



Minutes for HSP Consumer Council Meeting

Monday 3 March 2008 1030 – 1200

Hakaterere/ Rakaia Rooms - Level 3

Princess Margaret Hospital

“Nothing about us, without us”

| | |
|--|--|
| Attendees: | Beth Nobes (Mental Health), Seulata Fui-Moagutuuli, Jill Waldron (People with Disabilities), Charmaine Wilson (Maori Peoples' Health), David Lamb (Chronic Conditions), Donald Pettitt (Family – Men's Health), Elizabeth Miller (Family – Children's health), Gloria Weeks (People with Disability), Jackie Girvan (Rural Community Health), Keith Gibb (Older People's Health), Robyn Rainey (People with Disability), Margaux Hlavac (Family-Women's health), Richard Davison (PHO Consumers) |
| Secretariat: | Nigel Miller (Acting Chair and Chief Medical Officer), Felicity Woodham (Health Services Planning Manager), Naomi Greenberg (minute taker) |
| Visitors: | Hector Matthews (Maori and Pacific Health), Fiona Bryce, Michele Hider (Communications), Pam Shanks (support person for Robyn Rainey) |
| Apologies: | Amelia Dalley, Tim Carter |
| 1. Mihi & Introductions | <ul style="list-style-type: none"> ▪ Hector Matthews greeted the group with Mihi and acknowledged the mana whenua and the distance that some have travelled to be at the meeting. ▪ Nigel (Geriatrician, experience from Eldercare Canterbury) started the round of self-introductions. (Profiles of the group are attached for your information) ▪ Pam Shanks: People First is a self-advocacy group, it would be great if the group could support Robyn enough so that she could attend on her own. The group agreed on a thesis of mutual support ▪ Nigel introduced the concept of participation (rather than consultation) in the DHB |
| <p>“We should think of ourselves, the consumer council, as a whole body, everyone with the same aim and form consensus views. We are here to represent consumers.”</p> | |
| 2. Terms of Reference | |
| a) Background and purpose of the group: | <ul style="list-style-type: none"> ▪ There is a national drive for consumer participation, Nigel will be reporting back at a national level about our progress ▪ It is everyone's responsibility to bring the group back on track if we are heading in the wrong direction. ▪ Health Services Planning: health services are more by accident than design. Future hospital building needs to examine what the service should look like first before the bricks and mortar (i.e. form follows function). ▪ Following three workshops with consumers and consumer organisations the consumer council design was agreed |
| b) Term of appointment: | <ul style="list-style-type: none"> ▪ The Health Services Planning Programme is supposed to |

| | |
|--|---|
| | <p>wrap up in June 2008, but the consumer council term should be for one year</p> <ul style="list-style-type: none"> ▪ If we get this right we will be able to continue on and get more enthusiasm from the Board |
| | <p>Action: Term of appointment to be changed in Terms of Reference to March 2008 to March 2009 and sent out to group.</p> |
| c) Membership: | <ul style="list-style-type: none"> ▪ Health providers could also attend these meetings and consumers to attend other Health Services Planning meetings, bringing people face to face ▪ Representation for “Acute conditions”, need to be aware of these consumers and their view points |
| <p>People First use the motto: “Nothing about us, without us”, we should adopt this view.</p> | |
| d) Roles and Responsibilities | <ul style="list-style-type: none"> ▪ Election of chairperson: doesn’t have to happen today, agenda for next meeting ▪ Procedures: No need to make formal motions ▪ People are here for everyone and to draw on your own area of knowledge and connections, to represent consumers in the broad sense ▪ No one person needs to focus on just one slice or type of health or consumer issue ▪ Group should have a strategic view rather than an operational view ▪ If recommendations are going to be made members need to be well-informed |
| | <p>Action: Nigel to chair act as interim chair until the group feels comfortable enough to elect a chair</p> |
| | <p>Action: the Secretariat will organise an ‘induction’ session on the Canterbury DHB</p> |
| e) Meeting dates and times: | <ul style="list-style-type: none"> ▪ Preferences of days and times were solicited from the group ▪ Earlier in the week around middle of the day appear to be the preference ▪ Reimbursement for actual costs to attend would be made, e.g. childcare support, transportation expenses |
| | <p>Action: Please contact Felicity and notify her of your specific requirements regarding support to attend meetings</p> |
| | <p>Agreement: Second or third Monday early-mid afternoon of each month</p> |
| f) General questions | <ul style="list-style-type: none"> ▪ How is this breaking new ground? Where else has this concept been used? How can we learn from their experience? ▪ Felicity has done some reading on this, United Kingdom (UK) National Health Service (NHS) and United States of America (USA) sharing of experiences and understanding the drivers. ▪ There are good examples from specific areas within the CDHB such as Mental Health and Renal Services ▪ Doctors who have participated in HSP support the process |
| | <p>Action: Michelle Collyer to present her experience as a consumer in the National Health Service (UK) and the National Institute of Clinical Excellence (NICE).</p> |

| | |
|--|--|
| | Action: Distribute documents of interest regarding consumer participation and health services planning |
| g) Nominations for Chairperson | Action: Nominations for the Chairperson will be an agenda item for the next meeting |
| 3. Tools of Engagement: How do we want to communicate with: | |
| a) Networks: | <ul style="list-style-type: none"> ▪ Network groups are set up in a database of contacts of agencies and individuals ▪ The Secretariat will break up into groupings and there will be an electronic and post network for each position |
| | Action: The secretariat will send the current network lists out to each consumer rep |
| | Agreement: That the following will be used as their own networks in their own right: |
| | <p>He Oranga Pounamu: Maori People Eldercare Canterbury: Older People Pacific Trust: Pacific People Specialist and NGO Mental Health Forum: Mental Health People First: People with Disabilities</p> |
| | Action: secretariat to formally invite the above groups to provide network support for representatives |
| To make sure information is accessible: | <p>Plain language needs – remove ‘healthspeak’, jargon and explain acronyms For screen reading computer software: Diagrams should be omitted but should have explanation Have a good balance of academic and non-academic</p> |
| | Action: The secretariat will connect with Pam Shanks to work on language used in documents |
| b) The public | <ul style="list-style-type: none"> ▪ The secretariat will not include profile or contact information ▪ To share within the group a profile of 150 words, and preferred contact information |
| | Agreement: that explaining that the consumer council exists with names of representatives was acceptable |
| * | Action: the secretariat has set up a generic email address hsp@cdhb.govt.nz to screen the emails that come in and will forward if appropriate |
| c) the media/press/politicians? | <ul style="list-style-type: none"> ▪ There is a risk that they may approach you, protect yourselves by sending them to the HSP team ▪ A publication could include a few volunteers that are comfortable with talking to the media |
| | Action: Secretariat of CDHB Communications team will screen all contacts from media/press/politicians |
| d) Modes of Communications Preference sheet: | * please hand back to Naomi |
| 4. Other related business | |
| | General concerns |
| | <ul style="list-style-type: none"> ▪ Jackie from Ashburton will be inundated with feedback from the community. For example, appointment times for people |

| | |
|---|--|
| | <p>who have to travel to Christchurch Hospital.</p> <ul style="list-style-type: none"> ▪ You need to identify when overwhelmed with feedback – secretariat is here to help ▪ Transition of Hospital Board to Health Board, need to bring health closer to home. Need to look broader, beyond Hospitals. “Making the Shift” what works, what doesn’t. |
| | <p>Action: Issues to be tabled at or prior to council meetings and the secretariat will be responsible for channelling them in the correct direction for response/action</p> |
| If you cannot attend: | <ul style="list-style-type: none"> ▪ Put things in writing and send to the Chair ▪ If there is a point relevant to a particular person, the point would wait until next meeting |
| | <p>Agreement: it is not appropriate to use delegates for this group</p> |
| How will this group convey ideas to the DHB, part of the plan for the purpose of the group? | <p>Agreement: For all meeting minutes, outline “What has the particular meeting has achieved in the way of people’s health” and a summary key outcomes from the meeting.</p> |
| 5. Next meeting | Monday 31 st of March 1130 to 1300 followed by a light lunch |
| | <p>Action: The secretariat will confirm the rest of the dates and times at the next meeting</p> |
| Background Documents | <ul style="list-style-type: none"> ▪ Hard copies provided at the meeting: Terms of Reference, Your profile, Preferred Mode of Communication |
| * To be distributed following this meeting | <ul style="list-style-type: none"> ▪ Making the Shift ▪ Sandra Cooney’s paper (Need to get title!) ▪ NHS participation document |