



**Southern
Health**

He hauora, he kuru pounamu

Community
Health Council

July 2020 - June 2021

 **WellSouth**
Primary Health Network
Hauora Matua Ki Te Tonga

Southern District
Health Board
Piki Te Ora



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

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Message from the Community Health Council Chair Karen Browne



The year 2020/2021 is one many would rather forget, as again there was the presence of Covid-19, fires and floods. Community Health Council (CHC) members are well aware of the consequences not only for the population but also for the health system should Covid-19 (Delta strain), gain a foothold. CHC members and Advisors remain grateful to all Public Health, Primary and Secondary health personnel in this region, who work so hard to maintain public safety whilst providing health services to all, and often at risk to their own health. CHC members know that the stop-start nature of restrictions

has placed enormous strain on health services, and have offered, and provided, support in various ways over the last year.

Once again, plans to travel throughout Southern Health region to promote the CHC have been cancelled, due to a variety of factors. However, members have continued to network with their communities which in turn has fed back to the CHC and determined our course of action over the year. Most notably, in December 2020 our community reports and concerns were the catalyst for the formation of the Patient Flow Taskforce.

Changes are being worked towards with the announcement that Health NZ and the Māori Health Authority will come into being 1 July 2022. New Zealanders are assured that services will all be patient/whānau-centric, and as Chair of CHC I have attended many meetings, via Zoom, along with chairs of similar councils from around New Zealand, to gather information of the way forward for consumers and consumer councils, but at the time of writing, details are light.

CHC members and advisors have been involved in many and varied projects through the year. The CHC has enjoyed a solid relationship with the Project Management Office team for the New Dunedin Hospital build, and our advisors have reported favourably of their involvement with this work.

The achievements and engagement advances are down to everyone involved, and I especially want to thank the many and various project leaders who have worked hard to ensure consumers are heard, valued and included, and Executives of both Southern District Health Board and WellSouth, who have ensured CHC becomes more widely known throughout both organisations. Special thanks go to Chris Fleming and Andrew Swanson-Dobbs for their on-going encouragement and support. Most of all my thanks to Charlotte Adank for all her hard work, support and assistance this year – CHC would not be the success it is without her guidance and knowledge. Last but not least, to the CHC members and Advisors for giving of their time, knowledge, support and community reach, I give my personal thanks.

Message from Chris Fleming



The Community Health Council is now in its fifth year, and again I wish to congratulate them on another year of making a difference to the health services available to the people of the Southern district.

Where the previous year had introduced us to COVID-19, 2020/21 had a different character. On one hand it was a period of relative safety and stability, as the virus battered countries around the globe, but where our assiduous border control and public health measures protected New Zealand.

But we knew this could change at any time. So it was a year of watching the horizon, managing the impacts of the previous outbreak, and preparing for the future.

Throughout this, the support and contributions of the Community Health Council have been invaluable.

They have supported numerous clinical design projects, highlighted and constructively helped solve challenges such as after-hours access to primary care, and continued to contribute to planning for the New Dunedin Hospital, which will shape the health system of the future.

The Community Health Council have established themselves as critical friends and trusted advisors to the Southern Health system, and we are all better served because of it.

The need for strong consumer voices as we move into the health system reforms is greater than ever. I have every confidence the Community Health Council will continue to challenge, guide and assist us all as we move into this next era for health in New Zealand.

He waka eke noa, thank you all.

Message from Andrew Swanson-Dobbs



As CEO of WellSouth, I would like to personally thank the Community Health Council for their advice, guidance and advocacy in the design and delivery of primary care services in the Southern region.

During the past year, the guidance provided by the Council has helped change the way WellSouth has approached a number of areas. One that I wish to highlight is the challenges to enrol and access primary care in the Southland region. The outcome of this has been the decision by WellSouth, Awarua Rūnaka and Hokonui Runanga to enter a joint venture to create a

new primary care service to help support unenrolled patients in Invercargill.

We look forward to CHC's continued input into the development of the Te Hau o Te ora, Partnered Primary Care Network, and other primary and community initiatives that have genuine benefits for the health and well-being of people in Southern, especially Māori and Pasifika.

Summary of the year



Who We Are

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

The CHC has a rotational membership of up to 12 members, with members representing different areas of health journey experience or interest, 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 we have a database of >100 CHC advisors, and we are grateful for the time and effort people put into having the voice of the community heard at often quite difficult meetings. 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

Underpinning the CHC goals and principles is a commitment to Te Tiriti o Waitangi.

Why is engagement with community, whānau and patients important?

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:

1. Health professionals and staff members work in partnership with their patients and their whānau, to allow collaborative decision making which is better for all and may save costs.
2. Communities, whānau and patients gain a greater understanding of how the health system works and have a better understanding of what health services can and cannot provide, and are more likely to be compliant with treatments and attend appointments if decisions are made in partnership.
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.

What the CHC has done to support engagement?

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

There are over 100 people throughout Southern Health region who have expressed a wish to be a CHC Advisor. It should be noted, the Council is aware that the people to date who are registered to be CHC Advisors are not fully representative of the Southern population but the CHC is able to provide guidance for services to better connect with other groups i.e., Pasifika, Māori, disability, as required.

CHC acknowledges that more can be done to make our profile more widely known and integrated throughout both organisations, and has reached out to Clinical Council for assistance in asking services to invite a brief CHC presentation at service planning meetings.

As well as connecting CHC Advisors into projects, the Council continues to collect feedback on the experiences of both staff and CHC Advisors involved with engagement activities. Feedback provides the tool to gauge how the engagement is going, and where there might be need for improvement. We have identified the need for better training for Advisors – we had arranged to begin with some Cultural education but as the DHB staff were seconded into the Covid -19 workstreams we have been unable to proceed, and this situation is still with us in this reporting year. There is a need to provide support for Advisors, and usually they are paired with a CHC member who can provide this in the first instance, and give encouragement to Advisors to question the status quo.

Additionally, staff have requested more assistance with bringing consumers into project groups if they have not had this experience before. We have an information pack for staff, and in order to increase consumer engagement at service level, we have asked that Clinical Directors and Service Managers invite us to their planning meetings so they can come to understand what consumer engagement is all about and begin to engage. Recently CHC presented to Allied Health, Technical and Scientific Clinical Leaders which was very well received.

"Your presentation outlined a robust framework and process for engagement leading to empowerment.

I feel that (our) Southern CHC is a leader from a national perspective.

I particularly liked the advice you provided to facilitate productive and collegial engagement with CHC advisors."

Tracy Hogarty, Director of Scientific and Technical.

Our Engagement Approaches



Provide health information in ways that assist understanding



Help to get feedback on a health issue (e.g. policy or decision)



Directly with people to ensure that their concerns and aspirations are understood and considered



Partner to address particular issues and help to apply solutions



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

Community Health Council Participation 2020/2021



Creating an Environment for Good Health

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

Low Sensory Waiting Area, ED, Dunedin Hospital

Creating a safe place within ED waiting area, Dunedin Hospital, to avoid exacerbation of a patient's mental health state whilst waiting for treatment for a different medical condition, was identified by CHC as a priority for SDHB to consider.

CHC reported that the current waiting area was not suitable for patients presenting for a reason other than their existing mental health condition. The noisy, close confines with many others, the noise from TV, the harsh lighting and the constant flow of human traffic all had potential, and in fact did, cause harm to some of these patients, with some choosing to leave the department without being seen or treated for their presenting condition. As a result, a CHC member joined a project to look at this, and significant work has been undertaken to provide an adjacent waiting area for this patient cohort which will better meet their needs and greatly reduce the potential to cause further distress. CHC intends to continue to monitor this area and remain involved as necessary.



Primary and Community Care

Care is more accessible, coordinated and closer to home.

The Local Diabetes Team (LDT) was re-established in October 2020 after being disbanded in 2014. The purpose of the group is to meet Te Tiriti o Waitangi legislative obligations to protect the interests of Māori to provide effective, responsive, patient-centred diabetes services to achieve health equity. The LDT's key functions are as follows:

- To provide advice to support the development of the DHB's Annual Plan and other strategies related to Diabetes
- To provide, link and analyse diabetes data within the district and utilise this to provide advice.
- To provide for local involvement of key stakeholders in collaborative discussion and activity to improve services and health outcomes
- To act in an advisory capacity to ensure community and local involvement in ongoing diabetes service quality improvement.
- To provide advice to the Southern health system on diabetes service quality improvement activities
- To ensure efficient information sharing linkages between diabetes health care providers and diabetes support organisations
- To report on service effectiveness as assessed against service provider targets

The LDT has had a consumer representative as part of the Team from inception in the 1990s.



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

Primary Care After-Hours Care

Through CHC raising the very real inequities in after-hours primary care, and access to primary care in general, in the Invercargill area, work is beginning to proceed in this area, led by WellSouth and in partnership with Awarua Rūnaka and Hokonui Runanga. CHC has an advisor working within this group, and this is a wonderful example of how the consumer, whānau and community voice has been heard and listened to, and once this service is operating it will result in a more equitable and accessible primary health care service for the Invercargill community.

However, similar inequities still exist in the Central Otago/Lakes region and the CHC will continue to monitor what happens in this area and raise issues up to the relevant CEOs.



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

Telehealth and Digital Introduction

The current pandemic has escalated the need for alternative methods of delivering healthcare along with the ongoing and future need to provide services closer to home for consumers. Models of care will change to make use of digital connectivity with the ability to have consultations via telephone and/or video links. These may be supported by the consumer and their GP/nurse being together and linking into a specialist service. Dental therapy is an area that benefits from digital use as the right people will have better access to the right care by using video and photographic links during consultations. Many issues are being evaluated in different settings throughout SDHB including inequities, availability of equipment, training of staff, and consistency of access and service delivery across the regions. Listening to what consumers want and need is paramount to the provision of future digital services to ensure high uptake and consumer satisfaction.

"I have been the Community Adviser attending Telehealth Steering Group meetings since March 2020. As the Steering Group had already been set up to meet online, the ability to meet was not significantly impacted by Covid restrictions. All members of the Steering Group have consistently been very welcoming of my input, with a slot on each meeting agenda for any comments I wish to make. I have valued seeing the depth and breadth of experience brought to the Steering Group by SDHB staff in a wide range of roles. The Steering Group members have welcomed my observations of (very) occasional areas where I felt the perspective of patients and whānau had been slightly overlooked."

Andrea Johnston, CHC Advisor, Telehealth Steering Group



Clinical Service Re-design

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

Rheumatology Service

Dr Jo Mitchell, Consultant Rheumatologist:

"Consumers have assisted the Rheumatology service with their Integrated Care Programme. This programme is implementing new models of care for Rheumatology patients to ensure patients receive timely and integrated care by the most appropriate person. The consumer advisory group has provided invaluable support and advice to the Rheumatology team by discussing these new models before implementation, and reviewing processes and communications. The group's contribution has improved the quality of our processes and communications for patients, and ensures that the consumer perspective is represented before any change is implemented. The Rheumatology consumer group are a committed, positive and resourceful group, who are great to work with, and their opinion and advice is greatly appreciated by the team."

5 minutes with CHC Advisor Kylie



What made you interested in this project?

I have been involved with the health sector via another channel and a colleague let me know about the vacancy. Being diagnosed with Arthritis at a young age and with young children was a hard journey and I really enjoying giving back as a volunteer. I also feel that Central Otago often misses out and it's good to represent our community here.

How long have you been part of this project?

Around a year.

As a consumer are you invited or able to contribute and do you feel this is valued?

Meeting around every 4 - 6 weeks, where time permits, is really valuable. It is really great to understand and feedback on the initiatives that are happening within the Southern DHB for Rheumatology. Reading different letters or pamphlets with a consumer eye provides a different perspective – consumer feedback is taken on board and the end product letters or pamphlets are reflective of this.

As a consumer, are your needs considered when meetings are planned and is meeting material delivered to you in a timely and appropriate way for you?

Yes absolutely! Although we all understand that the clinical leader/Rheumatologist's time is precious, everyone works together to ensure all needs are met. We all have the information emailed to us in a timely manner.

What value do you see for the patients in the changes this project has introduced and continues to introduce?

As a patient I never knew that this initiative was in place. It wasn't until I was involved in WellSouth that I began to understand what went on behind the scenes of the DHB and the value in consumer groups. It shows the level of respect the staff have for their patients - to ensure the best possible communication and outcomes, and to value patients' time. It also ensures consistency and good practice with obtaining and delivering the right information.

What is one piece of feedback/comment/advice for the project lead now you have been part of this group for some time?

Just to ensure that open communication continues and to continue with the consumer group. Sometimes the consumers/patients can get lost in the processes and policies that affect them without a voice. Feedback from consumers ensure that best practices are followed and voices heard.



Facilities For The Future

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

Facilities in Transformation (FiT) - The New Dunedin Hospital – report from the Project Management Team

The New Dunedin Hospital project has involved CHC advisors from the early stage of design. The project team appreciates the huge amount of time they have offered us preparing and attending meetings and grappling with the wealth of technical terms and information needed to understand the process.

In particular, it has helped to keep the end user of health facilities front and centre in the design process, ensuring that we think about the way the room will feel and be used.

As with any process there have been challenges. This is a large and complex process and while we have tried to support everyone to use the technology needed to access VC meetings and electronic documents it is clear that this has been a barrier for some of our advisors. In meetings, it is difficult when a community advisor speaks about their own experience as a truth for their whole community, or if they are drawn into commenting on medical issues and outcomes outside their area of expertise.

Overall, the presence of Community Advisors on our User Groups has been a great asset to the process and a unique aspect of the way the New Dunedin Hospital has been envisioned.

I am extremely grateful to CHC for having given me the opportunity to represent the community on the Clinical Leadership Group of the New Dunedin Hospital.

Whilst at times it can be very challenging it has given me a great insight into how dedicated our DHB staff members are to ensure it all works for everyone. It has been very gratifying to hear so many times “Is this in the patient’s best interests?”.

Our CHC representatives are treated with the greatest respect and there is a genuine effort by all members to explain clinical issues and involve us in all aspects of the proposed final outcome of the new hospital.

Jo Miller, CHC Advisor, Clinical Leadership Group, New Dunedin Hospital



The Year that Was

While 2020/2021 provided many challenges, the CHC still managed to report and advise on many community concerns, and engage in many projects and activities, including:

Patient Flow Taskforce: due to reporting from our communities, CHC has been able to identify several areas of service delivery falling short of consumer, whānau and community expectation. A member now works with a group to investigate the delays experienced for patients who present to ED, often with high complex needs which are not being met in a timely way. Once patients are admitted to a ward, there can be delays to their discharge and this is a focus of the Taskforce with the aim of having more patients knowing when they might be discharged and what needs to happen for them to meet this. The work also encompasses “My Care Plan” which is a tool aimed to assist both staff and patients achieve a seamless and predicted discharge from hospital.

“Having representation from the Community Health Council has been invaluable in the work of the Patient Flow Taskforce. The consumer has brought a strong, well informed consumer voice to the table and been an active member of the Taskforce ensuring patient experience and outcomes are central to planning and action to improve flow and value patients’ time.”

Jane Wilson, Chief Nursing and Midwifery Officer

Launch of the Disability Strategy: after much work involving consumers and CHC members, the Disability Strategy was launched in early 2021. Getting the strategy to this point was a lengthy undertaking, largely driven by CHC identifying the inequities for the disabled community members. The Disability Working Group has now been convened and this group will be closely monitoring and evaluating the strategy, as well

as identifying gaps or inequities, in any facet of health service delivery adversely affecting disabled persons.

After Hours and Primary Care in Invercargill: this was a topic of concern dating back several years and is a great example of a consumer voice speaking on behalf of their community, being listened to, and now acted upon. Work in earnest began early in 2021, and continues with a CHC member actively involved which will ensure a more equitable access to these services for the community that does not already have access to these.

Consumer Engagement Marker: the CHC was very involved in working with HQSC as the first upload of Consumer Engagement data was uploaded to their platform at the end on March 2021. Prior to this, we had hosted HQSC, along with SDHB Executives, to learn more about the marker – the goal is to discover “what does successful consumer engagement look like, and (how) does it improve the quality and safety of service?” There is a requirement of services to self-evaluate using the HQSC “SURE” template, which is then critiqued by a CE Oversight Group before the final evaluation is uploaded.

Health Care Homes: WellSouth staff were invited by CHC to provide an update about the introduction of the HCH model of practice being taken up by many primary care providers in the Southern Health region. CHC members were able to give some guidance around the formation of Consumer Groups within these practices and also learnt how consumer input is being used in several different ways in primary care. CHC shared lessons CHC had learnt through the consumer engagement process.

Endoscopy Oversight Group: CHC had identified this as an area that did not serve the community well, and requested consumer involvement. The CHC advisor says:

“This group was established by SDHB and is led by Dr Andrew Connolly. For the past year we have met monthly as a group to provide strategy and support to ensure equitable and consistent services are delivered at both Dunedin and Southland hospitals by the Endoscopy service. Over the twelve months the group has met, the team has achieved a cohesive approach under the leadership of Dr Connolly, and more thought is given to communications to patients. My consumer input is sought and listened to and does add value to the project.”

June Mills, CHC member

Frailty and Care of the Elderly: while work had started in this area and CHC advisors accepted into work streams, this project as a whole is facing changes which will better serve the Care of the Elderly. There will be a Council overseeing several workstreams and CHC advisors are committed to continuing in their roles.

“Having Community Representatives on our Frailty Project is invaluable. They provide a perspective and insight from a consumer perspective that we may not have considered. Consumer representatives also change the meeting dynamic; members are more considered about what they say and more respectful of each other.”

Sally O'Connor, Director of Nursing; Strategy, Primary and Community

Pasifika Direction: CHC recognised that health services in Southern did not always align with the needs of the Pasifika population. Members drew up a Letter of Recommendation for a Pasifika Strategy and Action Plan in December 2020. This was discussed with Executive Director Quality Improvement and Clinical Governance. Due to the urgency of pandemic response work and the Patient Flow Taskforce, this was placed on hold. However, this is something CHC still believes needs to be given consideration.

Rainbow Tick: Some investigative work was undertaken by a CHC member and presented to the CHC, who are supportive of SDHB becoming an accredited Rainbow inclusive workplace. However, with the announcement of the Health and Disability Reforms, a decision was reluctantly made to place this on hold until Health NZ and Māori Health Authority are embedded, and re-visit this if appropriate at a later date.

Patient letters: Community members reported that letters sent from SDHB were often received after the event, were tersely worded and often caused anxiety to recipients. In November 2020 CHC members heard of the organisation wide plan to address concerns with the written communication to consumers and whānau. It was agreed that consumers would be involved in this exercise once the internal computerised letter repository was looked at. To date, there has been very limited consumer input and this has been on individual service request rather than the system wide review as was indicated, and CHC was advised that this would become part of the wider administrative review. CHC believes we can have a positive influence on this work, as we apply the consumer lens to these letters, and can advise on manner (such as showing some empathy) and appropriate wording.

Patient Tracer Audits: A presentation to CHC about Patient Tracer Auditing was delivered in May 2021. CHC members were asked to have input into reviewing the pamphlet given to the selected patients, as well as the letter sent to them after the event which outlined actions intended to be taken as a result. CHC members had many questions and suggestions, which were well received and, as appropriate, were included in the pamphlet and letter, and the staff took time to answer all the questions.



The Year Ahead

The Council is optimistic about the year ahead and the opportunities that will arise for community engagement. Community engagement with the build of the new Dunedin Hospital continues but to a lesser degree now that initial design stages have been completed. However, there will be opportunities for Advisors to be engaged in specific parts of the planning as this work continues.

CHC will liaise closely with the Disability Working Group now that it is working towards the implementation and evaluation of the Disability Strategy which was launched early in 2021. The chair of this group has a standing agenda item at CHC meetings which is an opportunity to keep each group informed and work collaboratively.

Council plans to continue with an active process around collection of stories from patients and whānau that can be used for staff training purposes. However, this does need resourcing, which in the current health climate, may not be feasible. Some stories which have already been collected are specifically for the use of the Disability Working Group in training programmes. The CHC is concerned about the process of gathering stories, the consenting for specific purposes and how the storage and issue of these will be managed, and CHC will work towards developing a policy for this activity.

CHC will be an active partner in forming a governance group to oversee the implementation of the Health Quality Safety Commission (HQSC) - Marker for Consumer engagement. Some work has already commenced and uploads managed, but the governance group needs to be formalised with membership of both consumers and staff. 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. Uploaded data is publicly available for viewing at

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

There will be changes as the Health and Disability Reforms come into effect mid-2022. CHC members have been kept as well informed of changes for consumers as possible, by reports of the frequent zoom meetings with HQSC and also the National Consumer Council Chairs. At the time of writing, details of such changes are light, but there is a collective desire to make sure the gains and the strong relationships the consumers have made in the lead up to 1 July 2022 are not lost.

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

Appendix 1 – Community Health Council Membership

Current Members to 30 June 2021



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, and also in health administration.

The health system has always played a 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 is a member of the Health and Disability Commission's Consumer Advisory Group. 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. At the present time Bob is being utilised by the IFRC as a volunteer to assist with identifying Lessons Learned from the IFRC Covid 19 Appeal reports submitted from many countries.

Bob is the 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 has been 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: July 2019 –
December 2020

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 is involved with the 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 we 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: Feb 2018

Rosa Flaherty is 21 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 and a Bachelor of Arts in Religious Studies at Otago University.

Rosa has been involved in community radio at Otago Access Radio for six 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 inspired her to join the Community Health Council.

Rosa has also been engaged with volunteering: this has involved supporting first-year students who are at home and flatting through the Otago University Locals Programme from 2018-2020; applying herself to Community Law Otago's Legal Education programme in 2020 to provide legal education to interested community members and groups; and volunteering as a legal advisor in 2021 through Community Law Otago's Volunteer programme, to enhance her client-focused skills and deliver accessible legal advice to all members of the Otago community.

Rosa's interests include LGBTQ+ rights and health care/ representation within the health system and youth representation within the health system.

**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 was a Rotarian for 24 years and is a member of the Rotary Club of Dunedin holding local and District (9980) roles during those years. She was the first woman to be inducted into the Club and first woman president (2001-2002). June was manager for seven years of 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 Kevin's 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 completed the GODZONE endurance race.

He is part of the Clyde Rugby Team and a volunteer of the Urban Fire Brigade. Jason is also the Deputy Chairperson of Community Health Council.

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.



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 and works at the Pacific Island Advisory & Cultural Trust 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.



Toni Huls Oamaru. Term commenced: March 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 (Palliative) with Nurse Maude. She worked for IHC as a support worker both vocational and residential. Toni volunteered as a trainer for Youthline for 6 years. Toni's husband had terminal cancer and she cared for him while they were living rurally. Toni 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 2 – List of registered CHC Advisors, 2020/2021

* Denotes FiT group member for New Dunedin Hospital

Jennifer Anderson	Sue Edwards	Emma Hunter	Mary O'Brien	Linda Strang
LJ (Leo Junior) Apaipo*	Norman Evans	Denise Ives	Gerald O'Connor	Marie Sutherland
Suzanne Bamford	Joyce Falloon	Jo Jennings	Jeanette Olga Bell	Jasmin Taylor
Catkin Bartlett*	Ilka Fedor*	Andrea Johnston	Sue O'Neil	Nicholas Tulloch
Marie Baynes	Yvonne Fell	Lynn (George) Kerr*	Trish O'Neill	Annette Tulloch
Winsome Blair	John Fenby	David King*	Nora Paicu	Kath Tuna
Caz Brigham	Lisa-Mdee Fleck	Colin Lind*	Tracey Peters	Gemma Van Den Heuvel
Barbara Brinsley	Simon Fogarty	Azlyn Lind	Angela Phillips*	Kathryn Van Beek
Cassie Campbell	Chris Ford*	David Little	Isabella Prattelly	David Vaughn
Gemma Carroll	Shona Fordyce	Rania Loughnan	Brendon Reid	Melissa Vining
Jay Conway	Emily Gardiner*	Bill Lu	Jean Park	Marie Wales
Anne Coup*	Barbara Gee*	William Luslow	Tanea Paterson	Anna Walls*
Leslie Cowper	Patsy Gordon	Madeline Mc Lay	Gillian Perica	Ainsley Webb
Ryan Craig	Bronnie Grant	Madeline McCoy	Lorie Roberts	Carolyn Weston
Rachel Cuthbertson	Ruth Groffman	Anne McCracken	Anna Rumbold	Leah White
Susan Davidson	Hana Halele*	Tim McEvoy	Lyneta Russell	Tess Williamson*
Anne-Marie Davis	Sian Hannagan	Lisa McEvoy	Jo Shone	Margaret Willoughby
Sarah Derrett	Margaret Hathaway	Deborah McLeod	Hazel Sinclair	Kirsty Wing
Lauren Dewhurst*	Angela Hendry	John Marrable*	Peter Small *	Mervyn Wilson
Kingi Dirks	Vivienne Hill	Chris Middlemiss	Natakie Russell	Trish Wright
Percy Donovan	Adrian Hindes *	Jo Millar*	Mohamed Rizwan*	Marie Wales
Carmen Doran	Kerry Hodge*	Geoff Mitchell	Lux Selvanesa*	Anna Walls
Jocelyn Driscoll	Stephen Hoffman	Pippa Newstead	Sue Smith	
Naomi Duckett	Lynley Hood	Kylie Murdoch	Josh Spence	
Emily Duncan	Chris Horan	Kris Nlicolau	Megan Spence	
Tina East	Greg Hughson*	Georgina Northcoat	Jo St Baker	

Council members in FiT groups: Bob Barlin, June Mills, Karen Browne

NOTE: This may not be the complete list due to a staff vacancy – not all files could be accessed

Appendix 3

– Projects CHC and CHC advisors have been involved with 2020/21

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
Digital Strategy Governance Group (IT Governance Group)	Digital Strategy Governance Group which is guiding how the IT systems will function across the district.	1 CHC member	District wide	Ongoing
Frailty and Care of the Elderly – Frailty Steering Group	Encompasses several streams – will be re-configured end of 2021	4 CHC advisors	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
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	Ongoing
Evaluation of Allied Health Uniforms	CHC member worked alongside staff to make decisions on Allied Health staff uniforms	CHC member	District wide	Complete
Telehealth Steering Group	Two CHC advisors sit on this steering group advising from a patient/ whānau perspective	1 CHC advisor	District wide	Ongoing
Rheumatology service redesign	A patient advisory group established to support staff with designing service from a patient/ whānau perspective	3 CHC advisors 1 CHC member	District wide	Ongoing
Endoscopy Oversight 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
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	3 CHC members 23 CHC advisors	District wide	Ongoing
Patient Flow Taskforce	In response to CHC reports of concern from the community – set up Dec 2020 – reports to SDHB each month	1 CHC member	District wide	Ongoing
HQSC – Consumer Engagement Marker	Self - evaluation of services/departments showing level of consumer engagement using the SURE framework	All CHC informed; oversight group participation in final scores for uploading	District wide	Ongoing
National Chairs of Consumer Council Network	Monthly zoom meetings to discuss HQSC marker and Health and Disability Reforms	Chair of CHC	Nation wide	Ongoing
Health NZ – Locality pilot site planning	WellSouth and DHB	Chair CHC and Consumer Liaison	District wide	On hold
HQSC and Transition Unit for Health and Disability Reforms	Series of meetings to discuss consumer groups in Health NZ	Chairs of consumer councils, Transition Unit and HQSC	Nation wide	Ongoing
Rainbow Tick	Investigations to make a recommendation that SDHB become an accredited Rainbow Tick employer	1 CHC member investigated and reported to all members	District wide	Due to Covid-19 and announcement of implementation of Health and Disability reforms this is now on hold
Patient Letters	To look at all letters going to consumers and their whanau regarding the wording and timeliness	CHC received a presentation with a call to be involved once the internal digital files are sorted	District wide	Ongoing
Patient Tracer Audits	Feedback requested on a pamphlet and follow up letter to participants	All CHC members	District wide	Completed

Appendix 3

– Other involvement during 2020/2021

Pieces of work CHC has been informed about, advised on, and / or provided feedback on throughout 2020/2021

- Community Health Hubs – progress updates throughout year
- Primary Maternity Updates – progress updates throughout year and CHC
- Policy document – Not for CPR – single presentation and request for feedback
- Disability Strategy - progress updates throughout year
- Health Care Homes - progress updates throughout year
- Feedback on New Dunedin Hospital Public Facilities - CHC members asked to provide feedback and suggested a wider survey
- Mental Health Review – updates throughout the year
- Primary and Community Care Strategy – updates on the implementation and the evaluation throughout the year
- Public Health Covid-19 vaccination rollout and Steering Group - CHC members informed, one CHC member joined the Steering Group
- ACC information pamphlet – feedback provided on the wording and presentation
- MyLab – CHC was informed of the planning for this
- Improving Care for Older People – CHC was informed of the plans for this which will involve CHC members
- HQSC – updates throughout the year about the Consumer Engagement Marker