



Northland Health Consumer Council

5.00 pm to 7.00 pm Thursday 28 June 2018

Tohorā House, Waipoua Meeting Room



Minutes of Meeting

Present/Apologies

Attendance	22 Feb	29 Mar	26 Apr	31 May	28 June						
Kevin Salmon	✓	✘	✓	✓	✓						
Kathy Diamond	✘	✓	✘	✓	✓						
Kathryn Sadgrove	✘	✓	✓	✓	✓						
Brian Vickers	✘	✓	✘	✘	✓						
May Seager	✘	✓	✓	✓	✓						
Julie Hepi	✘	✓	✘	✘	✘						
Leanee Sayers	✓	✓	○	✓	✓						
Lisa Young	✓	✓	✓	✓	✘						
Susan Burdett	✓	✘	✓	✓	✓						
Robyn OLeary	✓	✓	✘	✓	✓						
Kristina Duran	---	---	✓	✓	✓						
Penny Franklyn	---	---	✓	✓	✓						
Lynne Tucker	---	---	✓	✓	✓						
Leanne Thompson	---	---	✓	✘	✘						
Visitor			26 Apr	31 May	28 June						
Alan Davis			✓								
Helle Nielsen-McConnochie			✓								
Harold Wereta					✓						
In Attendance	22 Feb	29 Mar	26 Apr	31 May	28 June						
Michael Roberts	✘	✘	✘	✘	✘						
Margareth Broodkoorn	✘	✓		✘	✘						
Ayshea Green	✘	✓		✓	✓						

✓ = present, x = apologies given, o = no information

Minutes: Kim Doble

Next Meeting: 5.00pm to 7.00pm, 26 July 2018

1. Admin

- 1.1 Apologies – Leanne Thompson, Lisa Young, Margareth Broodkoorn, Michael Roberts
- 1.2 Introductions
- 1.3 Conflict of Interest - none

2. Appointment of new member for Child Health Clinical Governance Group

Julie Hepi was previously attending this group with Kathryn and it was agreed that there should be another member appointed to attend while she is absent as it is nice to have two members at least in attendance. Kristina expressed an interest in attending but has difficulty with travel to the meetings so if she could be collected she would be able to go. Lynne is willing to stand in if Kristina can't make it.

3. Presentation by Harold Wereta - Review on Maori Health Community Services and development of Maori Health priorities in Northland

3.1 Review on Maori Health Community Services

- There are two big projects about to be launched by the Maori Directorate and Harold is seeking possible representation to the steering groups;
- With the Maori Health Communities Service Review and the Maori Health Priorities Project there is a common theme that comes out of both of them. It has been 10 to 12 years since the last Maori Health Communities Review so part of the project is to refresh the pathways and to look at the current services we buy and see if they are fit for purpose;
- We want to know if Maori Health (with the 7 Million it gets funded) how does it fit with the overall picture that primary care delivers and that the DHB delivers. Also we need to make sure the model aligns to the neighbourhood healthcare homes and other regional based projects that are underway;
- We are doing this as there are a couple of things happening at the moment that are local. The ASH 0-4 rates are on the improve, it's coming down from 9,000 to 6,000. We need it to be at the national average which is around 4,000. ASH stands for ambulance sensitive data. ASH measures whether the activity in primary health care is working as it should and the number of interventions the DHB makes in ED. The ASH rates for Maori between aged 45 and 64 is on the increase which is linked to things like obesity, heart disease, diabetes and so on;
- District Hospital rates are higher than non-Maori this relates to people just coming in and being hospitalised. We also have a reoccurring rate for days where Maori have been discharged and then readmitted. Readmission rates across the board are 8 percent and 16 percent for Maori;
- Mortality is still very high which influences life expectancy. There is still a gap of 8 to 9 years;
- As part of the review Harold has spoken to the Maori Health providers recently and put in some guidelines. He has told them of his expectations, for example funding will not be disrupted and will remain in Maori Health, the project will continue even if the providers pull out, Maori Health NGO boards will be consulted, assurances that no changes will be made during the review;
- There are 14 Maori Health providers and we need that number to maintain a good service to those communities that are the hardest to reach for example Hokianga Health. However the spread needs to be evenly balanced;
- The project excludes Mental Health at the moment;
- The project structure includes the Consumer Council as a community voice. Also want to include the iwi as strategic advisers. These are included so everyone has input;
- The providers have just received letters giving them notice of the review. The project governance will be set up in July. One of the things we are looking for moving forward is the commissioning of outcomes. Brian suggested PROMS is a great way of getting consumer and whanau feedback. Harold is looking at this tool;
- May asked Harold to confirm if this is also related to the Pacific population. Harold confirmed that it wasn't but it would be possible to include this together with other populations such as Asian. There will be work done with the Pacific groups soon;
- Investment has been secured for this year. One of the major concerns the providers raise is that they are only on 1 year contracts. Harold thinks 2 or 3 years contracts would be better.

3.2 Review of development of Maori Health priorities in Northland

- This project has a very similar look. Harold is going to do extensive community workshops, probably about twenty to thirty workshops in the next three to four months. We are trying to achieve a healthier Northland and we need to reinforce that message. We need to measure how the Maori Health contributes to the big picture;
- Harold is trying to plan five to ten years ahead with a thirty year vision going forward;
- The project structure is similar to the other review with similar groups. In this group however Harold wants less providers and more consumer input and more whanau and community participation;
- The review will go to the joint board next year and then the document will be finalised and published;
- Harold will be trying to secure a two percent increase for Maori Health every year;
- Harold is really focused on the voice of people and the whole community needs to have a say on Maori health. Harold will come back and ask for some representation from the members.

4. Updates from regular meetings

4.1 Clinical Governance Board

- Lynne and Sue attended the last meeting. It was a very interesting meeting and the main topic was the upcoming Nurses strike. The strikes are going to be on 5 and 12 July and they are looking at what services are going to be available during the strike. There will be 24 hour coverage but it will be limited. There are ninety seven percent of nurses who are NZNO. It was confirmed that not all members will elect to strike;
- There was also a major discussion about new name badges for staff saying Hello my name is.... Because it is considered that some Doctors in particular are so focused on treatment they don't actually introduce themselves. It is also the Nursing staff who are failing to introduce themselves;
- The most interesting thing at the meeting was the guest speaker who had been to an addictions workshop in Iceland. Somehow in Iceland they had managed to get control of liquor sales and restricted them heavily. They also call addiction a disease;
- Also discussed about a delirium project, the orthopaedic area had a research project looking at people over 50 who came in for a joint replacement. They were surprised at the number of people that suffered from delirium following surgery. The ideal would be to have a delirium unit;
- There is a new meningococcal strain W. It's been around since January and it's not funded to have a vaccination but it's \$85 to have it and will last five to ten years.

4.2 Child Health Clinical Governance Group

- Kathy attended the last meeting. They didn't have an agenda because of a staff member being ill and therefore just went through the previous minutes;
- There has been a lot of work around DNA'S and there was discussion about this;
- They discussed Ward 2 and the stealing of food and general ideas for improvement. Also discussed about the drugs that were recently found and featured in the press;
- Terms of reference is going to be reviewed;
- Kathy will let us know if there are any problems getting information on meeting dates and Agendas.

4.3 Maternal Health Clinical Governance Group

- This has now been cancelled as the meetings are now bi monthly.

4.4 ASH

- Lisa was going to this meeting and she is not here today.

4.5 Site Master Planning

- Kevin provided an update. There were three final plans options 6, 7 and 8. Option 6 was to build a hospital right up the middle, option 7 went from ED to Maunu House and option 8 was to build a new hospital not in the existing footprints by Child Health. All the houses along West End Avenue are owned by the DHB. After a lengthy discussion they have got to option 8 as the preferred one. You have to submit two options to the government so they are doing 7 and 8. The next bit of construction you will see is two extra theatres and they will be starting before the end of the year. There will be an endoscopy suite which will go on the end of maternity;
- Members discussed the current problems with the Emergency Department with waiting times and the volume of people. Also discussed the problems with the lack of home support services which results in readmissions. Kevin would like the members to think about something that they collectively agree on that could be brought forward as an opportunity to improve outcomes for patients. Discussed how things are done in the UK, a lot of cases are dealt with by Nurse Practitioners which saves time. Whangarei hospital has one Nurse Practitioner and another one coming through.

5. Appointment of member for a focus group on Serious Illness Conversation Guide

There was a discussion about whether any members would like to attend, Lynne and Kathryn would like to. We will put this to all members as some are not at the meeting today.

6. Review of Patient Information documentation – What should the time frame be for reviewing existing documents?

Sophie Cornell has asked for feedback from the Council to determine the appropriate time frame for reviewing documents for Patient Information. It was agreed that two years would be a good period of time.

7. Any other business

- It was agreed that when the members receive email requests to approve documents they only need to reply to the sender not reply all;
- The Council members thanked Ayesha for her attendance and time at the meetings.

Summary of action points:

Who	What