

MIDCENTRAL DISTRICT HEALTHBOARD

**Minutes of the Consumer Council meeting held on Friday 9 October
2020 at 9:30am, Seminar Room, Education Central, Palmerston North
Hospital**

CONSUMER COUNCIL MEMBERS PRESENT

- Hilary Humphrey (Acting Chair)
- Bruce Henderson
- Cam Bardell
- Indral Dulal
- Philippa Brunn
- Richard Karipa
- Dorothee Boudelot
- Gaye Fell
- Dr Simon Allan (Ex-officio)

IN ATTENDANCE

- Judith Catherwood, General Manager, Quality and Innovation
- Tracee Te Huia, General Manager, Maori Health
- Mariette Classen, Consumer Experience Manager, Quality and Innovation
- Jodie Hickey, Committee Administrator

1. MEETING OPENING

1.1 Dot opened the meeting with a Karakia

1.2 Apologies

- Gail Munro (Chair)
- Stephen Paewai
- Kaylene Kani

1.3 NOTIFICATION OF LATE ITEMS

There were no items raised

1.4 CONFLICT AND/OR REGISTER OR INTEREST

There were no items raised

1.6 ADMINISTRATION ITEMS

1.7 Hilary explained the consent Agenda and reiterated that members can email by the Thursday prior to the meeting to advise if they believe items need to be put back in the main agenda for discussion.

2. CLUSTER PRONOUNCIATION

Richard took the group through the pronunciation of the cluster names.

It was resolved that:

Members continue to keep the cluster pronunciation as an agenda item and carry on learning the correct pronunciation.

3. MATTERS FOR DECISION

3.1 Presentation Framework

Hilary acknowledged the excellent work done by Bruce, Stephen, Gaye and Gail on the development of the Framework.

Bruce took the group through the matrix and explained the track change suggestions made by Judith

It was suggested that the coversheet be condensed to ensure it doesn't become too difficult for people or discourages people from bringing items to the Council. It was agreed to remove number 2 from the document (I can't recall off the top of my head but could be good to include a quick rationale?)

It should include an area that explains what the Presenters can expect from the Consumer Council. The document could include a tick box to be used by presenters with the option of Endorse, provide guidance, actively support, or provide feedback.

Include a statement of expectations i.e. item for noting/endorsement

It was noted that collaboration and co-design between the council and the presenters was important and should be highlighted in the document.

It was suggested that a section could be added to check how the general public was to be informed of the changes, how it would apply to them and/or affect them.

It was resolved that:

Consumer Council support implementation of the document and review it every six months to allow for feedback on effectiveness. Jodie Hickey, Consumer Council Administrator to add as action item.

Consumer Council members make any further comments to the document on email to Bruce with Gail cc'd in so they can be added by 23 October.

Consumer Council members agreed that the Presentation Framework would be endorsed by members via email with a deadline to implement from the 31 October 2020.

3.2 Consumer Council Work Plan

Hilary acknowledged Gail's hard work on the work plan and passed on her comments that it was important for us to have a focus and make a start, even if it wasn't 'perfect'. Hilary noted Gail recommended we review the plan in the future, given there are some areas such as Youth and Pasifika that may need further development.

It was suggested that special interest group about youth engagement be expanded on to include age range and address issues identified by members with the youth services.

Consumer Council's members endorsed the work plan incorporating these minor changes.

It was resolved that:

Jodie to do final proof of document to ensure correct spelling.

Jodie to update telehealth project to include new consumer identified to assist on this project.

Jodie to add the work plan to the action list to be brought back 6 monthly for review.

5. MATTERS FOR DISCUSSION

5.1 Quality and Safety Marker – Consumer Engagement

Mariette advised that the QSM – Consumer Engagement Group would be having their first meeting on the 19 October 2020. Nominated members of the Consumer Council were involved in this initial meeting and meetings going forward. The meetings would be fortnightly initially then would move to 4-6 weekly meetings.

It was suggested that the QSM – Consumer Engagement be added as a standing agenda item for a quick discussion at each meeting to keep the Consumer Council informed of progress.

Mariette provided a refresher overview of the how the QSM was developed by the Health Quality and Safety and Safety Commission to improve the quality and safety of services and increase consumer engagement and participation.

Mariette advised that she would like to see the Te Tiriti principles embedded into the work MidCentral DHB do with consumer engagement.

It was resolved that:

Jodie to update agenda to include the QSM – Consumer Engagement as a standing item.

Jodie to send out QSM presentation from September Consumer Council meeting.

5.2 Cluster Representative roles

Deferred due to Gail's absence

5.3 Training Programme

Judith asked the Council about their major training and development needs. Judith outlined some areas that the Consumer Council may want to learn about.

Members brainstormed a number of ideas as per below:

- include education on the health system and see a document that explained the relationship and funding pathways between MidCentral DHB and other health entities such as THINK Hauora, Community groups etc.
- have a directory of services so Consumer Council members can see the services offered within the wider district such as renal, diabetes etc this would allow members to tap in/communicate with them. Consumer Council members noted any training sessions/information developed should ideally be available to the wider Consumer network as part of the digital portal development.

It was suggested that an orientation package be developed that included the reference documents to explain how health services such as THINK Hauora, Arohanui Hopsice etc. work.

Ensure community groups are part of the workshopping. (Can you expand on this a bit to contextualise the discussion?)

It was suggested that the Council and Panel received training from HQSC on Consumer Skills to ensure that they are comfortable in their role.

There was also a keenness to build an understanding of bi-cultural and other health models, cultural processes and other cultural practice.

Training need to ensure different learning styles are catered to.

Training should run for 2-3hours, half days preferred to full days.

It was suggested that a Speed dating type meeting could be set up as an opportunity to meet and grow networks. This would provide a point of connection and support for wider consumer panel members could be held.

Incorporate training on models used within the DHB so members of the council and panel are aware of internal processes.

Training on how to influence and impact change for consumers be included.

It was important that consumers were aware of the expectations of them when engaging with different groups of the DHB in a consumer capacity.

Work need to be done on identifying each Consumers strengths and ensure that they are engaging with the correct groups.

Judith advised she would take the suggestions and begin to develop a training plan.

It was resolved that:

Jodie to add training to the agenda 6 monthly to determine gaps and frequency required.

Judith to continue to develop the training programme based on feedback.

5.4 Consumer Engagement

Judith discussed the consumer network and the numbers of consumers engaged in each of the roles. She asked members how they would like to reach out and

create the vibrancy and cohesiveness that the Council would like between themselves and these different groups.

An option was that each member hold a portfolio of Consumers to engage with and mentor.

Members asked how much locality groups know about the Consumer Council and the work they do.

Consumer Council members advised that they would like to support consumers and provide a link back to the Council and ensure the consumers were aware of the expectation of them.

It was suggested that a framework be developed but would need to ensure that there wasn't too much structure as members didn't want to restrict ideas and observations of the consumers.

An induction pack would ensure that the consumers have the resources to seek advice and support.

Communication was important and a website which listed the Consumer Council members and a centralised email address would be beneficial for the consumer panel and others.

Consumer Council members advised they would like to engage with the paid consumers within MidCentral DHB to better understand their roles, grow connections and identify how best to work together to support consumer engagement

It was identified that the following members would be happy to mentor new consumers:

- Gaye Fell
- Pip Brunn
- Bruce Henderson

It was also discussed that the Consumer Council develop their profiles that can be provided to other groups and develop tools to be given to the panels to ensure they are supported and aware of the expectations of them.

It was resolved that:

Jodie to invite the two staff members in consumer roles to a future Consumer Council meeting. Mariette to advise who the paid representative on maternity was currently while Selby Hapai was on maternity leave.

5.5 Digital and Data Governance Group

Bruce talked to his paper and advised that the current digital systems are incompatible and unable to collate data across the DHBs or between agencies.

There were barriers from the DHBs to change systems as each had invested considerable resource in their own systems which added to the challenges.

The consumer voice is critical as the systems need to work for patients whether it be consumers accessing information or the DHB's sharing their information.

Funding is coming from Government and special funding is being made available but the total need was extensive and beyond existing resource allocations.

A lot of systems need to be dis-invested in to allow re-investing in required areas.

The currently IT systems, historical under investment, is a large health issue. Historical under investment in existing IT systems is a large health issue.

It was resolved that:

Consumer Council members to send through feedback on digital issues they have identified to Bruce.

Bruce to continue to keep the Consumer Council updated as progress is made.

6. Consent Agenda

Items read and accepted.

7. LATE ITEMS

Jodie gave brief update on private number project – a provisional business case has been developed and will be going to the next DSLT meeting for endorsement.

Cam raised the Mortuary project. Judith advised this is currently being worked on. The laboratory contract was current being developed which would provide an opportunity to address access issues to the mortuary and she would update Cam when more information was available. Bereavement support guidelines were also being implemented.

Richard raised an incentive he has been working on that hopes to eventually have a separate process for the districts mental health consumers who need to attend criminal courts. It hopes to avoid them been criminalised for their behaviour which stems from their Mental illness. It also aims to support them in their communities and remove the bias that they face with the current support systems. Hilary suggested that it be raised on a future agenda for discussion.

It was resolved that:

Jodie to organise walk around for Cam so he could see changes that have been made to create family/whanau bereavement rooms/areas.

Jodie to add Mental health incentive to future Agenda. Richard to discuss with Gail and advise the support he needs to get the incentive off the ground.

8. Meeting closed at 12.30pm with Karakia by Pip

Pip thank Hilary for chairing the meeting.