
Chair: Russ Aiton
Members: Mary Schnackenberg, Delphina Soti, Angie Smith, Jodie Bennett,
In attendance: DJ Adams, Dez McCormack, Allison Anderson (He Hoa Tiaki | Partners in
Care team)

Apology: Frank Bristol, Maine Mareko, Deon York

The meeting commenced at 10:07am

1. Welcome & karakia

Russ welcomed the group. DJ opened with a karakia.

2.1 Standard business - Previous minutes

The minutes were moved as correct and accepted.

2.2 Action items

Dez to follow-up Interests register updates for Angie & Frank.

2.3 Interests register

see 2.2 above. No other changes

3. He Hoa Tiaki | Partners in Care (PIC) report

Allison spoke to the written report she prepared:

Update to Te Kahui Mahi Ngātahi | Consumer Advisory group

Since our last meeting the He Hoa Tiaki (PIC) team has been busy responding to queries and requests about the code of expectations and developing an implementation guide, we have had a marked increase in requests for consumer recruitment both internally and throughout the health system. This is a sign that both the code of expectations is getting attention and the mechanism for reaching consumers via the consumer health forum Aotearoa is becoming recognised and utilised.

Code of expectations:

- Since August 2022, [the code of expectations English version](#) is our most downloaded pdf. Since last count, there have been about 700 downloads! Our efforts to promote the code are working!
- All translations of the code have now been completed and are available online [here](#). This includes, all accessible versions, including large print, NZ sign language and easy read. These took a bit longer than expected since the organisations that provide accessible formats are flooded with work. This tells us the NZ accessibility charter is gaining traction.
- The consumer voice framework reference group has been established and is meeting again on 23 November. Out of this advisory group, PIC will produce an Implementation guide to be completed by Q4.

- Each month we will promote an aspect of the code leading up to the end of the financial year.

Consumer health forum Aotearoa (CHFA)

- On 10 November the consumer health forum Aotearoa was held at Te Papa there were 65 consumers registered to attend. This was a workshop-style hui where people chose a topic and worked in small groups with a facilitator to discuss guiding questions and how they applied to their group. We gained some great insights. By having our team as well as representatives from Te Whatu Ora, this feedback gets directly into the right hands in a timely manner. Postgraduate health students from Victoria University school of health helped by scribing the breakout conversations. A report of the themes and lessons from this event will be circulated soon. Save the date for 7 December (6-8 pm via Zoom). The forum will gather then to discuss shaping future events, topics, and structure for 2023. A 2-day strategic planning workshop is planned for Feb. 10 consumer leaders will be selected through an EOI process. The December hui will be an initial recruitment event for that. More details to come! There is also a plan to hold a larger forum event in the first half of 2023.\
- Opportunities for consumers are streaming in from many areas in the health system. We have set-up an EOI process. These opportunities are posted to the CHFA database and active adverts appear on our website [here](#). Please let your networks know if anyone is looking to run a project, focus group, survey etc. [here](#)

Some recent consumer health forum statistics:

Region	Total	Percentage
Auckland Tāmaki Makaurau	198	26%
Bay of Plenty Te Moana-a-Toi	50	7%
Canterbury Waitaha	110	14%
Gisborne Te Tai Rāwhiti	7	1%
Hawke's Bay Te Matau-a-Māui	18	2%
Manawatū-Whanganui	38	5%
Marlborough Te Taihu-o-te-waka	5	1%
Nelson Whakatū	10	1%
Northland Te Tai Tokerau	22	3%
Otago Ōtākou	48	6%
Southland Murihiku	7	1%
Taranaki	15	2%
Tasman Te Tai-o-Aorere	7	1%
Waikato	43	6%
Wellington Te Whanganui-a-tara	130	17%
West Coast Te Tai Poutini	18	2%
Unspecified	34	4%

Ethnicity	Total
Māori	124
Pacific	73
Pākēha	561
Asian	51
Other	21
Unspecified	34

Consumer engagement quality and safety Marker (QSM):

- The QSM dashboard is now fully completed and has been 'soft launched'. The next submission round is due by the end of November, which districts were recently reminded of. We have already had one submission. In the lead-up to the next round of submissions, several districts have requested detailed feedback on their March submissions, which we have provided to their satisfaction. The new submission portal was presented to us for feedback, and we are now waiting for an amended version based on our feedback. This should hopefully be in place for November submissions.
- The QSM reference group has been revitalised for the purpose of aligning the code of expectations requirements within the existing framework. This ensures that the code can be monitored and provides consistency to the districts for how that will be done in future submission cycles.

Co-design:

- You will probably remember seeing the emails and presentations on our co-design modules. These are going well and creating a lot of interest. To date 221 people have completed our 'co-design in health: An introduction' course. Link [here](#). Please continue to share with your networks. The additional 4 modules (supporting consumers in co-design, how you can be involved in co-design, co-design with Pacific consumers, co-design with Māori consumers and whānau) are progressing well and shaping up nicely. We intend to have them available for all by 1 Feb 2023.
- We are always searching for examples of good consumer, whānau and community engagement. Please pass these on to us so we can promote what's happening out in your regions. We filmed a Pacific consumer in the Porirua region recently about sharing lived experience through co-design. It is in a final editing stage

Key engagements

- 22-23 September: Deon, DJ, and Catherine (HQI team) were invited by Taranaki consumer council to meet with council, staff and clinicians. They presented to a large group re: code of expectations, and patient experience data. They saw the new hospital development plans and had a chance to develop new and strengthen existing relationships in the region.
- The Bula Sautu advisory group re-convened in Wellington on 9 November for the first time since 2019. Members travelled across the country for the all-day fono that focussed on whakawhanaungatanga and environmental scans from HQSC, Manatū Hauora and Te Whatu Ora based on the recommendations made in the Bula Sautu Report. The group is planning to come together again for a workshop in early February 2023.
- We continue to meet with the consumer co-leads from Te Aka Whai Ora and Te Whatu Ora on a fortnightly basis to share ideas and ensure no duplication of work is happening within the consumer voice framework, share operating models, programme plans and have other collaborative discussions.
- Six weekly meetings with ACC's Voice of the Customer team to share consumer voice work and socialise the code of expectations, (Though ACC are not legislated to follow the code, they have an expressed desire and interest in adhering to the code where possible.).
- Ministry of Health re: monitoring of the code
- Rare disorders NZ- 11 November

On the horizon for He Hoa Tiaki:

- 21-22 November- Deon will visit Counties Manukau/Ko Awatea and Auckland City Hospital for an update and exchange on consumer engagement projects and will also recognise Dr Lynne Maher's contribution to the programme over many years.
- 29 Nov- Quality Improvement Advisors professional day
- PIC team planning day 13 December

Jodie raised questions about being involved with forum EOI's and if there was a conflict with forum EOI's. Anyone is open to join other groups if they have the time.

Russ asked for an update on the Code guide and code framework advisory group. Allison advised who was on group, what had happened to date and future planning.

DJ added that as parts of the guide are finalised, they will be rolled out.

CAG will be included in progress of the guide.

Russ raised issues re consumer councils feeding into locality plans as outlined in the requirements of the code. (1.2 to 1.6)

4. Members environmental scan

These were provided in writing and distributed prior to this hui for members to note.

These member scans appear as Appendix 1 following these minutes.

All members spoke briefly to their reports.

Jodie expanded that there are a lot of differences in how each locality is approaching the new Health system and that consultation versus co-design has varying differences.

Mary added comment on addition to report re lanyard for people with hidden disabilities. Mary also recommending reading the diary Amanda Stevens submitted on her hospital experiences. Angie noted that locality work implementation seems to be going well, on paper anyway. Proof will be in the action.

Russ has concerns that even with the code, there is not really consumer engagement. Its more much of the same. Staff are "hanging on in" on the West Coast. Mental Health is still a big issue.

Delphina mentioned not happy about food money going down and how that is connected to health. Great to see translations of the code and other info translated in the local ED dept.

5. Top 3-5 collective issues CAG identify to raise with board (on going)

Russ: MH concern re consumers not being fully engaged in policy and services.

Workforce issue - Recruitment of staff nationwide is affecting delivery of services

Locality planning. Not all are equal in relation to consumer engagement.

A written submission provided and put in the board paper follows:

1. There is pressure on mental health services and specifically around consumers not being included in the planning stages of new builds. The pressure on staffing levels is a concern noted by the consumer council national chair's group and COVID continues to add layers of stress on both service delivery and on staff. The code of expectations is seemingly yet to find its place here.
2. The recruitment and, as importantly, the retention, of staff is a national issue with observation that the recruitment 'media packs' are attractive but not necessarily followed-up with the support required. Rural areas particularly are increasingly stressed with lack of recruitment, and we wait to see how the regions approach this for the districts and localities.

3. Locality planning and the transparency of this process is starting to give concerns to CAG. There seems to be a resistance to engage consumer as per the code. Not all localities are seemingly equal, and we note that there is a lack of awareness that the code of expectations requires consumer and whānau engagement.

6. Strategise approach for in person board hui

Initial discussions held on what questions and discussion the CAG will have with the board on 24 November. This will be finalised on the morning of the meeting on 24 November.

7. Board paper feedback.

There was a high degree of feedback on the four papers CAG reviewed.

7.1 Adverse Events policy

Angie spoke to the final draft. Angie is co-chair on the Adverse Events Advisory group. A lot of work has gone into this. CAG happy with process and no further feedback. Language used regarding a no blame/critical attitude is a very positive change noted in this document. Transformative impact for the reader. The consumer/whanau is at the centre of this policy.

Written feedback provided to papers author as follows:

- Since the last time this policy this was tabled at CAG, it has come a long way and is its final draft, the team have done everything everyone has asked them to do. A lot of mahi wordsmithing and can be well assured that the feedback has been worked into the final draft.
- The report is prefaced with how far reaching the and why this review was undertaken?
- Assurances it was put to those that it needed to comment and feedback with a focus on medical colleges, that had not been able to regularly attend the hui.
- Consistent communications, and a lot has gone into this. Socialisation will begin January 2023.
- Acknowledge Dr Te Raina Gunn's input of Te Ao Māori framework and Te Tiriti, the review has shown us how these need to change.
- A lot of difficulty to define what is harm and using SAC ratings
- Consumer and whānau first, made the priority
- Happy with the outcome and support the work gone into the report.
- Very few policies that put consumer at the centre and is an exemplar of doing this.
- Issues around being empowered to identify what might become an adverse advent, and then safe to speak and raise when adverse events do happen, changes to language used to promote change of attitude is well supported.
- Many thanks to Angie for her work with the review rōpū on this important mahi.
- No nonsense straight into it, articulate, made people visible again.
- It is now much easier on the wairua, the tikanga has been respected, the people are visible, and the wairua is felt.
- Transformational for the reader. Praise and prayer.
- Support and endorse, is realistic and aspirational
- can see the weaving of te ao Māori
- can see the feedback has been put into the mahi and efforts.

7.2 Data for improvement paper

CAG found the paper interesting and informative.

Written feedback to authors is:

- While appreciate this is a discussion document, from sections a-g, consumer is not mentioned as an entity. Query how you might add the consumer in point 28.
- Point 40 'implications' aspect could be strengthened if consumers were listed as a consideration in point 28. Linking the code of expectations, given the HQSC are required to follow.
- More transparency and accountability would be good for this paper. The intention for partnership was there but not explicit enough in the consumer space.
- looking forward to hearing back from HQI about it. This could have a BIG impact for consumers at the locality level. Can see so much local-level potential for the right feedback. Can we have a conversation with Richard about linking the HQI data to locality level improvements?

7.3 FVDRC surviving whānau report

The integrity of paper of paper very good. Quite a layered approach. Although a difficult topic, really positive and uplifting in the way it is written. Kudos to author(s).

A little bit to clinically lead. Not hearing victim voices. Acknowledge the significant and urgent need in this area. What NGOs were consulted and what lived experience was consulted? More than one?

Written feedback to authors is:

- Appreciative of the attention given to weaving and integration of the Te Ao Māori framework. The definitions are thorough, and the document is uplifting, though the subject is tragic. Great attention to detail. Great approach.
- Something that jumped out was the urgency of this matter. Found some of the content encouraging, but it was really clinically lead. There seemed to be a single lived-experience voice. More voices of the victims were needed to balance this out. Is curious about the consultation process. Can the author better clearly outline where the lived experience was drawn from, i.e., what NGOs were consulted that work in the space with victims. At what level were lived-experience consumers consulted?
- Thanks for the great preparation for the reader. Checked-out who the research group was. Buoyed by the fact that Fiona Cram was there and knew two of the other researchers too. Not quite sure if this researcher group was new or an established group. *Please check whether this is the correct the naming/spelling of he korowai (instead of Horowai)*(point 38). Noticeable that the language is changing (across health lately). Restorative practice, etc. Glad to see this newly adopted practice in writing.

7.4 Te Ao Māori implementation and socialisation update

Great mahi has been done on this – and need to recognise this. It is very accessible.

Agree with championing it with advocates.

Written feedback to authors is:

- Really pleased with all the work across the advisory groups and acknowledge the completely different spirit and what we are learning to think and aspire to
- Work that's been done and the thoroughness, a lot of mahi has been undertaken and must acknowledge that mahi. Accessibility and the holding of Mana.
- Support previous comments, a need to engage champions and a need to socialise with advocates to bring the framework to life and acknowledge the benefits.

- Real congratulations to Dr Te Raina Gunn and actualising her PhD mahi, somewhat confronting language on page one, 'check unconscious bias and racism within organisation ... result unconscious biases and racism is addressed', it is designed to be confronting but is done in a way that is supportive, very direct language and is brave model. A simple model.
- Brings governance with objective. Operational and then the enactment is clear. Good colours, opportunity to dive down into each of the concepts, it feels good and takes us on a journey.

7. Other business. Karakia & close

No further business. DJ closed with a Karakia.

Next hui: 24 November 22 – CAG hui first & then in person with Board

Actions List:

Date	Action	Responsibility
15 Nov	Angie & Frank have changes to the Interests register to advise.	Angie, Frank

(Member reports follow next page)

Appendix A

Russ Aiton – West Coast

Chair - Consumer Council WCDHB

Chair - National Chairs Group (Consumer Councils)

Co-Chair – Consumer Advisory Group (HQSC)

Chair – Cornerstone Family Support Services (Greymouth)

Environmental scan/real time monitoring

The National Chairs/Co-Chairs (NCCG) group continues to meet monthly with the regional groups now stood up and engaging Te Whatu Ora on progressing communication. Still seems to be some resilience to engage in some areas and a seemingly disinterest in the Code of Expectations. We will continue to monitor the progress.

The NCCG is being asked to provide consumer input (as per the new Code of Expectations) to Te Whatu Ora work groups and expert commentary on the design of new policies such as the National Remuneration Policy and HSS Ops Models.

Services

The new Mental Health unit at Te Nikau Hospital is progressing and MH managers are actively engaging consumer groups even though the architecture and footprint has long been determined. There is some ground to be covered with regard to the feeling of being listened to rather than being the consumer “tick-box” on implementation.

The new recruitment drive here on the Coast progresses well with some primary care places being filled and 2023 looking positive for the GP/NP workload.

National Bowel screening on the Coast continues to do well with the national roll-out now in full swing with the Governance/Steering groups now being stood down.

Positive stories and exemplars

No specific examples locally emerge for consumer engagement of note as the Coast, as a Pilot locality, finally gets out of the blocks with the appointment of a Programme Manager.

We hope to be able to join up the locality thinking with that of the regional consumer chair groups and the consumer scans being undertaken in the NGO and Community sectors.

Mary Schnackenberg (Auckland)

Environmental scan/real time monitoring

Through my various contacts I am hearing several positive examples of work between the many facets of the health system recently joined up by the restructuring. This is resulting in a better understanding of what the different facets of the system actually do and how the increasing collaboration will save time and resources.

However, I have heard an instance of nervousness expressed by a manager about how to engage with consumers as required by the new structure. HQSC has a huge marketing exercise ahead of them, but I also hear about several constructive meetings they are involved in to reassure and teach managers and clinicians.

The Auckland Consumer Experiences Council has been asked for feedback about the proposed national complaints system. To have a nationally designed locally administered complaints system that closes the loop with feedback to people involved will bring a very positive outcome.

In Auckland a new computer administration system is being scoped to be launched in 2024. I have been involved in one aspect of the design of the new system.

I was interviewed about my journey as an out-patient at the Greenlane Eye Clinic. I was also able to provide information about my experiences as a visitor to my partner who was in Auckland City Hospital for four nights.

Several people have contributed their stories. The outcome has shown up the distinction between the transactional nature of the health system, rather than the Journey Partnership experience the health system would prefer to strengthen. The data gathered from the stories will help the administration software team better join up all the dots around improving communications on the journey for patients, whānau, visitors and clinicians.

I am pleased to report the arrival of the Hidden Disability Sunflower Lanyard scheme

<https://www.waitematah.govt.nz/patients-visitors/supporting-you/hidden-disabilities/>

Sam Dalwood from Te Whatu Ora Waitematā explains:

“Hospitals are busy environments and can be stressful for many people, particularly if you are unsure what to expect on the day.

“If you have a disability that isn’t immediately obvious to our staff, such as autism, dementia, a hearing impairment, anxiety (or one of the many invisible disabilities) you may want to wear a hidden disability lanyard during your time with us.

“The lanyard is also called the ‘Sunflower Lanyard’ because of its appearance – a strip of green with a pattern of yellow sunflowers.

“By wearing the lanyard, our staff will recognise you have an invisible disability and may need a little extra help or time.”

Jodie Bennett, (Auckland) Changing Minds (Mental Health and Addiction Sector)

Environmental scan/real time monitoring

There is continued concern that voices from the Mental Health and Addiction sector can’t see themselves within locality, regional or national health planning, as indicated by He Ara Oranga and the recently launched Code of Expectations.

Conversations amongst the Māori Lived Experience community echo the same sentiment, with many questioning if whaiora & whānau Lived Experience representation has been incorporated into memberships with the Iwi Partnership Boards.

There are also concerns within the sector around the leadership structure of The Workforce Taskforce, which has been established to address workforce pressures and a joint vision for the future health workforce. The sector also notes a lack of specific expertise and focus with regards to Mental Health and Addiction.

Expectations for effective engagement include the need to be community and sector led.

Representation is key to ensure the voices of those with Lived Experience are heard and involved in system planning and change under the transformation lens.

Services

Access to Kaupapa Māori and/or Taha Māori AOD Services

Across the region, a steady decline has been noted regarding the percentage of Māori AOD clients accessing Kaupapa and/or Taha Māori AOD services decreased from 32% to 19%, this is consistent across all districts within the He Hononga o te Raki Northern Regional Alliance Mental Health and Addiction Network.

COVID-19 Update

Te Whatu Ora have requested orders for RATs tests and PPE be in by the end of November, to ensure there is enough stock to support our communities over the summer break ahead of staff leave, meaning reduced capacity. The sector observes an increase in cases nationwide now, and that number may well continue to rise as new variants emerge.

Positive stories and exemplars

At the recent IIMHL and IIDL Australasia/Pacific Islands Regional Hub, it was positively noted a call to action is happening in the Lived Experience and peer workforce space, where various leaders came together to discuss, share and agree on a plan to address the lack of voices being heard.

The [Te Pae Tata Interim New Zealand Health Plan 2022](#) has been published. This sets out the first two years of health system transformation to improve the health and wellbeing of all New Zealanders.

The sector welcomes Oranga hinengaro | People living with mental distress, illness and addictions as a priority area for implementing service changes and innovation to improve equity and outcomes.

Delphina Soti (Auckland - General Manager Vinnies)

Environmental scan/real time monitoring

Increasing number of working families and beneficiaries coming in for baby products, food and petrol support. Increased 9% September through to October.
Increase in families who are unable to pick up food due to petrol costs.

Cost of living has increased yet wages and salaries remain the same. Increasing number of employees unable to meet the 7% increase in cost of living.

Increase uptake of part-time jobs by Pasifika and Māori students, more pressure to support their families, more stress for young people especially during exam time.

Noticeable absence from youth recreational and well-being programmes.

Backlog for GP (1-3 day wait) and mental health services (4-12 weeks)

Staff are more prone to respiratory illness after COVID19, absenteeism is still higher 26% -33% than previous years pre-Covid. Creating stress in workplace and fractured teams as some employees choose to work from home to avoid getting sick.

Services

Essential workplaces other than medical spaces having to reinstate COVID19 testing and mask wearing for staff and volunteers as increase in re-infections.

Positive stories and exemplars

Excellent service received at Waitakere Respiratory Clinic and Urology Outpatient clinic at Waitemata by Samoan and Tongan cancer patients. Doctors at outpatient's clinics were accommodating to their larger families. Also took the time to explain thoroughly the diagnosis and all the crucial contact staff who were ready to assist if they had any queries.

Scheduling was also prompt, consistent and user friendly.

Great feedback on consumer code in different Samoan and Tongan Languages from whānau visiting community hub. Especially the elders.

Frank Bristol (Whanganui)

Environmental scan/real time monitoring

An International Initiative Mental Health Leadership (IIMHL) Peer Leadership exchange was held in Oct 2022 in Christchurch and the gathering galvanised our MH & A Peer Leaders to assert Lived Experience roles being given more dominance.

The MH and Wellbeing Commission (MHWBC) has set up Technical Advisory Network to develop the quantitative measures to run alongside He Ara Ahina (the new outcomes framework).

Our Whanganui Consumer Council (Te Pukaea) with Clinical Services pulling consumers into various health service improvement projects. E.g., Child Health and Oral Health.

Services

Long waits in ED. Lack of nurses.

Inpatient MH Acute Unit IPC is well over (150%) capacity regularly. Lack of applicants for Allied Health roles in MH & A and in other services. These staffing gaps could be taken up by Peer Support Workers.

Covid still very present however mask wearing is only rarely seen outside the hospital/health settings.

Aged Residential Care staffing remains a concern.

Positive stories and exemplars

Two Central Region consumer representatives are now on the Regional Clinical Board, and this happened from the first meeting.

A Central Region MH & A Lived Experience advisory network is being set up with assistance from TAS to support the two consumers on the Central Region MH & A Leadership group.

Ngatamaine Mareko-Johnson (Ōtepoti)

Environmental scan

Covid-19 is still prevalent in the community, which is putting stress on the workforce.

University is coming to the end of the year, hopefully this will reduce the risks that are involved with the current Covid-19 outbreak.

Secondary schools are going into tertiary exams, however there are still large numbers of students presenting with flu like symptoms.

With the increase in National and International sports competitions I have spent a lot of time away from Dunedin with these commitments.

The community is still struggling with the lack of access to GP services. Even if you are registered with a service, there are long waitlists to get an appointment.

There is a large back log of Surgical specialists' appointment. Currently there is a 6–12-month waitlist for a pre-surgery appointment. Which is causing a lot of angst in the community. This pushes out the return to work programmes and extends the wait time.

There is still an issue with a Māori health provider that is not providing the services that it receives funding for and claims to be providing. Families are struggling. We acknowledge that there needs to be for Māori by Māori, however, these partnerships should be made with organisations that have a good community standing and proven relationships within the community, through their successful programmes.

This is putting undue pressure on the workforce, that is already tired and struggling, yet are still plugging the gaps, stretching their limited resources.

Activity (since last report)

Have been completing a piece of work in collaboration with NZ Police, Otago Youth Wellness, Oranga Tamariki, Youth Forensics Team and including the Dunedin City Council about the youth offending and anti-social behaviour at the Dunedin Bus Hub.

With this group recognising the cohort of young people

Assess the services that are involved

If there are not services involved, how do we navigate them to this

We realise that this has become a problem, however the solution is not easy.

Despite the fact that it is located outside the Dunedin Central Polices Station, Police, have not, the resource to maintain regular policing of the area.

Working alongside the parents of the young people, to empower them with management tools for supporting their children, away from the area, and the negative behaviours.

The perception in public, is that the kids' parents are not looking after them, they are on a benefit and are not parenting.

The reality is, both parents are working, after the economic impacts they have experienced because of Covid-19.

Te Mokopuna Table is getting off the ground.

There has been a decent flow of referrals from the SAM table

Business South – Reconnected with them for the new hospital build in Dunedin.

How we can connect businesses with our young people to ensure that we get work placements and training for young people that are involved in our service.

We are having a few problems with the age of the young people, they are 15, and this makes things difficult for employment.

It has been a great opportunity to collaborate in the Community

Services

This has not changed: Concern is rising about the lack of services and the on-flow effect of lack of provision. (GP, Dentist, Mental Health Practitioners) – This is becoming an increasing concern, with the spike of Mental Health due to Covid-19 and the effects it has had on whānau.

This has not changed: There is a lack of support services for those that are needing to detox from Methamphetamine – There were several services in Dunedin that were providing this, however it appears that service delivery is not the same as it was pre Covid-19

Concerned that there is a lack of diversity in services, including the youth court cultural report writers

There are not enough Māori or Pacific practitioners in any services available to young people

Positive/feel good stories

We have managed to connect with Pacific Trust Otago recently and participated in the first Holiday sports programme that they have held post Covid-19.

They played volleyball in the school holidays, and they provide lunch.

The Bus hub project has been an amazing cross sector partnership that is continuing to flourish - We look forward to seeing what else we might be able to achieve.