

MINUTES

WAHARUA KŌPITO (CONSUMER COUNCIL)

25 July 2023

4.00pm

Corporate Meeting Room 1, Te Whatu Ora – Taranaki and Zoom

Present: Jane Parker-Bishop (Co-Chair), Paula King (Co-Chair), Belinda Tran-Lawrence, Ainsley Luscombe, Shelley O’Sullivan, Angela Kerehoma, Jamie Allen, Wes Milne, Graham Walker, Dinah King, Dinnie Moeahu, Ngāpai Ngatai, Caroline Tyrrell, Raymond Tuuta

In Attendance: Ingrid Chamberlain, Interim Manager – Clinical Governance Support Unit; Lisa Varga – PA to Interim Hospital & Specialist Services Lead

Karakia and Welcome

- Angela opened the meeting with karakia.
- Paula advised Jane would be joining online at 4.30pm and Ngāpai had to leave by 6.15pm.
- Paula introduced Ingrid who is currently the Interim Manager – Clinical Governance Support Unit. Ingrid gave brief details of her working background which is in nursing and the ambulance service. She moved from Palmerston North to Taranaki two and a half years ago to do emergency management. Around the table introductions were made.

Apologies

- An apology was received from Nicola Clarke with a late apology also received from Nannette Pirikahu-Smith.

Previous Minutes

It was requested that the below be clarified from the previous minutes:

- Graham attended a **zoom meeting** with the Aged Care Commissioner, she asked whether Graham could facilitate a public meeting in New Plymouth that she could come and attend. Wants to meet with as many people as she can and wants to understand the situation for people in Taranaki who need aged care.

With the above amendment, the Council accepted the minutes of the June 2023 meeting as a true and accurate record.

Actions

- Paula and Jane did not get a chance to meet with Bevan prior to him finishing to review the Consumer Engagement Framework.
- The budget for the Consumer Council was raised with Gillian and Tanya; Ingrid will follow this up.
- Graham queried recruitment of a Consumer Engagement Advisor. He does not accept that the changes in Te Whatu Ora are the reason for the freeze on recruitment. Ingrid confirmed that the freeze on recruiting into vacancies is ongoing.

Gillian joined the meeting at 4.24pm

Patient Stories

- This project requires a bit of a lead from Te Whatu Ora; Paula and Jane have discussed with Gillian.

Pronouns on the Hospital System

- This was also discussed with Gillian. Gillian will ensure that Mx is to added to the list for amendments to be made in the IT update. These updates only happen once a year so may take some time but will be added.

Task List

Engagement with Positive Aging

- It was agreed the Council are interfacing with Positive Aging at meetings and an invitation has been extended to Gordon Hudson through Jane.
- To be removed from the task list as an action achieved.
- Graham informed the Council that the Disability Advisory Group is being reinstated and they are keen to establish a relationship with the Consumer Council. The Council motioned that they send correspondence to the Disability Advisory Group via the Chair acknowledging their reformation. Moved Angela, seconded Ainsley.

Te Whatu Ora – Taranaki Update

- Paula acknowledged Gillian joining the meeting and asked that she provide an update.
- Gillian had a good catchup with Paula and Jane, discussed regrouping.
- With the changes in Te Whatu Ora and progress still happening around structures, also discussed what we can do in Taranaki with the Consumer Council. Not hearing a lot from around the country and Gillian handed back to Jane and Paula to find out where things are at nationally.
- The focus currently is on trying not to lose progress that the Council has made given the desire to be involved in improving health services.

Dinah joined the meeting at 4.35pm

- Te Whatu Ora has been in place for a year now and it is fair to say delivery of health services has not got any easier over the last 12 months. Demand is really high and we have to keep grappling with how we deliver services and what the community needs. Staff are feeling incredibly pressured as well.
- The Minister has three priorities around waitlists, workforce and winter planning. Gillian does not see waitlists and winter planning as being too separate as the reason we cannot get people off the waitlists is because the hospitals are full.
- Taranaki has made huge progress from a workforce and recruitment point of view.
- Paula commented that the Council feel the same frustrations around waiting for implementation on a national scale, need to think internally and not wait too much and stagnate. Start thinking about what we can do now.
- Gillian touched on the First Impressions Project; this is going to be looking at things like carparking, how staff first engage with consumers and patients. There have also been suggestions about adding coloured lines to guide people around the facility. This could be a piece of work that the Consumer Council could drive in partnership with Te Whatu Ora. Paula and Jane will be working with Gillian and Ingrid on that.

- Paula commented that the Council are fortunate to have a direct line of communication with Gillian and Tanya and it needs to be used to the Council's advantage.
- Jane raised the request received from Wes at the June 2023 meeting in relation to pronouns on the hospital system. Noted that IT updates happen internally and this is something that is on the radar.
- Graham queried whether the staffing issues stem from enlisting staff or to paying them because we either can't find people or we can't offer them enough money. Gillian responded that there is a large number of reasons why staffing has ended up where it is worldwide, talking thousands of health workers. Post pandemic people retired, people got out of health, people didn't train in the same numbers. New Zealand is no different. We have managed to recruit however now we need to retain staff and money is always a discussion point. We have managed to do well to recruit people into Taranaki. The money part of it is something that gets negotiated nationally and there will always be varying stories.

Waitlists

- Belinda raised the issue of waitlists for breast surgery primarily around reconstruction and prophylactic mastectomies. This waitlist has grown.
- This is not something the Council can necessarily have an impact on however Belinda thinks the Council can have power over transparency which seems to be lacking. People don't know if they are on a waitlist, don't know how long they may be waiting or even if a referral has been done. There is a lack of communication.
- For this community there are women that put their lives on hold for a long time and if they knew waiting times they could make different decisions. Belinda thinks there has been a loss of focus on the communication and transparency of what is happening.
- Gillian advised that the Te Manawa Taki Planned Care Governance Group met today and reconstructions was discussed. This is a good example of where we do people a disservice i.e. telling people they will get surgery in four months when we knew that it wouldn't happen.
- Work is currently being done to put detailed plans in place for our waitlists, working from the longest wait back. The backlog for all surgeries waiting over a year in Taranaki and across the country is massive. We have sent letters to everyone who has been on a waitlist over 12 months and asked them to contact us. If the Council hears of people who are struggling and stressed, they need to contact us. Transparency should be there. Need to understand across the country what surgeries we are delivering and what the timeframes are.
- A national workstream has been developed around communication of waitlists to get ourselves organised and sorted. Gillian reiterated that if people are really struggling not knowing what is happening, they need to get in touch. Gillian is happy to share the contact details for the Outpatients' Booking Office. The alternative contact is the patient's GP, they should be able to give people support around what is happening.

Wes joined the meeting at 4.50pm

- Belinda requested that going forward there is an agenda item to receive updates in relation to patient communication. Paula would also like to receive updates on waitlists, workforce and winter planning. Gillian committed to providing these quarterly.

Physiotherapist Services

- Graham raised physiotherapy services in Taranaki specifically for people who have suffered a stroke and people with MS. People have been side lined and are not getting the physiotherapy they need because of a lack of services.
- Gillian agreed there needs to be an increase in Allied Health support into the community. When we are talking about winter planning, the resources go into the hospital but we also need to put some resources into the community. It won't prevent injuries but it will help people recover better at home. Katy Sheffield, Director of Allied Health – who was a neurological physiotherapist – is trying to find ways to enhance these services within the community.
- Ngāpai queried the Cancer Nurse roles. Gillian responded that Taranaki has a few Cancer Nurse Coordinators across the various cancer diagnoses. If patients are still actively under the service they should have contact with a Cancer Nurse. Gillian will follow-up however suspects they are people who are not actively undergoing treatment at the moment. Food for thought from discussion here tonight.
- Ngāpai noted patients being given early communication is not just in the current climate of catching up, it is historical. The whole point of codesign and the point of these Councils is to put forward what is lacking and we still have not achieved that. Our concern is not the nursing shortage, our concern is patient needs being met when they need to be met. Years of work has gone into saying please communicate and it is still not happening.

Paula moved that Council only time be moved to the end of the meeting. Agreed.

Co-Chairs Update

- National Chairs meeting was held with David Geller, he was the main architect in relation to workforce.
- Lots of korero around the table and emotive comments around workforce being under pressure.
- At the next meeting Gabrielle Nicholson from the Cancer Control Agency is coming to discuss her new role.

Jamie's Research Project

- Paula and Jane discussed this with Gillian during their meeting.
- There is a process through Hospital & Specialist Services for any research projects, hopefully we will be able to initiate the process and get some traction.
- Jamie thought this was great news and very exciting!
- Gillian noted that we will need to make sure we know what approvals are needed internally and to see exactly what is involved. It may need to be navigated slightly. Gillian asked that Jamie send all relevant information to Lisa Varga who will get it through the right channels.

Community Insights

Aged Care Commissioner

- The Aged Care Commissioner will be in New Plymouth on 9 August 2023 and will be meeting with a group at the Taranaki Disabilities Information Centre in the morning.
- On Thursday, 10 August 2023 there will be an invitation only luncheon event in the Citizens Advice Bureau hall. Following this there is a public meeting at 1.30pm in the Council Chambers. The Commissioner would like to learn what some of the concerns are in relation to aged care and disability within Taranaki.

- This event has been advertised in conjunction with the Consumer Council with Positive Aging organising it.
- Graham has asked that the Council Co-Chairs be invited to the luncheon.

Neurological Physiotherapy

- Graham brought up physiotherapy services for those people with neurological issues, a patient with a diagnosis of neuroplasticity needs to keep things moving.
- Graham visited a person in a resthome who had a stroke in November 2022. He had spent some time in hospital and spoke highly of the services with no problems here in Taranaki or in Hamilton.
- He has subsequently moved to a second resthome and is left lying in bed with no physio and no OT; said he was 74 and waiting to die! People like him need advocates to get out there and make movement for them.
- Graham spoke to Sue from the Stroke Foundation who said they are under resourced.
- Belinda commented that physiotherapists are important for breast cancer patients also.
- Gillian noted there is a shortage. She is interested in the conversation around resthomes and commented that some resthomes will have visiting physiotherapy services however she is unsure about coverage. She is happy to find out and feed back to the Council. When Gillian worked privately there were about three physiotherapists, now there is one on every corner. Trying to get them back into the neurology field is difficult.
- Gillian is concerned about where people are not receiving care and services around acute neurology. She will catchup with Katy Sheffield to see if we can break down barriers to core services.

Inpatient

- Ngapai's daughter's father-in-law was having severe migraines, passed out and got severe concussion the last time he banged his head. He was admitted into Te Whatu Ora about a month and a half ago. Ngāpai's daughter went to visit him and found him sitting in the whānau room because his bed was no longer there. She does not know how long he was sitting there. Discharged home without phoning his wife.
- Gillian knows that discharge planning is super important and offered to review this patient if Ngāpai was happy to send through the details. This is the patient story bit we need to listen to and be aware of the impact on patients and their whānau. It does not sound like a patient centric approach to care.
- Ngāpai will check with the patient's wife to see if she is happy for his details to be provided.

Water Fluoridation

- Dinnie advised that Councillors have received an email regarding fluoridation of the water that is coming up. He thinks it is important to understand what is happening but there is also a health and safety message to everyone.
- A couple of weeks ago the Council was inundated with queries from some not so happy members of the public who are clearly unaware of the situation of the Council.
- To inform you all, we as a District Council are directed by the Director of Health and have until 31 July 2023 to start fluoridating the water. Dinnie wondered if there was any advice that Te Whatu Ora could supply to the Council for public messaging. Doesn't matter about research, doesn't matter about totality of research. It is about understanding that there are layers within our community that are very upset.

- Gillian commented that this has been around since well before Te Whatu Ora and there was awareness that these changes were coming into legislation however it is a controversial subject. She is happy to speak to the Public Health Team and is sure they will have plenty of messaging around fluoride in water and the benefits.
- Paula commented that none of the Council members should have to endure abuse of any kind. If there are queries about this particular decision, need to agree as a group that they are redirected to the local MP.
- Dinnie further commented that water fluoridation is directed under law by the Government. Regardless of what individuals' views are – it is directed by the Government.

Chairs' Directive

- If at any time Waharua Kōpito Council members are approached by members of the public with queries or comments in relation to the Health (Fluoridation of Water) Amendment Act 2021, Council members are to redirect the person to their local MP, to the Office of the Director General of Health or the Minister of Health. If Waharua Kōpito Council members feel unsafe or experience any aggressive behaviour in relation to these queries then the member will report this immediately to either of the Co-Chairs who will discuss with Te Whatu Ora – Taranaki Interim Hospital & Specialist Services Lead, Gillian Campbell.

First Impressions Project

- This project follows on from issues with carparking, the red path, signage and the facility in general. These issues will continue for another two years however it is important in the meantime to have a facility that works.
- The Consumer Council, as representatives of the community, have a better knowledge about what is needed. There have been reports received of patients arriving to appointments short of breath due to lack of parking and running late as a result.
- We don't always get things right and have to learn from that however staff also do a lot of things that are good. Trying to reinforce this with positive messages. Getting people to remember why they work in health, using an Instagram frame for photos and have leaders going out saying why they work in health. Would like to get the view of consumers as well i.e. what they need from health and health workers. Keen to look at what we can do in conjunction with the Consumer Council.
- Ingrid commented that a scope has been drafted with input from Health & Safety and Emergency Management, mainly in relation to coming into the hospital and signage. Looking to form a committee and it would be useful to have a representative from the Consumer Council. Rather than doing short-term projects work out what the long-term view is. Would like to have a group of people to start conversations, set up a series of meetings and make some progress.
- Graham asked that Ingrid communicate with the Disability Advisory Group.

Te Whatu Ora Consumer Engagement Framework and Memorandum

- This piece of work goes back to Jake's time with the Council, pieces of work that were started but fell off a little due to the national work around this.
- Bevan added to it to ensure we had a process in place so that consumers on committees and/or projects within Te Whatu Ora are remunerated and are reporting back to the Council.
- Ainsley noted that under the confidentiality requirements, the memorandum has Northland Health. This is to be amended.

- Paula flagged that a couple of PSQ committees had been approached to be pilots with the involvement of consumer reps however the committee chairs were not sure how to progress. This highlighted that there is a gap in the process. Bevan also did some work around the recruitment process and within that process there would be involvement from the Consumer Council Chairs and specific members to be a part of recruitment panels. Paula ensured that everyone was clear and happy with that.
- In relation to remuneration, this is still waiting for a national decision.
- Gillian is aware this needs to progress.
- Ainsley noted that in relation to remuneration, those living rurally need to be considered.
- Belinda has started saying no; need to take into consideration travel time and getting paid \$400 for a day with two days travel is not sufficient. Cannot afford to take time out of paid work to do that. Other people involved are clinicians however this does not apply to them. When you are being employed and reimbursed for your skills and competency it needs to be recognised as such. Belinda is involved in a couple of Te Whatu Ora groups and they are reimbursed at different rates to the Health Quality & Safety Commission.
- Paula will feed these comments back to the National Chairs.

Dinnie and Ngāpai left the meeting at 6.03pm

- Wes noted that in the memorandum collecting data about people there are no pronouns. People in the consumer space need to turn up authentically.

Belinda left the meeting at 6.05pm

- Gillian thanked the group for speaking up, need people to keep reminding us about the imbalances you are hearing amongst consumers. If you are being asked as consumers to do things, you should not be out of pocket. Gillian will raise through her available channels and will leave with Paula and Jane to raise with the National Chairs.
- Paula noted that some representatives are on a benefit and can be severely impacted when being remunerated in a certain way. This could require further discussion.
- Jamie commented that The Retreat uses a peer led service formulation for handling and improving consumer engagement. This has been supported for 10 years by Te Whatu Ora and he acknowledged that over time this process has improved 10-fold, things are so much better and better supported. There has been a lot of really good work. It is an area where there is still work to be done and there always will be but it is on the improve. As part of the peer led process The Retreat have a reference group with two people with lived experience in the room. They also have a debrief team to support people who attend such hui so that afterwards they can reflect on the experience, what went well and how they may have been impacted.

Gillian had to leave the meeting however thanked everyone for the discussion – plenty for us to think about. Need to keep trucking on, lots to do, little things make a difference. Look forward to working with you all.

Gillian left the meeting at 6.12pm.

- The framework document was prepared some time ago and included an action to establish a project team; this would be an opportunity for us to be a working group and to work with key people within Te Whatu Ora.

- The idea of the Consumer Engagement Framework is to have something Te Whatu Ora can utilise when thinking about engaging consumers on projects. This is our opportunity to say this is what we would like it to look like using the Quality Safety Markers as a guide. Even while waiting for a national document, still need to apply a local lens. Suggested that the Council form a smaller working party to focus on key areas. The Council were happy with this approach.
- The call will go out to everyone seeking volunteers to be part of the group or alternatively, Council members can approach Paula and Jane if they would like to be involved. There will be a lot of document review and developing documents, feeding out into the community and receiving feedback in.
- Jane is happy with this approach and would love to get some movement, can't see how anything is going to roll out nationally very quickly. She queried how many people should be on the working group and if 15 people show interest what is the selection process.
- Angela noted that all Consumer Council engagement is a two-whare approach so there should be a mix.
- Ainsley thinks that someone from Te Whatu Ora also needs to be involved so it is driven from within.
- Ingrid will speak to Gillian and Tanya about representation from Te Whatu Ora however is also happy to assist.
- As far as this piece of work is concerned, Paula thinks it is important for the Council to advocate for this to be a true partnership and true codesign if it is to be a local framework – at least until the national framework comes into being. It should not be something developed by Te Whatu Ora and then brought to our table, need to have input from the start.
- Jane and Paula will follow-up with an email to Council members; need to think about numbers, mix and what next stages and steps are.

General Business

First Impressions Project

- Angela queried where the Consumer Council sits within the First Impressions Project. Quite a few first impression conversations around access to services and pronouns etc. A lot of things are to do with first impressions and suggested it could become a regular agenda item.
- Paula feels it will be an ongoing and comprehensive project and agreed with Angela in relation to adding this to the agenda going forward.

Maternity Ward – New Build

- Wes asked whether there had been any consumer insight into the maternity ward that is being built; this service is such a void for the rainbow voice.
- Ingrid will follow-up with Steve Berendsen, Programme Manager – Base Redevelopment.

Taranaki Cancer Centre

- Belinda noted that a little while ago the Council talked about consumer involvement in the new cancer centre however have not heard anything back.
- Ingrid will follow-up.

Council only time commenced at 6.30pm