

## Minutes for CDHB Consumer Council Meeting

Monday 30 March 2009 1130 – 1330

Hakatere/Rakaia Rooms - Level 3

Princess Margaret Hospital

*“Nothing about us, without us”*

<b>Invitees</b>	Maureen Arthurs, Richard Davison, Seulata Fui-Moagutuuli, Keith Gibb (chair), Jackie Girvan, David Lamb, Gythlian Loveday, Elizabeth Miller, Beth Nobes, Donald Pettitt, Robyn Rainey, Renee Sides, Jill Waldron, Gloria Weeks
<b>Secretariat</b>	Nigel Millar, Felicity Woodham
<b>Visitors</b>	
<b>1. Apologies</b>	Nigel Miller, Donald Pettitt, L ??? White, Margaret Bates, Beth for lateness
<b>2. Absent</b>	David Lamb, Hector Matthews,
<b>3. Welcome</b>	
<b>4. Minutes and Actions</b>	<ul style="list-style-type: none"> <li>▪ Minutes taken as a true record.</li> <li>▪ Nominations have gone out and close 27 April.</li> <li>▪ Felicity spoke to Jan Nicholson regarding complaints process – agreement reached – support review around policy and have two consumers involved from the start, two nominations required – Felicity to contact Donald Pettitt regarding nomination. Gythlian Loveday with Elizabeth Miller as back up nominated and accepted. <b>Action</b></li> <li>▪ Keith pleased some resolve has been reached. Helpful contributions have been made and better to be co-operative rather than confrontational. Everyone should be working for the consumer.</li> <li>▪ CPHAC response will be advised by Felicity. Richard Davison, does not think the committee is very influential and did not include disability matters or membership at all.</li> <li>▪ Meeting with CEO will happen prior to the next Consumer Council meeting and suggestion was preferably not a Wednesday.</li> </ul>
<b>4. Correspondence</b>	<p>WebHealth – Felicity will follow-up today. Has been forwarded to Project Leader.</p> <p>Equip4 Seminar – more information required by Keith.</p> <p>Consumer Council requested to know what happens to any feedback/response submitted</p>
<b>5. To note</b>	
<b>6. Visions:</b>	<p><b>Jill Waldron</b> – Registered nurse and midwife, diploma in Counselling, certificate in adult education. After diagnosis had to review career options. Worked at training Care workers in residential care then into community support; now works from home as a Training Advisor, Assessor, Moderator and for some voluntary organisations. Was nominated for this position. Three wishes – a)</p>

	<p>having equality of services for all consumers b) A barrier free environment for all disabilities and providers that provide quality services and are accountable for their services</p> <p><b>Richard Davison</b> – Comes from rural background in North Canterbury region. Person contact with the health system has been through accidents. Substantial amount of the recovery from a very severe experience and assistance from health professionals together with family and friends. Involved in Community Trust to purchase a general practice – Amuri Health Limited. Support from community is fantastic but did not happen by accident. Hard work and rural community working together and engaging as a group of people and without that, would have poorer health outcomes. Unfortunately cannot help all the people but have made quite a difference in many cases and most people do not end up in the hospital system.</p>
<p><b>7. Reports</b> <b>CPHAC-DSAC</b> Richard</p> <p><b>End of Life</b> Jill/Keith</p>	<p>Presentations given at each meeting from those invited. Is not patient focussed and Richard has the opinion it is not really effective in the system. Letter should be first state in reminding the Board through various committees what the patient should get. A number of attendees feel they are only ticking off boxes. These two committees have been combined so disability issues do not arise as there is no one representing this sector to raise them. From a few workshops the message coming through is listen to the consumer. An example given of various strategies that had momentum – Maternity Strategy – and then stops.</p> <p>Report now outlines what is required and input has been very well received. The model being used is from UK with Australian clinical point of view. Report is growing and hopefully at the end we will have good strong recommendations. Hopefully consumers are included in the EOL process and choices are explored and made available. Disability section – carers looking after carers, learning disabilities, quite a comprehensive coverage. Preliminary report be given to Consumer Council for feedback.</p>
<p><b>8. Mental Health Services</b> <b>Primary Care Initiatives</b> Andrea Taylor, GP Liaison CHCPHO; Paul Wynands, Grief Intervention Councillor, RCPHO</p>	<p>Paul Wynands - Rural Canterbury PHO (RCPHO) model covered three parts:</p> <ul style="list-style-type: none"> <li>▪ GP's will receive monies for extended consultation (Mental Health Network)</li> <li>▪ Employment has clinical psychologist and upskilling of GPs in mental health issues</li> <li>▪ Grief intervention coordinator who provides 5 free sessions.</li> </ul> <p>Programme has been well received by GPs and local communities. Since this has been implemented RCPHO has increased their services for mental health problems. With the lack of resources, group sessions may be necessary to assist in addressing the increase in consumers requiring help. Specialist Services and BICs have regular meetings and are in close contact. The model came about through community consultation and GP needs. RCPHO was first and PHPHO now covering urban area – referrals have increased substantially.</p> <p>Andrea Taylor – Christchurch PHO (CHCPHO) – Primary/Secondary care link. Primarily it is about looking at appropriate referrals to specialist mental health services and SPOE; available for consulting; listen to person seeing and sourcing support. Above all – ensuring the best possible outcome for consumers</p>

	<p><b>Summary</b> – Emphasis of both these people is to keep people out of hospital and arrange support in the community where possible. Rural PHOs have made a great improvement and the service has been well received.</p>
<p><b>9. Mental Health Services</b></p>	<p>Toni Gutschlag – MH area has been more protected than other areas of health with ring-fenced funding, and this is expected to cease in the next 2-3 years. CDHB looking at putting out one mental health strategy ensuring value for money and services are extended to cover older population, ie 65+. Strategy Plan covering the whole sector - Group needs to have a greater overview of the whole sector and this has been approved by EMT and we are now in the process of seeking nominations for this group. AOD has already met and draft document is being produced. Focus now needs to be on a system service not a service provided by providers.</p> <p>Ring-fenced funding has always been in tack – providers are spending more than received and it is to be used only by mental health services. More flexibility also means more reporting requirements but timeframe is important.</p>
<p><b>10. Next meeting:</b></p>	<p><b>Monday 1130 to 1330</b> 27 April 2009 (<u>note</u>: light refreshments will be available at 1115)</p>