

Canterbury DHB Consumer Council Report

July 2009

This report was requested by the Chief Executive Officer, Canterbury DHB, as one of two biannual reports.

The Consumer Council recommends to the CEO:

That the CEO endorses the Consumer Council report

That the CEO brings to the Canterbury DHB attention issues relating to

- Canterbury DHB complaints process
- Canterbury DHB Disability Support Advisory Committee

Executive Summary

The Canterbury Consumer Council was formed in March 2008 under the umbrella of Health Services Planning. It transitioned to the Canterbury DHB Consumer Council in September 2008, advising the CEO on matters from a consumer perspective

The Council adopted the motto: "Nothing about us without us"

The Council started with 15 people (appendix 1) and a further person with a Refugee and Migrant perspective as included in April 2009.

The Council has been active in over 14 aspects of health services development and delivery in the past 15 months, with two key areas of interest remaining open.

- Ensuring consistent response and satisfaction of the Canterbury DHB's complaints process
- Disability representation on the Canterbury DHB's Disability Support Advisory Committee.

Discussion

During the Health Services Planning programme of work, the Canterbury DHB recognised the importance of having in place mechanisms which assist it in understanding:

- What information the community needs?
- How the community can communicate effectively with us?
- How we can effectively communicate with the community?

Through the development of the participatory way of working, it was apparent that consumers were critical stakeholder on the process. Sharing their stories was an essential element of experience based design.

A large number of consumer and advocacy groups were invited to participate in a series of workshops to explore sustainable ways that consumers could communicate with the Canterbury DHB and participate in 'experience based design' in the development of health services. The workshops posed three questions:

- How would you like consumer participation to work?
- How can your ideas be put into action - what needs to happen by whom?
- How can we (the consumer group) interact with the Canterbury DHB on an ongoing basis?

In total, three two-hour workshops were held to address these questions and the framework for a Consumer Council was developed.

The nomination process was aligned to that of the Clinical Board and developed with the input from the Corporate Solicitor. Invitations to nominate people were widely distributed and an independent team reviewed the nominations and made recommendations to the Chief Executive. The Chief Executive then invited each individual to participate on the Council. Secretariat assistance is provided through Planning and Funding and supported by the Chief Medical Officer, Dr Nigel Millar.

Consumer Council

The Consumer Council's inaugural meeting was held in March 2008 and the Chair was appointed in May 2008. There were a total of fifteen members on the Council representing a wide range of consumer perspectives.

- Family health; men, women, child and youth
- Mental health and alcohol and other drugs
- Chronic conditions
- Primary Health Organisations
- Disabilities; intellectual, sensory, physical
- Rural
- Maori
- Pacific people
- Older people

In April 2009, a further person with a Refugee and Migrant interest was included on the Council.

The Council's activities include the following:

- Building relationships, in particular with Consumer Collaborative of Aoteroa, a national consumer group that has evolved from Ministry of Health's Quality Improvement Committee; and meeting with Ron Paterson, Health and Disability Commissioner
- Providing consumer input into policy and procedure development and review
- Providing consumer input into health services development, including the Canterbury Initiative, End of Life Working Group, the Canterbury DHB Draft Maternity Strategy and Mental Health
- Initiating input from areas where Council members wanted a better understanding and to ensure the best and consistent outcomes for consumers. This includes mental health services, Canterbury DHB's complaints process and the limited representation of disabled people on the Disability Support Advisory Committee
- When the Council provides feedback, we request a response to the usefulness of the feedback, to support the Council to develop in this area

Canterbury DHB's Complaints Process

The Council is aware that it is not yet another vehicle for consumer complaints. However, it is concerned about the variation of response to complaints across the DHB. The Council continues to work with Corporate Quality and Risk team to explore ways in which consumers can support this process.

Disability Support Advisory Committee (DSAC)

Following the Council's motto, 'nothing about us without us', the Council was concerned to note that DSAC membership is currently made up of able bodied people. In response to our letter to you in March 2009, which suggested that a representative of a Disability Group be appointed, you indicated that disability issues were now more prominent on the meeting agenda. However, the Council remains disappointed with the fact that people with disabilities are not truly represented on DSAC. The Council would appreciate your continued support in trying to achieve this goal.

Clinical Board

The Consumer Council has been invited to nominate two consumers for two positions on the Clinical Board. The Council welcomes this invitation and looks forward to a positive and supportive partnership with the Clinical Board.

In summary, over the past 15 months, the Council has studiously worked towards understanding the Canterbury DHB business and at the same time tried to ensure that the consumer's voice is heard at every opportunity that arises. The Council believes that there is much value in the inclusion of consumers in health services development, implementation and evaluation.

Working in partnership with you, the Council believes that the next phase can achieve significant inroads into creating a person and family/whanau centric health system that is sustainable.

Keith Gibb
Chair
Canterbury DHB Consumer Council
27 July 2009