Bay Health Alliance Leadership Team on how best to provide quality and high value pharmacy services in the community, which meet stakeholder needs and have consumers at the centre. It seeks through better utilisation of the community based pharmacy workforce and the promotion of pharmacists as experts in medicines management to assist our population to reach their full health potential. This will be achieved this through collaboration with consumers, pharmacists, and broader multi-disciplinary team to develop flexible co-designed service delivery models.</p>
Functions	<p>The functions of the Pharmacy Services in the Community Development Group ('the Group') are to give advice on the:</p> <ul style="list-style-type: none"> • The development and enhanced utilisation of pharmacist and pharmacy staff skills and scopes of practice. • Better health outcomes, patient experience and 'best value' for the public funding applied to community pharmaceuticals and community based pharmacy and pharmacist services, through new service delivery models, and the minimisation of waste, maximised efficiencies, innovation and technology. • Local delivery of national¹ and local strategies which involve pharmacy or medicine, according to the principle of equitable resourcing; matching resources to need is a priority. <p>The recommendations of the Pharmacy Services in the Community Development Group must ensure:</p> <ul style="list-style-type: none"> • Consumers are placed at the centre of all service delivery. • Integration of pharmacy services provided in the community with other health services. • A commitment to the Treaty of Waitangi principles of Partnership, Participation, and Protection, and the Hawke's Bay health sector values. • Development and implementation of primary health care services that are able to be delivered in a sustainable way by pharmacists and/or their staff to improve health outcomes for the people of Hawke's Bay. • Ensure that full engagement with health providers and consumers underpins any recommendations for change to existing arrangements and obligations, through leadership, open communication and mutual respect.
Level of Authority	<p>The Group has authority to give advice and make recommendations to the Hawke's Bay Health Alliance Leadership Team. The Hawke's Bay Health Alliance Leadership Team in turn, may give advice and make recommendations to the Hawke's Bay District Health Board and Health Hawke's Bay Te Oranga Hawke's Bay (PHO) Board, or exercise any powers delegated to it by the Boards.</p>

¹ Such as the NZ Health Strategy and Pharmacy Action Plan

	<p>Group members are authorised to request access to Hawke's Bay District Health Board information and reports to assist them to execute their duties. All information received remains the property of HBDHB and will be used for lawful purposes for the benefit of Hawke's Bay District Health Board only. Information governed by privacy legislation, including information relating to personal health records, will not be available to Group members.</p>
Membership	<p>The Group members, including Chair, will be selected for their leadership, skills, and strengths, and include:</p> <ul style="list-style-type: none"> • Four community pharmacists, consisting of both pharmacy owners and non-owner pharmacists • A clinical pharmacist working in general practice • A hospital pharmacist • A pharmacy technician working in community setting • The Chief Pharmacist • A Health Hawke's Bay PHO representative • A general practitioner • Another primary care prescriber (midwife, nurse, pharmacist) • Registered nurse working in primary care / community care • Two consumers, one being Māori • The Executive Director Primary Care <p>Other representatives may be seconded as required. Nominations are sought for membership from Hawke's Bay providers (self-nomination is acceptable)</p> <ul style="list-style-type: none"> • In the event that nominations for positions exceed the number required, Hawke's Bay Health Alliance Leadership Team will determine formal appointments. • In the event that there are not enough nominations for positions, Strategic Services will support the Hawke's Bay Health Alliance Leadership Team to identify and approach potential appointees. <p>The term of membership is three years, with members being eligible for reappointment. The maximum term is three consecutive terms i.e. nine years; except for those present due to their employed role e.g. Chief Pharmacist.</p>
Chairperson	<p>The Chair will be appointed by the Hawke's Bay Health Alliance Leadership Team.</p>
Meetings	<p>The Group will meet as required, depending on the activities engaged in at any given time. There will be a mix of face-to-face, teleconference, video conference, or other suitable mechanisms agreed within the Group. Matters may be managed between meetings through discussions or other formal communications. The Group Chair shall convene a meeting upon the request of any Group member who requests a Group meeting.</p> <p>Matters of procedure are provided for by the Hawke's Bay DHB Standing Orders for Board Committees as set out in the HBDHB Governance Manual (Schedule 5). When making a decision, determination or resolution, our Pharmacy Services in the Community Development Group must:</p> <ul style="list-style-type: none"> • have regard to its Terms of Reference; • consider the matter before them in good faith and use their best endeavours to facilitate a consensus decision; • not prevent a consensus decision being made for trivial or frivolous reasons; • use all relevant information in a timely fashion; and

	Actively seek and facilitate a consensus decision, determination, or resolution.
Quorum	A quorum will be a majority of Group members, with a minimum of two pharmacists who work in a community pharmacy setting.
Reporting	The Group will report to the Hawke's Bay Health Alliance Leadership Team. The Group will involve and consult with wider primary health care representatives to advise the Group on issues and priorities in medicine management health care delivery.
Operational support and Minutes	<p>The Group will be serviced and fully supported by a person engaged as secretary for this purpose by the Hawke's Bay DHB. The secretary will provide normal secretarial duties as well as liaison and related activities to ensure the Group is able to fulfil its functions.</p> <p>The secretariat in conjunction with the Group Chair shall establish the distribution of agendas and minutes to Group members. Agenda and supporting papers are to be sent out at least five working days prior to a meeting being held.</p> <p>Minutes of each meeting shall be recorded and distributed promptly to each member of the Group. A summary of minutes of each meeting shall be submitted to the Hawke's Bay Health Alliance Leadership Team for information/with recommendations for endorsement.</p> <p>Operational and management support will be provided by the Portfolio Manager Integration and Health Hawke's Bay PHO Clinical Advisory Pharmacist, expanding to the Clinical Pharmacist Facilitator team leader as required.</p>
Review	These Terms of Reference will be reviewed after six months of the Group being established, and every two years thereafter.



2017/18 BUDGET

Presentation

Interest Register**Hawke's Bay Health Consumer Council**

3 July 2017

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
Graeme Norton	3R Group Limited	Director/Shareholder	Product Stewardship	No	Group is sponsored by HBDHB Could be a perceived conflict, however will not take part in any discussions relating to any contract matters if these arise.
	NZ Sustainable Business Council	Deputy Chair	Sustainable Development	No	
	HB Diabetes Leadership Team	Chair	Leadership group working to improve outcomes for people in HB with diabetes	No	
	Advancing life cycle management thinking across NZ	Chair, Advisory Group	Advancing life cycle management thinking across NZ	No	
	U Turn Trust	Trustee	Relationship and and may be contractual from time to time	Yes	
	Integrated Pharmacist Services in the Community (National Committee)	Steering Group Member	Health and wellbeing	No	
Rosemary Marriott	YMCA of Hawke's Bay	President	Youth Including health issues	No	
	Totara Health	Consumer Advisor	Health and wellbeing	No	
Heather Robertson	Restraints Committee of DHB	Committee Member	Representing Consumers on this Committee	No	
Terry Kingston	Interest in all health matters, in particular - Mental Health, Youth, Rural and Transport.			No	
	Age Concern Hawke's Bay	Board Member		No	
	Positive Aging Trust	Committee Member		No	
Tessa Robin	Te Kupenga Hauora - Ahuriri	Finance and Quality Manager	Responsible for overseeing QMS for organisation and financial accountability	No	Potential - Employer holds contracts with HBDHB
Leonna Karauria	NZ Maori Internet Society	Chairperson	Advocacy on Maori Communities	No	
	Simplistic Advanced Solutions Ltd	Shareholder / Director	Information Communications Technology services.	Yes	If contracted for service, there could be a perceived conflict of interest.
	Wairoa Wireless Communications Ltd	Director/Owner	Wireless Internet Service Provider	Yes	Approached in early 2014 by HBDHB and contracted for service to provide wireless internet service to Wairoa Rural Health Learning Centre and Hallwright House. Could be a perceived conflict of interest.

HB Health Consumer Council 12 July 2017 - Interests Register

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
Jenny Peters	Nil				
Olive Tanielu	HB District Health Board	Employee	Work with Pacific Island children and families in hospital and in the community	Yes	Perceived/potential conflict between employee HBDHB and roles of Consumer
Malcolm Dixon	Hastings District Councillor Sport Hawke's Bay Scott Foundation HB Medical Research Foundation Inc	Elected Councillor Board of Trustees Allocation Committee Hastings District Council Rep	Non paid role	No No No No	
James Henry	Health Hawke's Bay Ltd	Facilitator	Part-time role. Improving lifestyles for people with chronic illness.	No	
Rachel Ritchie	Put the Patient First	Involved when group was active	Advocating for Diabetes Patients	Unsure	Real / potential / Perceived
Sarah de la Haye	Nil				
Sami McIntosh	Eastern Institute of Technology	Student Nurse	Practical placements	No	Perceived potential if applying for work.
Deborah Grace	Isect Ltd	Director	IT Security Awareness	No	
Dr Diane Mara	TBA				

**MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL MEETING
HELD IN THE TE WAIORA MEETING ROOM, HBDHB CORPORATE OFFICE
ON 15 JUNE 2017 AT 4.00 PM**

PUBLIC

7

Present: Graeme Norton (Chair)
Rosemary Marriott
Heather Robertson
Terry Kingston
Tessa Robin
Jenny Peters
Olive Tanielu
James Henry
Sarah Hansen
Rachel Ritchie
Malcolm Dixon
Sami McIntosh
Dallas Adams
Kylarni Tamaiva-Eria

In Attendance: Kate Coley, ED People and Quality
Tracy TeHuia, ED of Strategy and Health Improvement
Jeanette Rendle, Consumer Engagement Manager
Brenda Crene, Board Administrator

Apologies: Leona Karauria

SECTION 1: ROUTINE

1. KARAKIA TIMATANGA (OPENING) / REFLECTION

The Chair welcomed everyone to the meeting and Tessa provided a Karakia

2. APOLOGIES

An apology received from member Leona Karauria.
An apology was also noted from Health HB representative Linda Dubbeldam.

3. INTERESTS REGISTER

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

4. PREVIOUS MINUTES

The minutes of the Hawke's Bay Health Consumer Council meeting held on 11 May 2017 was confirmed as a correct record of the meeting.

Moved and carried.

5. MATTERS ARISING AND ACTIONS

Item 1: *Actioned*

Item 2: ***Clinical Services Plan***

Sapere Research Group in attendance for item 10 on the agenda. Actioned

Item 3: ***Recognising Consumer Participation***

Included on the workplan for July. Actioned

Item 4: ***CIO Anne Speden invited to attend June Meeting***

Due unavailability, this item will be moved to July.

Item 5: ***Topics of Interest / Member Issues / Updates***

The Consumer Engagement Manager was to enquire why a hospital car parked in a disability car park at Te Mata Primary School. In response this was investigated by Sarah Hansen, the Complaints Advisor on 16 May. Actioned.

Disability Liaison concerns relayed. Actioned.

MoH letter on Disability recommendations included as item 17 on the agenda.

Subsequently this was not discussed at the meeting and Kate Coley was to review the recommendations with EMT and come back to Council with further detail. **Ongoing**

6. WORK PLAN

The Chair advised the work plan is included in the meeting papers for information.

7. CHAIR'S UPDATE

Resourcing and funding of the new Clinical Governance Committees is being worked through. Under the new structure there needs to be consumer involvement and this needs to be appropriately resourced.

8. CONSUMER ENGAGEMENT MANAGER'S UPDATE

Jeanette Rendle, Consumer Engagement Manager provided an update on activities undertaken:

- Consumer Engagement Strategy update - Thanks to Consumer Council members for the feedback provided last month which was incorporated into the document which is now ready to go to EMT for approval to go through to Board (via MRB & Clinical Council) for endorsement.

The proposed work plan will be implemented via a project in the "Our People, One Team" work-stream under the Transform and Sustain programme. A project initiation workshop was held 29 May, to identify the scope of the project at a high level. Jeanette will keep you updated as this progresses. Gives timeframes and structure and ensures implementation. Keen to receive consumer participation.

A member noted that on occasions what has been signed off and what happens on implementation sometimes do not align!

Action: a) **Jeanette to provide the *latest* Consumer Engagement Strategy document to Jenny, as she would not be attending Council meetings for the next two months.**

- Members were thanked for their feedback last month on "recognising consumer participation". This feedback will go to EMT where direction and approval to work up the detail will be sought to write the policy and bring this back for Council's input.

- Requests for support with consumer engagement at an *operational* level have been increasing, from in depth analysis of consumer feedback at a service/department level, through to assistance with capturing stories and advice with surveys and workshops.
- Consumer Experience Surveys: better systems, methodology and coordination are required to improve how we capture, measure and report on patient experience. An update on this and how we plan to address the issues will be covered off in the consumer feedback report presentation on the agenda (item 12).

9. YOUTH CONSUMER COUNCIL UPDATE

Kylarni Tamaiva-Eria and Dallas Adams provided a report on Youth Consumer Council (YCC) activities:

- Dallas provided in minutes what has been going on recently.
- Several colleagues who attended a Health Expo (with a report forthcoming) have been successful in recruiting two new members.
- Upcoming in August will be the Zero Suicide Conference with Dallas providing a report back to Council.
- Is the budget adequate for the youth council to work under – was raised by Malcolm? This query was further discussed under the Youth Council Strategy

SECTION 2: FOR DISCUSSION

10. CLINICAL SERVICES PLAN DISCUSSION

The Chair welcomed Tom, from Sapere Research Group to the meeting. An overview of intentions was provided with the final Plan due for release in February 2018.

Consumer Council's focus relates to community engagement and having consumers involved. Tracee TeHuia advised the challenge will be to bring the customer closer to the front with touch points (discussions with Consumer Council) during the plan's formulation.

Collaboratively consulting across various mediums is crucial and Consumer members provided the following feedback:

- Facebook appears to be the best way to consult with the community. However many older people (who are higher users of health services) are not on Facebook and that needs to be taken into consideration.
- Kidnappers Radio is a great avenue with very good talk-backs. A spokesperson for the CSP could be in the studio.
- Ensure that as many community services are involved and suggest to go to their locations to consult.
- Go out to churches and maraes, rural communities and disability groups also.

**What is working well and what is not working well - and how to change/manage it?
In discussion the following feedback was provided:**

- We know a lot of what we have not done well – but have not done anything about it! This process will hopefully provide solutions.
- What is working well and how we can further build on that, is an important question to ask.
- Person and Whānau centred care – this is what our customers have been telling us for years and it is now in the Values & Culture work and will be part of a managed project.
- There is a real connection between the development of the CSP and the people strategy. We need to look to the people in both primary and secondary care.

- Hospital has not changed the way it delivers to make it appropriate today. Stability in hospital service sees consumers have to change to fit in with the system. Slowly changing but not fast enough.
- Community and consumers will be interested in workshops if it enables them to become involved in their own outcomes.
- People on their health journey are not treated holistically. Those with disabilities do not have their disabilities considered when in hospital for specific treatment. Primary care and other ancillary services need to be worked through.
- Allow family to help with personal care for the disabled as they feel comfortable with family or partner.
- Ensure youth are consulted with as you cannot under estimate how much people and youth especially want to contribute to their futures.
- This process should be continual and not end – communication strategy taken into the future.
- So much talk and not enough action to date for consumers. What has been done, may not have been communicated as well as it should have been.
- Need this to happen in the next 2-3 years not 10-20 years. Whatever design it needs to be future proofed and move with the needs of the community and change if it needs to change.
- Workshops especially in to the community and especially from a Māori perspective, need to clearly and simply disclosed as to what you are wanting first - or you will spend an hour trying to define it so people can come prepared!

Consumer members look forward to contributing further with the joint Workshop planned with Clinical Council, the afternoon of Wednesday 12 July to be held at Te Taiwhenua o Heretaunga in the Takarangi Conference Room.

The Chair advised, this will enable time for preparation to define the problem better and give a good steer to Sapere as to what needs to be included from a consumer perspective. The Chair would be working with Clinical Council on this in the interim.

It was noted the timeline is for a full Clinical Services Plan to be presented in February 2018, with recommendations.

11. YOUTH SERVICES STRATEGY

The Chair introduced Nicky Skerman, Population Health Strategist; Women, Children and Youth who advised the Strategy had been signed off by the Board a year ago and has made a huge impact in raising the profile of Youth and health.

- Youth Council members costs to attend Conferences concerning youth in their local region, to raise profile locally and nationally, has to date been covered by Scholarship.
- HB Youth Council member Kylarni advised the group have been seeking financial assistance, however none was available right now but they would continue to look.
- With concern around funding for the Youth Council, Malcolm Dixon (HDC Councillor) suggested they contact Denise Ellis to seek support from the Hastings District Council's Social Development Group (who disseminate funding). It was suggested they ascertain what they the HDC support firstly, and then put a paper together seeking specific funding.

Action: Malcolm Dixon to provide contact details to Youth Council members

Discussion / Feedback:

- Nice to see that youth have narrowed down some priorities with all issues faced in the wider community – that could not have been an easy task to do. Wonder if unpack that as they are all interlinked with each other to have the opportunity to look at the underlying issues are.

Why the culture – why HB culture different from the youth elsewhere – they all interlink.

A lot of Māori youth are being raised by the elders as they have received a lot of abuse and neglect. This is affecting the elders. There are reasons behind abuse of alcohol and drugs.

- Rachel Eyre is associated with an Alcohol Strategy which was endorsed by the Board a year ago. The Youth Council were connected in with Rachel Eyre and her work on Alcohol.
- Youth Council members had conversed with youth from CHB to Wairoa. They asked a series of questions and Council would be shocked on how they answered it was very very sad. The funding provided was provided educational purposes and the Council were funded by those ran them. This detail could be shared.
- Congratulations to the Youth Council – well done.

Consumer Council **noted** the contents of this Report

12. CONSUMER EXPERIENCE QUARTERLY PRESENTATION

Kate Coley presented the detail for the consumer experience survey for the 3rd quarter Jan-Mar 2017 however, there were limitations in capturing enough information to reflect our community. Most feedback was received from those over 45 years therefore this information does not reflect well demographically.

This survey and data provision is a national requirement and all DHBs are struggling to obtain relevant data. Through Transform and Sustain there is a Patient Experience Project on how best to obtain and gather feedback that is relevant and timely, to use and learn from to make changes.

Feedback:

- Medication side effects featuring so highly is extremely disheartening for council members to hear. This is fundamental basics and not acceptable (in Secondary or Primary Care).
- Why are there discharge problems? On occasion surgeon makes decision at last minute to discharge.
- Recent visit to hospital viewed inefficiency and waste everywhere. There still appear to be some very un-smart processes in place. Things could be done much more simply.
- It is extremely disappointing that many aspects have not got any better after all the years Consumer Council has been operating. Suggest to stop the surveys and deal with the stuff that needs doing. The issues have been consistent for years and years!
- Once out of hospital, experiences are forgotten. Not interested in responding after the fact, whereas may well be interested in responding if approached in Hospital. Many have overwhelming hospital experiences.

- Action:**
- a) Jeanette to follow up with Rachel about working on the project with her.
 - b) Once the Project commences a project report will be provided monthly with the consumer papers.

SECTION 2: FOR INFORMATION

13. TE ARA WHAKAWAIORA / ORAL HEALTH

The paper was provided for information only, no issues were discussed.

14. CONSUMER COUNCIL ANNUAL PLAN REVIEW

The Chair advised this item would be deferred until July.

Discussion in preparation summarised:

- The Transform and Sustain Dashboard is being refreshed and will be available shortly which will assist in the formulation of the Council's Annual Plan
- Understand what the priorities are?
- Prior to issue, update on areas of interest and where the portfolio interests will be.
- Maybe include a consumer experience line across the whole spectrum.
- Ensure correct iteration of the plan is included.
- Update the detail of members and details.

- Action:**
- a) **The details from the discussion and points raised above will be worked through, and on issue this document will be provided in larger (A3) size.**
 - b) **Ensure the Consumer Council Annual Plan is included on the July agenda**

This is not about having Consumer council members on Projects! This group needs to broaden, and involvement means: "ensuring the work is being done" and "implemented the way it was intended". We must ensure we have connections with pieces of work and who to connect with. If this gets too overwhelming for consumer member, please let Jeanette know.

The Chair advised the Project Management Office (PMO) will not start a project without consumer engagement/input. The PHO are responsible to get those who use services and they may not necessarily be consumer members. For example - they are currently looking to improve Māori engagement in oral health – want a consumer who has 5 year old child and involved in Māori community.

Clinical and Consumer Council work together around the needs of people, with no lack of will within either Councilfor the Queen Mary to change course! Our leaders need to be brave - however there is an issue as the MoH dictate priorities which are labour intensive and which must be satisfied. The question is what can be done to influence the MoH to wise up? Consumer Councils are now within 11 of the 20 DHBs currently. The formation of **Health Consumer Councils of NZ** nationally will be far stronger than and individual Consumer Council to front up to the MoH.

15. TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

No items were raised this month.

SECTION 3: GENERAL BUSINESS

17. DISABILITY LETTER / RECOMMENDATIONS (SENT VIA MOH) FOR DISCUSSION – BROUGHT FROM THE PUBLIC EXCLUDED SECTION

Due to time Kate Coley advised she would take a look at the Disability Letter / Recommendations sent via the MoH and see what can be done with the recommendations and take it to the EMT table. **Action** item 5 on the day's agenda will remain ongoing.

18. PEOPLE STRATEGY (2016-2021) FIRST DRAFT – BROUGHT FORWARD TO PUBLIC EXCLUDED SECTION

Kate Coley, Executive Director of People and Quality spoke to the report provided and highlighted this was a first draft with feedback being sought from the committees.

Park the paper provided as we now intend to turn it on its head. Noted that consumers were not covered. This work is pivotal and our discussions need to be bold and courageous. We are talking about shifting a culture that is very engrained and that will likely take 5-10 years.

We need to work from the bottom up and link in to the Workshops being run by the firm April Strategy occurring in September where feedback can be gleaned, with intention of finalising the Strategy in February 2018.

Discussion / feedback summarised:

- Person and Whānau centred crucial in staff mentality
- Felt staff were not able to negotiate/provide solutions in their work environments because they are not empowered and/or are so busy.
- Develop some champions to gain momentum. Some are already working in innovative, flexible and fast-moving environments who others can learn from.
- All DHBs are looking at their strategies. Pose questions or provide document. Many have used April Strategy for values, behaviours and strategy.
- Using co-design by using April Strategy workshops – make them open invitations.
- Suggest having patient and clinician workshops. If there are clinicians in the room – on hearing patient stories directly there is evidence that makes change occur quickly.
- Believe there are barriers to staff/consumer living their values in the health environment – need to unpack this as an organisation find out what is in the way before pushing it out of the way.
- This is the most sensible approach to take – unpack values and make sure they align with staff. Buy in must start with leadership. For Māori and Pacific island staff this is a natural way to work. It is the systems around us that are the barriers. Must remove the perceived silo mentality.
- Generational differences and beliefs. Establishment vs techno generation should not be a barrier.
- What makes a good day – what makes a bad day?
- Value our strengths – allow us to bring that with us – ask us what that is.

Members acknowledged the work that Kate and Jeanette are doing for Council.

19. KARAKIA WHAKAMUTUNGA (CLOSING)

The Chair thanked everyone for their attendance and input.

The meeting closed at 6.20 pm.

Confirmed: _____
Chair

Date: _____

HAWKE'S BAY HEALTH CONSUMER COUNCIL

Matters Arising
Reviews of Actions

Action	Date Issue first Entered	Action to be Taken	By Whom	By When	Status
1	11/05/17	CIO Anne Speden to be invited to attend June meeting to discuss IS Plan and listen to top issues for consumers. Deferred now until August.	Chair	June	Agenda item August
2	11/05/17 15/06/17	Topics of Interest - Member Issues / Updates <ul style="list-style-type: none"> Ministry of Health Letter on Disability re: recommendations from investigation in 2008/09 to be sent out to Consumer Council Members. To be discussed at next meeting Kate Coley will review the recommendations with EMT and come back to Council with further detail. Timing to be advised 	Chair / CEO Kate Coley	June TBC	Not considered in June
3	15/06/17	Latest Consumer Engagement Strategy document: Circulate once in final form (requested by Jenny who will not be in attendance at the next two Consumer Council meetings (July-Aug).	Jeanette		Actioned
4	15/06/17	Funding Opportunities for the Youth Council <ul style="list-style-type: none"> Malcolm Dixon offered to provide contact details to Kylarni and Adam to seek support within the Hastings District Council's Social Development Group. 	Malcolm Dixon		
5	15/06/17	Consumer Council Annual Plan <ul style="list-style-type: none"> Discussion points raised to be worked through and on issue will be provided in A3. 			Agenda item August
6	15/06/17	Patient Experience Project: <ul style="list-style-type: none"> Once the project commences, the monthly project report will be provided with Consumer Council papers. Jeanette suggested Rachel may like to join her in the project. 	Jeanette Jeanette		Actioned



HB HEALTH CONSUMER COUNCIL WORKPLAN 2017-2018

Meetings 2017	Papers and Topics	Lead(s)
10 Aug	Quality Accounts (draft) Recognising Consumer Participation - Policy Amendment Implementing the Consumer Engagement Strategy Social Inclusion Information Services Plan / Consumer Issues Presentation Consumer Council Annual Plan 2017/18 objectives review Monitoring (info only) Annual Māori Plan Q4 dashboard Te Ara Whakawaiaora - Culturally Competent Workforce (local indicator) Te Ara Whakawaiaora - Mental Health and AOD (National and local indicators)	Kate Coley Kate Coley / Jeanette Kate Coley / Jeanette Tracee TeHuia Anne Speden Ken Foote Tracee TeHuia Kate Coley Sharon Mason / Paul Malan
6 Sept 9am-3pm	HB Health Sector Leadership Forum, East Pier, Napier	
14 Sept	Orthopaedic Review – phase 3 draft Quality Accounts (Final) Quality Dashboard Concept paper Quality Annual Plan 2017/18 Consumer Experience Feedback Q4 Results Qtly Monitoring (info only) Te Ara Whakawaiaora - Healthy Weight (national indicator)	Andy Phillips Kate Coley / Jeanette Kate Coley Kate Coley Kate Coley / Jeanette -
12 Oct	Collaborative Pathways Update Establishing Health and Social Care Localities in HB	Leigh White Tracee TeHuia
9 Nov <i>With Clinical Council TBC</i>	Best Start Healthy Eating & Activity Plan update People Strategy (2016-2021) – update Consumer Experience Feedback Quarterly Tobacco Annual Update against Plan Monitoring (info only) Te Ara Whakawaiaora - Smoking (national indicator)	Tracee TeHuia / Shari Tidswell Kate Coley Kate Coley Tracee TeHuia / Johanna Wilson Tracee TeHuia / Johanna Wilson
7 Dec	Consumer Experience Feedback Results Qtly	Kate Coley / Jeanette

Meetings 2018	Papers and Topics	Lead(s)
15 Feb 18	Orthopaedic Review – closure of phase 3 Quality Annual Plan 2017/18 – 6 month review People Strategy Clinical Services Plan Collaborative Pathways Annual Maori Plan Q2 Dashboard Monitoring Te Ara Whakawaiaora / Access 0-4 / 45-65 year (local indicator)	Andy Phillips Kate Coley Kate Coley Tracee TeHuia / Carina Leigh White Tracee TeHuia / Patrick Mark Peterson



TOPICS OF INTERESTS MEMBER ISSUES / UPDATES

GLOSSARY OF COMMONLY USED ACRONYMS

A&D	Alcohol and Drug
AAU	Acute Assessment Unit
AIM	Acute Inpatient Management
ACC	Accident Compensation Corporation
ACP	Advanced Care Planning
ALOS	Average Length of Stay
ALT	Alliance Leadership Team
ACP	Advanced Care Planning
AOD	Alcohol & Other Drugs
AP	Annual Plan
ASH	Ambulatory Sensitive Hospitalisation
AT & R	Assessment, Treatment & Rehabilitation
B4SC	Before School Check
BSI	Blood Stream Infection
CBF	Capitation Based Funding
CCDHB	Capital & Coast District Health Board
CCN	Clinical Charge Nurse
CCP	Contribution to cost pressure
CCU	Coronary Care Unit
CEO	Chief Executive Officer
CHB	Central Hawke's Bay
CHS	Community Health Services
CMA	Chief Medical Advisor
CME / CNE	Continuing Medical / Nursing Education
CMO	Chief Medical Officer
CMS	Contract Management System
CNO	Chief Nursing Officer
COO	Chief Operating Officer
CPHAC	Community & Public Health Advisory Committee
CPI	Consumer Price Index
CPO	Co-ordinated Primary Options
CQAC	Clinical and Quality Audit Committee (PHO)
CRISP	Central Region Information System Plan
CSSD	Central Sterile Supply Department
CTA	Clinical Training Agency
CWDs	Case Weighted Discharges
CVD	Cardiovascular Disease
DHB	District Health Board
DHBSS	District Health Boards Shared Services
DNA	Did Not Attend
DRG	Diagnostic Related Group
DSAC	Disability Support Advisory Committee
DSS	Disability Support Services
DSU	Day Surgery Unit
DQIPS	Director Quality Improvement & Patient Safety
ED	Emergency Department

ECA	Electronic Clinical Application
ECG	Electrocardiograph
EDS	Electronic Discharge Summary
EMT	Executive Management Team
Eols	Expressions of Interest
ER	Employment Relations
ESU	Enrolled Service User
ESPIs	Elective Service Patient Flow Indicator
FACEM	Fellow of Australasian College of Emergency Medicine
FAR	Finance, Audit and Risk Committee (PHO)
FRAC	Finance, Risk and Audit Committee (HBDHB)
FMIS	Financial Management Information System
FSA	First Specialist Assessment
FTE	Full Time Equivalent
GIS	Geographical Information System
GL	General Ledger
GM	General Manager
GM PIF	General Manager Planning Informatics & Finance
GMS	General Medicine Subsidy
GP	General Practitioner
GP	General Practice Leadership Forum (PHO)
GPSI	General Practitioners with Special Interests
GPSS	General Practice Support Services
HAC	Hospital Advisory Committee
H&DC	Health and Disability Commissioner
HBDHB	Hawke's Bay District Health Board
HBL	Health Benefits Limited
HHB	Health Hawke's Bay
HQSC	Health Quality & Safety Commission
HOPSI	Health Older Persons Service Improvement
HP	Health Promotion
HPL	Health Partnerships Limited
HR	Human Resources
HS	Health Services
HWNZ	Health Workforce New Zealand
IANZ	International Accreditation New Zealand
ICS	Integrated Care Services
IDFs	Inter District Flows
IR	Industrial Relations
IS	Information Systems
IT	Information Technology
IUC	Integrated Urgent Care
K10	Kessler 10 questionnaire (MHI assessment tool)
KHW	Kahungunu Hikoi Whenua
KPI	Key Performance Indicator
LMC	Lead Maternity Carer
LTC	Long Term Conditions
MDO	Māori Development Organisation
MECA	Multi Employment Collective Agreement
MHI	Mental Health Initiative (PHO)
MHS	Māori Health Service
MOPS	Maintenance of Professional Standards

MOH	Ministry of Health
MOSS	Medical Officer Special Scale
MOU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MRB	Māori Relationship Board
MSD	Ministry of Social Development
NASC	Needs Assessment Service Coordination
NCSP	National Cervical Screening Programme
NGO	Non Government Organisation
NHB	National Health Board
NHC	Napier Health Centre
NHI	National Health Index
NKII	Ngati Kahungunu Iwi Inc
NMDS	National Minimum Dataset
NRT	Nicotine Replacement Therapy
NZHIS	NZ Health Information Services
NZNO	NZ Nurses Organisation
NZPHD	NZ Public Health and Disability Act 2000
OPF	Operational Policy Framework
OPTIONS	Options Hawke's Bay
ORBS	Operating Results By Service
ORL	Otorhinolaryngology (Ear, Nose and Throat)
OSH	Occupational Safety and Health
PAS	Performance Appraisal System
PBFF	Population Based Funding Formula
PCI	Palliative Care Initiative (PCI)
PDR	Performance Development Review
PHLG	Pacific Health Leadership Group
PHO	Primary Health Organisation
PIB	Proposal for Inclusion in Budget
P&P	Planning and Performance
PMS	Patient Management System
POAC	Primary Options to Acute Care
POC	Package of Care
PPC	Priority Population Committee (PHO)
PPP	PHO Performance Programme
PSA	Public Service Association
PSAAP	PHO Service Agreement Amendment Protocol Group
QHNZ	Quality Health NZ
QRT	Quality Review Team
Q&R	Quality and Risk
RFP	Request for Proposal
RHIP	Regional Health Informatics Programme
RIS/PACS	Radiology Information System
	Picture Archiving and Communication System
RMO	Resident Medical Officer
RSP	Regional Service Plan
RTS	Regional Tertiary Services
SCBU	Special Care Baby Unit
SLAT	Service Level Alliance Team
SFIP	Service and Financial Improvement Programme
SIA	Services to Improve Access

SMO	Senior Medical Officer
SNA	Special Needs Assessment
SSP	Statement of Service Performance
SOI	Statement of Intent
SUR	Service Utilisation Report
TAS	Technical Advisory Service
TAW	Te Ara Whakawaiora
TOR	Terms of Reference
UCA	Urgent Care Alliance
WBS	Work Breakdown Structure
YTD	Year to Date

