

# Report of the Review of the Counties Manukau District Health Board Community Panel

## 1. Introduction

Encouraging active participation of consumers and communities in health related decision-making has been a principle of government policy since the early 2000s (King, 2000).

District Health Boards (DHB) have statutory mechanisms for community participation such as Community and Public Health Advisory Committees which have elected community members. Some divisions such as mental health have consumer and family advisor positions.

In 2002 the Counties Manukau District Health Board (CMDHB) commissioned a report on how it could achieve active community participation (Davis, 2002). As a result of its findings a Community Panel was established in August 2005 to provide a strong community perspective in putting the DHB's shared vision into action:

*“To work in partnership with our communities to improve the health status of all, with particular emphasis on Maaori and Pacific Peoples and other communities with health disparities.”*

The CMDHB Community Panel is a unique initiative in New Zealand's health system. The Community Panel has up to 15 members who meet monthly for 3 ½ hours. The DHB's Community Liaison Manager convenes the Community Panel, manages its agenda and coordinates administration support for its meetings.

The Community Panel assists with the DHB's planning and decision-making processes and has provided advice to management on a wide range of DHB projects. These include:

- A regional food services project on what was important about hospital food for patients
- 'Lets Beat Diabetes' social marketing campaign
- A patient questionnaire
- Visitors Policy and Consultation Policy
- Oral Health
- Credentialing of health professionals
- Whai Manaaki (quality improvement programme to improve patient care)
- Design of public space areas in future hospital buildings
- Feedback on patient brochures and booklets eg maternity care; "Learning about Kidney Failure" Booklet
- CMDHB Quality Strategy
- Advice on engaging and communicating with different cultural groups and non-English speaking communities – process of setting up advisory groups, translations of information for patients.

Under the Community Panel's Terms of Reference a Review of "effectiveness and value added" of the Community Panel was required. In 2009 an independent review was commissioned to evaluate the effectiveness of the Community Panel.

## **2. The Review**

The Terms of Reference for the Review of the Community Panel were to:

- identify what works well
- determine what areas could be improved.
- clarify how the CommunityPanel has added value to CMDHB.
- provide feedback on how CMDHB can add value to the Community Panel
- identify resources required to implement any changes.

A researcher from the Research Evaluation Audit Mental Health Service (REAMHS) team within the DHB undertook the review. This involved undertaking indepth semi-structured interviews with 31 CMDHB staff and past and current Community Panel members. Interview notes were written up and then analysed by the researcher and written into a report.

## **3. Findings**

The review identified the following -

### **What works well**

- The Community Panel's independent, broad based community perspectives
- The Community Panel's decision to raise issues with the DHB as the 'ears and eyes of the community' and not just wait for the DHB to bring issues to it.
- DHB staff seeing the Community Panel as a resource and partner in planning initiatives and actively seeking out their advice.
- The efficiently run Community Panel meetings at monthly intervals
- The operational support provided by the Community Liaison Manager and Team Support.

## **What could be improved**

An important theme emerging out of the interviews was that staff and the Panel both had responsibilities in ensuring the best value was obtained in consulting the Panel.

- The low profile of the Community Panel within the DHB. For example there was no information on the DHB's intranet about what it offered or how to contact it.
- Timeliness of meeting with the Panel by DHB staff. Staff should plan to meet with the Community Panel early in developing initiatives. This would reduce missed opportunities for the Panel to provide more meaningful value to the DHB and in turn increase the Community Panel's accountability to the community.
- Increased training for panel members about the DHB and its services and systems, how it worked and effective ways in giving advice and feedback.
- More visible endorsement, leadership and advocacy by DHB's executive management for the Community Panel, which would endorse the DHB's vision of 'community partnership'.
- DHB staff should provide more information to the Community Panel on progress with initiatives and what had been done with its advice.

## **Value added**

- The Community Panel is highly valued by DHB staff because it offers an independent community perspective on services and projects across ethnicity, age, youth, geography and socio-economic interests and concerns. It is seen as an advisory and sounding board for initiatives. It provides a two-way link for awareness raising and information exchange.
- It provides a helpful, independent 'reality check' on health professionals' assumptions and concerns about what is important to people using the DHB's services. The Panel provides an opportunity to consider or reflect on these assumptions. Its advice could mean a reorientation of emphasis and an improved service or outcome for patients and clients.
- It provides helpful dialogue and practical advice to improve community and patient centred DHB policies, brochures and other publications (eg Visitors' Policy, 'Learning about Kidney Failure' booklet).

- Staff who used the Panel valued;
  - Panel members' interest, engagement, enthusiasm and honesty.
  - Dialogue that has challenged and increased staff understanding about what was important to the community, leading to more responsive policies, processes and services.
  - The amount of work and insight Panel members put into reading and commenting on publications to improve communication with people from different ethnic and non English speaking backgrounds.
  - The advice on how to reach people from different communities for consultation.

#### **4. Recommendations and subsequent action**

The Review proposed a number of recommendations; the most important was that the Community Panel continue as a mechanism for providing community perspectives to the DHB.

Other recommendations related to membership, orientation and training of members, increasing the profile of the Community Panel within the DHB, advocacy of the Community Panel by executive management, consultation with the Panel, Community Panel representation on the Clinical Advisory Group, and operational support for the Panel.

Since the review the Community Liaison Manager and the Director Service Integration have been putting the recommendations into operation.

This has included:

- Designing and implementing a robust recruitment and selection process for new Community Panel members.
- Designing and delivering a more comprehensive orientation and training package and supporting pathways for Panel members to access cultural training opportunities (such as tikanga Maaori and Pacific cultural competencies training).
- Development of a Community Panel webpage for 'SouthNET' (CMDHB's intranet site).to increase the profile of the Community Panel within the DHB.
- Support for continued utilisation by the Community Panel of CMDHB's Clinical Advisory Group (CAG) as an avenue for two way debate, support and advice on DHB issues.
- Endorsement by executive management to increase Community Panel representation on the Clinical Advisory Group (CAG).
- Development of a clear process for Community Panel representation on CAG.
- An increase in budgetary resources to enable the Community Panel to meet 10 times a year (rather than 6 times).

- Co-designing guidelines for staff on effective consultation with the Community Panel, by the Community Panel and the Community Liaison Manager.
- A commitment from the Director Service Integration to attend Community Panel meetings and be an executive management link to senior managers to raise Community Panel issues.
- Adding a category to the Community Panel agenda to provide an opportunity for Panel members to raise health issues they consider important (as opposed to CMDHB management generated).

## **References**

Davis, P "Towards Achieving Community Participation" paper prepared for Counties Manukau District Health Board. January 2002.

King, A (2000) The New Zealand Health Strategy, Ministry of Health, Wellington.

Stewart, L (2009) Review of the Counties Manukau District Health Board Community Panel, Counties Manukau District Health Board, Manukau.