



Hawke's Bay Health Consumer Council Meeting

Date: Thursday, 15 June 2017

Meeting: 4.00 pm to 6.00 pm

Venue: Te Waiora Meeting Room, District Health Board Corporate Office,
Cnr Omaha Road & McLeod Street, Hastings

Council Members:

Graeme Norton (Chair)

Rosemary Marriott

Heather Robertson

Terry Kingston

Tessa Robin

Leona Karauria

Dallas Adams

Kylarni Tamaiva-Eria

Jenny Peters

Olive Tanielu

Jim Henry

Malcolm Dixon

Rachel Ritchie

Sarah Hansen

Sami McIntosh

Apologies:

In attendance:

Kate Coley, Executive Director People & Quality (EDP&Q)

Ken Foote, Company Secretary (Co Sec)

Brenda Crene, Board Administrator / PA to Co Sec

Jeanette Rendle, Consumer Engagement Manager

Debs Higgins, Clinical Council Representative

Linda Dubbeldam, Health Hawke's Bay Representative

HB Health Consumer Council Agenda

PUBLIC

Item	Section 1 – Routine	Time (pm)
1.	Karakia Timatanga (Opening) / Reflection	4.00
2.	Apologies	
3.	Interests Register	
4.	Minutes of Previous Meeting	
5.	Matters Arising - Review Actions	
6.	Consumer Council Workplan	
7.	Chair's Report (verbal)	
8.	Consumer Engagement Manager's Report (verbal)	
9.	Youth Consumer Council Report (verbal)	
	Section 2 – For Discussion	
10.	Information Services Plan / Consumer Issues (verbal) – Anne Speden	4.20
11.	Youth Health Strategy Update – Nicky Skerman	4.50
12.	Consumer Experience Feedback (Qtly) (presentation) – Kate Coley	5.05
13.	Clinical Services Plan (presentation) – Sapere Research Group	5.15
	Section 3 – For Information only	
14.	Te Ara Whakawaiaora / Oral Health	-
15.	Consumer Council Annual Plan review – Graeme Norton	5.35
	Section 4 – General Business	
16.	Topics of Interest - Member Issues / Updates	5.40
17.	Section 5 – Recommendation to Exclude	

PUBLIC EXCLUDED

Item	Section 6 – Discussion	
18.	Disability Letter / Recommendations for discussion	5.45
19.	People Strategy (2016-2021) first draft – Kate Coley	6.00
20.	Karakia Whakamutunga (Closing)	6.15

NEXT MEETING: Thursday 13 July 2017 at 4.00 pm



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

Jun-17

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 15 June 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.

**MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL MEETING
HELD IN THE TE WAIORA MEETING ROOM, HBDHB CORPORATE OFFICE
ON 11 MAY 2017 AT 4.00 PM**

PUBLIC

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
Leona Karauria
Dallas Adams
Kylarni Tamaiva-Eria

In Attendance: Ken Foote, Company Secretary
Dr Kevin Snee, Chief Executive Officer
Jeanette Rendle, Consumer Engagement Manager
Linda Dubbeldam, Manager Innovation & Development, Health HB
Tracy Fricker, Council Administrator and EA to Executive Director – People & Quality

Apologies: Nil

SECTION 1: ROUTINE

1. KARAKIA TIMATANGA (OPENING) / REFLECTION

The Chair welcomed everyone to the meeting. He advised that Jill Stringer from Wairarapa DHB is at today's meeting as an observer. They are currently in the process for forming a Consumer Council.

A Karakia was provided by Graeme Norton and Tessa Robin in respect of Jim Morunga's recent passing. Jim's service to the community, particularly with youth and the Consumer Council was acknowledged. Tessa on behalf of Jim's family passed on their thanks for the kind messages and support they had received.

2. APOLOGIES

No apologies from members. Apologies were noted from Kate Coley and Debs Higgins who are attendee members.

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 9 March 2017 were confirmed as a correct record of the meeting. It was noted that the April meeting had been cancelled due to weather conditions.

Moved and carried.

5. MATTERS ARISING AND ACTIONS

Item 1: *Previous Minutes – Orthopaedic Papers*

The orthopaedic service review papers were resent to Jenny Peters as requested. *Item can now be closed.*

Item 2: *Annual Plan 2017/18 Draft*

The final draft of the Annual Plan is on the meeting agenda today, item #10. *Item can now be closed.*

Item 3: *Topics of Interest / Member Issues / Updates*

The Totara Health Consumer Group is underway. They now have the correct Youth Council contact information who will assist to look for a youth consumer for their group. *Item can now be closed.*

6. WORK PLAN

The Chair advised the work plan is included in the meeting papers for information. He commented that due to the light agenda for June meeting there will be time to look at Consumer Council annual plan to see what items need to be completed and what can be worked on together.

7. CHAIR'S UPDATE

The Chair advised that there is a recruitment process for new members currently underway to fulfil vacancies and also for those members who are up for renewal in June. Those members who wish to renew for a further term will need to re-apply and complete the nomination form. Forms were handed out at the meeting.

Ken Foote, Company Secretary advised that the process has been initiated, 250 letters were sent out to community groups indicating that there were vacancies and inviting nominations. Advertisements have also been placed in the CHB Mail, Hawke's Bay Today and Wairoa Star as well as on social media via the DHB Facebook page. An updated tenure list was provided to members. There are two current vacancies and four members whose tenure is up who are able to be reappointed. The closing date for nominations is Monday, 22 May.

8. CONSUMER ENGAGEMENT MANAGER'S UPDATE

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

- Final draft of the People Strategy document (item #15 on today's agenda)
- Presented at EIT with Debora Grace, Chair of PAG to mental health students re: how the consumer voice is included in decision making at the DHB. The presentation was well received
- Transform and Sustain has been refreshed, there will be a couple of projects she will be responsible for, being the Patient Experience Survey and the Consumer Engagement Strategy implementation

- Supporting services with their work, including the caries free under-fives project with Oral Health. Kylarni Tamaiva-Eria is also on the steering group. This piece of work will be used as a pilot for consumer engagement tools being developed.

9. YOUTH CONSUMER COUNCIL UPDATE

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

- Over the past six months the YCC has been established and the profile is out on social media and pamphlets have been developed which explains who they are and their key priorities
- There has been a Hui in Christchurch for Youth. There are a lot of supporting statistics that the status is not good for the LBGT community and that they feel like they are not being heard
- Stress and burn out is the number one issue for youth, anxiety can lead to alcohol abuse and suicide. For the next 6 months the YCC will be prioritising mental health awareness, drugs and alcohol and youth suicide. They want to make a positive impact on the Hawke's Bay community
- A mind, body soul event was recently held in Camberley. Positive feedback was received for the YCC stall. They showcased alcohol awareness with resources from the DHB, held activities, conducted a survey and offered prizes. From this event they have had calls from various groups wanting them to sit on their panels to get the youth voice. A form is being developed to assist in prioritising work.

Action: *Youth Consumer Council minutes to be sent out to Consumer Council members.*

SECTION 2: FOR DISCUSSION

10. FINAL DRAFT ANNUAL PLAN 2017

The Chair advised that there will be no presentation for the final draft annual plan because the DHB is still awaiting feedback from the Ministry of Health, and the Board has not yet received information on the funding envelope. Once the figures are finalised from the budget, the Annual Plan will be sent electronically to the various boards and groups.

11. CLINICAL SERVICES PLAN

The Chair advised that the consultants Sapere presented to the Maori Relationship Board and the Clinical Council yesterday. The Chair has provided feedback to the consultants that the consumer engagement aspect of the plan is weak. This view was also shared by others at those meetings. The project is running from now until February next year and there will be opportunities for the Consumer Council to provide feedback over the next few months.

Dr Kevin Snee advised this is a long term plan to look at the needs and service demands of the population over the next 30 years. It will start with primary care services and will build up from there, looking at the needs of the population, what demands will be placed on primary care and secondary care, the scale of services required, how many hospital beds and the changes we can make to meet the needs. There are innovative models we can put in place for the way we provide services to the community. This will be one of the most critical pieces of work undertaken which will guide the direction for our service models and infrastructure.

Action: *Sapere Research Group to be invited to attend the June Meeting.*

12. HEALTH LITERACY PRINCIPLES & IMPLEMENTATION

The Chair welcomed Adam McDonald, Health Literacy Advisor to the meeting. The health literacy principles were included in the meeting papers. Adam advised that originally it was intended to have a framework for health literacy, but the decision was made to simplify this into a set of principles. The principles are based on the six dimensions of creating a health literate organisation. Health literacy should be approached in two ways, building consumer skills and knowledge and reducing health system demands by making health care easier to understand, find and use. There will be work around workforce development educating the workforce on the right way to communicate with people. There are a lot of activities taking place around cultural competency, relationship centred practice and health literacy. An action plan was included in the document. The document is high level, we have to reduce the complexities of the health system to build people's health literacy. The PHO also has programmes and initiatives in the community building knowledge.

Feedback:

- Reduce complexity of language
- It is helpful for consumers to be handed information to take away and read with a contact number if they have questions
- The report does not reflect outcomes of work which has already been done, it is telling us what we already know. Where are we now? Has action taken so far resulted in success or gone backwards?
- Need more discussion about real life situations around literacy to feed into this work "e.g. ask, tell, ask"
- Looks like duplication, work was already done with the PHO why are we reinventing the wheel? We need to move forward. It was noted that we have taken the work done previously and are now developing tools and initiatives
- It is about simple, easy access to information. Need more emphasis on access and navigation
- A centralised technology system will provide better access amongst the workforce and sharing information. In that respect the new Chief Information Officer (CIO) Ann Speden was working at pace on the recommendations out of the Davanti review. It would be good to have her speak to Consumer Council on progress and what is ahead.

Linda Dubbeldam commented that there are a number of activities underway with the PHO and community from the ground up. The PHO is committed to reducing inequities. The Whanau Wellness programme has made inroads and has health literacy and knowledge as key components.

The Chair thanked Adam for attending the meeting. Any further feedback or questions can be directed to adam.mcdonald@hbdhb.govt.nz.

Action: *CIO, Ann Speden to be invited to June meeting for 30 minute session on what's ahead in IS plan and to listen to top issues for consumers.*

13. MEMBERSHIP UPDATE

Membership information was discussed under item #7, Chairs Update.

14. RECOGNISING CONSUMER PARTICIPATION

Jeanette Rendle, Consumer Engagement Manager requested feedback on how we can recognise consumer contribution in HBDHB activities and whether the existing policy needs to be amended/changed?

Feedback and suggestions for recognition included:

- Reimbursement for petrol / vouchers
- Reimbursement for mileage
- Cup of tea / biscuit or sandwich at meetings appreciated
- Some members did not expect anything in return, they want to contribute but recognise other people may have different financial circumstances to attend meetings, particularly if they live in rural areas
- People should not attend anything without some form of remuneration. If you want real consumers you need to support them with remuneration
- Sometimes you are inconvenienced with meetings being cancelled and the consumer reps are not informed
- Why does everything have to be in Hastings?
- One of the joys of being on the Consumer Council is the interaction and learning which you take back to your community. It is hard to get the balance of what is required. Definitely reimbursement for mileage for everyone
- Need to be careful not to exhaust the consumer council members, there is a whole community to engage with
- Once a year receiving a \$100 Pak "n" Save voucher
- Happy to contribute time, reimbursement of expenses is appreciated
- Being listened to and heard as a valued member of the group is recognition
- Want closure, feedback loop
- The Youth Consumer Council members who are volunteers like the ability to add their membership to their CVs
- Everyone has different financial circumstances, people should be asked whether they need reimbursement for expenses if you invited them to a meeting
- Acknowledgement of contribution is important, it may not be financial, it could be a thank you letter

Following discussion the feeling was that the policy needed to be changed as it is too narrow and that the Auckland policy should be used as a guide.

Action: *Policy to be updated and brought back to Consumer Council for further feedback/endorsement.*

15. CONSUMER ENGAGEMENT STRATEGY FINAL

The Chair advised that the paper was included in the meeting papers for endorsement. Jeanette Rendle, Consumer Engagement Manager advised that changes had been made to the strategy document based on feedback previously provided.

Feedback:

- Change "people" to person and whanau
- Change purpose at all levels to also include "every step of the journey"
- Consumer feedback to include complaints
- Emphasise that consumers are active partners in their own care

The Consumer council **endorsed** the consumer engagement strategy with the changes noted above.

SECTION 3: FOR INFORMATION ONLY

16. ESTABLISHING HEALTH AND SOCIAL CARE LOCALITIES IN HB

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

17. CONSUMER EXPERIENCE FEEDBACK QUARTERLY REPORT (OCT-DEC 2016)

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

18. BEST START HEALTHY EATING AND ACTIVITY PLAN – YEARLY REVIEW

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

19. TE ARA WHAKAWAIORA / CARDIOLOGY (NATIONAL INDICATOR)

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

20. ANNUAL MAORI HEALTH PLAN (DASHBOARD) Q3 JAN-MAR 2017

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

SECTION 4: GENERAL BUSINESS

21. TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

- **Sarah Hansen** – a hospital car was parked in a disability park at Te Mata primary school last week. Jeanette Rendle will capture this feedback and refer it to the appropriate manager to investigate.
- **Rosemary Marriott** – A Hastings District Council (HDC) brochure was received with the recent rates notices and advised that they are not currently fluorinating our water. Dr Kevin Snee advised that he has written to the HDC. The HDC are currently using the fluoride pumps to add chlorine to the water following the campylobacter outbreak. They are waiting on recommendations from the Government Inquiry. Long term measures need to be put in place to sort out the water supply.
- **Heather Robertson** – commented at the last meeting that Jim Morunga was at he didn't speak for a lot of the time, but he listened and we all need to do that. Disability liaison needs to be sorted. She has heard a lot of stories from people in the community. They are treated for the reason they came into hospital, but their disability was ignored which caused other problems. The Chair commented that this is a recurring theme and he will include this in his report to the Board. There is a sense that there is proactive work happening in other DHBs regarding this subject.

Dr Kevin Snee commented that he had received an email from the Ministry of Health (MoH) on a case from a 2008/09 investigation and set of recommendations about someone with ongoing troubles who also had a disability, they weren't managed well and they died as a consequence of the disability not being appropriately managed. This letter has been sent to all DHBs asking what they have done in response to the recommendations from this case. It may be constructive to discuss this at the next Consumer Council meeting for feedback then a reply sent to the MoH.

Action: *Copy of MoH email to be sent to Consumer Council Members for information and discussion at the June meeting.*

22. KARAKIA WHAKAMUTUNGA (CLOSING)

The Chair thanked everyone for their attendance and input.

The meeting closed at 6.05 pm.

Confirmed: _____
Chair

Date: _____

Unconfirmed

HAWKE'S BAY HEALTH CONSUMER COUNCIL

Matters Arising
Reviews of Actions

5

Action	Date Issue first Entered	Action to be Taken	By Whom	By When	Status
1	11/05/17	Youth Consumer Council (YCC) to provide minutes to Administrator so they can be sent to the Consumer Council Members	Chair YCC / Admin	Ongoing	Actioned
2	11/05/17	Clinical Services Plan Sapere Research Group to be invited to attend the June Meeting	Chair	?	TBC
3	11/05/17	Recognising Consumer Participation Policy needs to be updated and discussed / endorsed at a future meeting	Consumer Engagement Manager	July	
4	11/05/17	CIO Anne Speden to be invited to attend June meeting to discuss IS Plan and listen to top issues for consumers	Chair	June	On agenda
4	11/05/17	Topics of Interest - Member Issues / Updates <ul style="list-style-type: none"> Feedback re: hospital car parked in a disability car park at Te Mata Primary School to be referred for investigation Disability Liaison – concerns to be included in report to Board Ministry of Health Letter re: recommendations from investigation in 2008/09 to be sent out to Consumer Council Members. To be discussed at next meeting 	Consumer Engagement Manager Chair Chair / CEO	May May June	? Actioned On agenda



HB HEALTH CONSUMER COUNCIL WORKPLAN 2016-2017

6

Meetings 2017	Papers and Topics	Lead(s)
12 July	Final Operational Budget (TBC) Community Pharmacy Services Agreement (public excl) Recognising Consumer Participation - Policy Amendment Consumer Engagement Strategy Quality Accounts (draft)	Tim Evans Di Vicary / Paul Malan Kate Coley / Jeanette Kate Coley / Jeanette Kate Coley / Jeanette
10 Aug	People Strategy (2016-2021) final Quality Annual Plan – Annual Review 2015/16 year Collaborative Pathways Update Social Inclusion Monitoring (info only) Te Ara Whakawaiaora - Culturally Competent Workforce (local indicator) Te Ara Whakawaiaora - Mental Health and AOD (National and local indicators)	Kate Coley Kate Coley Leigh White Tracee TeHuia - -
6 Sept 9am-3pm	HB Health Sector Leadership Forum, East Pier, Napier	
14 Sept	Orthopaedic Review – phase 3 draft Quality Accounts (Final) Quality Annual Plan 2017/18 year Consumer Experience Feedback Results Qtly Monitoring (info only) Te Ara Whakawaiaora - Healthy Weight (national indicator)	Andy Phillips Kate Coley / Jeanette Kate Coley Kate Coley / Jeanette -
12 Oct	People Strategy Quarterly Report Establishing Health and Social Care Localities in HB	Kate Coley Tracee TeHuia
9 Nov <i>With Clinical Council</i>	Best Start Healthy Eating & Activity Plan update Tobacco Annual Update against Plan Monitoring (info only) Te Ara Whakawaiaora - Smoking (national indicator)	Tracee TeHuia / Shari Tidswell Tracee TeHuia / Johanna Wilson
7 Dec	Consumer Experience Feedback Results Qtly Collaborative Pathways Update	Kate Coley / Jeanette Leigh White



CHAIR'S REPORT

Verbal



CONSUMER ENGAGEMENT MANAGER'S REPORT

Verbal



YOUTH CONSUMER COUNCIL REPORT


Verbal



INFORMATION SERVICES PLAN / CONSUMER ISSUES

Anne Speden, Chief Information Officer

Verbal

 HAWKE'S BAY District Health Board Whakawāteatia	Update of the Youth Health Strategy 2016-19
	For the attention of: Māori Relationship Board, Clinical and Consumer Councils
Document Owner:	Tim Evans, Executive Director Corporate Services
Document Author:	Nicky Skerman, Population Health Strategist; Women, Children and Youth
Reviewed by:	Executive Management Team
Month:	June 2017
Consideration:	For information

RECOMMENDATION

That the Māori Relationship Board, Clinical and consumer council

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

OVERVIEW

The Hawke's Bay community is invested in youth services across multiple levels and sectors, frequently sharing common population groups and mutual visions. Hawke's Bay DHB funds the majority of contracts for youth health services, alongside other funding sources such as; Ministry of Health, Ministry of Social Development, Ministry of Education, Ministry of Youth Development and Councils.

The HBDHB Youth Health Strategy has the potential to create opportunities across the Hawke's Bay district to improve the responsiveness of services for youth. It aims to convey a shared vision from Hawke's Bay youth and stakeholders by identifying a common set of youth outcomes and indicators that cut across the work of many organisations and services working with youth.

Though there are many commonalities in how organisations and services talk about their goals and impact, the lack of shared knowledge can lead to missed opportunities for collaboration and collective impact.

BACKGROUND

Consultation on the Youth Health Strategy commenced in October 2015. The final version was endorsed by the HBDHB Board after going through the committees in June 2016.

Youth Strategy Update

Over the last year, the Youth Health Strategy has been presented in many forums within the district health board and to some community groups. These include the; Woman Child and Youth Strategic group, paediatric study days, the Suicide Prevention Fusion group and the Child Adolescent and Family Service (CAFS).

As a strategic document we are ensuring a shared vision whilst setting youth focused outcomes and indicators. The document also encourages an increase in profile around this age group and promotes some common principles about how services are provided.

Feedback from CAFS

"I think that it has highlighted themes we are seeing, around the complexity and co-morbidity. In the front of our minds and energy are the needs to work together with other agencies (e.g., Directions, Oranga Tamariki, School Guidance Counsellors) to create a more cohesive approach across the sector."

Feedback from Paediatric Study day

Good ideas & strategies hearing the voice of youth
Interesting to know strategy. Valuable info
Interesting discussion, more info in adolescent secondary health needed/identified.

Model of Youth Health

In October 2016, HBDHB began a two phase competitive procurement process.

The first phase was a call for "Registrations of Interest" (ROI). As part of that process there were two stakeholder and youth consultation meetings with forty people in attendance from across the sector. The purpose of the meetings was to consider different models for delivering youth health services in Hawke's Bay. These meetings were supported with a panel of representatives from general practice, mental health, personal health services, Ministry of Social Development and Māori Health Services.

The second phase is a competitive "Request for Proposals" (RFP) that will be open to those suppliers who responded to the ROI. The RFP, aimed at procuring several youth services to commence January 2018, was launched on the Government Electronic Tender Service (GETS) in April.

Youth Consumer Council

At the end of 2016, HBDHB formed a Youth Consumer Council following a nomination process across the district. There are currently eight members representing mixed age and ethnicity and areas of interest covering; mental health, suicide prevention, education, Hauora Māori, alcohol and drugs, rural health, cultural health and disability.

The Youth Consumer Council is a committee of HBDHB consumer council supported by HBDHB, Directions Youth Trust and Te Taiwhenua O Heretaunga. The Youth Consumer Council have developed a terms of reference that has been signed off by HBDHB Consumer Council. The group meets monthly and have been approached to be participate in many projects and initiatives across Hawke's Bay. During March, two of the group attended the Hawke's Bay Health Sector Leadership Forum.

We are in the process of developing a pathway for access to Youth Consumer Council. Support from HBDHB is being provided by Jeanette Rendle (Consumer Engagement Manager) and Nicky Skerman (Strategic Services).

Various HBDHB staff and other youth representatives from around the country have attended Youth Consumer Council meetings to provide support to the group, such as the communication team who are supporting the group in the area of social media. The group have set up a Facebook page to support connection with other Hawke's Bay youth.

The group were also profiled in the HBDHB March CEO newsletter and have produced their own brochure promoting themselves, stating their three priorities:

- Teen Suicide Awareness
- Drugs and Alcohol Culture
- Mental Health

A meeting was held with the Chief Information Officer around the vision youth have given for the digital future of some youth services. This will be a future project that will potentially change the way youth access services and receive information. During our consultation, the youth voice raised digital media as an important area for development.

Free under 18s Primary Care

The Youth Strategy's vision around positive youth development, increase and early access to services and no door is the wrong door (connection of youth services) has been integral as part of the free under 18 services in general practice. This service is expected to be in place in 2017.

NEXT STEPS

- Youth services stakeholder group: To be set up in 2018 once all youth services are in place
- Continue to support the Youth Consumer Council
- Continue to work with the Ministry of Health helping to share with other DHBs the work we are engaged within in the youth space.
- Develop a dashboard looking at outcome measures when data from June 2016 becomes available. e.g. teenage pregnancy and suicides rates.



CONSUMER EXPERIENCE FEEDBACK

Quarterly Presentation

12




CLINICAL SERVICES PLAN

Sapere Research Group

PRESENTATION

13

	Te Ara Whakawaiaora: Oral Health
	For the attention of: Māori Relationship Board, HB Clinical Council and HB Health Consumer Council
Document Owner:	Sharon Mason, Executive Director Health Services
Document Author:	Dr Robin Whyman, Clinical Director Oral Health
Reviewed by:	Executive Management Team
Month:	June 2017
Consideration:	For Monitoring

RECOMMENDATION

That the Māori Relationship Board, Clinical and Consumer Councils:

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

OVERVIEW

Te Ara Whakawaiaora (TAW) is an exception based report, drawn from AMHP quarterly reporting, and led by TAW Champions. Specific non-performing indicators are identified by the Māori Health Service which are then scheduled for reporting on progress from committees through to Board. The intention of the programme is to gain traction on performance and for the Board to get visibility on what is being done to accelerate the performance against Māori health targets. Part of that TAW programme is to provide the Board with a report each month from one of the champions. This report is from Dr Robin Whyman Champion for the Oral Health Indicators.

UPCOMING REPORTS

The following are the indicators of concern, allocated EMT champion and reporting month for each.

Priority	Indicator	Measure	Champion	Reporting Month
Oral Health <i>National Indicator</i>	1. % of eligible pre-school enrolments in DHB-funded oral health services.	≥95%	Robin Whyman	JUN 2017
	2. % of children who are caries free at 5 years of age	≥67%		

MĀORI HEALTH PLAN INDICATOR: Oral Health

Oral health, general health and quality of life

Dental decay (dental caries) is one of the most common preventable chronic diseases. It is an important public health problem because of its prevalence, impact on individuals, society, and the public health system.

Severe early childhood caries reduces a child's quality of life: causing pain and discomfort, it affects eating and sleeping, prevents healthy growth and weight gain and reduces immunity to disease. Dental caries in early childhood is strongly predictive of an ongoing childhood and adulthood risk of dental caries.

Management of dental caries occupies considerable DHB resources to treat children and adolescents and private resources to manage the effects in adulthood. Untreated acute and chronic infections lead to a higher risk of hospitalisation and loss of school days and work days which may impact of a child's ability to learn and adult's ability to work.

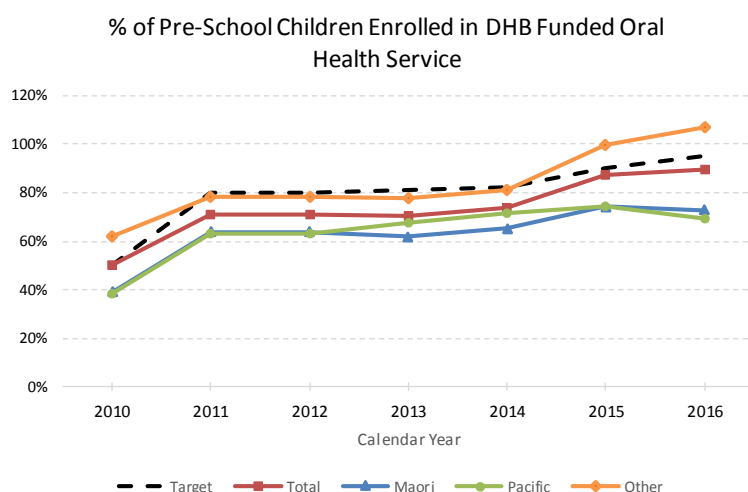
The determinants of dental caries are known — the risk factors include diet (sugar consumption) and poor oral hygiene. Effective population health strategies and clinical prevention methods have substantially reduced the amount of dental caries in the child population and reduced the impact of dental caries for the community. However, substantial inequities in oral health outcomes remain.

Inequality in outcomes in oral health status for Māori

Māori and Pacific children, and those living in socioeconomic disadvantage experience poorer outcomes in oral health status (National Health Committee, 2003). They have also tended to enrol for oral health services, and utilise services later, when compared to non-Māori.

WHY IS THIS INDICATOR IMPORTANT?

Percentage of preschool children enrolled in DHB Funded Oral Health Service



	Target	Total	Māori	Pacific	Other
2010	50%	50.4%	39.2%	38.3%	61.9%
2011	80%	71.1%	63.8%	63.3%	78.4%
2012	80%	71.1%	63.8%	63.3%	78.4%
2013	81%	70.4%	61.9%	67.4%	78.0%
2014	82%	73.9%	65.3%	71.7%	81.3%
2015	90%	87.1%	74.1%	74.2%	99.8%
2016	95%	89.2%	72.7%	69.1%	107.0%

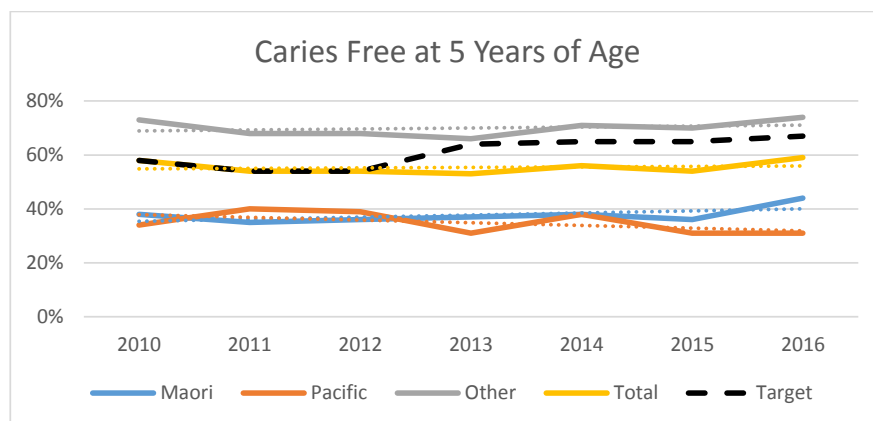
Early preschool enrolment and engagement with Oral Health Services is considered a key preventive strategy to improve preschool oral health. Earlier engagement raises the profile of good oral health for whanau, enables a relationship to develop between whanau and the Community Oral Health Service teams, increases the preventive care provided by clinical teams and increases the provision of anticipatory advice to parents and guardians prior to the development of early childhood dental caries.

Preschool children enrolled in DHB oral health services have increased rapidly as the DHB has focused on the national priority of earlier preschool enrolment in oral health services. However, as the DHB gets close to the overall target of 95% of children enrolled, quality of the ethnicity coding is becoming of concern. The 2016 data suggests that over 100% of non-Māori and non-Pacific children are enrolled. Meanwhile there has been a small drop in the percentage of Māori and Pacific children indicated as enrolled.

These data are obtained from the Community Oral Health Service's Titanium clinical record database. Enrolment data is now populated by parental self-declared ethnicity data obtained through a quadruple enrolment alongside enrolment for primary care, Well Child Tamariki Ora and Immunisation. However, this has operated for only 2 years. It is likely that the discrepancy is in part a legacy issue that relates to the older (3-4 years) preschool children and will improve as quadruple enrolment has been the basis of data for all age groups, in a further 2 years time. The denominator for the numbers in each ethnicity group are based on Statistics New Zealand data provided through the Ministry of Health and based on census projections. It is also possible that the denominators are providing misleading percentages.

The overall level of preschool enrolment and improvement is very pleasing. The discrepancy with Māori and Pacific enrolment is concerning and will require ongoing attention to data quality and checking the system/ quadruple enrolment.

Percentage of children who are caries free at 5 years of age



	Target	Total	Maori	Pacific	Other
2010	58%	58.4%	38.1%	34.2%	72.5%
2011	54%	54.0%	35.1%	39.8%	67.5%
2012	54%	54.1%	36.9%	39.2%	65.5%
2013	64%	54.2%	36.7%	31.2%	66.3%
2014	65%	56.5%	38.7%	38.0%	71.2%
2015	65%	54.4%	36.0%	30.5%	70.1%
2016	67%	59.0%	44.0%	31.0%	74.0%

The percentage of children caries free (decay free) at 5 years measures the proportion of children that are 5 years of age, and commencing school education, without dental decay severe enough to have caused cavitation (holes) to develop in the primary teeth.

Caries free at 5 years is an important indicator as longitudinal studies indicate that children with good early childhood oral health have improved Year 8, adolescent and adult oral health. Children that are free of dental decay in the preschool and early primary school years are also less disrupted with education, eating and sleeping and have better general health.

The 2016 results represent a substantial improvement in outcomes for all groups except Pacific where only a small improvement is noted. Results for Māori represent an 8% improvement and non-Māori, non-Pacific a 4% improvement meaning, that there has also been a small improvement in a long standing inequity for Māori.

Results for Māori and non-Māori, non-Pacific represent the best outcomes for Hawke's Bay DHB that have been achieved. Trend analysis also indicates that the inequity between Māori and non-Māori, non-Pacific is slowly closing, albeit very slowly.

However, the target of 67% caries free has not yet been achieved for Māori or Pacific children, and results for Pacific children remain particularly concerning.

CHAMPION'S REVIEW OF ACTIVITY THAT WAS PLANNED TO SUPPORT THIS INDICATOR?

Activity planned to support these indicators has been

- 1 *Quadruple enrolment in the oral health service from birth, alongside enrolment for primary care, Well Child/Tamariki Ora and immunisation services.*
This initiative has now been operating since early 2016 and is now business as usual for lead maternity carers (LMCs) and oral health services. The strong flow of information from the quadruple enrolment process to oral health services is believed to be the primary reason behind the ongoing increases in the first indicator in this report (percentage of preschool children enrolled in DHB Funded Oral Health Service).

- 2 *Changing the relationships with Māori health providers*
With the advent of quadruple enrolment the focus of activity for the Māori health provider services working with oral health is changing. Traditionally these services have helped to engage with enrolment, and focus is now changing to supporting hard to reach whanau and Oral Health Services to connect.

Changes to the operation of the Titanium database operated by the Community Oral Health Service were put in place for the start of the 2017 calendar year.

Changes to incorporate additional visits for high risk whanau through the Well Child Tamariki Ora providers are currently being made to contracts between Te Taiwhenua o Heretaunga, Kahungunu Executive, Plunket NZ and Māori Health and will be finalised by 1 July 2017.

- 3 *Improving preventive practice in the Community Oral Health Service*
Work with the clinical teams of dental therapists to improve the utilisation of fluoride varnish, bite wing radiography and fissure sealants to prevent dental decay is ongoing. All of the indicators show improvement and work is currently focussed on reducing variation between clinical teams across the service.
- 4 *Community water fluoridation*
The DHB noted in 2016 that the government has signalled legislation to provide decision making ability to district health boards. The benefits of community water fluoridation to reducing dental caries were also noted from the Te Ara Whakawaiaora report in 2016.

The Bill to make the decision making change was introduced in late 2016 and a submission supporting the Bill was made by the DHB, after consideration and approval of the Board. A verbal submission was made to the Select Committee by Dr Whyman in March 2017 and it is understood the Select Committee is due to report back in June 2017.

5 *Population health strategies*

Population health strategies are an important contributor to improving child oral health, and in particular:

HBDHB's *Best Start Healthy Eating and Activity: A Plan (2016-2020)*, with 4 interlinking objectives:

- 1) Increasing healthy eating and activity environments – Collection of data is underway to provide benchmarks to measure change in healthy eating environments. All HB primary schools have been contacted re status of 'water only policies' and a 500m zone mapped around each school (via Auckland University INFORMAS study) to provide a baseline of unhealthy food and drink advertising sites.
- 2) Develop and deliver prevention programmes - "Healthy Foods- Healthy Teeth and eating for under 5's" was launched in March for use in the B4SC. Initial feedback from this design will be sought in July and then will be tailored for use in WCTO visits and ECE settings.
- 3) Intervention to support children to have healthy weight – Raising Healthy Kids is the new Health Target linked to the BMI measure at the B4SC which support referrals for overweight and obesity to primary care and Pre School Active Families where oral health messages are linked.
- 4) Provide leadership in healthy eating - HBDHB Board has endorsed the reviewed Healthy Eating Policy and this now aligns with the MoH's guideline – we are sugar sweetened beverage free and soon will be mostly confectionary free.

Healthy Housing

The Child Health Housing Programme is fully operational and aims to reduce preventable illness among low income families/whanau who are living in cold, damp and unhealthy homes. Eligible families typically live in sub-standard housing and have a history of health issues associated with cold damp housing and overcrowding. Homes are assessed by the team and an intervention plan is implemented to improve the quality of the house and to address structural and functional crowding.

Breastfeeding

The March 2017 Te Ara Whakawaiaora: Breastfeeding report acknowledged that currently challenges exist meeting the 6 week target and that a drop off occurs between 6 weeks and 3 months. Initiatives to improve and sustain early breastfeeding are important to early childhood oral health. Recent literature (Gussy et al 2016) has demonstrated that early introduction of sugary beverages (before 18 months) is significantly associated with early development of dental caries. Initiatives associated with breastfeeding have been reported in the Te Ara Whakawaiaora: Breastfeeding report.

Oral health promotion

The national campaign and TV advertisement run by the Ministry of Health and Health Promotion Agency "Baby Teeth Matter" and brushing teeth with fluoride toothpaste 2x a day are being supported locally with posters and repeated on the HBDHB Facebook page.

CHAMPION'S REPORT OF ACTIVITY THAT WILL OCCUR TO INCREASE PERFORMANCE OF THIS INDICATOR?

Māori and Pacific preschool enrolment and engagement with Oral Health Services and improvements in the proportion of Māori and Pacific children caries free at 5 years represent a complex interplay of societal, environmental and service delivery factors.

1 Under 5 years equity project

In late 2016 the Communities, Women and Children directorate commenced a project focussing on delivering equity in oral health outcomes for 5 year-olds with a 5 year time frame.

The project is aiming to

- strengthen consumer engagement and participation with Oral Health and to substantially improve consumer input to Oral Health Services and to oral health strategies to improve child oral health.
- Coordinate consistent messaging and health promotion activity focussing on improving equity in early childhood oral health.
- trial initiatives to improve whanau engagement with early childhood oral health services commencing in the Hastings Central community clinic hub.
- spread innovation that is successful within the service.
- work in collaboration with other providers for early childhood such as B4SC, Health Hawkes Bay, Well Child Tamariki Ora providers, Child Health Team, Early Childhood Education & Kohanga Reo and Outreach Immunisation teams to reduce the siloed nature of oral health services delivery
- Influence policy change, particularly for water only environments

The project sponsors are the Service Director Communities Women and Children and Clinical Director for Oral Health, the Project Manager is the Communities Women and Children Deputy Service Director and a Project Steering Group with broad representation from services, Māori Health, PHO and consumer has been established.

2 Workforce change and kaiawhina engagement

Community Oral Health Services have changed the service's workforce mix by redeploying a clinical vacancy within the service to employ a kaiawhina to support the service's engagement with the community and other providers. This initiative will commence at the Hastings Central hub clinic and will be monitored for effectiveness.

3 Clinical quality indicators

Community Oral Health Services are continuing to monitor the implementation of a greater preventive focus in the clinical activity of the service. This involves monitoring 3 quality indicators (fluoride varnish, bitewing radiography and fissure sealants). Levels of use of fluoride varnish and fissure sealants are satisfactory but clinical variation remain. Focussing on improvements to utilisation with appropriate children is the current priority. Use of bitewing radiography remains lower than optimal as it represents a significant clinical practice change. Six-monthly reporting to the service and peer discussion is being used to effect these changes to clinical practice.

RECOMMENDATIONS FROM TARGET CHAMPION

The primary concerns associated with these preschool oral health outcomes relate to

1 Enrolment data quality

Work needs to continue to improve the proportion of Māori and Pacific 5-year-old children enrolled for oral health services. That work also needs to further understand the reasons underlying the over representation of non-Māori and non-Pacific children in the enrolled numbers. This will start with comparison with services also using quadruple enrolment, particularly national immunisation register

(NIR), checking enrolments for ethnicity against ECA data and evaluation of denominators being used to calculate the percentages.

2 *Accelerating equity in caries free status Māori and Pacific children*

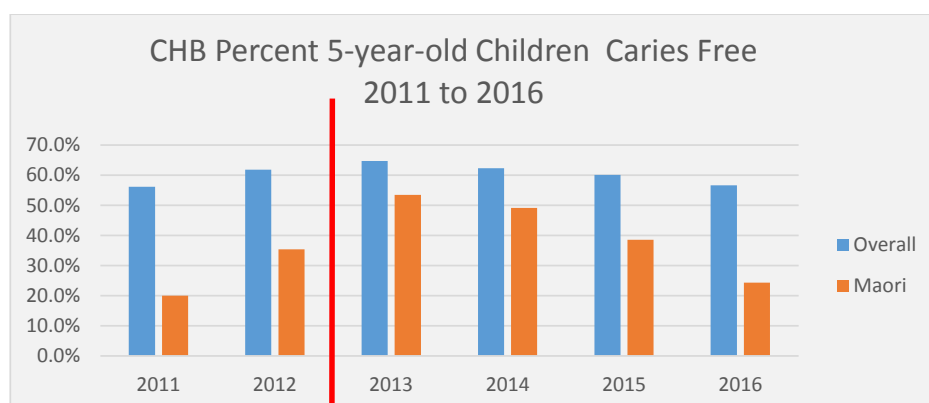
The project to improve equity in 5-year-old caries free status is ambitious and aims to take a cross sector focus. It will require ongoing support over 3-4 years to achieve the planned outcomes.

3 *Community water fluoridation*

A substantial risk exists with achieving the indicator of improved 5-years-olds caries free as a result of the loss of community water fluoridation in Hastings in August 2016 following the campylobacter outbreak in Havelock North.

Hastings District Council infrastructure used to deliver community water fluoridation is currently being used to chlorinate the water. A timeframe to return to fluoridation, which can be in conjunction with chlorination, has not been provided by the Hastings District Council at this time.

Community water fluoridation was lost in Central Hawke's Bay (CHB) in late 2012 and monitoring of the 5-year-old caries free rates is ongoing. The 2016 data confirms that loss of community water fluoridation in CHB has been particularly detrimental to Māori 5-year-old caries free outcomes in CHB, as the following graph indicates.



Dr Snee wrote to the Central Hawke's Bay and the Hastings District Councils in March 2017 expressing the DHB's concerns at the CHB outcomes, and the potential outcomes in Hastings. He also met with the CHB Mayor in April 2017.

Action on fluoridation will not completely remove the oral health inequities outlined in this paper, but it is important that the DHB continues to act on this issue both within the current legislative framework and the potential framework outlined in the earlier section.

The identified areas for improvement and timeframes are outlined in the following table

Description	Responsible	Timeframe
Review the ethnicity coding and accuracy within the oral health patient management system (Titanium)	Team Leader Oral Health Clinical Director for Oral Health Children, Women and Communities Deputy Service Director	June 2018

Under 5 years of age caries free equity project		Phase 1 Feb – Nov 2017 and Total project 2017-2019
Consumer engagement, participation and feedback. Te Roopu Matua.	Project Manager and Project Steering Group	April – Nov 2017 and ongoing
Relationship Centre Practice training for all Community Oral Health Staff	Team Leader Oral Health	Jul- Aug 2017
Seek feedback on the Healthy Foods - Healthy Teeth and eating for under 5s prevention programme and tailor it for use in WCTO and ECE settings	Population Health	July 2018
Environmental scanning of water only policies and decisions about next steps	Oral Health Population Health Advisor	July 2018
Early intervention in general practice in conjunction with Systems Level Measures work.	Project Manager and SLM group	Dec 2017
Well Child Tamariki Ora provider outreach services	Māori Health Services	July 2017
Continue to transition clinical service delivery towards a preventive care focus using clinical quality indicators to monitor service performance	Clinical Director for Oral Health Team Leader Oral Health	June 2018
Community water fluoridation Monitor legislative change timetable Build relationships with communities of interest	Clinical Director for Oral Health	2017-2018 Legislative change 2017-2019 Relationship development communities of interest
Breastfeeding initiatives to improve and sustain early breastfeeding	Breastfeeding Champion	July 2018

CONCLUSION

Improving early childhood oral health eliminating inequity in dental caries levels has been described as a “wicked problem” (Thomson 2017) because it is difficult to solve, has multiple causes, is continually developing and changing and has no universal solution. It represents the outcome of complex societal inequities in social conditions and health services.

However, significant steps to control early childhood dental caries would be made with region-wide access to optimally fluoridated water and removal of sugar sweetened beverages from all early childhood environments.

Improvement in both of these indicators will require focus on collaborative activities to improve social and economic environments, including community water fluoridation and sugar-free environments,

a greater understanding of data quality and corrections to data quality issues, particularly related to enrolment, a continued move to a preventive clinical focus for the Oral Health Services and a willingness by Oral Health Services to continue to question the best model of care for delivery of preschool oral health while maintaining very positive outcomes that are being achieved for oral health outcomes in the primary school child population.

Dr Robin Whyman

Target Champion for Oral Health
Clinical Director Oral Health

REFERENCES

National Health Committee. *Improving Child Oral Health and Reducing Child Oral Health Inequalities*. 2003. National Advisory Committee of Health and Disability. Wellington. P 1-28.

Gussy M et al. Natural history of dental caries in very young Australian children. *International Journal of Paediatric Dentistry*. 2016; 26: 173-183.

Thomson WM. *Oral Health and NZ Children*. Presentation to the University of Otago Public Health Summer School. Wellington. 2017.

**HAWKE'S BAY HEALTH CONSUMER COUNCIL
ANNUAL PLAN 2016/17**

Purpose	Provide a strong viable voice for the community and consumers on health service planning and delivery	Advise and encourage best practice and innovation in the areas of patient safety, consumer experience and clinical quality	Promote and support the enhancement of consumer engagement
FUNCTIONS	<ul style="list-style-type: none"> Identify and advise on and promote, a 'Partners in care' approach to the implementation of 'Person and Whanau Centred Care' into the Hawkes Bay health system, including input into: <ul style="list-style-type: none"> Development of health service priorities Strategic direction The reduction of inequities Participate, review and advise on reports, developments and initiatives relating to health service planning and delivery. Seek to ensure that services are organised around the needs of all consumers 	<ul style="list-style-type: none"> Identify and advise on issues that will improve clinical quality, patient safety and health literacy. Seek to enhance consumer experience and service integration across the sector. Promote equity of access/treatment Seek to ensure that services are responsive to individual and collective consumer needs. 	<ul style="list-style-type: none"> Facilitate and support the development of an appropriate Consumer Engagement Strategy for the Hawkes bay health system Ensure, coordinate and enable appropriate consumer engagement within the health system <ul style="list-style-type: none"> across Hawke's Bay within the Central region at National level Receive, consider and disseminate information from and to HBDHB, Health Hawke's Bay, Consumer groups and communities. Ensure regular communication and networking with the community and relevant consumer groups. Link with special interest groups as required for specific issues and problems solving.
STRATEGIES	<ul style="list-style-type: none"> Proactively raise and promote issues of importance and/or concern to consumers generally, for consideration and/or resolution by relevant organisations within the health system. Engage early with project and planning teams, and standing committees, to ensure the consumer perspective is included in all outcomes and recommendations. Review and comment on all relevant reports, papers, initiatives to the Board. Ensure robust complaint/feedback systems are in place and that consumers are well informed and easily able to access these Consumer Council members to be allocated portfolio/areas of responsibility. 	<ul style="list-style-type: none"> Work with Clinical Council to develop and maintain an environment that promotes and improves: <ul style="list-style-type: none"> Putting patients / consumers at the centre Patient safety Consumer experience Clinical quality Health literacy Equity Promote initiatives that empower communities and consumers to take more responsibility for their own health and wellness. Promote a clinical culture which actively engages with patients / consumers at all levels, as 'partners in care'. Advocate / promote for Intersectoral action on key determinants of health. 	<ul style="list-style-type: none"> Raise the profile and community awareness of Consumer Council and the opportunities / options for enhanced consumer engagement in decision making. Ensure good attendance and robust discussions at monthly Consumer Council meetings Co-ordinate consumer representation on appropriate committees and project teams: <ul style="list-style-type: none"> Within Hawke's Bay At Central Region and National levels Engage with HQSC programmes around consumer engagement and 'partners in care'. Maintain current database and regular communications with all Hawke's Bay health consumer groups/organisations. Provide regular updates on both the HBDHB and Health Hawke's Bay websites Ensure Consumer Council members continue to be well connected and engaged with relevant consumer groups and communities
OBJECTIVES 2015/16	<ul style="list-style-type: none"> Actively promote and participate in' co-design processes for: <ul style="list-style-type: none"> Youth Mental Health Older Persons Participate in the development of Health and Social Care Networks Provide consumer perspective into Customer focussed Booking 	<ul style="list-style-type: none"> Promote and assist initiatives that will improve the level of health literacy within the sector and community. Facilitate and promote the development of a 'person and whanau centred care' approach and culture to the delivery of health services, in partnership with the Clinical Council. Promote the provision of consumer feedback and 'consumer stories'. Monitor all 'Patient Experience' performance measures/indicators as co-sponsor of the 'patient experience Committee' within the clinical governance structure. Facilitate a focus on disability issues 	<ul style="list-style-type: none"> Facilitate and support the development and implementation of a consumer engagement strategy and principles in Hawkes Bay Establish a connection with Youth within the community Influence the establishment and then participate in regional and national Consumer Advisory Networks.

Portfolios and areas of interest		HB Health Consumer Council Members:																															
AREAS OF INTEREST <ul style="list-style-type: none">- Women’s’ HealthSami, Olive and Leona- Child HealthSami, Malcolm and Rachel- Youth HealthMalcolm, Rosemary and Jim- Older Persons HealthJenny, Heather- Chronic ConditionsRosemary, Terry, James and Rachel- Mental Health and AddictionsNicki and Terry- Alcohol and other drugsNicki and Rosemary- Sensory and physical disabilityHeather, Tessa and Sarah- Intellectual and neurological disabilityHeather and Olive- Rural HealthLeona (Wairoa) and Terry (CHB), Heather, Jim- Maori HealthTessa, Leona, Jim , James and Sami- Pacific HealthOlive, Tessa and Sami- Primary HealthJenny, Rachel and Rosemary- High deprivation populationsNicki, Jenny and Leona		<table><tr><td>Graeme Norton (Chair) HASTINGS</td><td>graeme.norton@clear.net.nz</td></tr><tr><td>Nicki Lishman (MSD Rep) WESTSHORE</td><td>nicki.lishman004@msd.govt.nz</td></tr><tr><td>Jim Henry NAPIER</td><td>jimbhenry@hotmail.co.nz</td></tr><tr><td>Jim Morunga NAPIER</td><td>jim.morunga@tkh.org.nz</td></tr><tr><td>Jenny Peters NAPIER</td><td>peters.jenny26@gmail.com</td></tr><tr><td>Olive Tanielu HASTINGS</td><td>olivetanielu@rocketmail.com</td></tr><tr><td>Heather Robertson NAPIER</td><td>Heather.hb@xtra.co.nz</td></tr><tr><td>Leona Karauria NUHAKA</td><td>Info@s-a-s.co.nz</td></tr><tr><td>Rosemary Marriott HASTINGS</td><td>roseandterry@xtra.co.nz</td></tr><tr><td>Terry Kingston WAIPAWA</td><td>terrykingston@xtra.co.nz</td></tr><tr><td>Tessa Robin NAPIER</td><td>tessa.robin@tkh.org.nz</td></tr><tr><td>Malcolm Dixon HAVELOCK NORTH</td><td>dixonmj24@icloud.com</td></tr><tr><td>Rachel Ritchie HAVELOCK NORTH</td><td>andyrach@xtra.co.nz</td></tr><tr><td>Sarah Hansen HASTINGS</td><td>hansennorsemen@xtra.co.nz</td></tr><tr><td>Samitioata (Sami) McIntosh HASTINGS</td><td>smkoko@live.com</td></tr></table>		Graeme Norton (Chair) HASTINGS	graeme.norton@clear.net.nz	Nicki Lishman (MSD Rep) WESTSHORE	nicki.lishman004@msd.govt.nz	Jim Henry NAPIER	jimbhenry@hotmail.co.nz	Jim Morunga NAPIER	jim.morunga@tkh.org.nz	Jenny Peters NAPIER	peters.jenny26@gmail.com	Olive Tanielu HASTINGS	olivetanielu@rocketmail.com	Heather Robertson NAPIER	Heather.hb@xtra.co.nz	Leona Karauria NUHAKA	Info@s-a-s.co.nz	Rosemary Marriott HASTINGS	roseandterry@xtra.co.nz	Terry Kingston WAIPAWA	terrykingston@xtra.co.nz	Tessa Robin NAPIER	tessa.robin@tkh.org.nz	Malcolm Dixon HAVELOCK NORTH	dixonmj24@icloud.com	Rachel Ritchie HAVELOCK NORTH	andyrach@xtra.co.nz	Sarah Hansen HASTINGS	hansennorsemen@xtra.co.nz	Samitioata (Sami) McIntosh HASTINGS	smkoko@live.com
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2016-17 PORTFOLIOS <ul style="list-style-type: none">- Co-Design Youth - Malcolm, Rosemary & Jim plus youth reps- Co-Design Mental Health - Nicki, Terry & PAG- Co-Design Older persons - Jenny, Heather, Rosemary- Health and Social Care networks - Tessa, Rachel, Jenny, Leona and Terry- Customer Focussed Booking – Tessa, Sarah- Health Literacy – James, Leona, Olive- Person and Whānau Centred Care – Rosemary and Leona- Patient Experience Committee (of Clinical Council) – Sami and Terry- Disability – Sarah, Heather, Terry- Consumer Engagement Strategy - ALL- Connections with Youth – same as co-design for youth group above																																	
Support: <p>Operational and Minutes</p> <p>Kate Coley (Director Quality Improvement and Patient Safety)</p> <p>Tracy Fricker (Council Secretary and EA to DQIPS) Email: tracy.fricker@hbdhb.govt.nz / Telephone: (06) 878 8109 ext. 2686</p> <p>Jeanette Rendle (Consumer Engagement Manager) Email: jeanette.rendle@hbdhb.govt.nz / Telephone: (06) 878 8109 ext. 2683</p> <p>Clinical Council Liaison Debs Higgins</p> <p>Governance</p> <p>Ken Foote (Company Secretary) Brenda Crene (Board Administrator and PA to Co-Sec)</p> <p>Communications Anna Kirk (Communications Manager)</p>																																	



TOPICS OF INTERESTS MEMBER ISSUES / UPDATES



Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

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

18. Disability Letter / Recommendations (MoH) for discussion

19. People Strategy (2016-21) first draft

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).

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

