

# Community Health Council

## Annual Report

July 2021 – June 2022



**Te Whatu Ora**  
Health New Zealand  
Southern

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

The reporting period of this annual report is 1 July 2021 to 30 June 2022. Due to the transition to Health New Zealand (HNZ)/Te Whatu Ora, and Māori Health Authority (MHA)/Te Aka Whai Ora, on 1 July 2022, there are references to Southern District Health Board (SDHB), HNZ/Te Whatu Ora and MHA/Te Aka Whai Ora.





## Contents

- 1 Message from the Community Health Council Chair – Karen Browne**
- 2 Message from Interim District Director, Te Whatu Ora Southern – Hamish Brown**
- 2 Message from Chief Executive, WellSouth Primary Health Network – Andrew Swanson-Dobbs**
- 3 Your Community Health Council**
- 6 Summary of the Year 2021–22**
- 7 Community Health Council Participation 2021/2022**
- 10 CHC Member and Advisor Engagement**
- 12 Examples of Projects**
- 14 5 Minutes with CHC Member June Mills**
- 15 Appendix 1 – Community Health Council Membership**
- 18 Appendix 2 – Registered CHC Advisors 2021/2022**
- 19 Appendix 3 – Engagement Framework**
- 20 Appendix 4 – Consumer Engagement in Projects**

# Community Health Council Chair

## – Karen Browne



This period in time has again proven to be very challenging for all in the health sector. Waves of Covid-19 infections created difficulties in the ability to provide planned care in secondary services, caused many staff to fall ill, or become overburdened with the need to work longer and harder, and it became much more difficult to access timely primary and community services. Community Health Council (CHC) members assisted in their own communities by supporting and promoting vaccinations as well as informing their communities of important information, and by sitting on,

and reporting to, committees to ensure community needs were met. I must thank all CHC members for their resilience and willingness to help during this time. Thanks too, to Kathryn Harkin, who joined SDHB late in 2021 as Consumer Liaison, for facilitating and administering CHC matters.

Concurrent with this specific Covid-19 work, members and CHC Advisors continue to ensure the consumer voice is heard and listened to in many ways through their involvement in a variety of project groups throughout the Southern region. These work streams have been for both the Southern District Health Board, and WellSouth Primary Health Organisation. Being an Advisor is an important role in ensuring this engagement is meaningful – my thanks to each and every one who has taken part over this period of time.

In June 2022, I was invited to attend a function at Otakau Marae, to farewell the Board members, and the Chief Executive Officer, Mr Chris Fleming. The introduction of Health New Zealand and the Māori Health Authority on 1 July 2022 marks the end of an era in health services in New Zealand. I need to record my thanks to the outgoing board members who worked hard for the benefit of our population. I especially want to record thanks to Chris for his support, encouragement and availability to attend our meetings each month to keep us well informed.

CHC is unique among such consumer councils in New Zealand, as we are the only one to advise to both our secondary AND primary services. I need to thank WellSouth's Chief Executive, Andrew Swanson-Dobbs, for his willingness to be available each month to inform CHC members, encourage our engagement and ensure members and CHC Advisors are involved in activities involving primary care and community services. CHC has, and will continue to have, gratitude for his leadership and willingness to engage with members and CHC Advisors.

As we go forward into our next year under the governance of HNZ and the MHA, CHC is looking forward to embracing change and being an active partner in the implementation of the new health frameworks. It has been, and will continue to be, a challenging journey, but we offer assurance that we will continue to give support for the patient, whānau and community voice. We will continue to advocate for equity and access to ensure better health outcomes for all.

**Me mahi tahi tātou mō te oranga o te katoa**

**We should work together for the wellbeing of everyone.**

## Hamish Brown

Interim District Director Te Whatu Ora Southern



I would like to congratulate the Community Health Council on another year of continuing to make a difference to the health services available to the people of the Southern district.

The last two years have been dominated by COVID-19, initially in keeping COVID-19 out of our community, then rolling out the vaccination programme, and for the last twelve months, the move to living with COVID-19 and providing much needed services across our district. The entire Southern health system – primary care, secondary care and our NGO partners – has stood up to

these challenges and delivered an outstanding result for our community. The continued support and contributions of the Community Health Council have been invaluable over this period, aiding us with advice and important communication channels.

The Community Health Council have supported a number of working groups and provided feedback into multiple projects over the 2021/22 year, as well as providing a voice for the people of the Southern district. These include the New Dunedin Hospital programme, review of the 'unable to attend' policy, working with the Clinical Council, representation on the COVID-19 Vaccination Steering Group and Southern Integrated Covid Care in the Community Oversight Team, and many more.

At the April 2022 Board Meeting, the Southern DHB board members and Chief Executive expressed their gratitude to the Community Health Council for their work over the years, which had exceeded expectations.

On 1 July 2022, as part of the national health reforms, Southern District Health Board moved to become part of Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority. The Community Health Council, along with other such councils across New Zealand, is an important part of the health system transformation, so I would like to thank them for their energy and ongoing commitment to the health of the people of the Southern district, but also for the future work that they will complete.

## Andrew Swanson-Dobbs

Chief Executive, WellSouth Primary Health Network



The Community Health Council members and chair Karen Browne have continued to be a valuable resource for WellSouth and the general practices and providers we work with. Directly and indirectly, they help ensure the consumer voice is heeded in designing new programmes or improving existing services. They challenge and question and provide constructive input.

Working across the health system, the Council brings a unique, whole-picture perspective. With health reforms in the works, CHC's mahi and many achievements are an important reminder that a

strong and diverse consumer perspective should continue to be a touchstone, ensuring that health and other community services meet the needs of the whānau and communities we serve.

He waka eke noa

We are all in the waka together.



# Your Community Health Council

## 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 region

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. **See Appendix 1.**

As well as the CHC members on the Council, we have a database of >80 CHC Advisors, who may be selected to work on any project within their indicated health interests or experience. **See Appendix 2.**

## 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.

"I have found that having access to the Community Health Council has been invaluable for work I do in both sharing ideas and benefiting from the experience of its members in representing our community. In particular I recall working with two consumers in 2021 around discharge planning and talking with the patients around their experience. The majority of those we talked with had a genuine interest in the work of the CHC and absolute support of it. The other was the updating of the My Care Plan boards where consumer input informed the new version making it both user friendly and focused on what matters to the patient and whānau".

– Jen Gow, RN. Nurse Consultant Quality & Performance Improvement Te Whatu Ora-Southern

## 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 everyone 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 the health care needs regardless of cultural or social background.



## CHC – Brief Overview 2017–2021

The CHC was embedded into the Southern Health System in February 2017 and has achieved a number of milestones including:

- a) The development of the CHC Engagement Framework and Roadmap which has allowed staff to have community engagement in projects they are undertaking; See **Appendix 3**.
- b) Hosting the first CHC Symposium for all registered CHC advisors in October 2019, with the purpose of sharing and learning what has been achieved through engagement projects, and hearing from key staff why consumer engagement is so vital for quality improvement and better patient outcomes;
- c) The creation of a CHC database with connections to many persons/ organisations. This is an asset to our health system when it needs to engage and /or communicate with the community on specific issues;
- d) The CHC, through processes set up with the CHC Engagement Framework and Roadmap, continues to empower CHC advisors to be involved in the new hospital build and contribute to the on-going design and other processes;
- e) Allowing CHC Members and Advisors the opportunity to feed into multiple projects occurring across our health system.
- f) The CHC was influential with supporting a Disability Strategy to be developed for SDHB, and now supports the Disability Working Group;
- g) The CHC has been instrumental in supporting work to better deliver primary and afterhours primary care in Invercargill, and to the more appropriate use of ED services in Southland;
- h) The CHC was pivotal in reviewing the “Unable to Attend” Policy, with significant input into rewriting this to include a better understanding and a more flexible approach as to why some consumers are not able to attend an appointment.



“The SDHB Spiritual Care Advisory Committee presented to CHC, to inform the members about the committee and its aims, which are “to advise and oversee the ongoing development and promotion of spiritual care at SDHB”. The CHC supported the committee’s kaupapa and provided very useful feedback. CHC further supported the committee by having a representative attend and speak at the community hui, which shared research about spiritual care, heard views from experts and collected community ideas.”

– Associate Professor Richard Egan, Lead of Spirituality



# Summary of the Year 2021/2022

- a) The CHC Chair was instrumental in the formation of a national network of Chairs of Consumer Councils. This collective has worked with Health Quality and Safety Commission (HQSC) to prepare for, and continue to adapt to, the introduction of HNZ and MHA. This collective has had frequent meetings with staff from the Transition Unit of HNZ to be informed and members have been invited to engage in the lead up to 1 July 2022. HQSC hosted the network members to a hui in Wellington in June 2022, to be informed by, and hold workshops with, staff from the Transition Unit, to work on a collective Terms of Reference, and formulate our direction as we move into Health NZ;
- b) The CHC has been engaged with the introduction of the HQSC Consumer Engagement Marker in secondary care. Initially this process was driven by CHC, until this year being able to hand over to staff to manage, allowing CHC to play a supporting role in determining the level of consumer engagement throughout the SDHB. The level of organisational engagement with this work has increased markedly in this period;
- c) The CHC members made a submission to the Transition Unit, outlining the unique advisory role across both primary and secondary services, how CHC was established and its current day structures. The submission illustrated the relationships formed and gains made in the Southern region which we asked not be lost in the transition to HNZ/MHA;

- d) The CHC members submitted to HQSC when the Commission called for feedback on their proposed Code of Expectations which the health reforms call for and which will be legislated in the early weeks of HNZ;
- e) The second symposium was held in May 2022 – an on-line event due to Covid-19 restrictions – to share with CHC members and Advisors our achievements to date. Guest presenters were the Chair of Clinical Council, and the Chair of Recognition and Response Committee, both of whom outlined the value and importance of consumer engagement in improving quality of care and outcomes for patients, whānau and ultimately communities.

## *Comments from CHC members and Advisors who attended:*

“Well researched and useful information for future planning”.

“I was heartened by the commitment to engaging patients and their whānau in health services decision making. This is so important. It makes a huge difference to the physical and mental health of patients and their whānau to know that they’re part of the team and are being listened to, and taken seriously”.

- f) The Health Reforms which came into effect 1 July 2022 represent a greater patient, whānau and community voice in health care services in all settings. CHC has worked hard to ensure members and their wider networks are informed of progress towards the new authorities being operationalised;
- g) CHC is gaining recognition and respect throughout the organisations we advise, and from our communities. This is reflected by the increasing requests for consumer engagement in project groups, and invitations to speak to organisational and community groups such as the SDHB’s Iwi Governance Committee and University of the Third Age.
- h) A paper written by Professor Saah Derrett (foundation Chair of CHC), Charlotte Adank (foundation Facilitator of CHC), Karen Browne (CHC Chair) and Kelly Takarua (CHC Member) was submitted and accepted for publication into New Zealand Medical Journal. *The Southern Health system’s Community Health Council: establishment and processes to engage with communities, whānau and patients* Vol 135 No 1554: 6 May 2022.

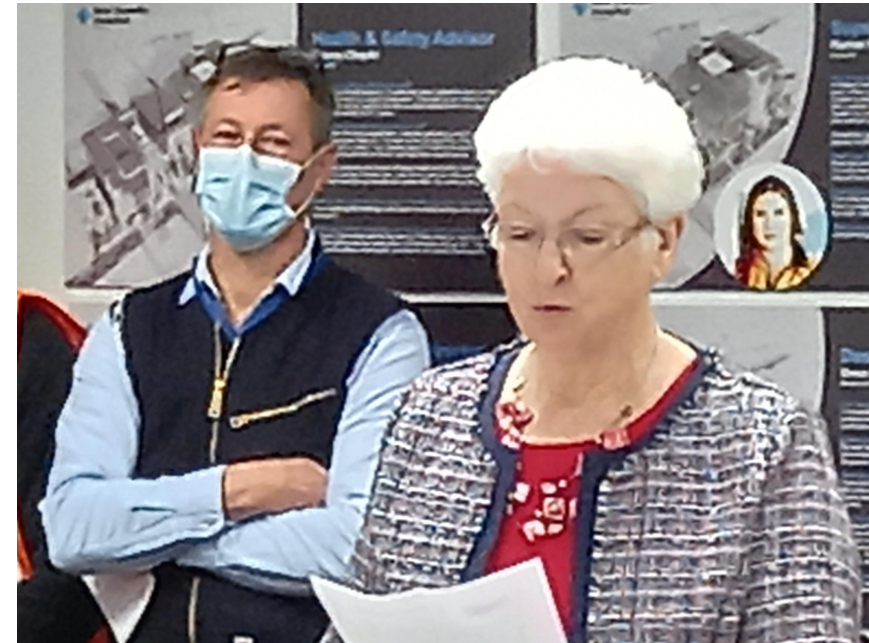


# Community Health Council Participation 2021/2022

## New Dunedin Hospital

Consumer engagement in the build of the New Dunedin Hospital has now reached a new stage, with more “focus” type groups meeting to discuss, in more detail, certain aspects of the project – such as Wayfinding and Digital Transformation. A sound relationship is enjoyed with the PMO team, who also provide CHC with valuable evaluation and comment to ensure consumers understand their role and integrate easily into project groups. The New Dunedin Hospital build has been an avenue for some services to be introduced to the CHC and CHC Advisors. This work will continue to be a priority over the next few months.

CHC Chair, Karen Browne, was invited to the ceremony marking the beginning of the construction of the new hospital, to give a short speech and insert an item into the time capsule. This was a great opportunity to recognise all the CHC members and Advisors who have taken part in a FiT group, or been involved in the process of design up until this time. It should be noted that this is the largest hospital build in the history of New Zealand, and it is also the first time in our history, that consumers have played a role in the design of such a facility.





“Consumers have continued to be involved in various ways with the design of the New Dunedin Hospital. Developed Design for Inpatients, which focused on the specialised rooms within departments, was the final round of user engagement planned and this finished earlier in the year. While the FiT groups have largely wrapped up, other workstreams have begun.

The design of the digital hospital is underway and consumers have been involved with planning how the digital systems will operate, with particular focus on the interface for the public. For example, in the new Outpatients Building, patients will be able to check in independently at kiosks – similar to those you find at airports.

A group of CHC representatives has been working with the Te Whatu Ora Southern Digital Team, the NDH PMO, and the specialist firm contracted to design the digital systems to feed back about the patient experience and requirements. This has been a very useful consultation exercise which has helped the digital teams to develop a deepening understanding of the range of needs and challenges for our southern community. There will be more opportunities for consumer involvement in further stages of the digital design and procurement processes.

Another workstream that has been underway is the development of the Wayfinding strategy for NDH. Wayfinding is the method by which people are able to find their way to a destination within a facility, and it is more complex than might appear at first. Again, a specialist firm was contracted to consult for the NDH project and a series of workshops with users held, looking at alternative approaches to navigating around a large facility. Naming departments and units, usually by function, does not always work well in large facilities, particularly if those units may move or change their function over time.

The consultants recommended the use of alphanumeric coding to identify destinations and routes rather than traditional names.

The user group offered valuable discussion and challenges to the team, while accepting the utility of this language-neutral, flexible and extendible approach. The signage design is now underway and this will also be brought to the user group for feedback.”

*– Emily Gill, Project Co-ordinator, New Dunedin Hospital*





## Covid-19

CHC is fully cognisant of the huge efforts and workloads shouldered during this year by all health services, and members have supported both the SDHB and WellSouth in keeping their own community networks up to date and well informed.

CHC has had frequent reports from the Covid-19 Vaccination Team members who attended CHC meetings. This has been a valuable connection and enabled up to date and correct information to be disseminated to our communities. This also provided an opportunity to give the Covid-19 Vaccination Team their requested feedback and comment from the community. As a result, changes to better accommodate some groups in the community were able to be advised, including reaching the Colombian community in Southland, and accessibility needs better addressed. A CHC member has been part of the Covid-19 Vaccination Steering Group and as well there are two members in the Southern Integrated Covid Care in the Community Oversight Team.

## HQSC – QSM for Consumer Engagement

The Health Quality and Safety Commission (HQSC) launched the Quality Safety Marker (QSM) for Consumer Engagement in July 2020, with the first upload of submitted data made in March 2021, and the second in September 2021. HQSC uses the SURE framework for DHBs to collect data, and this data is available to view on HQSC website.

<https://www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/consumer-engagement-quality-and-safety-marker/>

The goal of this QSM is to address ‘what does successful consumer engagement look like, and (how) does it improve the quality and safety of services?’

The CHC was proactive and led the introduction of this requirement into SDHB initially and now plays a supportive role in the process. From late 2021, the Consumer Liaison has worked hard to meet with the services and departments of SDHB to inform them of the QSM, and how engaging with CHC members and Advisors will assist to meet the requirements the QSM determines. Staff are being encouraged to look at opportunities for engagement and some have

already taken up this opportunity with more conversations planned with the Consumer Liaison once pressure on services as a consequence of Covid-19 reduces.

The data will now be collected biannually.

## Select Committees

CHC had three main pieces of work partially completed at the beginning of 2022, and it was decided that all members needed to have input in order to have these completed by 30 June 2022. Groups are now working on:

- a) a review of the Staff Information Pack (for engaging consumers) and CHC Advisor Welcome Pack and Feedback requests;
- b) a policy for Ending Consumer Engagement and;
- c) a policy for Recruitment and Recognition of Consumers.

The CHC Terms of Reference were reviewed and uploaded to Southern Health website.

Other CHC documents have also been reviewed and updated with current details.

While CHC recognises that these documents may become redundant from 1 July 2022, or change significantly due to new reporting channels, it is felt that these may be of assistance to any new consumer engagement systems instigated in the future. As well this shows the level of commitment our current members have in ensuring our procedures and processes are current and relevant.

# CHC Member and Advisor Engagement

For the January – June 2022 period there were 44 CHC Advisors, as well as CHC members, working alongside staff on 20 active projects and committees across the Southern Health System. While the majority of these projects are at a strategic partnership level, there has also been significant engagement in projects that support quality improvement initiatives, such as Integrated Rheumatology Services, Telehealth and Endoscopy Oversight Group.

## CHC Representation on Southern DHB/ WellSouth Committees

Name of Committee/Group	CHC Member	CHC Advisor
WellSouth Clinical Governance Group	Karen Browne	
Clinical Council	Karen Browne	
CPHAC/DSAC	Paula Waby	
Central Otago Lakes Locality Network	Jason Searle	
Clinical Leadership Group		Jo Miller & Naomi Duckett
IT Governance Group	Jason Searle	
Southern Integrated Covid Care in the Community	Karen Browne & Kelly Takarua	
Covid-19 Vaccination Steering Group	Kelly Takarua	
Time for Change Mental Health Review	Toni Huls	
Recognition and Response Committee	June Mills	Rachel Cuthbertson
Patient Flow Taskforce	Karen Browne & June Mills	

## Items CHC has been informed of, updated about or consulted on, 2021/2022

Month	Topic
July 2021	Health Care Homes – Patient Advisory Group
	Covid-19 Vaccination Steering Group
	NDH Update
August 2021	Consumer Feedback (Complaints, Compliments and Suggestions) data
	Disability Working Group **
September 2021	Covid-19 Vaccination Steering Group
	Project Management Office – New Hospital Build
October 2021	Generalism
	Spirituality Care Advisory committee – see following report from Lead
	Carpel Tunnel Research and Care Design
November 2021	Telehealth
	Digital Plans for NDH
	NZ Advocacy Service
	Primary Maternity update
December 2021	Orthopaedic Services update
	Covid-19 Southern Integrated Care in the Community – Pulse Oximetry use
	Assisted Dying – interim policy

Month	Topic
February 2022	Oncology update
	Select committees for members
March 2022	Overview of SDHB Audit Outcome
	NDH Digital Business Case
	Covid-19 Vaccination update
April 2022	Communication Department – Covid-19 Communication Feedback
	Digital Infrastructure Workshop
May 2022	Clinical Governance Policy
	HQSC Marker for Consumer Engagement – Results from data collection
	Community Health Hub, Southland – update
June 2022	Introduction to Māori Health Strategy and Improvement Manager
	Briefing of Draft Strategic Plan
	Quality and Clinical Governance Directorate update

\*\* monthly update introduced from August 2021

NB: CEO of SDHB and CE of WellSouth attend and give a report each month as does the Chair of the Disability Working Group.



# Examples of projects for each of our engagement domains



## Personal Care and Health Decisions

**Tōku Oranga (Access and Choice), is a primary mental health and addiction service based in general practices in the Southern region.**

Part of a national initiative, Tōku Oranga places qualified mental health practitioners in general practices, making it faster and easier to access care. They provide free and timely guidance with behaviour change, including addressing stress, addictions, social issues or long term

health struggles.

The Access and Choice programme in Southern has been up and running in general practices for around two years and, in order to evaluate the programme, we contracted an external company to provide a detailed report. We wanted to hear the patients' voice about the programme and felt one of the best ways to help with this was to seek the input of a consumer representative. The process of appointing that person was not something we were familiar with, but we were ably guided through it by the Consumer Liaison.

We appointed one consumer who would be able to help us with the project. However, the process became somewhat protracted (around three months) as we had to align WellSouth internal processes, Moving Forward mental health consumer group (where we had a second consumer), and the Community Health Council, into a cohesive whole.

Our consumer needed to learn how to use a particular piece of software for this project, and her willingness to get on board with this proved admirable. As we said: "we all got there in the end," helped by having one point of contact on the project team which made working together as a team much easier especially as the project comprised people spread throughout the region. We have learnt the value of having a consumer right from the beginning of projects, with a clear idea of what parts they can advise on. The shared understanding is crucial for the team to be effective going forward and working under tight timeframes.

*- Jodie Black, WellSouth PHO Clinical Services Manager  
- Dot Brown, WellSouth PHO Project Manager*



## Community and Public Health Services

**The Southern Covid-19 Vaccination programme was one of the most successful vaccination programmes in the country.**

This included some of the highest rates of vaccination among residential mental health, Aged Residential Care facilities, Māori and Pasifika populations and rural and remote areas. The Community Health Council worked alongside the Covid-19 vaccination team. It

provided advice and guidance to the programme team, particularly around access for those with mental health issues, disabilities, LGBTIQ+, elderly populations, Pasifika populations, those living in rural areas, and our vast student population.

After consulting with the Community Health Council, we undertook accessibility/disability audits for our main clinics and worked with auditors to address recommendations. These conversations ensured that our vaccination clinic spaces in Dunedin and Invercargill were fully accessible for wheelchairs and mobility aids and had space for those requiring a lower stimulus environment. In addition, we were able to pass on constructive criticism to the Ministry of Health to ensure national improvements to the booking systems and differing accessibility options for differing abilities. The Community Health Council was also integral in setting up our Covid-19 vaccination outreach service, which caters for those who cannot access a vaccination centre or for those where visiting a vaccination centre was not an appropriate option.

*- Emma McDonough,  
COVID19 Vaccination Programme Manager*



## Policy, Strategy and Governance

### Clinical Council

CHC Chair is a member of Clinical Council, Te Whatu Ora Southern, and has direct input into governance issues in secondary care. Consumer, whānau and community voices are important in governance to achieve improved quality of care, safety of patients, and better health outcomes for the people in the southern region.

“As previous Chair of the Clinical Council (CC) and current Chief Medical Officer I have been fortunate to work closely with the Community Health Council (CHC). In both roles I have had a close working relationship with Karen Browne (Chair of CHC) and we have forged this by regular attendance at each other’s meetings and a regular line of informal communication. The members of the CHC are an extremely knowledgeable and motivated group of “expert” consumers who help guide the CC and Executive Leadership Team to provide safer and more equitable care to our patients and their whanau.

Through the endeavours of the CHC we are making our journey towards co-design for our services and for the efforts of everyone involved with CHC we are very grateful”.

– *Dr David Gow, Chief Medical Officer/Neurologist Tino āpiha Hauora | Chief Medical Officer/Neurologist Te Whatu Ora Southern*



## Programme, Service and Facility Design

### Recognition and Response Committee

The Recognition and Response committee formed just over a year ago to provide governance over Te Whatu Ora Southern’s systems for recognising and responding to deteriorating inpatients.

Having a diverse membership was a key priority from the outset, including patient and whānau representatives. There was healthy engagement through the CHC’s recruitment processes resulting in the appointment of two insightful and upstanding individuals.

“Through their loyal participation they help keep the committee centred on patient-focused goals,” says James Haddow, chair of the committee. “They remind us about the bigger picture and provide a great deal of grounding and common sense to discussions. We are very lucky to have them.”

– *Mr James Haddow, Chair of Recognition and Response Committee/ Consultant Colorectal Surgeon*

## 5 Minutes with CHC Member June Mills

(Consumer representative in the Endoscopy Oversight Group and the Recognition and Response Committee)



### **What made you want to become involved in these particular projects?**

Both these groups within the framework of our hospital are quite diverse. The Endoscopy Oversight Groups has dealt with the service's extensive delays in providing appointments and follow up treatments which was creating anxiety and stress for patients in need of this service. The Endoscopy clinical staff were under great stress due to internal issues and this group was able to work together over 18 months to start planning a team strategy that worked for both clinicians and the community. I wanted to be involved as I felt I had a skill set I could use to have the consumer perspective listened to, and knew that this service had to do better for the community.

The Recognition and Response Group is a recently established team within the hospital and again the non-clinical representation is important in providing the community's perspective. Often a lay perspective can alert clinical staff to be mindful of the importance of working with the patient and their whanau rather than just seeing a diagnosis.

### **How long have you been involved in a) Endoscopy Oversight Group, and b) the Recognition and Response Committee?**

a) The EOG group, 18 months, meeting monthly, and it is currently ongoing.

b) Recognition and Response Group, we have just completed a year, meeting monthly and again the work with this group is ongoing.

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

Both groups have welcomed me as the consumer representative and certainly my views have been appreciated and valued. I have felt able to communicate with the staff leader from time to time and this has always been well received.

### **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?**

Both groups' meetings are well planned, with material delivered efficiently and in a timely manner. The move to using Teams for remote meetings rather than

face to face (due to Covid-19) did present some issues. The staff lead went over and above to ensure these issues were rectified – this was really appreciated.

### **What value do you see for the patients and whanau in the changes these projects have introduced and continue to introduce?**

EOG has become a more cohesive team and initiatives have resulted in big changes. In particular, communication to patients, which was one of the main issues, has improved considerably.

Recognition and Response is at early stages of planning as a new team. I have been impressed that the clinical team put the patients as their priority at every stage of the discussion and planning of their health needs.

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

Continue to provide valuable communication to both clinical staff/community representatives, and where appropriate, to patients and families.



# Appendix 1 – Community Health Council Membership

## Current Members 2021/2022



**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 also worked on various projects through being a member of the Health Consumer Advisory Service of Health Navigator. 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.



**Jan Wharehinga-  
Holden** Term

Commenced: November  
2021, resigned July 2022.

Jan represented her South Otago community, calling on her lived experience, and that of her social work,

to ensure consumer voices came to the CHC attention. Her health interest spanned many fields, but in particular Jan brought a focus to youth, Māori, disability and rural health needs. Unfortunately, Jan was unable to continue as a CHC member after a relatively short period due to personal responsibilities. CHC remains grateful to Jan for her valued input over the time of her membership.



**Vivian Lizeth** Term  
Commenced: June 2021

My name is Vivian Lizeth. I am from Colombia. I have been living in New Zealand since 2018. In Colombia I was studying nursing but unfortunately,

I did not finish my degree because I had to leave my country. There I worked taking care of the elderly for two years. Currently I am working in the Red Cross and in English Language Parents. I also work with the Colombian community in Invercargill. I am passionate about the health area and I hope to continue with my career. I am very happy to be part of CHC.



**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.

**Kiriana (Kellie-Anne) Te Huki**

Term commenced:  
November 2021

Ko Rangitimu te māunga

Ko Waipoua te awa

Ko Ngāti Kahungunu, ko  
Rangitāne, ko Wairarapa

Moana ngā iwi

Kiriana is well versed in the consumer space, utilizing her experiences of health services as a consumer, a whānau member, and as a community member. Her background in support roles for the LGBTQIA+ community, studies in Psychology and Criminology, and compassion for others enable her to advocate for others and for the communities she is a part of.

Kiriana is involved with the Health Consumer Advisory Service of Health Navigator, the National Rōpū for Te Kete Pounamu, the Kaiāwhina Workforce Taskforce, and Rākau Roroa as a facilitator and regional leader, alongside her mahi at Te Rau Ora.

Kiriana is passionate about raising awareness and reducing inequalities relating to the LGBTQIA+ community, mental health and distress, rangatahi and Māori, access needs (disability), and intersectionality. Additionally, Kiriana's areas of interest also include reproductive health and women's health. She is committed to making a positive impact and is a natural advocate.

**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, 2021/2022

Rania Loughnan	Bill Lu	Emily Gardener	Deli Diack
Margaret Willoughby	Tess Williamson	Mohammed Rizwan	Danica Tauri
Sue O'Neill	Barbara Gee	John Fenby	Donna Watt
Susan Davidson	Adrian Hindes	Russell Wilson	Karina Vacarezza
Jean Park	Kingi Dirks	Mervyn Wilson	Heather Clay
Naomi Duckett	David Little	Kylie Murdoch	Arianna Nisa-Waller
Emily Duncan	Nora Paicu	Jasmin Taylor	Te Rangihiroa Rehutai
Chris Ford	Denise Ives	Max Gillies	Claire Turner
Lynley Hood	Sue Edwards	Lyneta Russell	
Anne Coup	Jo Shone	Natalie Russell	
Colin Lind	Mary O'Brien	Cassie Campbell	
Azlyn Lind	Stephen Hoffman	Maria Cristina Ribeiro-Castelano	
Brendan Reid	Nicholas Tulloch	Lauren Dewhirst	
Marie Sutherland	Andrea Johnston	Judy Elliot-Hall	
Anne McCracken	Lynne (George) Kerr	David Buckingham	
Lisa-Maree Fleck	David Vaughan	Corinda Taylor	
Chris Middlemass	Rachel Cuthbertson	Melissa Vining	
Carolyn Weston	Emma Hunter	Paul Colvin	
Jo Jennings	Greg Hughson	Pari Teli	
Catkin Bartlett	Peter Small	Connor Knights	
Deborah Mcleod	Jennifer Anderson	Jo McKay	
Marie Wales	Tracy Peters	Niall Shepherd	
John Marrable	Hana Halele	Amy Taylor	
Jo Millar	Ann-marie Davis	Penelope Fentiman	
Angela Phillips	Suzanne Bamford	Megan Kane	
David King	Simon Fogarty		

## Appendix 3 – Engagement Framework

### 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

**TIRITI O WAITANGI**

**PARTNERSHIP, PARTICIPATION, PROTECTION**

## Appendix 4 – Consumer Engagement in Projects Jan – June 2022

### 44 Community Health Council Advisors

