

MidCentral District Health Board's Consumer Council



1. Background

In 2016 MidCentral DHB developed its organisational strategy. This strategy describes what the DHB wishes to achieve and how it will go about this and was approved by the Board in September 2016. The strategy is based on the following framework which reflects the DHB's purpose – *better health outcomes, better health care for all*. (Refer Appendix A for full copy.)

<p>WE ARE ABOUT</p> <p>Better health outcomes, better health care for all</p> <p>Ko tā mātou mahi</p> <p>He whakapai ake i te hauora hei oranga mō te katoa</p>	<p>INDIVIDUALLY AND TOGETHER WE WILL</p> <p>Achieve quality and excellence by design</p> <p>Connect and transform primary, community and specialist care</p> <p>Partner with people and whānau to support health and wellbeing</p> <p>Achieve equity of outcomes across communities</p> <p>He mahi takitahi hei toa takitini</p> <p>Kia kounga, kia hiranga te hiahaoa</p> <p>Kia mahi tahi me te tangata, me te whānau hei tautoko i te hauora me te oranga</p> <p>Kia tūhono e pai ake ai te atawhai tuatahi, te atawhai hapori, te atawhai ngaio</p> <p>Kia tākeke ngā hua mō ngā hapori katoa</p>
<p>WE WILL BE</p> <p>Compassionate Respectful</p> <p>Courageous Accountable</p> <p>Ka pēnei mātou</p> <p>Ka whai aroha Ka whai ngākau</p> <p>Ka mātātōa Ka nōho haepapa</p>	<p>WE WILL ACHIEVE THIS SUCCESS THROUGH OUR</p> <p>People Partners Information Stewardship Innovation</p> <p>Ka eke angitu mātou mā</p> <p>Ō mātou iwi Ō mātou hua mahi Te whakamāhio Te tiaki Te auaha</p>

The importance of consumer participation and engagement to support achievement of the strategy is recognised by the DHB's Board and Executive leadership.

Therefore, once the DHB had established its Strategy, the Board reviewed its governance structure to ensure it was well positioned to support the successful implementation of the new strategy. As part of this process, the Board determined that it required consumer advice, and agreed that a **Consumer Council** be established for this purpose. A copy of the Board's structure, including the **Consumer Council**, is set out in Appendix B.

This information document sets out the aspirations for the Consumer Council, the general parameters in which it would operate, and the scope of its work. It also outlines the Council's membership requirements, and the competencies/attributes sought.

Furthermore, this document provides an overview of the purpose, aspirations and processes the Consumer Council use as well as general information for people interested in being involved.

2. Purpose of the Consumer Council

To provide an independent strategic consumer perspective and commentary on all matters regarding implementation of MidCentral DHB's Strategy. The DHB's Strategy includes four strategic imperatives and the Consumer Council's

advice is sought on plans and initiatives to advance these.

To ensure MidCentral DHB achieves its desire to have consumers engaged with all areas of the organisation, at all levels and activities, across the district, the Council has created a Consumer Panel that includes people from across our community who are interested in supporting a consumer voice in our health system. The Council has a role to support, network and develop this panel membership to support achievement of the strategy.

The Council will also provide advice and support to assist MidCentral DHB in achieving a person and whanau-centred model of care. This is where patients are partners in their own health care and consumer engagement and participation occurs throughout the district and at all levels of the organisation, and the local health and disability sector is truly designed for, and with its community.

The Council will encourage informed debate on these matters, and will provide guidance on all issues referred to it for consideration. It will also support and foster consumer networks and a strong and active consumer voice.

3. Aspirations of the Consumer Council

Health and disability services in the MidCentral district are person and whanau-centred, and consumers are an integral part of all aspects of health planning, delivery and governance. Success would be reflected when the following is achieved:

- Consumers throughout the district speak out, speak loudly, speak freely, and are actively involved and are influential in the planning, delivery and review of health and disability services.
- The input and views of consumers is valued. The work and time of consumers is valued.
- Consumer co-design is a business-as-usual practice, i.e. just the way things are done around here.
- Consumers are involved as a matter of course in all aspects of the health sector, particularly strategic planning and projects, service models of care and design, prioritisation of resource use, and policy creation. This involvement will be from the beginning of the project plan, throughout, and until completion and review. This includes consumer involvement in prioritisation discussions.
- Services are designed around the needs of consumers, not around the needs of the service or those providing it.
- The consumer experience of healthcare is a quality one, with all involved looking at it through the consumer's eyes, and the consumer is an equal partner.
- The Consumer Council works together with clinical governance.

- Health information is freely available, easy to understand, informative, and is based on consumer requirements.

4. General Parameters

The Consumer Council’s brief covers the whole district and continuum of care, from birth to death, taking into account age, ethnicity, disability (physical and sensory), mental wellbeing, geographical location, financial and other considerations.

It is expected that the Consumer Council will work with the Framework for Consumer Engagement established by the New Zealand Health Quality & Safety Commission.

The Consumer Council be independent of the management and governance of the DHB and PHO, and able to provide its opinion freely.

The Consumer Council is aligned with the Clinical Council and the two councils work closely together on common areas of interest.



5. Key Functions/Role

In establishing its new structure, the Board determined terms of reference (ToR) for the Consumer Council as set out below. These are deliberately broad. They are designed to be unrestrictive and supportive of the DHB’s aspirations for the Council as noted above.

The desire is to ensure the Consumer Council is established with a clear mandate and scope, and so consideration will be given to amending the terms of reference accordingly. For example, it may be that the ToR need a stronger focus on co-design and health literacy, or a recognition that it will also support both the DHB and other health and disability providers in the district to achieve a person and whanau-centred model of care where patients are partners in their own healthcare.

The Council has the opportunity to consider refinements to its terms of reference. Changes are approved by the MDHB Board.

Terms of Reference:

The functions and responsibilities of the Consumer Council are to:

- Ensure patients/ consumers and families/ whānau are encouraged and supported in participating in the delivery of care and decision-making at the level they choose.
- Identify and advise on priority areas of work and issues requiring consumer, whānau and community participation, including input into the development of health service priorities and strategic direction, the elimination of inequities, and the enhancement of safety and quality of services to patients and whānau.
- Review safety, quality and performance data, including consumer feedback and make recommendations for service delivery improvements.
- Monitor and advise on reports, development and initiatives relating to health service delivery and the availability and/or dissemination of health related information.
- Ensure regular communication and networking with the community and relevant consumer groups.
- Link with specific interest groups, as required for specific issues and problem solving.
- Establish a wider pool of consumers who will be trained and utilised to support the co-design and continual improvement of services.

For the avoidance of confusion, the Consumer Council will not:

- Provide clinical evaluation of health services or individual patient care plans
- Discuss or review issues that are (or should be) processed as formal complaints, for which full and robust processes already exist
- Be involved in the DHB's contracting processes

Also, it is not envisaged that the Consumer Council will provide all advice on all matters. Rather, it shall ensure that the DHB have access to consumer advice and input on all matters, at all levels of the organisation, and across the district.

Scope

In general terms, the Consumer Council's responsibilities span four broad areas, being:

- **consumer involvement and engagement** in designing and planning delivering health care and disability support services
- consumers and whanau as **active partners in their care**
- consumer networks and capacity, i.e. **connected consumers**

- **consumer empowerment** where people and whanau are informed and take responsibility for their own health.

The Consumer Council will provide advice to the Board and Organisational Leadership Team of MidCentral District Health Board.

This advice shall be on:

- matters of interest and/or concern to MidCentral DHB; and,
- matters of interest and/or concern to the Consumer Council.

In respect of the latter, it is envisaged that the Consumer Council may wish to develop a *White Paper* (Government Report) from time to time.

It is also envisaged that matters put forward by management will be broad-ranging, and usually aligned to advancing MDHB's strategy.

The DHB leadership and management will endeavour to obtain advice from the Consumer Council proactively so that its opinion can shape major projects, plans, policies and structures.

Clinical Council

The Consumer Council will work in partnership with the DHB's Clinical Council and joint meetings or planning events will be held with members of both Council's from time to time.

6. Consumer Environment

There are many consumer advisors and consumer groups currently involved in the local health and disability sector, as well as regionally and nationally.

The Consumer Council works alongside these, establishing working relationships where appropriate.

The Consumer Council functions as the clearing house for providing consumer input across the DHB. The Chair plays a vital role in advising how the consumer voice should be included in all aspects of MDHB business.

The creation of the Consumer Panel was a vital step in developing the capacity of consumers to engage in the business of the DHB. The Chair has a role in supporting this panel and its membership to advance the consumer voice in the DHB.

7. Membership

General

The district of MidCentral is diverse and covers a wide geographical area, with both a large metropolitan population and a large rural community. It is home to families who have been here for generations. It is also home to a large student population, and migrants and refugees. Other people and families move for work or other reasons and move on in due course.

There is diversity in the ethnicity, beliefs and value of our community. People come from all walks of life, and we are fortunate to have strong community networks and support.

Membership of the Consumer Council reflects that richness in diversity.

Members are not be appointed as a representative for a specific consumer group or a specific part of the population. If a specific perspective is required for any project, it would be sought. Further, people with a "single issue" focus will not be appointed.

Member selection be skills-based on the following attributes:

Personal Attributes

- Courageous
- Open and willing to learn
- Passionate
- Enthusiastic
- Community-minded
- Good, practical communication skills – listening, awareness and engagement
- Connected to the community
- Future focused, looking at possibilities, options and systems rather than the "here and now"
- The ability to work effectively in a diverse team

Knowledge

- Reasonable health literacy
- Basic level of understanding of the health system

Experience

- Involvement in community groups and/or networks
- Involvement or interest in health matters
- Experience and/or knowledge in consumer participation/engagement advantageous but not essential.

Training will be provided to members of the Consumer Council regarding their role, and to equip them with the tools they need to carry it out. This will be mandatory.

Members shall live in the MidCentral DHB district.

It is important that the Consumer Council is independent of the DHB and THINK Hauora, and provider organisations contracted by either the DHB or THINK Hauora. In line with the aspirations for the Consumer Council, we are aiming to

provide a voice and forum for people removed from the health and disability decision-making. Employees of the DHB, THINK Hauora and their contracted provider organisations are not eligible for membership.

Appointments to the Consumer Council will be for a period of up to three years. Members would be eligible for re-appointment and a staggered approach will be taken to ensure the Consumer Council continues to benefit from members with experience as well as new voices.

The Chair, Clinical Council would be an ex-officio member of the Consumer Council and vice-versa. The Chairs of both Councils meet on a regular basis and often co-chair joint meetings of the Councils.

The Council's membership is a maximum of twelve consumers.

Executive Membership

The Consumer Council is to provide support to the Organisational Leadership Team and Board. Therefore, members of these two groups shall not be members of the Consumer Council as this would create conflict whereby they are both providing and receiving the advice. The Executive Leaders of the DHB and THINK Hauora shall work in partnership with the Consumer Council, and shall support it in carrying out its role.

The Consumer Council will have access to other DHB executive leaders to assist it in its work.

Selection & Appointment Process

Nominations are sought from across the district. Any person residing in the MidCentral DHB area is eligible to apply, except those employed by the DHB, THINK Hauora and their contracted provider organisations.

People may be shoulder-tapped and encouraged to put themselves forward. If people do not feel confident to make an application, they may seek support through Judith Catherwood, General Manager, Quality and Innovation, MidCentral DHB.

MidCentral DHB and the CEO of Think Hauora would like to acknowledge the significant and vital foundational work achieved by the former Consumer Council Chair John Hannifin.

The DHB's and the THINK Hauora CEOs have responsibility for the appointment of the Consumer Council Chair and its members.

Applications must set out how the applicant meets each of the attributes and knowledge requirements set out in the Role Description that has been provided.

Where appropriate, applicants should demonstrate their employer's support for them to be a member of the Clinical Council.

8. Supporting the Consumer Council

The DHB will resource and support the Consumer Council. This will include, but not be limited to:

- a lead Executive Leadership Team (ELT) member with lead responsibility for the Consumer Council
- project and/or research and analytical support provided from time to time, by a range of people employed by the DHB or THINK Hauora with a community and/or clinical background, knowledge of the district, and an ability to work independently.
- secretarial support for meetings

The level and type of support will be arranged to meet the needs of the Council's work programme and requirements.

Electronic agendas will be provided, and the DHB shall provide a SharedNet site for the Consumer Council to facilitate this. Where necessary, technology and training will be provided to members to enable them to use this electronic system.

The Consumer Council would have access to resources to advance its work programme via the lead executive supporting the Council.

9. Work Programme, Meeting Frequency & Time Commitment

The Consumer Council will continue to develop their annual work programme covering the areas of consumer involvement and participation, consumers and whanau as active partners in their care, connected consumers, and consumer empowerment.

The work programme is based on a financial year (1 July to 30 June) so that it aligns to the DHB's planning cycle.

The DHB may add items to the work programme in consultation with the Council.

The Consumer Council currently meet 10 times per annum on the last Friday of the month excluding December/January. Meetings run for a 3 hour duration and some pre-reading may be required.

10. Reporting

The Consumer Council shall report formally to the Board six monthly.

The Consumer Council shall meet regularly with the Clinical Council to promote awareness of a consumer perspective, and to maximise the benefits/gains of

each other's work through collective effort.

11. Remuneration

Members will receive payment for their work. This will be a fee of \$250 per meeting for up to 10 meetings a year for approved Council business. The fee will be based on attendance and includes all preparation time. In addition, members will be reimbursed actual and reasonable travel expenses in attending meetings and other official functions of the Council.

The level of remuneration for the Chairman shall be \$312.50 a meeting.

Over time, it is envisaged the payment arrangement will move to an honorarium model.

12. Definitions

The Health Quality & Safety Commission's definitions have been used in this document:

- **Consumer** means patients and their families/whanau/aiga who have had personal experiences in the health and disability system. The term also includes all those who might use health and disability services in the future. As members of the public they have a right to have input into services.
- **Consumer engagement** means a process where consumers of health and disability services are encouraged and empowered to actively participate in decisions about the treatment, services and care they need and receive. It is most successful when consumers and clinicians demonstrate mutual respect, active listening and have confidence to participate in full and frank conversation. Systems that support consumer engagement actively seek input from consumers and staff at all levels of the organisation.

Appendix A: MDHB Strategic Framework



WE ARE ABOUT

Better health outcomes, better health care for all

Ko tā mātou mahi

He whakapai ake i te hauora hei oranga mō te katoa

WE WILL BE

Compassionate Respectful
Courageous Accountable

Ka pēnei mātou

Ka whai aroha Ka whai ngākau
Ka mātātoa Ka noho haepapa

INDIVIDUALLY AND TOGETHER WE WILL

Achieve quality and excellence by design

Connect and transform primary, community and specialist care

Partner with people and whānau to support health and wellbeing

Achieve equity of outcomes across communities

He mahi takitahi hei toa takitini

Kia kounga, kia hiranga te hoahoa

Kia mahi tahi me te tangata, me te whānau hei tautoko i te hauora me te oranga

Kia tūhono e pai ake ai te atawhai tuatahi, te atawhai hapori, te atawhai ngaio

Kia tōkeke ngā hua mō ngā hapori katoa

WE WILL ACHIEVE THIS SUCCESS THROUGH OUR

People Partners Information Stewardship Innovation

Ka eke angitu mātou mā

Ō mātou iwi Ō mātou hoa mahi Te whakamōhio Te tiaki Te auaha

Appendix B: MidCentral DHB's Board Structure

