**Community Health Council**

**Highlights of meeting 6th March 2025**

**Chair Lyneta Russell**

**1. Clinical Council- Rebecca Brushwood**

There was no meeting of the Clinical Council this month due to a Mass Casualty exercise. Rebecca said that the big learning from this exercise was the importance of a whole district, system wide approach in such situations.

**2. Clinical Transformation Group Update- Marie Wales**

Marie updated us on progress with the New Dunedin Hospital Outpatient Building which is still on schedule for completion in June 2026. District wide future proofing is being given lots of attention as

patient journeys can be across multiple hospitals and there needs to be clear communication pathways between all to ensure a smooth transition between services. The team is also focused on ensuring that the digital systems are functional across the entire system and the entire district.

**3. Healthcare NZ- Alister Frengley**

Alister, the Relationship Manager for Healthcare NZ covering the Southern district provided information on the services Healthcare NZ provides and their reach of clients ranging from young children to older persons. They provide aged care in homes for patients who are coming home from hospital as well as ACC and Whaikaha clients. Alister had come along to talk about some issues that had arisen in our communities with consumers who used the services of Healthcare NZ. Generally, he said that they are aware of problems we brought up and explained processes in place for quality assurance. He noted the challenges with replacement staff not always arriving at the planned time – this is because they are scheduling additional visits into an already full day. However, the importance of ensuring that visits requiring the provision of medication are always conducted as close to the expected time as possible.

**4. Southland Charity Hospital - Melissa Vining**

The Council welcomed Melissa and congratulated her on the opening of the Hospital the previous weekend, acknowledging the personal and community effort that has gone into reaching this point. Melissa outlined the purpose of the hospital and who it would serve- Otago/Southland consumers who have been declined from the public service and don’t have the means to pay privately – their access criteria being on their website. There is a Clinical Committee which will make recommendations on what services should be offered – currently they are limited to dental and colonoscopies.  Melissa acknowledged the support from Hamish Brown and David Gow. Melissa did note that reliance on volunteers for their hospital professional services will always be a risk to the hospital.

**5. Council Member Roundtable**

**Toni** provided aRegional Consumer Council update. She is concerned that the process has not allowed sufficient time for whakawhanaungatanga to date and to date there has been no conversation about engaging with consumers. Toni also commented on the Ward 11 closure which was not on schedule, but priority is ensuring that patients are well supported when they exit.

**Beryl** – reported meeting with consumers from Older Persons Rehabilitation Clinical Governance for mentoring. She also expressed concern that Aging Well has not met in some time, and that the production of an excellent resource “Home as my first choice” has not been published due to lack of clarity about funding for printing costs. She also noted that an increase of funding to WellSouth with mention of telehealth services is of concern to older patients.

**Chris** – brought up an issue related to how the culture at Southland Hospital was perceived in that community.

**June** – reported that the Recognition and Response annual report noted the contribution of consumers.

**Lyneta –** spoke about the Health Consumer Advocacy Council who recent presented at the Aged Care Select Committee, and who are advocating for the establishment of a role of Patient Safety Commissioner to ensure that patient safety recommendations (such as surgical mesh guidelines) are implemented.   She also brought up the issue of acronym use, and Council members agreed

that it is the role of the health system to speak to consumers in a language they can understand.

**6. Update from Health NZ Southern and WellSouth**

**Andrew Swanson-Dodds** spoke to the recent injection of government funding into Primary services but as yet is unsure of what the expectations will be from government around how it will be utilised. In response to a concern raised about the increased focus on telehealth, especially for older people, Andrew clarified that it is not designed to replace existing services but to provide another option. Andrew also updated the Council on the well-received efforts by Moeraki rūnanga to set up a new provider in the area. Another update was that South Canterbury is under tender for the Primary Health contract – multiple organisations are pitching for the contract.

**Hamish Brown**

Hamish updated on the significant change that has occurred at the top of Health NZ. He informed the Council on updated on expected health targets with key targets for Shorter Stays in ED, Mental Health, Faster Cancer Treatment and Planned Care. It is challenging particularly for planned care even when considering private capacity (e.g. theatres) as it is still the same workforce performing the surgeries. Some orthopaedic patients have been receiving treatment in South Canterbury.  Hospitals are very busy, and some patients remain admitted for a long time. There are also challenges finding places for patients in Aged Residential Care facilities. Southern is achieving well towards its health targets. Lakes Emergency Department is very busy and have high numbers of mental health patients. Southland have bigger challenges with bedblocks, and a higher proportion of patients who do not wait to see a doctor in the Emergency Department.  Currently recruiting for a General Manager – Mental Health and have gone back to market to search for someone for this position. Police are not involved in care in mental health facilities but will attend emergency situations as required. More de-escalation training is being rolled out in these areas.

**8. Next Meeting** 3rd April 2025

 23rd March 2025