**Community Health Council**

**Highlights from meeting 7th March 2024**

**Chair Lyneta Russell**

**1. Clinical Council Update**

Rebecca Brushwood, Chair of the Clinical Council provided an update on issues that came up at the previous Clinical Council meeting. The Council was disappointed in the delay in the roll out of Korero Mai. The Council we will be meeting with the team to determine barriers and expectations moving forward. Positive news shared was that appointment waitlists times were improving at Women’s Health Southland. The Clinical Council had also discussed restorative practice and the positive impact this will have for both staff and consumers. Although 5 years has been given for restorative practice to be embedded across all services it was pleasing to note that midwifery, obstetrics and mental health are well on the way.

**2**. **Southland Leadership Team**

As the April Community Health Council met in Southland for the April meeting the opportunity was taken to meet with the Southland leadership team - Simon Donlevy, Adam Mcleay, Linda Ryan and Joline Wilson. As concerns had been raised in Southland about consumers not feeling heard the Consumer Health Council were keen to hear what they could do to support this happening. The Southland team felt that that was linked to demonstrating the value of the consumer voice, and the identification of what would actually make a difference to the community. Consumer stories are an effective way to do this. The Southland team agreed to make themselves available for regular meetings with the Community Health Council.

**3. Rainbow Community Southland- Chroma**

For some time now the Community Health Council has been liaising with Chroma, a charity for the Rainbow Community in Southland, understanding that the Rainbow Community were one group that often experienced difficulties in accessing and using health and disability services. Darby Bracken from Chroma attended the meeting and provided a very interesting and informative presentation. We learned that the needs of this community included mental health, specialist endocrine support, speech language coaching, laser hair removal, reproductive, sexual health and geriatric. Being young and gay is very hard, especially in rural Southland which is often very conservative. Aged care is challenging in Southland and nationally as many of the community go “back into the closet” in aged residential care. Stigma, discrimination, harassment and social exclusion often contribute to mental health issues.

4. **Council member roundtable**

Each member provided an update from their community. It was good to hear that community engagement with the Pasifika community are looking at another service adopting the same model as Te Kaika. It was also reported that there was nervousness in several sectors about the potential for cuts and the recognition that changes in funding are likely to mean service changes. Positive feedback was received about the isolation ward at Gore Hospital who were responding well to the needs of those using the service. We were told that the transition for those in Ward 11 at Wakari Hospital to the community has been well managed . Peer supporters are now in emergency departments across the country and these supporters are trained in mental health, addiction and de-escalation techniques. AQ Southland member brought up issues around venesection in Southland, and the problems caused by the outsourcing of physiotherapists due to workforce shortages. Both these issues will be followed up by the Community Health Council with the services concerned. Another Community Health Council member has been out and about in her rural community speaking at a community hub and has also run a webinar about rural mental health which was well attended. Another Southland member expressed concern about the long waiting times for endocrine services, potentially a wait until 2025. Similarly, low immunization rates in the Southland community were a concern. Concerns about the changes to funding by Waikaha ran deep within the disability community- people are very frightened about the impact they will have. Also from a disability perspective, walking into Awanui laboratories as a blind person was of concern as there was no one to greet arrivals.

**5. Rural inequities**. The Council spent some time discussing a letter from a GP re rural health inequities both in the funding that rural GP practices received, and in the payment required for some services that patients did not p[pay for in urban areas. The Council discussed the further action it would take over these inequities.

**6. Next Meeting** Will be held in Dunedin on the 2nd May 2024.

 21st April 2024