**Community Health Council**

**Highlights from meeting 7th November 2024**

**Chair Lyneta Russell**

**1. Clinical Transformation Group- Marie Wales**

Marie Wales, Consumer Advisor on the Clinical Transformation Group, updated the Consumer Health Council on recent work of the group**.** The group has been discussing Departmental naming, The group will narrow options down to three for each department and then these will be consulted on. There have also been suggestions of having a description to go alongside a departmental name, to explain what the word means in consumer language. The Group has also been working on a local patient management system, which will enable better technological ability when patients are checking in, timelines for appointment dates, and consumers being able to update their own information. Because of the uncertainty around the hospital build the Group has been considering the implications if the government changes plans. To exemplify this, Marie has been undertaking some patient journey mapping to demonstrate the impact on the patient if the inpatient building is not built.

**2. Disability Working Group- John Marrable**

Hidden Disability Sunflower training is now available for all staff with key areas of focus outpatient clinics, Emergency Departments, patient enquiries and security. The draft Patient Rights, Equity and Cultural Safety Policy was discussed, and the additions required to include gaps in our compliance with Nga Paewera Standards. Members also heard about Survivor Experience Services, attended to advise members about the service where they can hear stories about abuse in care, or support consumers to access their own information. Well South updated members on progress towards their Disability Action Plan. Engagement on this Plan is now complete and represents the commitment to WellSouth having a specific focus on disability and that they recognise this as the beginning of a journey rather than the end. It will sit under the Southern Disability Strategy. Key domains of the plan are:

* Meeting the needs of tangata whaikaha, Deaf community and having FTE within WellSouth for this work
* Continuation of engagement with the community
* Supporting primary care to do better

**3. Clinical Council Update- Rebecca Brushwood**

The Dialysis Unit recently presented to Clinical Council on how they have doubled their capacity for dialysis delivery using only existing resources – meaning they are now able to meet the need from the community. Certification is happening very shortly. A new audit agency is now undertaking the audits and other districts recently audited have recorded more corrective actions than in the past. Southern consequently expects more corrective actions as well

**4. Code of Expectations- Council discussion facilitated by Lyneta**

A Review of the Code of Expectations is underway. Members agreed that there needed to be accountability – recognition that instantaneous achievement of partnership was not realistic but there needed to be accountability for being on the trajectory towards achievement and that all health entities should be required to meet the requirements of the Code. Members agreed the Treaty section should remain. Members extensively discussed the reference to the legislation and concluded that the reference should remain, but it should also state what is included. Members also agreed they would like to see a reference to the Human Rights Act 1993. Members were encouraged to share this consultation opportunity widely and to ensure that Health Quality & Safety Commission were overwhelmed with consumer feedback as there were some concerns that the Code was not being acknowledged at Regional and national levels.

**5. Roundtable- issues brought to the Council by Members**

Positive feedback about the launching of Kōrero mai was expressed. The experiences of a Deaf/blind person on a ward were challenging for the person- more information will be provided. A Southland member expressed concern about weekend discharges from hospital to home when the proper support was not in place. This has also been experienced in North Otago. Rebecca said that in Dunedin Hospital this does not occur- rather patients are kept in hospital, but it has been found that the care and support required is primarily nursing rather than medical. However, by keeping them in over the weekend hospital beds for acute admissions are reduced. Concern was also expressed about the increasing wait times for specialist appointments, but Rebecca could give some insight into this by explaining that this was often a result of not reducing referrals as some specialties did when wait lists increased. The recent Rural Health Review was applauded, but concern expressed as to whether the recommendations would be implemented. Andrew Swanson-Dodds was later able to provide some reassurances on this. A Council member expressed concern that Mental Health has not engaged in Restraint and Seclusion elimination

**6.Update from WellSouth- Andrew Swanson-Dobbs**

Andrew shared his concerns about the pressure on Dunedin Hospital. However, it has been made clear by the Commissioner that rearranging Primary Health Organisations is not on his agenda.

Dunedin Urgent Doctors have been in a difficult situation recently – WellSouth have purchased half of the business in order to be able to help them, providing support for enabling services. They are also to become an ACC accredited agency. Currently a business case is in development to expand the scope of services which can be provided. They will have a strong equity focus, despite this not being a governmental priority.

Andrew conveyed that the WellSouth Board are currently considering their position on the New Dunedin Hospital. They are likely to acknowledge that a new building is needed but that more capacity is needed in primary care.

**7. Next Meeting** Will be on 5th December 2024

16th November 2024