**Community Health Council**

**Highlights of meeting on 1st May 2025**

**Chair Lyneta Russell**

**1. Southland update- Simon Donlevy**

Simon responded to a couple of issues that have been on the Community Health Council’s action list for some time. The issue of Friday discharges without suitable community support remains a work in progress as there are several factors involved. The community is encouraged to provide feedback on any issues experienced and he reassured that care is not compromised in any way when this is done. On a separate issue work is underway on reviewing the process for transition of patients from the paediatric service to adult services. The Council recommended that a consumer be involved in this review. Simon expressed his concern that the expansion of Southland ED was not part of recent announcements on health infrastructure expansion in Te Waipounamu, the South Island region.

**2. Quality Service Markers (QSM) - Kathryn Harkin**

Kathryn updated the Council on the change from district reporting of QSM’s to regional reporting. Recently work in this area has been focused on services developing realistic and achievable consumer engagement plans. The Council suggested that consideration should be given to involving consumers in developing these plans. Kathryn commented on similar projects across the southern region districts and the greater collaboration occurring between consumer engagement leads across Te Waipounamu.

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

Rebecca informed the Council of priority work happening around the incidence of Hypoxic ischemic encephalopathy (HIE) in the Southern region. This is an umbrella term for a brain injury that happens before, during, or shortly after birth when oxygen or blood flow to the brain is reduced or stopped.

**4. Roundtable**

Issues brought up this month included

* The possibility of introducing the hidden sunflower lanyard into primary practice- discussions about this are underway.
* That the complaints process possibly has generational elements with older consumers being less likely to complain or provide feedback.
* A recent co-design hui re Mental Health and Addiction in Waitaki which was funded by the Health Research Council
* A request that Southern uses the terminology “pregnant people” not “pregnant woman” as a more inclusive term, that time is allowed for staff professional development on Rainbow matters as many of the rainbow community feel they need to coach/guide staff in this area, and issues of concern in Southern in relation to best practice transitioning.
* Noted the sensitivity around “entitlements” in needs assessments and that eligibility is the preferred terminology.
* A query about pharmacies providing emergency prescriptions after a member ran out of medication over Easter and had difficulty receiving an emergency supply.
* Feedback was sought on any recent incidents where a deceased patient had been sent a letter from Health NZ- one member confirmed they had heard of this happening recently.

**5. Upper Clutha Healthcare Crisis- Nicky McCarthy**

Nicky, a member of Health Action Wanaka, talked to a recent report on the health situation in the Upper Clutha district. Three hundred members of the community had input into the report which highlighted numerous equity and access issues. The goal is to get more investment in health infrastructure in that area with the steering group looking for three quick wins which include telehealth mental health consultations, publicly funded blood donation services and local access to publicly funded radiology.

**Update from Te Whatu Ora- Hywel Lloyd**

Hywel updated the Council on the recent Doctors’ strike which, because it had involved planned care, had gone reasonably smoothly. With winter approaching work was underway to mitigate risk around infection spread within the hospital and the importance of community vaccination against winter ills and other infectious diseases. While there is community concern around the reduction in some bed numbers in the new hospital Southern has a plan in place to manage this. Finally, Hywel informed the Council that it is hoped that a permanent appointment to the Director of Operations position be made ideally within 2-3 months.

19th May 2025