

**MINUTES OF CCC SERVICE ADVISORY GROUP  
THURSDAY, 26 OCTOBER 2006**

**PRESENT:**

Fran Cook	CCC representative
Shereen Maloney	Planning & Funding representative
Matthew Callaghan	CCDHB representative (standing in for Carey Virtue)
John Wane	Home & Community Care representative
Keren Lusty	Residential Care representative
Pam Diamond	Mary Potter Hospice (standing in for Maree Meehan-Berge)
Eleni Mason	Pacific People representative

**APOLOGIES:**

Maureen Stringer                      PHO representative

Fran thanked everyone for coming. Everyone introduced themselves and gave a quick overview of their position and what sector they were representing.

**TERMS OF REFERENCE (TOR)**

Discussed the issue of having a quorum and how people will be replaced if they cannot attend. Two people were kind enough today to come in place of members of the group who couldn't make the meeting. Discussion was had about putting guidelines in the TOR around that so that members know they are able to send someone in their place.

a) **Aims and Goals of the Service Advisory Group (SAG)**

Fran explained the aim of the group was asking for input from key stakeholders such as those present to help provide feedback to the CCC so that we can work out whether the CCC direction is hitting the right mark. It's about asking for some advice, support and guidance around operational and strategic issues, communication strategies and development of a community service profile and networking. Fran asked if members thought this was a reasonable function for the group. Everyone seemed comfortable with this.

b) **Objectives**

1. ***To enhance the networking and community service profile of the CCC:***

All agreed this was fair and reasonable.

2. ***To have service stakeholder participation in the formation of strategic approaches, policies and planning of the CCC:***

All agreed this was fair and reasonable.

3. ***To receive a range of opinion and feedback on the planning and delivery of the CCC's services:***

It was agreed that this was a good objective to have. The question was asked whether CCC are planning to let other users/stakeholders know who members of the SAG are so that they can feedback through them. Fran said that in the next newsletter that goes out to all referrers there will be an update of the SAG membership.

4. ***To work in ways that are enabling and empowering of stakeholder groups working with older people's health and disability concerns:***

All agreed this was fair and reasonable.

5. ***To have an effective group that is able to provide ideas and advice to the CCC Service Manager and the DHB:***

All agreed this was fair and reasonable. Fran was asked whether everybody on the SAG knows what the CCC is and what we are looking at doing in the next two years. Fran replied that possibly not everyone did and that that discussion could be had. It was also asked whether there was a good range of groups from the community on the SAG. Fran replied that a lot of time had gone into identifying the membership - what areas or sectors needed to be represented and the TOR membership was the outcome of that, which is open for debate as part of the TOR. It is a starting point but if the SAG is missing stakeholders that need to be represented then it can be reviewed.

- c) **Scope**  
Information that needs to be developed and written needs to be written by the CCC and/or by the DHB or by the relevant service and possibly look at testing that information with the SAG to check that it is going to hit the target.
- d) **Key Tasks and Expected Outputs**  
Fran was asked to clarify the meaning of "outputs". She explained that it is "what is going to be generated from this group". It is things like advice and feedback so that the CCC can develop work to go out to the community. Shereen agreed with what Fran had said in that it is an advisory information group - largely for input to the CCC - it's a feedback forum in a way. Fran also said that it means that what comes in and is established here doesn't remain here. That there is an expectation that the output from the group is that members will assist in distributing information following meetings. Members are part of the solution for how to involve the community. It is about two-way communication. Rephrasing of "Expected Outputs" to "Expectations" was decided on.
- e) **Membership**  
The SAG is yet to identify a representative for Maori - no nominations were received. Talk was had around the possibility of a representative from the DHB's discharge planning service being a member of the group. It was decided at this point in time to leave things how they are and see how things work with the current membership and then perhaps review in six months or so to see whether the SAG had the right representation or not.
- Points were raised around possible secondment of a member for a particular issue and also someone standing in for a representative who could not make it to a meeting. The latter would probably be best put into the meeting section of the TOR and Fran said that she would also like to include in that section that if someone cannot attend a meeting, wherever possible, they send the same substitute every time so that there is some consistency and continuity. All agreed that this was a good idea and this will be put into the Meetings section.
- The final sentence in Membership was to be altered i.e. "The group may also invite people with particular expertise to address the group or second appropriate membership for a particular issue for a defined period of time." All agreed to this.
- f) **Level of Authority**  
All agreed this was fair and reasonable.
- g) **Accountability**  
All agreed this was fair and reasonable.
- h) **Responsibilities**  
All agreed this was fair and reasonable.
- i) **Meetings**  
Apart from the changes made as above (see [e] Membership) the group was asked if there were any other changes needed. The length of time between meetings was thought to be possibly too long. It was agreed that the wording would be changed to "a minimum of quarterly. The decision will be made at the end of each meeting." Initially the meetings would be more frequent and then quarterly may be enough.
- j) **Communication Processes**  
It was asked if this was referring to communication external of the group. Fran said that it was but related more to formal communication rather than informal communication between members of the SAG and other parties that they see fit to communicate with. It was decided to try and clarify that section a bit further to reflect the difference. Fran said that she would redo the wording and send a draft out to members for their agreement.
- k) **Fees and Expenses**  
All agreed this was fair and reasonable.

- l) **Opportunities, Impacts and Benefits**  
All agreed this was fair and reasonable.
- m) **Constraints and Challenges**  
All agreed this was fair and reasonable.

n) **Timeframe**

It was agreed that the one year term would stay so that those who wish to commit for a defined period of time have the opportunity to do so – but with the opportunity for those who wish to, to stay on. For anyone leaving at the end of the one year period the formal nomination process will be gone through. Anyone leaving during the course of the year goes back to their own representative group and recommends a replacement person on their behalf for the remainder of that year. All agreed to this.

Eleni raised the issue of the title “Representative for Pacific People”. Discussion was held and it was decided to change this to Pacific Services Provider and to change the Maori title also to Maori Services Provider or Provider of services for pacific people/provider of services for Maori.

This brought about discussion on whether something about the Treaty of Waitangi should be part of the objectives. It was decided that this would be done. It was also decided that Key Tasks and Expectations should be very clear about the fact that we are not expecting the members of this group to be providing full representation for every member of that group but that they can advise the CCC on how to best approach a consultation and communication approach to those groups.

Fran is to make the changes to the draft TOR which will be sent out with the minutes for feedback. It would be good to have some of the feedback by email so that at the next meeting there is a document which everyone feels comfortable with which can be gone through and finalised at that meeting.

### **REFERRAL FORMS**

Fran talked through some of the work that had been done to get the referral forms to the stage they are now at and some of the principles that the forms are based on. The forms were then shown to members and their general feedback was asked for and also agreement on a process for consultation. It is hoped that the consultation process will be completed by the New Year and from there it will be trialled for a period of six months. It is proposed that in June further feedback will be asked for and any further fine tuning of the form will be done.

Feedback discussion began and it was decided that it was preferable to all that there be only one form. Changes would be made as follows:

“Reason for referral” to be “Reason for referral and/or admission (include any relevant history and relevant background information”

At the bottom of “Reason for referral.....” box will be Date of Admission, Anticipated Discharge Date and Date Service to Commence.

Delete “History and relevant background”

Delete Specialist Community Base, Formal Home Supports, Care Management etc.

Alerts – please provide alert information

Move to the bottom of the page - **PLEASE ATTACH ALL RELEVANT INFORMATION AND CLINICAL ASSESSMENTS TO THIS REFERRAL FORM.**

As part of the consultation process it was decided that an “education” leaflet on how to use the form and a “prompt for feedback” would go out with the referral form.

Also a covering letter explaining how we got to this point and also that it has gone through the SAG and the recommendation is that we trial it for a period of time – also include in the cover letter that ultimately we would, after a four month trial period and feedback, be aiming to incorporate it into Medtec, develop it as an electronically generated tool and have pads available if people want them – so that when they're trialling it they don't feel like it's already decided; that changes can still be made.

It was decided that the trial should go through to the end of March.

Fran is to make the changes to the form and create a covering letter. She will then get these back out to members for their agreement. It was decided to aim for mid to late November to have this completed. Regarding distribution, the CCC Communique newsletter goes out in December and we can put the link to the CCC website in there and also send out the letter, leaflet and form with the newsletter to everyone on the distribution list. This can be done again in February.

There is a need to make sure that the distribution list is comprehensive enough so that everyone that should receive any information from the CCC does receive it.

### **ANY OTHER BUSINESS**

1. Keren asked the question here about how the Residential Care Providers can be brought into the loop about the people in their villages getting services. Is there a way they can get a copy of the care plans so that their coordinators know what help is going in or should be going in? They can't advocate for them if they don't know what they should be getting. John pointed out that it goes the other way too. They don't know when clients are away and when they need to suspend services. It was decided that this should go on the agenda for the next meeting under Distribution of Client Related Information.
2. Fran proposed that, as a standard agenda item, she would report back to the members exactly what is happening in the CCC, what initiatives are underway and what project/service development is being done. ? Benchmarking. Reviewing incident reports etc. This was agreed to.
3. Minutes are to be accessible to all teams, groups, representatives etc. as a way of feeding back –any confidential issues will be identified as confidential and put on a separate page.
4. Eleni talked about her service receiving referrals from Pacific Support Services in the hospital. She asked how that worked in with the CCC. These are being received direct from PSS and not coming through CCC. Fran agreed this was a good question and was something that the SAG could work on as well.

### **NEXT MEETING**

Next meeting was agreed to be Thursday, 7 December, 1:00pm – 3:00pm at the CCC.

Appointment will be sent out and a reminder will go out a week beforehand.

Meeting closed at 4:28pm