

ACP Steering Group Meeting Minutes 6th September 2018

In attendance

Kate Orange
Kirstin Pereira
Kendra Sanders
Jane Goodwin (Chair)
Meg Goodman
Arthur Te Anini
Carla Arkless
Karlynnne Earp

Commission staff

Leigh Manson
Clare O'Leary
Chelsea Sirs
Ricki Smith

Apologies

Marianna Churchward
Jane Large
Kate Grundy
Rachel Haggerty
Deon York
Lizzie Price
Helen Rigby
Sue Cooper
Jane Pou
Noel Tiano

Welcome

Ricki Smith opened the meeting with a karakia and welcomed everyone.

Welcome, introduction, apologies

Jane Goodwin welcomed everyone to the meeting, and in particular new member Karlynnne Earp. Jane informed the group of Courtenay Mihinui's verbal resignation. Leigh informed the group of Dr Barry Snow's resignation. Leigh is working with the Northern Region as they now have no steering group representation.

Minutes and actions from previous meeting

The minutes from 2 August were confirmed by Kirsten Pereira and seconded by Clare O'Leary.

Questions from pre-meeting update document

A query was raised at the Midland ACP meeting about whether the Commission would be approaching the Retirement Villages Association. Clare said she will be talking with them soon.

Action: Clare to arrange a meeting with the Retirement Villages Association.

Karlynne confirmed an ACP resource had been created by Ko Awatea using co design and translated into four languages. Posters and pamphlets have been created and the resource is being used amongst Pacifica networks.

Action: Karlynne will send these resources to Clare, national team will work with Counties Manukau DHB to adapt the resources for national use.

At the Midland ACP meeting concern was raised about the value and reason for DHB trainee trainers needing to attend a L1a course.

Action: Leigh to send message out to those who have already attended the train the trainer and those about to attend clearly communicating that the reason they are/were required to attend the training is to experience it as a trainee.

Kirsten queried why travel and accommodation for the serious illness conversation guide (SICG) training is funded by the programme but not travel/accommodation for DHB ACP trainers who need to travel to attend ACP train-the-trainer workshops outside their DHBs.

The national programme offered local ACP train-the-trainer workshops in each DHB (with a pre-requisite requirement of a minimum number of trainee trainers to make it work). Many DHBs chose to train fewer than the required minimum of five, resulting in the need to consolidate. This did mean that their trainee trainers needed to attend training in neighbouring DHBs.

The SICG training requires central delivery due to efficiencies and to host the American trainers Josh Lakin and Rochelle Bernaki and six national trainers. Central delivery resulted in all DHBs' SICG trainers needing to travel and so the cost of that was provided for.

Discuss 2019 work plan

Feedback was sought around the proposed 2019 work plan.

Promotions

The local work that DHBs are doing with St Johns was acknowledged and would be kept in mind when engaging at national level. Wellington Free Ambulance needs to be included in this.

It was noted that the health promotion departments in each DHB are a potential opportunity for us to link with to help spread ACP message.

Resources

Explored digital options for advance care plans - Jim Brown and Joe Anderson are still working on their report.

Action: Ricki to follow up with Jim Brown to see what they are doing around consulting with Medtec.

How are hard copy resources going to be distributed around the country? The process is that bulk resources are sent to regions and it is the ACP facilitator's role to send them out locally. The Commission does national distribution.

There is concern around how to get these resources sent out when a DHB does not have a facilitator to do this.

Action: The Commission will look at cost of setting up central distribution process.

Action: Add resource ordering as an agenda item for the next steering group meeting.

Education and training

There will only be two SICG training sessions next year due to the cost of delivering this training.

It was asked if primary care will be included in the training? The SICG training will begin with the patient deterioration shared goals of care programme. We will start discussions with primary care but it is unlikely that we will get to this by the end of 2019.

Action: A realistic timeline will be created and communicated to primary care networks.

Implementation

Is there anything else that we hope to measure from DHB perspective? How we are communicating information and supporting those networks?

Arthur Te Anini asked how much are we consulting with the DHBs? Are they happy with the work the national programme is delivering?

Several members of the group said that they would like to see permanent or long-term ACP facilitators working in DHBs, not contractors as it makes implementation very tricky.

We will measure success through a survey asking DHBs if:

- they feel supported with local implementation?
- they receiving sufficient information about the national programme?
- they feel included in national programme decision-making?

Minimum package for DHBs

The minimum package has been put together to show what is needed for DHBs to be successful in providing ACP at foundational level. Is it possible to get DHBs to report on how they are tracking in the different components of the minimum standard?

Rachel Haggerty advised Leigh to get the Minister of Health involved to make this a standard for DHBs.

Janice Wilson (Commission chief executive) is engaging with the Minister with a specific focus on the November SICG training. There might be an opportunity to widen the scope of that engagement to cover ACP and the minimum package.

Action: Leigh to discuss this with Janice and Lizzie.

The minimum package now includes a Te Whai Oranga section to state the importance of:

- Te Tiriti o Waitangi
- how to influence health outcomes for Māori
- Māori and non-Māori health status and the underlying factors that influence health
- key features of te Ao Māori (such as whakapapa, iwi, the importance of place and whānau, whānaungatanga, tapu/noa, te whare tapa wha

- identify Māori leaders and advocates
- consider how to best support Māori staff members in ACP.

Māori resource review update.

Anton delivered his report reviewing the Māori resource and the recommendations are to create a new simplified version of the advance care plan resource in digital format to be easily uploaded into patient records integrating te ao Māori perspective with this. The te whare tapa wha framework will be used.

He Waka Kakarauri, the Māori resource designed by Northland DHB, is still available for other DHBs to download and use. <https://www.northlanddhb.org.nz/our-services/a-z/he-waka-kakarauri/>

Anton also recommended that a te ao Māori perspective is spread across the whole of the ACP strategy, which is starting to happen with the campaign and review of training materials.

A co-design process will be put in place to create a simplified ACP template as above.

Action: Add this item to the next steering group meeting.

There were comments that the report that was hard to read and navigate.

Action: Clare will review and simplify the first two pages of the review and send to it to the group.

SICG branding was added to the agenda.

Action: Add this item to the next steering group meeting agenda.

Communication strategy – future approach

Action: Start having conversations around this via email, in preparation for the next meeting.

The learning management system update.

The Learning Management System (LMS) integration pilot between the Commission and Capitol and Coast DHB is currently underway. The purpose of the integration is to enable individual DHBs' internal management of ACP training and reporting, while the Commission maintains visibility of nationwide training.

This led to a discussion around national support for local training and the previously discussed national training co-ordinator role.

DHBs hope the national training coordinator role will help with catering, venues and booking flights and accommodation. The logistics of this did not appear to be viable. The group was referred to the proposed job description. This needs further discussion.

The coordinator would manage queries around certificates, sending reports,

Action: Add this to next meeting agenda.

Leigh closed the meeting at 11:42 with a karakia.