POSTER ABSTRACT

Health systems and genuine engagement: experiences and outcomes of a New Zealand Community Health Council

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Introduction: New Zealand’s health system is largely government-funded (80%) and low cost (9%GDP). The population (4.7 million) has services planned, purchased and provided via 20 District Health Boards (DHBs). Hospital services are usually accessed via general practitioner practices. Organisationally, general practices are supported by 33 not-for-profit Primary Health Organisations (PHOs).

In 2016 the Southern DHB (covering 320,000 people) and WellSouth PHO began establishing a health council to provide ‘lay’ advice, guidance, and support to improve the Southern health system.

In February 2017 the Community Health Council (CHC) held its first monthly meeting with an appointed chair (SD), a Southern DHB facilitator (CA), and community members representing a range of geographical areas and health interests (e.g. Māori health, disability, women and children’s health and rural communities).

Aims of the new Community Health Council:

The CHC aims to:
- enhance community, whānau (Māori word for family), and patient experiences
- improve service integration
- promote equity &
- ensure services are organized, and provided, to better address people’s needs.

A key project undertaken in the CHC’s first 18 months was the implementation of a ‘Community, Whānau, and Patient Engagement Framework’ throughout our Southern health system.

Developing the Community, Whānau and Patient Engagement Framework

Calls increased for the (now) 11 CHC members to sit on staff appointment panels, working groups, and larger system co-design projects. Given the demand to have patients involved in a range of projects, the CHC developed a strategy to better engage the wider community of people.

The CHC held workshops to plan an engagement framework. We took the draft to our communities for feedback, made changes, and took the final framework out again before making it public.
The principles of our Engagement Framework are founded on three key principles (partnership, participation and protection) from the Treaty of Waitangi (New Zealand’s founding document signed by Māori Chiefs and the British Crown in 1840).

To implement the Framework the CHC established a register to record advisors. Interested community members complete a form identifying their health interests. The CHC emphasises that all people are ‘experts’ in the knowledge and experiences they bring to the engagement table. When Southern health system staff identify a need for an advisor they approach the CHC who then brokers connections between advisors and staff; the CHC then supports advisors and project team through the process of engagement.

**What we have achieved:** The CHC register now has 42 public advisors; advisors are currently involved in over 26 different engagement projects. The Southern DHB has actively supported engagement by providing support for transportation, catering, and payment for peoples’ time working on engagement activities.

**Conclusions:** With commitment from our CHC, communities, and the Southern DHB and WellSouth PHO leaders we have seen the establishment of a dynamic programme of engagement – and an expectation that community, whānau and patient engagement becomes ‘normal’ practice.

Our next steps are to hold a Southern health system Engagement Symposium in 2019 bringing together the advisors, and the project teams, to share experiences and learning.

**Keywords:** community participation; patient engagement framework