



Southern Health

He hauora, he kuru pounamu

Community Health Council

June 2019 - July 2020





Back: Jason Searle, Bob Barlin, June Mills, Kelly Takurua, Jocelyn Driscoll, Hana Halalele, Chris Fleming (CEO). Middle: Lesley Vehekite, Toni Hulls, Gail Thomson (ED Quality & Clinical Governance Solutions), Charlotte Adank (Community Health & Clinical Council's Facilitator), Paula Waby. Front: Rosa Flaherty, Karen Browne

Contents

- 01 Message from the Community Health Council Chair Karen Browne**
- 02 Message from Andrew Swanson Dobbs**
- 02 Message from Chris Fleming**
- 03 Summary of the Year**
- 05 Community Health Council Symposium 2019**
- 07 How to successfully engage community, whānau and patients in building quality improvement initiatives**
- 09 Community Health Council Participation 2019/20**
 - 09** Creating an environment for health
 - 10** Primary & Community Care
 - 11** Enabling our people
 - 12** Systems for success
 - 13** Clinical service re-design
 - 15** Facilities for the future
- 18 The Year Ahead 2020/21**
- 19 Appendix 1 – Community Health Council Membership**
- 24 Appendix 2 – List of Registered CHC Advisors, 2019/20**
- 25 Appendix 3 – Projects CHC and CHC advisors have been involved with 2019/20**
- 28 Appendix 4 – Publications by CHC and/or About the CHC**
 - 29** CHC Community, Whānau and Patient Engagement Framework

Message from the Community Health Council Chair

Karen Browne



2020 has so far been a year of rapid response to change due to Covid-19. The southern region was hard hit by two clusters of infection very early on in the pandemic in New Zealand, and we are very grateful to our Public Health team, Primary Health Organisation and the DHB for the rapid and successful containment of the virus. Much of the CHC project work understandably ceased or slowed

during this time. Some CHC members worked in their communities in a variety of ways, to assist those in need, and are commended for this effort.

Covid-19 changed the course of some of our planned activities, such as travelling through the region to inform communities of CHC and the work we do, but has also provided other opportunities to assist in progressing with gains made in the period March to June; in areas such as Telehealth and continuing progress with Health Care Homes. The CHC will be actively involved in implementing the Health Quality and Safety Consumer Engagement Marker, and with our Engagement Framework, feel comfortable that this will assist in the data required to be submitted.

Shortly after taking the role as Chair, preparations began for CHC to host a Symposium in October 2019, for all CHC members and Advisors, with guests from a similar consumer council in West Sydney. The Symposium was greatly appreciated by all attendees, and some valuable learnings came from it, which will form the basis of education and training for both CHC advisors, and staff, for future work.

Work has progressed on evaluating consumer engagement to ensure this is meaningful and not “tick box” or tokenistic. This evaluation becomes even more relevant, as Health Quality and Safety Commission is now collecting data from all DHBs on consumer engagement.

CHC members and Advisors do report positively on the work they are involved with, and staff value their input and the importance of applying the consumer lens to services provided. The new Dunedin Hospital build has many CHC members and Advisors working in a wide variety of groups, and all concerned are commended for their accelerated learning to cope with architectural drawings, plans, patient flows, and the myriad of other health building related aspects of the work they are part of!

CHC achievements and the solid engagement in various workstreams is reliant on the members giving their time so generously and ably, and the knowledge and guidance of our Facilitator Charlotte Adank. My sincere thanks to this team. My thanks to both Executive Teams and staff that continue to support the work of the CHC.

- Karen Browne, CHC Chair

Message from Andrew Swanson Dobbs



Community Health Council continues to be a valuable resource for WellSouth and general practice in the region.

Karen and Charlotte and the other Council members help ensure the voice and views of patients and the public are well-represented when we have reviewed and further developed key programmes this year. Council members helped us

to interview community representatives for our board of trustees and provided guidance to general practices in our network when they were setting up their own patient engagement groups.

The CHC is always willing to help and we are very grateful for their ongoing support.

- Andrew Swanson Dobbs, CEO, WellSouth Primary Health Network

Message from Chris Fleming



Congratulations to the Community Health Council on another year of making a difference to the health services available to the people of the Southern district.

This is a year that has tested us all, and again, the importance of ensuring the voices of the people who use our services has proven its value.

At times this has occurred through your calls for enhanced services that are more accessible, better coordinated and closer to home – making sure these expectations are squarely on the agenda in the design of health services. At other times the Council has served as an invaluable and trusted sounding board, allowing leaders to gauge reaction to initiatives ranging from new configurations for the Emergency Department to prioritisation processes for identifying those most at need of elective surgery.

Elsewhere, members and advisers have contributed directly to working groups, such as co-designing improvements to services such as rheumatology, or developing a disability strategy that provides a vision and guidance for the Southern Health system, or contributing to the design of the new Dunedin Hospital.

And at all times, the Council has remained an advocate for the principle of community consultation, which we have sought to honour as we addressed questions such as where best to locate primary maternity facilities in the Central Otago/ Wanaka area.

On behalf of Southern DHB, we thank you for all of your input. Together we can ensure the right perspectives are around the table, and that the Southern health system – that serves us all – is stronger for it.

He waka eke noa.

- Chris Fleming, CEO, Southern DHB

Summary of the Year



Who we are

The Community Health Council (CHC) is an advisory council for the Southern District Health Board (DHB) and WellSouth Primary Health Network (hospital and community health services including GPs) and has enabled a stronger community, whānau and patient voice to be heard in decision-making across the Southern health system.

Since forming three years ago, the CHC has had another productive year, although some plans were put on hold with Covid-19. This report provides an overview of some of the activities that have been undertaken.

The CHC continues to have rotational membership, with members representing different areas of health, as well as geographical representation from across the district. Current CHC membership is outlined in Appendix 1. As well as the CHC members on the Council the ever-growing database of CHC advisors continues to expand, and we are constantly grateful for the time and effort people put into having the voice of the community heard at often quite difficult meetings and project engagement. Appendix 2 provides a summary of listed CHC advisors.

Our Strategic Goal

Our communities, whānau and patients are active partners in the Southern Health System design, planning and decision-making to achieve improved health processes and outcomes.

Our Guiding Principles

- Respectful & Equal Process
- Genuine & Trusting
- Meaningful & Purposeful
- Empowering & Sustainable
- Inclusive & Accessible

Why is engagement with community, whānau and patients important?

Informed, engaged patients and whānau make better choices and are able to work in partnership with professionals to make better health decisions for themselves and their whānau. Additionally, working together in partnership helps us to create and deliver better quality health services. Sometimes this is at a reduced cost as everything is done properly the first time which works out better for all.

When Southern DHB and WellSouth Staff work alongside community, whānau and patients who use the health service to build a partnership together, several things happen including:

1. Staff members have a better understanding of the needs of their community, whānau and patients and can work collaboratively to make health services more helpful.
2. Communities, whānau and patients gain a greater understanding of how the health system works and gain a better understanding of what health services can and cannot provide.
3. Community, whānau and patient involvement improves all the paperwork used to communicate with communities across the district.
4. Health services will improve for you and other people living in the Southern district. Services become safer and the health outcomes for the population improves. Health services become easier for people to access and are more likely to meet your health care needs regardless of your cultural or social background.

“If quality is to be at the heart of everything we do, it must be understood from the perspective of patients.”

- Darzi next stage review¹

What the CHC has done to support engagement?

Through the development of a CHC Engagement Framework & Roadmap², the CHC has enabled staff to engage with a range of community, whānau and patients (CHC Advisors) from across the district.

The number of people who have expressed an interest in being a CHC Advisor has grown to over 100. It should be noted, the Council is aware that the people who are registered to be CHC Advisors to date are not representative of the Southern population but the CHC is able to provide guidance for services to better connect with other groups i.e. Pacifica, Māori, disability as required.

This year, Council members revised the CHC Welcome Packs for Advisors, incorporating a code of conduct of how CHC advisors should conduct themselves when engaged with projects. Staff also have a code of conduct which they agree to when they become an employee of the DHB or WellSouth.

As well as connecting CHC Advisors into projects, the Council has been collecting feedback on the experiences of both staff and CHC Advisors involved with engagement activities.

A selection of feedback we are receiving from CHC Advisors involved in project includes:

- Consumer input is very important, but many decisions will rest with clinicians, nurses and technical staff who will understand practicalities of what is proposed in new build
- Being involved is too good an opportunity to help change things for the better
- I am unsure if I had all of the information, but I have never felt excluded
- I do think that CHC advisors need to have actual experience with the particular service they are working with in order to provide valuable feedback.
- We need more time to talk through items
- I was welcomed to my first meeting by several different people, and my views were sought two or three times during that first meeting
- Finding my way around the Teams files has been a learning experience, and the mix of files in Teams and emailed reports has been a bit confusing. Working out the most effective way for me to manage these documents onscreen during Teams meetings has also been a bit of a challenge.

Some of the feedback from staff included:

- We had name badges, which helped with the process of introductions
- Introduction sessions have been very helpful. We would strongly recommend CHC members attend the introduction session before beginning involvement in a FiT Group (otherwise they can easily become overwhelmed)
- Timeliness of papers was certainly something that could have been improved. Plans are in place to sharpen up in this area in the future
- Their (CHC Advisors) feedback about how we can improve should be incorporated into future versions of documents that are shared to ensure they're pitched appropriately
- Due to DHB workload and time pressures, information has been late in being sent out and we need to do better
- We want the CHC advisors to speak up, don't be afraid.

The feedback that comes in from staff and CHC Advisors allows the Council to monitor how the engagement is going but also where further support may need to be directed. Based on the feedback received, the CHC would like to do more training with CHC Advisors – support them to understand the kind of questions they could be asking, have better understanding of the health system and question the status quo.

Additionally, with staff, more work needs to be done to support them working in this way. It may appear strange that staff are sometimes daunted by the thought of a non-staff member being present in planning meetings but the relationship at the clinical session is different from a planning session. The CHC has some ideas about show casing examples of work where working in partnership with CHC Advisors has reaped some positive outcomes.

CHC Symposium

A key highlight over the last year was hosting the first CHC Symposium for CHC Advisors. This was held in Dunedin, October 2019, which did prevent some people outside of Dunedin attending. The purpose of the symposium was to celebrate the achievements since the launch of the CHC Engagement Framework and Roadmap, learn from engagement activities to date and to look ahead to what improvements could be made with the process and support systems. This event was well attended, and positive feedback was received from both staff and CHC advisors. Further details about the CHC Symposium can be found on the next page.

¹ Department of Health. High quality care for all NHS next stage review final report. UK: Department of Health, 2008.

² <https://www.southernhealth.nz/about-us/about-southern-health/community-health-council/chc-engagement-framework-road-map>

Community Health Council Symposium 2019



The purpose of the CHC Symposium was to celebrate two years of engaging community, whānau and patients at the Southern DHB and WellSouth to celebrate our achievements and to shape our future.

In October 2019, the CHC hosted their first Symposium inviting all CHC advisors to attend. Approximately 50 CHC advisors were in attendance and the day involved hearing from both clinicians and CHC advisors what they had learnt from the process of engaging together on a variety of projects. Other guests included Pete Hodgson (Chair of Southern Partnership Group overseeing new Dunedin Hospital), Gillian Adams (Advocate for Health and Disability Commission), Brigit Mirfin-Veitch and Jenny Condor (Donald Beasley Institute, University of Otago) to discuss the development of the Disability Strategy for the Southern DHB. Both Executive Teams from the Southern DHB and WellSouth attended and welcomed visitors to this event.

The CHC were fortunate to have some visitors from a Consumer Council in Sydney, Australia – Coralie Wales, Manager (Community and Consumer Partnerships, Western Sydney Local Health District), Peter Johnson (Chair of Consumer Council) and Janet Johnson (Consumer representative).

A panel discussion occurred in the afternoon which involved clinicians, staff and CHC advisors answering the question 'How do we know we are moving engagement with CHC advisors from a tick box exercise (tokenism) along the continuum of engagement to being meaningful and empowering?' This question resonates today as we want to ensure that this engagement between community, whānau and patients is genuine, meaningful and making a difference.

A number of resources have been developed from workshop sessions at the Symposium including Learnings & Insights from staff who have engaged with CHC advisors and Lessons Learnt from CHC Advisors about their experiences of engagement. These are profiled on the following pages and the CHC plan to use these resources for staff and new CHC Advisors to support them with future engagement exercises

Guests from a consumer council in Australia presented at the Symposium outlining processes they have established and work they have undertaken with staff, evaluations they have undertaken include reviewing what a difference consumer engagement is making to decision-making in the health system. The day after the Symposium, members of the Australian consumer council met with staff across the organisation including the Executive team and the Project Management Office for the new build of the hospital.

We thank everyone that gave up their time to attend this event. It is hoped to make our symposium a biennial event, to celebrate our successes and progress valuable learning from the process.



How to successfully engage community, whānau and patients in building quality improvement initiatives

LESSONS LEARNED FROM CHC ADVISORS

1. Clarify my role

Clearly communicate why CHC advisors have been invited, what the purpose of the engagement is, and what is expected of them. CHC advisors will most likely be able to add value to work going on if they feel prepared, confident and trusted in their role.

2. Build a relationship with me

Communicate with me regularly, even if it may seem there's not that much to update me on. Ensure there is a time for me to provide an update.

3. Educate others on my role and the value I bring

Team members should understand the unique role CHC advisors bring to the table in terms of improvement. Ensure all team members are aware why a CHC advisor is engaged, how to respect their expertise and experience, how to solicit and appreciate their input and how to incorporate their perspective. Realise CHC members also want the best for community and staff.

4. Involve me from the beginning

CHC advisors want to be involved from the beginning of an initiative to provide their viewpoints. This works in a partnership model rather than a top-down approach.

5. Communicate clearly

Please talk in plain English and if you are using jargons/ acronyms- please provide a list of abbreviations before we meet. We may see you less often than other staff members so ensure we are kept updated with any changes as best as possible.

6. Including one CHC advisor is good; including more is better

If possible, include more than one CHC advisor on any initiative to gain more diverse range of perspectives. Additionally, having more than one means they can support each other.

7. Sustain the engagement throughout the process

Regular team meetings foster the ongoing involvement of CHC advisors and allow for the development of relationships and commitment from all team members.

8. Make engagement activities accessible and provide options for how I can get involved

Ensuring CHC advisors are recognised for any out of pocket resources is a key principle of the CHC Roadmap. This involves covering expenses and trying to eliminate other barriers with participation as best can. Meetings don't always need to be face-to-face, so ask the option of whether technology meetings are possible either via zoom and or phone. Etiquette on how these meetings are chaired is important.

9. Promote networking opportunities

Opportunities will arise for CHC advisors to network with team members which can further promote the role of the CHC advisors.

10. Close the loop - Continue to work with us once the project is finished

Continue working with CHC advisors once the project is finished. Let the CHC Advisor know the outcome of their involvement whether it is providing feedback or providing a copy of the final report and any future plans.

1. Recognise the value of community, whānau and patient engagement

Clearly communicate why Community Health Council (CHC) advisors have been invited, what the purpose of the engagement is, and what is expected of them. CHC advisors will most likely be able to add value to work going on if they feel prepared, confident and trusted in their role.

2. Consider CHC Advisors to be members of the team

Healthcare teams that consider CHC advisors as part of their team will see most of the sustained participation. Fully integrate CHC advisors into team meetings, communication and decision-making.

3. Work together to co-design improvements

Staff and Clinical Leaders stated that working together with CHC advisors led to more innovative ideas and recommendations. A collaboration of working together allows for innovation and questioning the status quo.

4. Engage CHC advisors early and involve them throughout the project

Engage CHC advisors as early as possible and discuss how they envisage their role and contributions. Early engagement allows a good understanding of what is trying to be achieved and allows their input and perspectives to shape the initiative from the outset not as an afterthought.

It is important for the lead staff member to meet with the CHC advisor before the project has started, have an informal chat and brief them on the work that is to follow.

5. Support and role model engagement

Strong and inspired clinical leadership is necessary to overcome any barriers to successful engagement. This leadership is essential to create the culture we are trying to encourage.

6. Understand the experience of care through the eyes of the community, whānau and patient

CHC advisors have expertise from 'experience' so it is important to consider their viewpoints. Patient stories provide a window into their experience and can motivate and inspire healthcare providers to consider how experiences shared by patients can be improved. Storytelling can be a powerful tool for change, especially when stories are acted on to help improve the health system.

7. Provide CHC advisors with on-going support

Support for CHC advisors can be provided in the form of staff checking in to see if the CHC advisor feels supported and comfortable, debriefing CHC advisors before and after meetings, supporting CHC advisors with any questions they may have between meetings, offering flexible ways of CHC Advisors being able to connect in with meetings. CHC advisors are also supported through CHC members on an as needs basis.

8. Provide staff with on-going support

For many clinicians and staff, having CHC advisors as members of a planning and implementation team is new and can be daunting.

Staff are provided with a CHC Staff Information Pack which outlines key things to think about when engaging with patients, whānau and community.

The CHC Facilitator is available to assist staff through the various steps and support them with engaging with community, whānau and patients.

A number of Clinical Champions are available to talk with staff about their experiences.

9. Evaluate your engagement efforts

As part of the CHC engagement Roadmap and Framework, the CHC Facilitator will be requesting feedback on how the engagement is going with the CHC advisor. This is to ensure that our processes are working appropriately and whether we need to change anything.

Community Health Council Participation 2019/20

During the 2019-20 year the Council has provided advice, guidance and support into an ever-growing number of projects within the Southern health system. We have provided a showcase of some key highlights, a complete list of engagement activities can be found in Appendix 3.



The environment and society we live in supports health and well-being.

Pacifica engagement with Covid testing

At the beginning of the Covid-19 pandemic, the whole of New Zealand was awakened to the way we engage and communicate with our communities. It was clear in Southern as it was in the rest of New Zealand, using the same information and communication techniques does not work for all population groups and different engagement approaches needed to happen with different communities. The Pacific community which represents 2% of the Southern DHB population live across the Southern district. Hana Halalele, Southern CHC member, President of the Oamaru Pacific Islands Community Group and recently appointed Waitaki District Councilor played a pivotal role with supporting and guiding both WellSouth and the DHB with their response to engaging with the Pacifica community for Covid testing in the Waitaki district. Hana stated it was team effort from the various community groups- OPICG Inc including Waitaki District Council, Safer Waitaki, Waitaki Tongan Community Trust, Oamaru Tuvalu Community Group and Oamaru Fijian Community Group, Waitaki Multicultural Council.

Hana Halalele volunteered time and supported WellSouth and the DHB to communicate to members of the Fijian community, the Tuvalu community and tangata whenua but ideally all should feel welcome to take part and support each other.

"We found that at the last testing clinic especially at Alliance, our Pacific people felt comfortable with having our local people around to be able to help with translating and support if need be and familiar faces. Our target for the Oamaru testing is approximately 450 people so will be great to have this met and it is open for all non-Pacific as well."



Care is more accessible,
coordinated and closer to home.

Primary Care After-Hours Care

The CHC continues to question the DHB about equity of health services provided across the Southern district. In the last year, the CHC has had a particular focus on primary care after hours which is overseen by WellSouth. Although the Southern district covers a larger geographic region, than any other DHB, it does not seem fair that a person living in Invercargill should have to pay more than a person living in Dunedin pays to access after-hours primary care services. New Zealand prides itself on not being a post-code lottery for health care services, but is apparent there are significant differences in access across the Southern district.

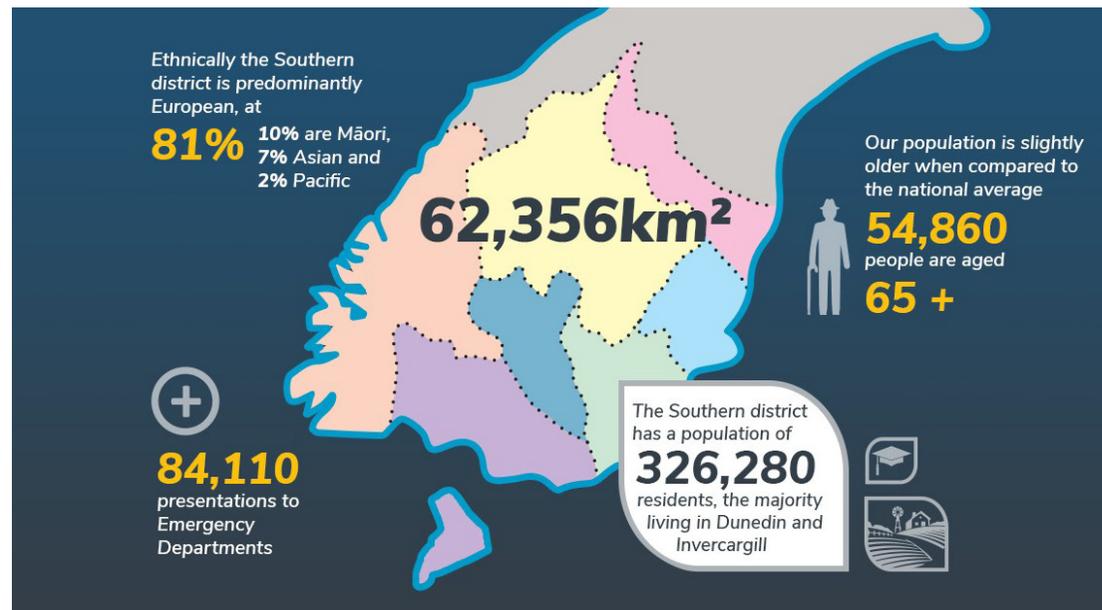
Two CHC members, Jocelyn and Lesley both based in Southland, have dedicated their time to be active members on a steering group which is looking for solutions in the Southland area. Both Jocelyn and Lesley are providing examples to the group of what issues are arising within the community they live. Sometimes frustration with how long things are taking is expressed by both CHC member but they are there to ensure a solution is found.

This however does not address the problems arising in the Central Otago area. The CHC will continue to monitor what happens in this area and raise issues up to the relevant CEOs.

Why is it important to have CHC advisors engaged with this work?

I believe it is important to have CHC advisors in this work. It's great the DHB and WellSouth have the data, but that's it. It's meaningless to have the data without the "Why" and the "Story" behind the data. Hence the importance of having CHC members involved in this work. We see things DHB and WellSouth do not see, CHC can be the eyes and ears for both health organisations and the voice for the community. I believe CHC members are field workers, gathering information backed up by real situations feeding it back to the DHB and WellSouth.

(Lesley Vehেকেite— CHC member)





Our workforce have the skills, support and passion to deliver the care our communities have asked for.

Case Study of developing a Southern Disability Strategy

Viewpoint from Waby, Chris Ford, Jasmin Taylor – CHC Advisors on steering group that supported the development of the Disability Strategy.

Overview of the Service

Since the inception of the CHC, members have heard about the issues and barriers encountered by people with disabilities when they have accessed care at the Southern DHB. All members agreed this was not acceptable and more should be done to make the experience better for these people. It was agreed by the Executive Leadership Team that the DHB should develop a Disability Strategy to guide the organisation on how to make services and the workplace more accessible for disabled people.

Consumer Engagement in Action

A steering group was set up and membership included consumers with lived experience of disability (including deaf people), including ourselves. This group worked alongside the Donald Beasley Institute (DBI) in developing the strategy.

A number of workshops and forums were held with the community around disability needs and there were some delays due to Covid-19. The Disability Strategy will be officially launched in early 2021 after a number of actions are completed.

Did it achieve what we sought?

Yes, in terms of setting up a strategy. We're looking forward to the strategy being implemented and becoming a living document which has an action plan set up and one that is regularly reviewed by a group of disabled people.

Positives of being engaged and working with DBI?

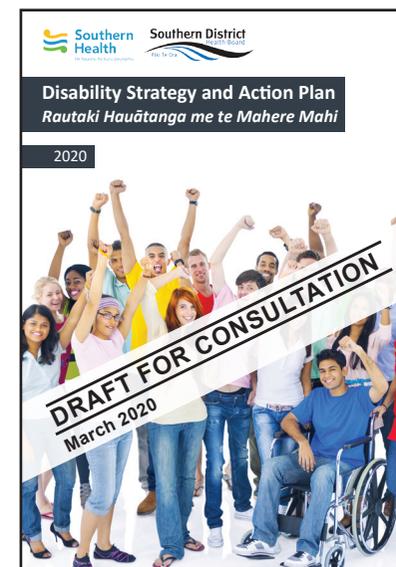
For us, these centred around meeting and working with the staff at DBI and the team of people on the steering committee. It felt like we could all share our different perspectives, and the value of our lived experience was recognised and respected.

What could be done better?

We would have loved more NZ Sign Language (NZSL) translation of both the draft and consultation questions. We look forward to the strategy being made accessible via NZSL, so that subsequent reviews of the strategy can then take on board further feedback.

Most notably, Paula is now a member of the Disability Support Advisory Committee (DSAC) at Southern DHB and will be following closely the next steps in implementation.

In August 2020, a draft copy of the strategy was presented to DSAC outlining feedback that had been received during the consultation. An official launch will occur at the beginning of 2021.





Our systems make it easy for our people to manage care, and work together safely.

Telehealth Steering group

In response to the COVID-19 outbreak the use of telehealth became essential for the continuation of the delivery of patient care and to minimise staff exposure to the virus. Telehealth had previously been used in an ad hoc manner within the DHB with no standardisation or guidelines as to how it should be implemented or utilised. The requirement to use telehealth as a means of delivering care to patients during the COVID-19 outbreak effectively served as an enforced trial of utilising telehealth. Feedback from this 'trial' has been more positive than anticipated. Telehealth has been met with a significant level of satisfaction from the clinicians involved and anecdotally from the patients too.

The current situation provides an opportunity to embrace telehealth and harness its full potential within the DHB. To do this a framework needs to be established to allow for the provision of optimal telehealth services. As part of a steering group to guide this process, two CHC members were appointed to this group.



Five minutes with Lesley Vehekit



Lesley is a Community Health Council member on the Telehealth Steering Group.

What made you interested in telehealth?

I want to learn about its purpose and to hear what difference it can make for the community.

How do you think we can ensure all patients who want to use telehealth can have access to it?

There are a number of things we can do including:

- Ensuring language used is not too technical for the patients
- Making the patients feel you care about them, especially for elderly and patients from countries where English is not their first language
- We need to cater for all age groups, ethnicity and genders.

How can you help in your role as a Community Health Council Advisor?

I'm able to provide regular updates to the Council, share information and ask for feedback.

How would you like to see telehealth used throughout the Southern Health system in the future?

I'd really like to see telehealth well-utilised by the community and for it to help the Southern Health system to improve its service and care for the community.

What's your advice to anyone thinking of using telehealth?

Just try it- it's a good platform, there are options available. For example- translation services. You don't have to leave home, it saves time and it's stress free.



Primary and secondary/tertiary services are better connected and integrated. Patients experience high quality, efficient services and care pathways that value their time.

Case Study of Rheumatology Service and Consumer Engagement

By Karen Browne, Chair, Community Health Council.

Overview of the Service

The Rheumatology Service in the Southern region has clinics in Oamaru, Dunedin, and Invercargill. The area covered is the largest geographical area of all the DHBs in New Zealand, and has a population base of ~330,000. Both in-patient and out-patient services are provided, with the core work being out-patients

Why Review the Service?

More patients benefit under the care of the Rheumatology service as a result of improvements in treatments plus availability of new and improved medicines. It is timely to redesign the Rheumatology service, and in doing so, take into consideration:

- Patients who are experiencing delays for follow up appointments.
- The increase in number of patients entering the service each year who have chronic conditions.
- The increasingly complex treatments which become available; these require on-going monitoring and more frequent clinic review. The numbers of patients who are regularly seen in clinic is increasing.

Involvement of CHC advisors in service design is beginning to happen in a few service areas and is something the CHC is keen to be more involved with. This year the CHC has chosen to profile a service that has engaged early, has had strong Clinical Leadership that embraced engagement with community, whānau and patients, as well as engaging well with other clinical services and primary care. Over time we expect that they will achieve great results due to the early engagement and responsiveness.

- The increased life expectancy of the population, and therefore an increase in the number of older persons who have long term medical conditions such as rheumatology.
- The challenges of a small specialist service to provide a district-wide care across a large region.

Aim of the redesign

The aim of the redesign is to develop and implement an integrated model of care for patients with rheumatological conditions, across primary and specialist services. The model of care will be consistent with the values of the DHB, the vision of the department and the NZ Triple Aim of quality; it will underpin a sustainable, high quality service that meets the needs of the patient.

Consumer Engagement in Action

In late 2018, the Clinical Director of Rheumatology contacted the CHC Facilitator to discuss planned actions to redesign the Rheumatology Service in the SDHB, addressing service delivery challenges and inequities, and engaging a consumer advisor to work with the Rheumatology team. The consumer was invited to the planning day in early 2019, and from



there a group of consumers was convened to meet with Rheumatology staff. The engagement process was very inclusive, with a consumer (Karen Browne) asked to chair this group, thus maintaining close contact with both the Clinical Director and the consumer group members.

At the initial meeting with consumers, in July 2019, the Clinical Director presented background information about the SDHB Rheumatology service and its challenges and opportunities. The work to date within the department was shared with the consumer group – this included detail of the engagement with GP practices across the region which had occurred, the results of which indicated their support to develop integrated care.



Within the service, much thought had been given to how to be a responsive and agile service to patients and primary care, and to continuously improve the system for seamless and efficient flow, and thereby improve the patient experience.

This means being able to meet target waiting times for new and follow up appointments, and the ability to respond to acute problems in a timely manner. To the consumers, this was evidence of a very responsive and cohesive staff, and all consumers committed to the journey.

The Chair of the consumer group and Clinical Director worked together to formulate a Terms of Reference for

all consumers. The Chair, with input from the Clinical Director, also was responsible for publishing the agenda, keeping the actions list updated, and drafting minutes. The Chair also liaised with all consumer members by sending out pre-meeting documents, collating feedback and forwarding this to the Clinical Director, and keeping all parties informed.

In February 2020, consumers were invited to the Rheumatology Department Annual Planning Day. Again, consumer input was actively sought around updating the vision, looking at a SWOT³ analysis, identifying areas of the service that could be improved and discussing actions to that end. Since convening, the consumer group has been consulted on several key plans, reviewed many letters, pamphlets and patient questionnaires, and actively assisted in developing new surveys- some 15 pieces of work.

The Clinical Director and consumers presented at the CHC Symposium in October 2019 about what they have achieved and this was clear evidence of how successful consumer engagement can be.

To date, the SDHB Rheumatology Review is widely applauded and recognised by DHB executive staff as being the “gold standard” of a service engaging with consumers as challenges and opportunities are recognised. From the consumers’ perspective, this project has been one of feeling valued, included, informed and appreciated.

³ Strength, Weaknesses, Opportunities and Threats Analysis



Including Dunedin Hospital, Lakes District Hospital redevelopment and community hubs to accommodate and adapt to new models of care.

The new build of Dunedin Hospital is a once in a lifetime event. Engagement with the new hospital build has commenced with CHC advisors becoming involved with the concept design stage. It was confirmed in March 2019 that the Programme Management Office would work with the CHC to engage community, whānau and patients in the Facilities in Transformation (FiT) groups as part of the concept design stage.

The number of CHC advisors engaged with this work has increased to over 30 people. There are two CHC advisors who are members of the Clinical Leadership Group (CLG). The CLG is the key clinical and service decision-making and advisory group for the New Dunedin Hospital project. There will be many more opportunities for the community, whānau and patient voice to be heard as we move forward with this project.

Some words from Jo Millar, one of the CHC advisors on the CLG for the new Dunedin Hospital



I have been President of Grey Power Otago for the last 15 years. I also represent Zone 7 (an area which encompasses 7 Grey Power Association within the Southern District Health Board) as their representative on the Grey Power Federation Board.

My responsibility on the Board is to Chair the Health National Advisory Group for Grey Power so all aspects of health have become very interesting and at times also challenging.

Due to my interest I was very pleased to be appointed as a Community Health Council advisor on the Clinical Leadership Group (CLG) of the new build of the hospital. It has been very gratifying to be able to participate as a consumer as the Ministry of Health has a policy of the patient being the focus and priority in all facets of health treatment.

I must admit I found the technical terms and discussions a little daunting at the beginning but all the members are very helpful and not at all fazed by the lack of medical knowledge I had. They were more than happy to assist, and the Chair Dr John Adams organised a tour of the current hospital so I had a better understanding of the present layout so I could fully understand the way the new hospital was being designed.

It is a pleasure to work with the members of CLG who are very ably led by Dr Adams. I have no doubt those who need to use the facilities in the new hospital will be very grateful for the work and effort put in by the Project Management Office and Clinicians on the CLG to ensure they receive the very best treatment in very well designed and equipped premises.

Some words from Dr John Adams, Chair of the CLG for the new Build of Dunedin Hospital



The New Dunedin Hospital project is fortunate to have CHC advisors working directly with the clinical teams in the Facilities in Transition (FiT) groups, and at the Clinical Leadership Group (CLG) oversight level. There is no doubt that the advisors, in both contexts, have

made significant impacts on planning and design. While the patient focus is an absolute basis of planning, staff inevitably concentrate on their own area and the clinical aspects of care. Our lay patient voice often brings in sensible and crucial issues of access, adequacy and quality that have to be attended to.

The advisors' input has made significant difference. CHC advisors are often able to raise basic questions that complement the approach from hospital staff. Several areas have had changes in design and direction as a result of CHC advisor input. In CLG, the CHC Advisors input has been 'grounding'. There have been clear reminders that this hospital is for the people of the region. The support of our lay advisors to decisions that are having to be made, has also been very important to clinicians. Sometimes clinicians worry when they are having to make compromises, that the public will not understand why something has been done, and the participation of the advisors in those conversations is reassuring. Advisors' opinions also give clinicians strength to stand up for what is needed, when hard conversations are necessary. We would hope that CHC advisor input is not only maintained but increased into the future, and we congratulate the CHC on the quality and capacity for involvement of the people selected for these roles.

The CHC has connected in over 30 CHC advisors on this large project, and support is in place for these advisors. We would like to acknowledge the time and effort that they commit to being part of a FiT group – we realise it is not always easy coming in for a meeting when they are not working on site – video conferencing has helped with this a little, especially when New Zealand was in lockdown.

Below are some view points from CHC advisors engaged with the build of the new Dunedin Hospital. With so many elements to consider in the design of a new hospital, expert opinion and consultation is highly valued. At the outset of the design stage of the New Dunedin Hospital Project, FiT groups were established. They were initially made up of groups of people who have specialist knowledge in an these clinical areas. In early 2019, the community voice via CHC advisors was added to these groups. They have been working with clinicians, health planners, architects, and the Project Management Office, to make decisions and offer recommendations on design elements that affect their specific area of concern.

Barbara Gee – CHC Advisor - Public Spaces and Amenities FiT group



How long have you been involved?

Since around June 2019. When I was asked, I said “wow, yes!” Our family has a really, really big stake in health services and if we can make sure we’re going to have a

really accessible and inclusive, top class hospital facility then this is an great opportunity. I was happy to put my hand up.

What’s your background?

My first introduction to health was when I trained as a registered comprehensive nurse quite a long time ago. I worked in mental health for a few years, then stopped to have children. Both our sons who are now 18 and 21 have severe cerebral palsy, and they’re both profoundly deaf, so for the past 21 years I’ve been a full time family caregiver.

We’ve had very strong links with many parts of the hospital, with the boys going through many departments as inpatients, as outpatients, and as visitors. Some of those were good experiences, some

were not good, and we’ve learnt from all of them. Through this I’ve formed a picture of what does and doesn’t work.

I’ve had advisory roles with the Ministry of Education on their Parent Reference Group, and I’ve been on the Trust board for the Complex Care Group Trust, which is a Support and Information Network of families nationwide who care for children/young people with high and complex needs. Not only am I aware of the issues around my boys, but I’m aware of the issues around lots of children and young people who have complex disabilities.

Aside from all of that, my husband works with the rescue helicopters, so there are a lot of connections. We’re a health family!

What motivated you to become involved in this FiT group?

Just wanting to see a new hospital that’s built to work well for everyone. A place where everyone, no matter what their circumstances, should be able to step through that door and have this hospital work for them.

How have you found the process of working in a FiT group?

It’s been really good. There’s been a lot of consultation. I definitely feel the weight of responsibility on my shoulders (laughing)! But really, I can see everyone is working enthusiastically together, and listening to a lot of opinions, and pulling it all together.

It’s very early stages, but I do feel that whenever I’ve said something I have been listened to, so that’s really good.

What excites you most about the New Dunedin Hospital Project?

We have such a great opportunity to put something together that could work really well. I love Dunedin, and we deserve a top class facility. I think it’s just exciting to be part of building one.

Chris Ford
- CHC Advisor Front of House FiT Group



Chris Ford is a Senior kaitiuiti with the Disabled Persons Assembly NZ. Chris is also a member of the Front of House FiT Group. (Interview conducted 23/8/2019)

How long have you been involved with the Front of House FiT Group?

Since July 2019.

What is your background – why are you involved with this particular FiT group?

Well this FiT Group probably fits me, in terms of the fact that as a disabled person I can provide input into the process from a disability perspective. I can also go into my community networks and contacts for further insight. Also, as a member of the public it's good to bring my perspective too, because ultimately it will be the people of Ōtepoti, Otago, Southland, and so forth, who will be using this facility. So our voices are as important as any other stakeholder in this process.

How have you found the process, so far?

Well it's a learning curve for everyone involved. I think it's good having an active dialogue rather than just being talked to about the design. It's really important to have the information to inform the context, and as well as that, the discussion that will inform the wider planning process.

What excites you most about the New Dunedin Hospital project?

I think it's well overdue. I was a former employee of the old Otago District Health Board, about 10 years ago, and I remember working in the hospital on the first floor seeing that the infrastructure was beginning to age even back then. For example, in the office where I worked, because we were directly underneath Queen Mary Maternity Unit, one of my colleagues who sat in the corner used to get drips on his head from the spa they sometimes used for birthing (laughs). But it was just indicative that of the fact that the place was starting to age. You can't have the building and property guys keeping this place together with sticking plaster in some places!

It'll be really good to have a sustainable facility that will meet the health needs of our population going forward for the next 40-50 years.

What opportunities do you see in this project for something completely different?

I'm quite excited by the 'digital hospital' idea that's been mooted. However, with technology there are some challenges. For example, for people who aren't technologically proficient there will be some challenges.

I think that for everybody who works within the new facility- clinical staff, non-medical staff, and also patients and health users- it will enable people to keep in contact with their family and other networks if they're in hospital.

I think there are a lot of exciting new opportunities, and the new hospital will hopefully be a role model for others throughout Aotearoa, and perhaps internationally.

The Year Ahead 2020/21

The Council is again optimistic about the year ahead and the opportunities that will arise for community engagement. Community engagement with the build of the new Dunedin Hospital is something the CHC has actively been engaged with and will continue to follow through the next stages of design.

The CHC will be following and monitoring progress with the implementation of the local Disability Strategy throughout this year.

The CHC plans to begin an active process of collecting stories from patients and whānau that can be shared with staff and learnt from.

The CHC will be an active partner in forming a governance group to oversee the implementation of the Health Quality Safety Commission (HQSC)- Quality Safety Marker for Consumer engagement⁴. This is a Quality Improvement tool and SDHB will, over time, be able to measure the difference consumer engagement makes in the quality of service delivery to patients and whānau.

There are a number of projects the CHC will see through to completion and a number of new projects that it will be encouraging the DHB and WellSouth to work together on.

Members of the Council also look forward to connecting with our communities again in the not too distant future when we will update you on what has been happening with engagement projects.

We are not sure what 2020/21 will bring but the CHC members and CHC advisors continue to bring their voices to the table to be heard.

Kia huri a maatau kupu katoa ki nga mahi me te whakahaere i a tatou i tawhiti o nga tupuhi

May all our words turn to actions and steer us far from storms .

*Kia huri a
maatau kupu
katoa ki nga
mahi me te
whakahaere
i a tatou i
tawhiti o nga
tupuhi*

⁴<https://www.hqsc.govt.nz/our-programmes/partners-in-care/consumer-engagement-qsm/>

Appendix 1 – Community Health Council Membership

Current Members



Mrs Karen Browne
(Chair)
Dunedin
Term commenced:
Feb 2019

Karen has worked in various locations around New Zealand as an Enrolled Nurse, Cardio-pulmonary Technician, CPR trainer, Ambulance Officer and as a shift supervisor of the Wellington Free Ambulance Communications Centre.

Karen has worked in health administration, and more recently, until retiring in mid-2018, at the Otago Medical School.

The health system has always played a huge part of her working life, and, in more recent years, as a consumer of health services. She is well positioned to bring both a consumer perspective to discussions around health provision and service, particularly around musculoskeletal and long-term conditions, as well as an understanding of the delivery of health services.

Karen has worked on various projects through being a member of the Health Consumer Advisory Service of Health Navigator, and also has been involved locally as a consumer voice on the Client-Led Integrated Care programme (CLIC) for WellSouth. Karen is also a member of the Health and Disability Commissioner's Consumer Group, and has recently been appointed to the Health Quality and Safety Commission Leadership Group for Aged Residential Care.

Karen's health fields of interest include long term conditions, older person's health and primary health.



Mr Bob Barlin
(MNZM) for humanitarian activities
Dunedin
Term commenced:
Feb 2020

Bob is a retired Army Officer who has worked for various humanitarian aid agencies such as the United Nations and International Federation of Red Cross and Red Crescent Societies (IFRC) in many disaster zones throughout the world.

Bob is a vice president of the Dunedin RSA and a committee member of the Otago Officers Club. Bob is also a Member of the New Zealand Order of Merit for humanitarian activities.

Bob has undertaken roles in Logistics, Operations and Management during his service and is currently a Logistics advisor

on the new hospital build. His years of work have impressed on him the need to provide care to those who need it.

Bob has seen at first hand that improvements in logistics supply, processes and procedures can increase savings that can then be channelled into direct medical funding.

In the case of Veterans, Bob is keen to help alleviate their medical concerns and to develop systems that will be of use in the future. Bob believes that we must learn from what has been, to better prepare for what is yet to come.



Mrs Jocelyn Driscoll

Winton
Term commenced:
July 2019

Jocelyn is a trained physiotherapist, dairy farm owner operator with her husband Tim, and mother to four young boys. Her fifteen year career spans diverse areas of caring for people- including acute, community, child development, mental health, and more recently a small rural private physiotherapy clinic.

Jocelyn Chairs the Southland branch of Physiotherapy NZ (PNZ), is involved with Makarewa playcentre, Winton football club, both as a coach and a player; and St Thomas Aquinas School PTA. Both Jocelyn and her husband are part of a small dairy farm discussion group where they are challenged to create a sustainable and profitable farming business.

Jocelyn is passionate about rural people accessing both services and information to assist with living healthy lifestyles. As both a provider for and consumer of our health service, her observation is rural people can miss out on opportunities to learn as well as access to services that would assist them to make good decisions regarding their current and future health.

Jocelyn’s health fields of interest include youth and children’s health, rural health, primary health, long term conditions, disability, older person’s health, men’s and women’s health.



Ms Rosa Flaherty

Dunedin
Term commenced:
Feb 2018

Rosa Flaherty is 20 years old. She was born at 24 weeks prematurity, in Hammersmith Hospital in London, and her family moved back to Dunedin when she was 15 months.

She attended Sacred Heart primary school and Kavanagh College high school, and is now pursuing a Bachelor of Laws at Otago University.

Rosa has been involved in community radio at Otago Access Radio for three years and will continue this year. During her time at Kavanagh College, she established a Lesbian, Gay, Bisexual, Trans, Queer/ Questioning and Others (LGBTQ+) support group for students. This group enabled her to participate in an Otago University Students

Association (OUSA) facilitated Rainbow Leadership group involving leaders of LGBTQ+ groups in schools across Dunedin, which she hopes to continue this year.

Rosa is also looking forward to joining several OUSA clubs, including United Nations Youth, and starting volunteering at Queer Support at OUSA.

Rosa’s interests include LGBTQ+ rights and health care/representation within the health system, mental health (especially among LGBTQ+ youth), and youth representation within the health system.

Appendix 1 – Community Health Council Membership

Current Members



Mrs Hana Halalele

Oamaru
Term commenced:
Oct 2017

Hana lives in Oamaru with her husband and two children and has over 15 years' experience working as a Probation Officer for the Department of Corrections.

Hana has recently been elected to the Waitaki District Council as a Councillor. Hana is a New Zealand born Samoan and is an active member of the Waitaki community through her involvement with the Oamaru Pacific Island Community Group, Waitaki Safer Community Trust, St Pauls Otepoti Presbyterian Church, and is Co-Chair of the Oamaru Pacific Island Network Group.

Hana's health fields of interest include mental health, alcohol and drugs, Pacifica and Māori health and children's health.



Ms Toni Hulls

Oamaru
Term commenced:
Feb 2020

Toni is a mother, grandmother and wife. She has lived experience of mental distress and an Acquired Brain Injury (ABI). Toni is an advocate and wellness champion.

In earlier years Toni was a Child Support Worker (Pallative) with Nurse Maude. She worked for IHC as a support worker both vocational and residential. She has volunteered as a trainer for Youthline for 6 years.

Toni's husband had terminal cancer and she cared for him in the home. They were living rurally. She was widowed in her mid 30s. About the same time, she contracted Encephalomyelitis and has spent 20 years rehabilitating and recovering from an ABI. In later years she has volunteered in numerous roles.

Toni is involved with Waitaki Mental Health Support Group and Waitaki Mental Health and Addictions Network Group. She is a tall tree and regional leader with Rakau Roroa which is part of Changing Minds. Toni is recently married; her partner is living with long term health conditions.

Toni is an Intentional Peer Support worker at Otago Mental Health Trust (Waitaki) and a Yale "fellow" Programme for Recovery and Community Health.

Toni's health field area of interest is MHAID, equality and equity disabilities and rural health.

Appendix 1 – Community Health Council Membership

Current Members



Mrs June Mills
QSM
Dunedin
Term commenced:
May 2019

June has worked in the Radio and Television industry for over 20 years in a variety of diverse professional roles including production and news directing.

June has also worked as an employee in the role of Income Development and Promotions, both divisionally and nationally, followed by six years on the Cancer Society Board with the role of chair of Income Development and Strategic Planning.

June has been a Rotarian for 24 years and is a member of the Rotary Club of Dunedin holding local and District (9980) roles during those years. June was the first woman to be inducted into the Club and the first woman president of the Club (2001-2002).

June was manager for seven years for Otago Peninsula Trust, Glenfalloch Gardens which included the role of Supervisor for the WINZ work scheme mainstreaming clients from institutions into the workforce.

Community involvement includes: volunteer with Presbyterian Support, Meals on Wheels, previous PACT Board member (10 years), previous Board Trustee for 10 years East Taieri Church, Saddle Hill Foundation Trust which developed and supports Youth Ministry for the East Taieri Church.

June's health fields of interest include long term conditions, palliative care and community support services.



Mr Jason Searle
Cromwell
Term commenced:
Apr 2018

Jason was born in Clyde and raised in Cromwell. He attended St Kevins College in Oamaru before completing a Bachelor of Science majoring in zoology and ecology at Massey University.

Jason has returned home to Cromwell to work for a local company. He has a strong sporting background and has recently completed the GODZONE endurance race.

He is part of the Clyde Rugby Team and a volunteer of the Urban Fire Brigade.

Jason's health fields of interest include rural health and men's health.



Mrs Kelly Takurua
Tapanui
Term commenced:
Feb 2017

Kelly was born and raised in Gore until her family moved to Tapanui. This was followed by some time studying in Dunedin.

Kelly has undertaken a number of courses relating to social services and mental health addictions in Dunedin and Invercargill.

Kelly is currently working as a Social Worker/Manager for Te Iho Awhi Rito Social Service, a Marae-based Social Service provider in rural Southland.

Kelly's health fields of interest include mental health, alcohol and drugs, Māori health and primary health.

Appendix 1 – Community Health Council Membership

Current Members



Ms Paula Waby
Dunedin
Term commenced:
Feb 2017

Paula has lived experience of disability and is involved in a number of disability-related organisations, locally and nationally.

Paula has been involved with the Association of Blind Citizens of NZ, setting up an Audio Book Club at Dunedin Public Library, involved with the Disability Issues Advisory Group for the DCC and an active participant in the Otago Branch of Blind Citizens.

Paula is currently the Local Coordinator for the newly established Otago Blindness Network and President of the Dunedin branch of the Disabled Person's Assembly.

Paula's health fields of interest include disability (sensory, physical and intellectual), women's health, and primary health.



Mrs Lesley Vehekite
Invercargill
Term commenced:
July 2019

Lesley is trained as a qualified accountant in Invercargill. Through her work she has had connections with Tongan, Cook Island and Samoan, Kiribati and Fijian communities to find out and support their health and social needs.

Lesley is a member of the Free Church of Tonga and her husband is an ordained Minister and both of them have been working and managing the Youth and Sunday school for over 20 years as well as raising their six children.

Lesley has found out through her community visits with work that there is a lack of knowledge regarding health, education and the government system and wants to support Pasifika families and communities to achieve maximum well-being and healthy lifestyle.

Lesley's health fields of interest include youth and children's health, Pacific health, primary health, mental health and long term conditions.

Appendix 2

– List of Registered CHC Advisors, 2019/20

*denotes currently involved in project

Jennifer Anderson
LJ (Leo Junior) Apaipo *
Catkin Bartlett
Marie Baynes
Winsome Blair
Caz Brigham
Gemma Carroll
Jay Conway *
Anne Coup *
Leslie Cowper
Rachel Cuthbertson
Susan Davidson
Sarah Derrett *
Kingi Dirks *
Naomi Duckett
Emily Duncan
Tina East *
Sue Edwards *
Norman Evans
John Falloon *
Joyce Falloon
Yvonne Fell
Lisa-Mdee Fleck
Chris Ford
Shona Fordyce
Barbara Gee

Patsy Gordon
Bronnie Grant *
Margaret Hathaway
Angela Hendry *
Adrian Hindes *
Kerry Hodge *
Stephen Hoffman
Lynley Hood
Chris Horan
Greg Hughson *
Emma Hunter
Denise Ives
Jo Jennings
Andrea Johnston *
Lynn (George) Kerr *
David King *
Colin Lind *
Azlyn Lind *
David Little
Rania Loughnan
Bill Lu
John Marrable
Sally Mason
Anne McCracken
Tim McEvoy
Lisa McEvoy

Deborah Mcleod
Chris Middlemiss
Jo Millar *
Kylie Murdoch
Kris Nlicolau
Georgina Northcoat
Mary O'Brien
Gerald O'connor
Jeanette Olga Bell
Sue O'Neil
Trish O'Neill
Nora Paicu
Jean Park
Tanea Paterson
Gillian Perica
Tracey Peters
Issabella Prattelly
Brendon Reid
Lorie Roberts
Anna Rumbold
Jo Shone
Hazel Sinclair *
Peter Small
Sue Smith
Josh Spence
Megan Spence

Jo St Baker
Linda Strang
Marie Sutherland
Nicholas Tulloch
Annette Tulloch
Kath Tuna
Gemma Van Den Heuvel
Kathryn Van Beek
David Vaughn
Marie Wales
Anna Walls
Ainsley Webb
Carolyn Weston
Leah White
David Williams *
Tess Williamson
Margaret Willoughby
Kirsty Wing
Trish Wright

Appendix 3

– Projects CHC and CHC advisors have been involved with 2019/20

Project partnership	Brief description	Representative		Status
<i>Strategic Projects</i>				
Clinical Council	Clinical Council provides advice on clinical governance for the DHB.	CHC chair	District wide	Ongoing
Clinical Leadership Group (CLG)	CLG provides clinical oversight and service inputs and puts recommendations to the Southern Partnership Group.	2 CHC advisors	District wide	Ongoing
Alliance South	Is the partnership between Southern DHB and WellSouth primary health network, overseeing the implementation of the Primary and Community Care Strategy.	1 CHC advisor	District wide	Ongoing
Digital Strategy Governance Group	Digital Strategy Governance Group which is guiding how the IT systems will function across the district.	1 CHC member	District wide	Ongoing
Falls Governance Group	The Clinical Operations Advisory Group has the following	2 CHC advisors	District wide	Ongoing
Disability Action Plan Steering group	Steering group has been formed to support development of disability strategy.	4 CHC advisors	District wide	Completed April 2020
Pressure Injury Prevention Steering group	To support the development of and agree to a sector wide pressure injury prevention programme for the southern district	1 CHC advisor	District wide	Ongoing
Maternity Quality & Safety Programme	This is a national programme which establishes and builds upon both national and local maternity quality improvement activities at a local level.	3 CHC advisors	District wide	Ongoing
CPHAC/DSAC	Community representative with lived experience of disability on this committee	1 CHC advisor	District wide	Ongoing
WellSouth Board member	On recruitment panel	CHC Chair	District wide	complete
WellSouth Board member	On recruitment panel	CHC Chair	District wide	complete
Allied Health Director	On recruitment panel	CHC Chair	District wide	complete

Appendix 3

– Projects CHC and CHC advisors have been involved with 2019/20

<i>Evaluation/ review</i>				
Steering group for evaluation of implementation of Primary and Community Care Strategy	Various groups are evaluating the implementation of aspects of this strategy.	1 CHC advisor	District wide	complete
Evaluation of Allied Health Uniforms	CHC member worked alongside staff to make decisions on Allied Health staff uniforms	CHC member	District wide	complete
<i>New Systems and processes</i>				
Telehealth Steering Group	Two CHC advisors sit on this steering group advising from a patient/ whānau perspective	2 CHC advisors	District wide	ongoing
<i>Service Co-design projects</i>				
Rheumatology service re-design	A patient advisory group established to support staff with designing service from a patient/ whānau perspective	6 CHC advisors	District wide	Nearing completion
Clinical Rehab pathways	Group established looking at a clinical rehab pathway for our Non acute Rehab ACC patients across the district	1 CHC member	Dunedin	complete
Endoscopy User Group	Two CHC advisors were appointed to this group in mid-2020.	2 CHC advisors	District wide	ongoing
After-hours Primary Care Steering Group Southland	Two CHC members are on this steering group	2 CHC members	Southland	ongoing
Mental Health Review	One CHC member is sitting on panel reviewing the RfPs.	1 CHC member	District wide	ongoing
<i>New Build Dunedin Hospital</i>				
Facilities in Transformation (FiTs)	Engagement of CHC members and CHC advisors on the concept design stage of the new build of Dunedin Hospital workstreams has been occurring since May 2019	4 CHC members 20 CHC advisors	District wide	Ongoing
Clinical Leadership Group	Two CHC advisors are members of the Clinical Leadership Group	2 CHC advisors	District wide	Ongoing

Appendix 3

– Projects CHC and CHC advisors have been involved with 2019/20

Pieces of work CHC has been informed about, advised on, and or provided feedback on throughout 2019/20

Community Health Hubs – progress updates throughout year

Primary Maternity Updates – progress updates throughout year and CHC has provided feedback on decision-making process

Joint workshop with Clinical Council

Policy document- Informed Consent – one off time to provided feedback

Health info – CHC members informed about what this was

Health Needs Assessment Brief – CHC members informed and asked for any feedback

Education Centre in Southland- CHC members informed

Disability Strategy- progress updates throughout year and CHC provided feedback during consultation process

HealthCare Homes, progress updates throughout year

Consumer Input on Access to Patient Information and data sharing, CHC members asked to provide feedback

Introduction of the Ministry of Health, First Specialist Assessment prioritisation tool, CHC members were updated and provided feedback

Feedback on New Dunedin Hospital Principles, CHC members asked to provide feedback

Feedback on Consumer Complaints Policy, CHC members asked to provide feedback

Primary care after hours Southland, CHC members were informed and then two members sitting on steering group

Digital Hospital and what this means for consumers, progress updates throughout year

MoH National Health Platform and what this means as consumers, CHC members asked to provide feedback

New Hospital Build – Breastfeeding Rooms

Contact Tracing – Covid-19 – CHC members informed

Public Health Covid-19 response- CHC members informed

Primary Health Covid-19 response- CHC members informed

DHB wide Covid-19 response- CHC members informed and feedback was received of any issues in the community.

Appendix 4

– Publications by CHC and/or About the CHC

- **Health council still sees important role to play.**
Oct 2019
<https://www.odt.co.nz/news/dunedin/health-council-still-sees-important-role-play>
- **New chair for Community Health Council named.**
Feb 2019
<https://www.odt.co.nz/news/dunedin/new-chairwoman-health-council-named>
- **CPHAC/DSAC meeting.**
Mar 2019
https://www.southernhdb.govt.nz/files/24191_2019032292424-1553199864.pdf
- **CPHAC/DSAC meeting.**
Aug 2019
https://www.southernhdb.govt.nz/files/22955_20180807155221-1533613941.pdf
- **CPHAC/DSAC meeting.**
Jun 2020
<https://www.southernhealth.nz/sites/default/files/2020-05/2020-06-02%20SDHB%20CPHAC-DSAC%20Agenda.pdf>
- **Health Quality & Safety Commissioner, Progressing consumer engagement in primary care, 2019.**
<https://www.hqsc.govt.nz/assets/Consumer-Engagement/Publications/Progressing-consumer-engagement-in-primary-care.pdf>
- **The role and functions of Community Health Councils in New Zealand, Gagan Gurung, Sarah Derrett, Robin Gauld, 2020.**
<https://www.nzma.org.nz/journal-articles/the-role-and-functions-of-community-health-councils-in-new-zealands-health-system-a-document-analysis>
- **Chatsford Publication. Dec 2019**
<https://www.chatsford.co.nz/assets/newsletters/xmas19.pdf>

Presentations by the CHC

- **Pete Hodgson addresses CHC regarding new Dunedin Hospital. Sept 2019**
<https://newdunedinhospital.nz/latest-news/pete-hodgson-addresses-community-health-council/>
- **Presentation at Integrated Care Conference, San Sebastian, Spain. 4 Apr 2019**
- **Dunedin Rotary Club, presentation about the CHC Sept 2019**
- **Mosgiel Rotary Club, presentation about the CHC, Oct 2019**
- **East Dunedin Rotary Club, presentation about the CHC, Oct 2019**
- **Winton Rotary Club, presentation about the CHC, Nov 2019**

Live Interviews

- **Radio Dunedin, June & Aug 2019.**

Community Health Council - Community, Whānau and Patient Engagement Framework

Our Strategic Goal

Our communities, whānau and patients are active partners in the Southern health system design, planning and decision-making to achieve improved health processes and outcomes.

Our Guiding Principles

Respectful & Equal process

Genuine & Trusting

Meaningful & Purposeful

Empowering & Sustainable

Inclusive & Accessible

Across These Domains

Personal care & health decisions

Community & public health services

Policy, strategy & governance

Programme, service & facility design

Our Engagement Approaches



Provide health information in ways that assist understanding



Help to get feedback on particular health issues (e.g. policy or decision)



Work directly with people to ensure that their concerns & aspirations are understood & considered



Partner with communities, whānau & patients to address particular issues and help to apply solutions



Communities, whānau & patients are a key part of the decision-making in the Southern health system