

**Minutes for CDHB Consumer Council Meeting**

Monday 27<sup>th</sup> April 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, Maureen Arthurs, Richard Davison, Jackie Girvan, Robyn Rainey
<b>2. Absent</b>	
<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>▪ CPHAC response received acknowledging lack of disability representation and will address.</li> <li>▪ Donald Pettit declined invitation to represent Council on Complaints Policy Review. Check when first meeting will be held and advise. Liz Miller accepted. <b>Action</b></li> <li>▪ Jill and Keith meeting with CEO next week. Office is on 2<sup>nd</sup> Floor, The Princess Margaret Hospital.</li> <li>▪ Refugee &amp; Migrant nominations have been received and Independent Committee to review and make recommendation to CEO</li> </ul>
<b>4. Correspondence</b>	Gloria Weeks forwarded on Long Term Conditions.
<b>5. To note</b>	
<b>6. Visions:</b>	<p><b>Seulata Fui-Moagutuuli</b> – Not confident that she was the right person for the Council. Seulata questioned as to whether Pacific needs to be represented but given seven (7) ethnicities with all different needs and the encouragement from Beth, decided to keep attending – apologies for lack of attendance but that is the reason. Pacific people have not only language barriers but also financial restraints and only seek assistance when it becomes critical. Seulata is willing to listen and have input into policy making, if it changes one persons life she feels it is worth it.</p> <p><b>Keith Gibb</b> – Born and brought up in Scotland. Practiced in general practice in Scotland for 6 years and took up a position as a GP in Hoon Hay area in 1967. Trained Trainee Interns in GP for about 20 years, was chair of the Canterbury Disciplinary Committee, President of the NZMA, and chair of the NZMA Ethics Committee. Retired in 1997 and joined Eldercare Canterbury. Keith’s visions included improved integration of medical services, national electronic record</p>

	<p>system, improved discharge planning, ageing in place better resourced, care for other vulnerable groups better resourced in the community, as well as workforce and 2020 planning</p>
<p><b>7. CDHB Financial Status and Expenditure</b>  Carolyn Gullery, GM Planning and Funding;  Greg Hamilton, Service Transition, Planning and Funding</p>	<p>Presentation began with advice that the District Annual Plan (DAP) is progressing very well and will be submitted to the Board on Thursday 30<sup>th</sup> April for approval prior to forwarding to the Ministry by 6<sup>th</sup> May. The DAP actually reflects what has been happening in the last 12 months. The health system is complex and needs to be thought more around philosophies and values.</p> <p>Need to work collaboratively, mutual responsibility, sharing of risks together and HOW not so much WHAT. Inter District Flows (IDFs) and Case Weighted Discharge (CWD) were explained and how the Ministry decides each year the value of the case weights.</p> <p>A very real need to change the way in which we contract to ensure better efficiency and effectiveness in both our hospital sector as well as external providers. The Minister's expectations together with the financial implications across the various sectors, were then tabled and discussed. It was pointed out that under 4's and over 65's are the most highly funded. PHO's are paid for each enrolment.</p> <p>Question was asked around anti-psychotics being beneficial? The explanation was given and it was also revealed that Canterbury has very high dependency on anti-psychotics.</p> <p>It was then revealed the need to keep people in their own homes rather than admitting to a rest home environment, but how community support is needed. Assessment process, criteria, etc are all being reviewed in the hope that there is a financial gain to inject in other services.</p>
<p><b>8. Specialist Mental Health Services (SMHS)</b>  Sandra Walker, General Manager, Specialist Mental Health Services.</p>	<p>Sandra commenced employ at the CDHB in February after working in Victoria, Australia in the Adult Inpatient Services (AIS) for 20+ years. She then made reference to Dr Mellsop's report which covered the outcomes and actions that needed to be addressed. Modifications to the building together with procedures have been made. Sandra was quite astounded at the number of review papers that had been written but nothing happened and several years later another paper written, etc. There is now a further review paper nearing completion that will be submitted to the Board via EMT prior to being released for wider discussion/consultation. Need to be mindful of AOD as well as forensic services.</p> <p>SMHS is establishing a 5 year plan together with P&amp;F to streamline the process as there is a lot of duplication and fragmentation, eg, the number of assessments for a person done from both a community and inpatient service. Early intervention is really the message. Clear evidence is to fix the system and change the way in which the system delivers care.</p> <p>Beth questioned the action being taken about the number of beds in the Acute Inpatient area following feedback from the community perspective. The Mellsop review highlighted the difficulties in accessing this service when it was required and suggested converting under utilised Rehabilitation beds to Acute. Sandra indicated the service was not going to convert those beds as changes to the entire system were needed</p>
<p><b>9. Reports</b>  <b>CPHAC/DSAC</b></p>	<p>Discussed earlier</p>

<p><b>End of Life</b> <b>Quality &amp; Patient Safety</b></p>	<p>No meeting The meeting to be held in April was cancelled and advice on next meeting is to be received shortly.</p>
<p><b>10. General Business</b></p>	<p>Gythlian Loveday – Funding being pulled for Child Liaison Service. Gloria Weeks – HCNZ over the last month have been re-zoning all their nurses. There was no consultation with clients and it appears that staff were not aware of what is happening. New nurses taking twice as long so do not understand how it is saving money. Appropriate response is firstly through the organisation, and subsequently with the Advocacy Service.</p> <p><b>What we have achieved on behalf of the consumers?</b> David Lamb - Concerned that spending too much time on the wider scene. Perhaps we should concentrate on one or two issues. eg Clinics – waiting time involved and a significant number do not return. Draw up a submission.</p>
<p><b>11. Next meeting:</b></p>	<p><b>Monday 1130 to 1330</b> 25 May 2009 (<u>note</u>: light refreshments will be available at 1115)</p>