



Minutes of the Te Kāhui Mahi Ngātahi | Consumer Advisory Group to the Health Quality & Safety Commission Board

Co-chairs	Angie Smith & Russ Aiton
Members in attendance	Mary Schnackenberg, Frank Bristol, Jodie Bennett,
PIC in attendance	Deon York, Allison Anderson, Dez McCormack (minutes), Anne Buckley
Apology	Delphina Soti, Maine Johnson, Boyd Broughton, DJ Adams
Guests	Gillian Allen

The hui was held via zoom on 29 May 2023.

The hui began at 1.00pm.

1. Welcome and karakia.

Angie welcomed everyone to the hui and opened with karakia.

2. General business

2.1. The minutes were confirmed as true and correct. Moved by Mary and seconded by Frank.

2.2 Action items were discussed:

10 Feb – F/up with HQI re link at bottom of Franks report and if we have anything like this. (Frank emailed Richard Hamblin after this hui on 12 April). Further to this, Robbie Manning will investigate this again (via Richard) to see if it's something the commission would look at doing. Further action item.

4 April - Frank followed up on a request he had for names etc. of local registrations on the forum – so they can be targeted with local activities. Completed and a good result of inquiries.

4 April - DJ to extend invitation for visits to localities to promote consumer engagement and the code. This code socialisation is on-going. Angie requested continue as action item.

4 April - Further conversation to be had with the co-chairs around co-opting etc. Meeting was held via zoom with Angie/Russ. Dez to make a start on updating TOR. Paper for board to be prepared. Action item – Anne

Deon also mentioned here about the Consumer Network asking about their report's themes being included in the Board paper scan that CAG provides to the board.

2.3 Interests register – any updates advised included in this hui's papers.

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

Deon spoke to the report prepared by Allison, and added what is coming up as it's the end of the FY and our SPE deliverable, the code implementation guide, will go live.

To add - the team is pleased with the outcome of the Christchurch forum, and we have received very positive feedback. There will be a review of the forum and some planning for next year's forum in Auckland is already in motion.

The QSM refresh with more weaving of Te Tiriti o Waitangi, the code of expectations and focus on equity. By Sept 2023 all health entities must report into that, including Te Tāhū Hauora. We will have a leadership role in this.

We will advise the financial outcomes from the year in due course.

The written report follows:

Te Tāhū Hauora

On 30 March, the Commission officially launched its new identity at the all-staff day. You can watch the video explaining the different aspects which form our new Te Tāhū Hauora logo [here](#). Staff then attended a presentation and worked in small groups to discuss the evidence-based, anti-racism kaupapa called [Ao Mai te Rā](#), developed by Manatū Hauora. Each group offered ideas of how we could integrate this work into our programmes.

Our voices: The journey to healthy futures | Ō mātou reo: Te huarahi ki pae ora.

Preparations and promotion of the consumer health forum Aotearoa event on 25 May and consumer events both sides of that date have featured prominently with our team this quarter. This event is aimed at both consumer and the health sector. They will hear how to incorporate consumer perspectives in the design, delivery, and evaluation of health services. We look forward to hearing and learning from our speakers, presenters and Commission-based consumers who will have roles supporting the event.

E-learning course: Co-design in Health: an introduction

This resource has been looked at by 819 people since it launched in October 2022. We currently have a completion rate of 44%, which is satisfactory. With an aim to improve this rate, we will survey the users next financial year to find out more details about their experience, their learning and request their ideas for improvements.

We are in the final stages of our four additional courses: Co-design in health: Supporting consumers, whānau and communities to contribute to co-design, Engaging Pacific consumers in co-design, Engaging Māori consumers in co-design, and Co-design in health: How you can be involved – a guide for consumers, whānau and communities. The modules will be delivered and promoted in Q4. Marketing and promotion of the courses will be a priority for Q4 and will follow into the new financial year.

Client relationship management software (CRM)

The CRM system (Microsoft Dynamics 365) is currently in a trial-phase. Our advisors and coordinators are working through some test data and simulations so that we can work out any bugs before the system becomes BAU. This software will help us to track our relationships with consumers and other entities. It will enable us to automate and streamline reporting on our engagements. The CRM will also be adopted by the rest of the staff at Te Tāhū Hauora, as a replacement for the current, outdated stakeholder database.

Advisory Groups

The Bula Satu Advisory group met on 2 Feb to re-connect post- Covid. In response to the *Bula Sautu* report, the advisory group is working towards creating some clear outcomes to effect change and bring positive impacts for our Pacific communities.

The Commission's QSM reference group was re-established in late 2022 and has been advising us on how to best integrate both the code of expectations and principles derived from Wai 2575 into an updated reporting framework, helping to guide QSM submissions to be explicitly linked to the code of expectations and Te Tiriti. Work continues drafting a final framework for publication late Q4.

The Consumer voice reference group (CVFRG) is an advisory group made up of representatives from the health entities, Te Whatu Ora, Te Aka Whai Ora, NZ Blood, Pharmac and includes the HDC, Manatū Hauora, consumers, and Commission staff. CVFRG have met regularly since Q1. Out of this advisory group, PIC will produce an Implementation guide, (our SPE deliverable for this FY), to be completed by Q4. On 22 March, CVFRG were shown a revised draft of the implementation guide content developed to date, which the group's input helped to shape. The guide's structure is that of a 'living guide' which is accessible and inclusive in the form of web pages pertaining to sections of the code of expectations. The changes to the first web page were well received and now form a template for the remaining web pages. The CVFRG meet next on 19 April to review and discuss guidance content. A final draft will be completed, shared with CVFRG and suggested changes will be made to finalise content for the implementation guide by 26 May. Following this, a survey will confirm the entities and consumers who were consulted in the development of the guide will find it useful for implementing the code.

Te Whatu Ora

The team have had a few opportunities this quarter to get acquainted with Hector Matthews the new Director Consumer Engagement and Whānau Voice - Te Whatu Ora. 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- sharing operating models, programme plans and other collaborative discussions.

Staffing:

Anne Buckley, as a full-time Senior Advisor joined the team 9 January and Robbie Manning, Data Analyst joined the team on 17 April. As of then, our team is fully staffed at 10 FTE.

Engagements

The team were involved in over 237 engagements in quarter 3 and it's looking like a busy fourth quarter is upon us.

Of note:

- We continue our international connections on subjects such as patient experience, the code of expectations and research on consumer engagement.
- Planning for Our Voices event has been a strong focus.
- We continue to give presentations involving the code of expectations. These engagements range from offering (and co-designing) code implementation guidance,

code socialisation, and aspects of developing a Te Tiriti- based framework for the monitoring and evaluation of consumer engagement (QSM).

- Cross-Commission involvement in the team is strong and rages from activities with the ACP steering group, adverse events, various projects with HQI, the acute flow project, the safer use of anticoagulants project, mental health and addictions and more.
- ASB Polyfest was a highlight in quarter three! DJ and Lauagaia represented He Hoa Tiaki at the Commission booth where staff engaged with more than 800 festival attendees. Visitors to the booth ranged from preschool to kaumātua. The team was delighted when Prime Minister Chris Hipkins, Deputy Prime Minister Carmel Sepuloni and Minister for Pacific Peoples, Barbara Edmonds popped in for a visit.

Professional Development

In February, several He Hoa Tiaki staff participated in the Otago Public Health Summer school. Courses attended were:

- Introduction to NVivo (qualitative research data analysis software)
- Introduction to the NZ health system
- Countering disinformation in Public Health
- The reformed health system, where to form here?
- Introduction to Pacific health: approaches to action
- Hauora Māori: towards tino rangatiratanga in Public Health

Learnings from these courses will help to shape and inform our work going forward. We are grateful to Otago University for making these courses available.

Ngā Pae Hiranga Insights

Five consumer voice stories were produced onsite at Te Papa during the consumer health forum Aotearoa at Te Papa on 10 November 2022 with the support of Videographer Dave Allen. These have now been published to 'Our voices' page on our website and YouTube Channels along with captions and accessibility transcriptions. The videos will also be promoted through the consumer health forum Aotearoa update and social media channels. In addition, we produced and re-edited four animations from our co-design courses developed with Kineo. They were repurposed as individual assets to support for the code of expectations implementation guide. There are three videos in pre/ post-production in Q3 that will be published in Q4:

1. Co-designing the consumer health forum Aotearoa.
2. Lynne Maher, introduction video for Our Voices conference
3. What you need to know about creating accessible resources (working title), interview with Mary Schnakenberg for the code implementation guide.

The code of expectations [page](#) has been viewed 1464 times this quarter compared with 3641 in Q1 and 1628 in Q2.

The Ngā Pae Hiranga consumer hub landing [page](#) had 2,030 page views in Q3 compared with 1,761 page views Q2 and 2,036 page views in Q1.

Consumer health forum Aotearoa opportunities (expressions of interest) [page](#) had 934 page views in Q3 compared with 1,035 page views Q2 and 213 page views in Q1.

If you have any specific queries about our insights on web traffic, please get in touch.

Planning for next financial year. (1 July 2023 - 31 June 2024)

The planning and prioritising for next financial year (23-24) has begun. There are quite a few variables to consider, notwithstanding a new health minister and a new SOI for the Commission. The team have developed our two SPE's for next year and they relate to the consumer health forum and the code of expectations. We are currently developing a work plan and prioritising projects within it.

Below you will see a table that describes progress of He Hoa Tiaki workplan to date.

Growing and strengthening Ngā Pae Hiranga - Workstream 1	Progress	Details	Project lead	Collaborators
Produce an implementation guide for the code of expectations for consumer and whānau engagement and explore the development of a learning module	3/4	Intended completion date 17 April	AB	AA, LCJ, LJA DJA, ZE
Co-design: new modules. Promotion of courses	3/4	Launching soon	AA	AA, ZE, DJA, LCJ, LJA
Sponsored data project	3/4	Has moved to an all of Commission initiative via PIC and Comms	Comms	AAT
Stakeholder mapping	1/4	Will now be incorporated w/CRM project.	CJ	LJ, DJ
Support consumers and the sector to set their own specialty satellite within COE (e.g., Māori, Pacific, youth, rural etc)	1/2	Additional push needed to reach other groups	Cat Jefferies	Cat, DJ
Facilitate targeted engagement training to consumer groups as required	Complete	As required	TS, DM	
Code of expectations finalised and tabled	Complete		DY	PIC
Final code of expectations printing and layout (all formats)	Complete		ZE	
Code translation (languages and accessible formats)	Complete		ZE	

Cross-sector code implementation working group formed	Complete	Ongoing	AB	AA, DJA, TS, DY
Promo/socialisation of co-design in health: an introduction	Complete		ZE	AA
Supporting Consumer Health Forum - Workstream 2	Progress as of 31/9/22	Details	Project Lead	Collaborators
Membership drive/ marketing campaign	3/4	845 members as at end Q3	TS	ZE
Evaluating and refining the 3-year CHFA strategic plan (with input from CAG, CN and CHFA)	3/4		AA, TS	PIC
3x in-person forum events throughout the country - targeting regions and/or population groups	3/4	Last event for year: CHCH 25 May	TS	PIC
Further development of existing digital infrastructure, continuous improvements to consumer forum 'hub' online	ongoing	As needed web-requests	TS	
Forge international CHFA research/partnerships	ongoing		DY	TS, AA, PE (summer student)
Media & marketing: create the 'your voice, your health' campaign to increase awareness and draw new members. Includes collateral development.	Complete		ZE	ZE, DJ, LCJ, TS
Video: why join CHFA?	Complete		ZE	TS
2x online, facilitated CHFA events	Complete		TS	PIC
Develop a bank of content and collateral specific in look, feel and purpose to CHFA, driven by members' input	Complete		ZE	DJ, LCJ

On 22-23 February, the Consumer Health forum held a successful two-day co-design workshop with ten selected members of the CHFA plus a member of CAG and the Consumer network, collectively. The group helped to develop plans for the future of the forum. These plans will be further solidified as we survey wider.

In late February, the Consumer Health forum helped to organise and run two focus group sessions on behalf of the Law Commission. The Law Commission were seeking health consumers' opinions about adult decision-making capacity law reform. Twenty members from the forum were able to attend and offer their feedback. This was the first cross-sector

event we have offered, and it went very well. It became an opportunity for us to link the Law Commission in with the ACP team. We will look to offer more cross-sector engagements, as opportunities arise.

Below are stats from the Consumer health forum as of 31 March 2023. The membership numbers have grown, which is encouraging. We are carefully considering how to better target membership in underrepresented and priority areas.

Membership by self-identified ethnicity	Quarter 1		Quarter 2		Quarter 3	
	Total	Percent	Total	Percent	Total	Percent
Māori	124	14	136	17	162	19
Pacific	73	8	91	11	90	11
Asian	51	6	52	6	49	6
Pākehā/Caucasian	561	65	58	73	614	73
Other	21	2	19	2	21	2
Unspecified	34	4	33	4	33	4

Membership by district	Quarter 1		Quarter 2		Quarter 3	
	Total	Percent	Total	Percent	Total	Percent
Auckland Tāmaki Makaurau	198	26	221	27	225	27
Bay of Plenty Te Moana-a-Toi	50	7	56	7	55	7
Canterbury Waitaha	110	14	115	14	128	15
Gisborne Te Tai Rāwhiti	7	1	8	1	10	1
Hawke's Bay Te Matau-a-Māui	18	2	17	2	19	2
Manawatū-Whanganui	38	5	40	5	39	5
Marlborough Te Taihū-o-te-waka	5	1	5	1	5	1
Nelson Whakatū	10	1	10	1	11	1
Northland Te Tai Tokerau	22	3	23	3	24	3
Otago Ōtākou	48	6	53	7	53	6
Southland Murihiku	7	1	8	1	8	1
Taranaki	15	2	14	2	14	2
Tasman Te Tai-o-Aorere	7	1	7	1	7	1
Waikato	43	6	44	5	45	5
Wellington Te Whanganui-a-tara	130	17	142	18	144	17
West Coast Te Tai Poutini	18	2	20	2	19	2
Unspecified	34	4	26	3	39	5

Total	760	809	845	
Building C&W leadership and capability	Progress as of 31/9/22	Details	Project Lead	Collaborators
CHFA Te Tiriti advocacy workshop offering	1/4	in planning	AA	AA, TS
Development and support of a youth consumer group to inform PIC and the Commission	1/4	Draft TOR complete	LA	AB, DY
Review and refresh of Consumer Network ToR's	1/2	end Q4	DM	PIC
Developing programme, curriculum, and awareness campaign consumer leadership academy to launch 2023-24. Facilitate leadership training for CAG, CN and CHFA	1/2	with input from LM	DJ, LCJ, LJ	AA
Summer scholarship in place for summer 2022, report and evaluation of programme to follow Q4	3/4	Awaiting final report form Vic	AA	DY, AB
CN meetings for 2022/23	3/4	Last for 22-23 FY 24 May	DM	PIC
Socialisation and promotion of national consumer participation policies	Ongoing	W/ CVFRG	AB	DY, DJ, AA, TS
Investigate consumer leadership options within the Commission	ongoing	Will feed into below:	DM	All
Partnership with DHB consumer councils to support a transition to locality/regionally focused councils	ongoing		DJA	DY
CAG Meetings for 2022/23	Complete		DM	PIC
Upskilling/onboarding all new CAG and CN members	Complete		DM	PIC
CAG and CN offered Te Tiriti and decolonisation workshops and/or online training options	Complete		DM	

Review and Refresh of Kahui mahi ngātahi CAG ToR's	Complete		DM	
Enhancing and embedding the consumer and whānau perspective throughout the nine pilot localities.	Re-prioritised	Moved to next FY	DY	DY

The Summer research conducted by Penny Evans, post graduate health psychology student from Te Herenga Waka | Victoria University. This joint project with the School of Health focused on a literature review of latest consumer engagement evidence, both within NZ and internationally. Penny also conducted interviews with 6 international representatives and her project not only provided the impetus to reach out to our known international colleagues, but we were also able to make some new connections. A summary of this project is expected near the end of June.

Measuring and Responding to the C&W voice- Workstream 4	Progress as of 31/9/22	Details	Project Lead	Collaborators
CRM software	3/4	Training in progress for coordinators/advisors	TS/DM	PIC
Qualitative, Patient experience (Māori) data automation (joint project w/HQI)	half	Stage 1 of project nearing completion. Stage 2 yet to be scoped. Will be a long-term project.	BJ	AA
Formation and strategic planning of Pacific group to respond to Bula Satu report findings	quarter	Group formed. Ongoing discussions re: intended outcome(s)	LCJ	LCJ, LJA
Further scoping for using QSM, Survey, focus group and other data for improvement projects and exemplars	ongoing		PIC	PIC
Support teams across the Commission to identify, plan and facilitate opportunities for whānau, consumer, and community engagement	ongoing		DY	PIC
QSM maintenance and improvements, promotion of new features, training, facilitating a national QSM group	ongoing	Group formed, QSM draft with updates out for consultation with QSM and code implementation groups	RM, DA	AA, DY

Partnering w/ HQI, MHA&HNZ to develop PREM/PROMS	ongoing	Update @ end Q4	DY	RM
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4. Members environmental scans

Full scans are attached as appendix 1 after these minutes. Below is a verbal summary from members.

Russ Aiton

Full and meaningful engagement with the Locality and consumer group on the coast is still not happening. We still await the operating model.

They have challenges with staff levels and recruitment. No focus with the code.

Covid is mixing in with the flu and a high number of cases.

Frank Bristol

Real time monitoring in ED wait times and volumes are being provided to consumer leadership. Great to have this transparency.

Wairarapa consumer council resigned in masse as fees weren't being paid. This was quickly rectified, with backpay, and the group has re-established after being funded.

Frank has established with ELT a separate budget line for consumer groups which is a great win for consumer engagement. All local TORS being rewritten to include consumer engagement and reference to the QSM and code. Clinical and patient risk is not being managed as it should be. More work needed here.

Mary Schnackenberg

Was surprised to find a cancellation fee for her GP's visit when she was unwell. They hadn't advised of this policy, or a rate increase in fees. Lack of communication.

Jodie Bennett

Thanked the team again for the forum, the excellent organisation, and the broader opportunities the day bought with meeting on-line colleagues in person.

Regional planning for Northern district consultation has been finalised but has been quite rushed with not a lot of time given for feedback. One thing that has come out is the suggestion that some significant consumer roles move into service improvement and innovation. There is a push to keep this with MH & A as distinct advocacy is needed in this space. Jodie also on other another clinical working groups so can influence/advocate decisions in this space.

10-year plan for system & service framework. Came across as inspirational and achievable. Giving the sector hope.

Guidelines around seclusion and restraint have been published.

Jodie's father is receiving hospital care and its worrying to see firsthand the staff levels that mean his level of care is compromised and risky at times.

Angie Smith

Firstly, acknowledged Boyd, Maine's and Delphina's reports in their absence and the level of detail within.

Under the new Adverse events implementation guidelines, training is mandatory for health care workers around restoration responses for those involved in harm in an adverse event.

Angie did this training and noted it reflects the code of expectations. Angie gave a local example of a patient that died that shouldn't have and where the response from Te Whatu Ora was unacceptable. Wording compounded the trauma for whānau. There is so much training still to be done in this space.

The impact of cyclone Gabrielle continues. Huge resilience from whānau and messages of support have been so appreciated.

5. Top 3-5 collective issues CAG identify for board paper

There was a discussion with what issues should be highlight to the board, including the reports from those absent and Anne reviewed all member reports to produce the board paper, the text of which follows:

1. CAG's discussion centred on the following themes at the 29 May meeting:
 - a. Workforce shortages and delays in access to care.
 - b. Health and wellbeing of those in flood and cyclone affected areas.
 - c. Need for increased consumer engagement within the restructuring health sector.
2. The CAG continues to see workforce shortages and workforce stress as the key concern to highlight to the Board. Pressure on emergency departments and delays to access general practice, specialist appointments and treatment including surgery were noted, with increasing wait times reported from across the country. The large deficit in nursing numbers was raised as of concern and in rural areas, such as Northland, the difficulty in retaining GPs and practice nurses highlighted as a specific issue for training institutions as well as the health sector. Recruitment of doctors to rural medical practices in general was noted as a significant challenge. For mental health and addictions, pressure on services was noted and the demand in specialist care cited as 'pushing care back' to general practice which is unable to meet the consumer's specific needs. The impact of the health sector reforms on workforce stress and the potential for increased resignation rates in an older health workforce was also raised. Workforce shortages were also noted to be exacerbated by illness, particularly COVID.
3. Members from areas affected by recent weather events reported the significant impact on health and wellbeing of whānau and communities in their area. The length of the anticipated recovery period was highlighted and the ongoing impact of re-housing, often temporary and inadequate was noted. Infrastructure loss, such as roading closures, was also cited as decreasing access to Auckland hospital services for Northland residents.
4. Members noted that consumer engagement teams within Te Whatu Ora and Te Aka Whai Ora are still in the process of forming and this is influencing leadership of consumer engagement within the re-forming health entities and their response to the Pae Ora Act and the code of expectations. Specific areas of concern raised included the lack of

consumer voice in localities planning and the difficulties in retention and support of consumer councils in some Te Whatu Ora Districts. It was noted that the code of expectations requires engagement with consumers in the design, as well as the delivery and evaluation of services, and that the locality level is where a lot of potential re design is currently underway with inadequate consumer representation and input. The requirement of the code of expectations for consumer engagement at all organisational levels was discussed, with recent work to achieve this in Te Whatu Ora Whanganui highlighted. CAG members are continuing to advocate for consumer participation and awareness of the code of expectations as individuals and within their networks.

5. The He Hoa Tiaki | Partners in Care team shares this information with the relevant teams in Te Tāhū Hauora to act upon within the organisation's scope.

6. Feedback on Board paper

Adverse event exemption reporting for 2021-22 year

Gillian Allen (AE Team) attended this section to get direct feedback from the group.

Angie as a member of the adverse events advisory group started with comments, some background to the paper and what it hoped to achieve.

Comments made that it is great to see the culture change in adverse events from blaming to learning, improving and importantly for the consumer – healing from experiencing harm. It is much safer for consumers to raise concerns and harm events through the policy and wording shift, without fear of reprisals.

Further learning programmes have been developed and now the aim is to get this learning promoted widely in the health sector.

7. Update on He Hoa Tiaki programme plan for 23/24

Allison presented a PP of the updated programme plan and influencing factors for 23/24 and beyond. These include:

An updated, and soon to be finalised Statement of Intent and Statement of Performance Expectations. Enduring priorities in the SOI are embedding and enacting Te Tiriti o Waitangi and pursuing health equity. The strategic priorities in the SOI are:

- 1) Improving experience for consumers and whānau
- 2) Enabling the workforce as improvers
- 3) Strengthening systems for quality services
- 4) Leading health quality intelligence
- 5) Guiding improvement to prevent early mortality.

Te Tāhū Hauora's mission statement is to involve, inform, influence, and improve.

He Hoa Tiaki now has two SPE deliverables and an entire team of ten FTE.

Reviewed the wording of the Pae Ora Act and Te Tāhū Hauora's responsibilities within it.

Allison noted that in the updated SOI, it is recognised that Te Tāhū Hauora cannot improve quality alone. Instead, through strong reciprocal relationships and partnerships we deliver analysis, advice, tools, and resources. We lead out with influence.

He Hoa Tiaki will maintain 4 distinct, yet interconnected workstreams. Some work planned for each workstream was discussed, particularly consumer leadership training and decisions around where the regional CHFA workshops will be held. PIC will work further with both our consumer groups around these points.

8. Update on code of expectations implementation guide

Anne provided a brief update on the implementation guide in development to support health entities apply the code of expectations.

The guide is taking the form of a series of webpages and includes information, videos sharing the consumer voice, resources including practical tools and case studies, and recent literature. It has been developed by a working group which includes consumer representation. (Angie and Russ). The guide will ‘go live’ by mid-June 2023 with a form to advise any feedback. The guide will be updated 6-monthly. A communication strategy to socialise the code of expectations and the implementation guide is in development.

Anne also provided the following link to an external resource “Brokering Better Partnerships Handbook”: <https://partnershipbrokers.org/wp-content/uploads/2021/02/Brokering-Better-Partnerships-Handbook.pdf>

9. Feedback on Forum and ½ day on Friday

Positive feedback was again provided by all members on the forum, it’s production and outcome. Jodie mention feedback she had received; would have been good for extra time for the audience to ask further questions of the panel.

Deon mentioned an independent article written in the Whānau Ora commissioning agency for the South Island which also provided good feedback.

[Te huarahi ki pae ora - Te Pūtahitanga o Te Waipounamu \(teputahitanga.org\)](https://teputahitanga.org)

Mary touched on Dame Val Adams talk affirming the right of people with like interests to gather and discuss.

Frank also spoke very highly of the event and particularly of Doug Edwards, Te Tāhū Hauora’s Te Pou tūmatanui.

10. Wrap of zoom & other business

Dez mentioned the joint hui coming up with Te Kāhui Piringa and to provide any agenda items for this hui. Dez will share the partnership paper that Te Kāhui Piringa have sent to the board.

11. Karakia and close

Angie closed with karakia.

Actions list

Date	Action	Responsibility
10 Feb (carried forward)	F/up with HQI re link at bottom of Franks report and if we have anything like this. (Frank emailed Richard Hamblin after this hui on 12 April)	Robbie Manning

29 May	Robbie Manning will investigate this again (via Richard) to see if it's something the commission would look at doing	
4 April	DJ to extend invitation for visits to localities to promote consumer engagement and the code.	DJ
29 May	This code socialisation is on-going. Continue as action item	
4 April	Further conversation to be had with the co-chairs around co-opting etc.	
29 May	Meeting was held via zoom with Angie/Russ. Paper for board to be prepared.	Anne

Next hui – 29 May via zoom
 (Member reports following pages)

Appendix 1

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)

Real time monitoring

Takiwā Poutini | West Coast Localities steering group. The steering group have held drop-in and townhall sessions in all areas of the coast in a concerted push to engage community and have open sessions for feedback to hopefully inform the areas of concern as seen by them. We await the report on success and areas identified.

Te Whatu Ora – the inertia remains and as does the lack of SKILL and WILL in supporting consumer advisory group to continue in any positive and meaningful way. A recruitment plan for example has been on the agenda since November 2022 and remains a discussion item with no responsibility or ownership to “do”.

The Code of Consumer Engagement (CoCE) is not either supported or not seen as a stand-alone document rather an addition to the QI burden incumbent on the Quality workforce. Resourcing (FTE) is an ongoing issue against the changes to Te Whatu Ora operating models and ongoing consultation. For example, FTE redirected away from supporting CAG with recruitment plan to the QSM data upload to HQSC. The ELT has not engaged as per (as example) *CoCE Clause 1.4 share leadership: knowledge and expertise drawn from lived experience are valued equally alongside clinical and other knowledge.*

Communication and transparency continue to be non-existent (regarding consumers) in relation to CoCE.

COVID-19 comments.

There are still COVID cases, as well as seasonal flu cases, coming in via unplanned care and to health centre maintaining the pressure on health of workforce. This is still providing stress for the workforce and immediate management.

Services

It is difficult to give any input on how well the services are doing (or not) as little or no communication is happening or including the Consumer Advisory Group.

National Consumer (Councils) Group

The group recently hosted Sarah Marshall ACC re. prevention of maternal birthing injuries project for advice on how best to engage consumers (regionally and nationally) that could offer lived experience. This forum continues to be of value to both members as a supportive cohort as well as an emerging advisory group in the Consumer space. I would note that some regions (old DHB districts) are STILL without either consumer councils or are not supported as per the “BAU” emails sent out to the contrary. It is the responsibility and accountability of the incumbent ELTs to ensure support is given.

Angie Smith (Wairoa)

Kaiwhakarite Māori – mahi kiritaki | Consumer representative, Māori Co-chair, Te Kāhui Mahi Ngātahi | Consumer advisory group
Member | Consumer and whānau voice framework reference group
Ngāti Kahungunu – Ngāti Ruapani ki Waikaremoana – Ngāi Tūhoe

We are reminded that the whole health sector continues to experience big changes particularly with the consultation that is underway. There is uncertainty about jobs. The sector is understaffed (56,000 registered nurses), healthcare workers are over worked, they are tired, they are tired from the stress of shift work which takes a big toll on them; as well as the sheer numbers of patients. They are there for us at our most vulnerable and I acknowledge them with the utmost respect. On the flipside is the consumer and whānau. Their voice is core to the change that is happening, uplifting, and challenging at the same time. Kia kaha tātou ki a tātou – Be resilient unto ourselves.

Environmental scan/real time monitoring

Consumer Council - Te Matau a Māui Hawke's Bay

Penita Davies, Consumer Engagement Lead, Te Matau a Māui Hawke's Bay, has been settling into her role. She has uploaded her first submission to the Quality Safety Marker (QSM) for Hawke's Bay, after missing the September 2022 reporting period. I anticipate meeting with Penita around re-establishing the consumer council once she has the support of her district. I hope she sticks with this role, because I know that she wants to do this work for consumers; she sees the value of consumer and whānau voice. Penita reminded the working group for the upgrade of the Hawke's Bay Hospital (ICU, ED, and Renal and Acute Mental Health), of Te Pae Tata - Interim NZ Health Plan 2022, and the **code** in this re-design. She is committed.

Personally though, I grow impatient at the seeming lack of movement!

Services

Locality – Tihei Wairoa

Anna Hayes, project manager - Tihei Wairoa, facilitated the development of an online survey that was sent out to a community database to share with wider networks. Four questions were put to our community to answer. These answers formed the base of our final Locality Plan, submitted in April 2023. A QR code was attached to the email, which took us to the survey or alternatively, a link was provided: <https://forms.office.com/r/WUJc2m3wZM>

1. What does a happy, healthy, and safe whānau look like for you?
2. What does your whānau do to keep happy, healthy, and safe?
3. What worries you as a whānau?
4. What do you see as important for the future for your whānau and your community?

He was sent home to die....

@Hawke's Bay Fallen Soldiers' Memorial Hospital

@Wairoa Hospital

To advocate for consumer and whānau voice to be heard is an incredibly privileged role when whānau have lost a loved one while in the care of our local health and hospital services. The death of a kaumatua last October could have been avoided, in hindsight, but the forever grief will be felt by his whānau. Staff at Wairoa Hospital received a complaint and request for a whānau hui, for whānau to have their say and to hear from the medical staff who attended their elder. The whānau representatives were brave and honest in their recounting of events that led to their tragic loss. To their absolute credit the medical staff were respectful and gave deeply genuine apologies to the whānau. Following this April hui,

the hospital staff are following up with a review of their clinical processes and procedures, and very importantly, are updating the whānau on the outcomes.

Training healthcare workers in restorative responses will be of huge benefit to all parties, following an adverse event. That training is available now and, I believe, will become mandatory in future for all healthcare professionals.

Positive stories and exemplars

Consumer networking in Wairoa

Peter Waihape, a Wairoa local, has joined the consumer health forum Aotearoa and will be attending the forum in Christchurch, 25 May 2023. Peter's inclusion is purposeful and is part of developing a passionate consumer network in the Wairoa district. He actively advocated for his whānau over the past few months when their kaumatua died in Hastings Hospital, the result being a whānau restorative hui in mid-April and ongoing reporting. His involvement is important in growing and developing this network.

The Flood – Cyclones Hale & Gabrielle

Thank you, CAG members, and HQSC staff for your thoughts and prayers, in the aftermath of the January / February flooding events. I was grateful for your words and support.

Our little rural village of Whakakī flooded, something we are used to unfortunately, but not to the extreme extent of sediment dumping that occurred in our closest township of Wairoa. Near on half the town was evacuated, their homes red-stickered. Displaced whānau either moved in with other whānau or were cared for at marae. Many homes were not insured, and this has added to the stress that is being experienced. Anecdotal evidence abounds, of whānau moving out of the district to be able to enrol their children in other schools, to seek support elsewhere. As resilient as our community claims to be, many of our people are still digging out silt, but are thankful for their lives.

Mary Schnackenberg (Tāmaki Makaurau)

Environmental scan/real time monitoring

The ongoing issue about getting relevant personal health information to disabled individuals and whānau is highlighted by the adverse weather events this year. We know about helpful information from the National Emergency management Agency and Whaikaha Ministry of Disabled People on various websites and telephone information services, but marketing of the availability of this information to those who are offline is an ongoing challenge.

Pharmac continues to advise its stakeholders of changes to medicines. Recently their emails have made clear what a particular medicine is used for. This helps any reader who can't spell the names of their medications to be alert to the possibility that the medicine may well be one that they might be taking because the announcements let us know what conditions the medicines are for.

I participated in a focus group and subsequently made a submission on the Review of Adult Decision-making Capacity Law. The Law Commission will come back to us later this year with a report on their proposed recommendations to Government about possible changes in the laws affecting decision-making. This impacts on the health system, but in addition involves

almost everyone in society at some time or other, so hopefully we will take this consultation very seriously.

Input / involvement in HQSC meetings/groups.

4 April 2023, Consumer Advisory Group

Activity (since last report)

I continue to serve on the Pharmac Consumer Advisory Committee, the Auckland Health New Zealand Consumer Experiences Council, and the Ombudsman's Disability Advisory Panel. Each group is working to support and advise during challenging times of uncertainty about health structures for consumer advisors.

Services

Long waiting times to get appointments with GPs, specialists and treatments including surgery.

Positive stories and exemplars

The groups of advisors I serve on are well supported by the various organisations. Their leadership is listening to the advice we enjoy providing.

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

Environmental scan/real time monitoring

Northern District Regional Planning

Regional planning for Mental Health & Addictions for the Northern region is underway. A Commissioning Consultation is underway and expected to be completed mid-May. This will determine the structure and consolidation of key Mental Health and Addiction roles.

The proposed structure places Mental Health and Addictions under Hospital and Specialist Services. Te Whatu Ora have appointed two interim roles to provide advice, information, expertise and to influence around a scope of issues that are important to mental health and addiction services.

'The Network'

The Northern Region Mental Health & Addiction Network is a collective of clinicians, NGO's and tāngata mātau ā-wheako from what were the Northland, Waitematā, Auckland and Counties Manukau DHB's.

We are still waiting for the formal process to be completed which will give an outcome on how the Northern Region will align with the national plan and what the direction for our region looks like.

The Network is interested in how they ensure regional alignment is encouraged and more importantly how resources can be shared.

We understand significant reform is expected, and the Network will have a key role to play in regional planning for Mental Health and Addiction services.

Consumer representation on this group is encouraging, with three tāngata mātau ā-wheako representatives in place (including Jodie).

Oranga Hinengaro System and Service Framework (SSF)

The SSF has been published after a period of consultation with the Mental Health and Addictions sector.

The Oranga Hinengaro System and Service Framework identifies the core components of a contemporary mental health and addiction system with a 10-year view. It provides guidance for those responsible for publicly funded health system policy, design, service commissioning, and delivery. It sets out:

- Core principles identified by Māori and people with lived experience that should underpin the system and services.
- Critical shifts required to move towards a future system that supports pae ora (healthy futures)
- The types of services that should be accessible and available to individuals, whānau and communities.

More on the SSF can be found here: www.health.govt.nz/publication/oranga-hinengaro-system-and-service-framework

Seclusion and Restraint – Mental Health Act Update

The guidelines around the use of seclusion and restraint when working with people being treated and cared for under the Mental Health Act have now been published.

The guidelines focus on preventing, reducing, and eliminating seclusion and restraint using approaches that are person-centred and grounded in the principles of Te Ao Māori and human rights.

Manatū Hauora state they are committed to the goal of reducing and eventually eliminating seclusion and these guidelines will help shift practices towards a restraint and seclusion free environment, in which people's autonomy, dignity and mana are maintained.

They were developed with advice and insight from people with lived experience of restrictive practices, Māori, and clinical advisers, to ensure the guidelines support the needs of all tāngata whaiora.

Services

Waitlists are long, staff shortages continue, and the Commissioning Consultation has impacted the workforce and the services they provide. Unless cases are particularly acute, many whai ora are being referred back to their GPs for management, rather than being able to access mental health services locally. Unfortunately, not all GPs are equal, and needs are not always met in a way that supports positive recovery for tāngata mātau ā-wheako.

The cost-of-living crisis continues to affect our community, with many struggling to meet rising costs. The increasing pressure is affecting people's mental wellbeing, adding more pressure to the health system as a result. This adds to our position at Changing Minds that a 'whole of government' approach is preferable, ensuring socioeconomic determinants are considered as part of a holistic wellbeing plan for tāngata mātau ā-wheako.

Positive stories and exemplars

The Changing Minds community has been incredibly responsive to a recent survey (still currently open) on what positive consumer engagement looks like. We look forward to sharing some of these results in the next scan.

Boyd Broughton (Te Hā Oranga, Tāmaki Makaurau)

Environmental scan/real time monitoring

Workforce/Accessibility: Health services are under pressure, GP's, mental health, and addictions. Workforce remains a huge issue impacting on wait times for GP appointments. Workforce impacted by shortage and illness as Covid remains prevalent in the northern region.

Whooping Cough: Tragic loss of life from whooping cough placed that high on the agenda for health providers, whānau, and the communities. This is something we had hoped to have been eradicated and should not be experienced currently.

Covid-19: Covid cases increasing weekly, and modelling suggests more cases and deaths across the region in coming weeks. Booster uptake is steady with over 2000 vaccinations administered weekly for the last month or so across Te Tai Tokerau.

Measles: Two confirmed cases in Albany. Lower measles vaccination rates mean there is an increased risk of a measles outbreak from two confirmed cases in Albany. Northern region will embark on a measles vaccination campaign this next month or so via the Māori providers who expressed disappointment with a 'told-you-so' discussion that they had to let their vaccination workforce go as contracts are ending in June had not been renewed and we now find ourselves short of the workforce to quickly stand-up community vaccination efforts and events. Most providers can provide a mobile vaccination effort, which is a positive. Data sharing has been a challenge to identify close contacts and their vaccination status.

Environment: The region severely impacted by adverse weather events earlier this year, and recovery continues in West Auckland and isolated parts of the north in Kaipara and along that West Coast. Awaiting further investment for the recovery and some significant road closures had an impact on accessing treatments in the Auckland hospitals, in some cases roadworks contributing to an eight hour plus drive from the Far North to Auckland.

Localities: In my role I am facilitating and leading a lot of discussions re. the Localities as part of the health reforms and remain excited to attempt to undo health systems embedded over the last two decades to address some of the priorities and unmet needs of communities, as identified by the communities, and then find, fund, and resource the required services. Iwi are wanting to provide leadership in these discussions supported by Māori providers, and other NGO's and services in their localities, many of which are still to be defined.

Taikorihī: The Northern Region has two localities out of the original 12, one in Otara and one in Te Hiku. The one in Te Hiku has had their priorities approved and are now working towards a more comprehensive plan.

Census: Health providers and Whānau Ora are also supporting the collection of Census Forms to improve the uptake and help achieve over 90% return rate for all the benefits greater census data achieves.

Services

Workforce: An in depth and detailed discussion had by the providers and iwi in Kaitiāia and CEO of Te Whatu Ora, Margie Apa in April regarding workforce, the inability to attract, then retain, GP's and RN's into the region, the impact that has on whānau, and the challenges faced when having to travel to Whangārei OR Auckland. The challenge to develop local workforce was discussed and it is hoped further discussions will occur with our tertiary education providers, NorthTec and the newly installed Northern Regional Leadership, Toa Faneva, who was part of leading the iwi response to Covid in 2020 and 2021.

Hauora Hokianga had to close their after-hours service for the community in 2022, they have since shifted and GPs are available on-call for emergencies, however this places many of those with acute health needs, who reside outside of that 'golden hour' to hospital services.

Waitematā Hospital are trialling a hub-service in Kaipara Medical Centre, to allow whānau to access any GP appointments remotely via a hub with connectivity, iPads, and privacy to save potentially a 45-minute drive each way to the hospital for those appointments. Placement of the hub means Kaipara Medical Centre and the local Helensville Pharmacy are available to support any further clinical or prescription needs post the hub consultation.

Positive stories and exemplars

Taikorihi, the Te Hiku Locality, have presented their priorities which were determined and informed by data and whānau voice. They were compiled prior to the new year of 2023 and the working group feel since the floods and cyclone, they need to re-engage to ensure those priorities remain true and that they are indeed accurate, so a sense-check with the whānau and communities within their localities. They have asked to pause and ensure they are travelling at the 'speed-of-whānau'. An exemplar of prioritising whānau voice collectively with health-user data.

I spare a moment at this time to acknowledge the sad passing of a young man in the floods on Tuesday in Whangārei, who lost his life while on a school trip. Our community is devastated by this loss and some tough questions will follow. A sad reminder of the importance and adherence to Health and Safety checks and procedures always.

I also pay homage to a wāhine Māori who also passed away, Mere Taylor from Motukiore, who for a long time fought for health outcomes, Māori rights, tikanga Māori, wāhine Māori, and did so with amazing grace, dignity, courage, and often with her amazing voice carrying waiata she composed or helped inspire the composition of. Two very sad losses in our region this week.

Frank Bristol (Whanganui)

Environmental scan/real time monitoring

Pressure on ED continues to increase with wait times increasing month by month. Mental Health tangata whaiora are often taken to ED now and onward care to the MH Acute ward is not able to happen because there are no beds available immediately. Transfer from ED to another Ward.

Demand for the bivalent covid and flu vaccines has been very high in the last month although demand by our community has flattened off by half in the last week.

There is a lack of awareness in some Te Whatu Ora districts of the Code of Expectations and recently the Wairarapa Consumer Council members resigned because they hadn't been paid since last Sep 2022. Hawkes Bay does not have a Consumer Council and I have been assisting them on how to get a Consumer Council set up again by supplying their Consumer Engagement lead with supporting docs.

There is a new project on Advanced Care Planning and ensuring the whole of the health system is aware of a person and whānau having an ACP.

Most of the 150 posts for doctors in rural medical practices have been vacant for 12 months or more.

Services

Covid continues to be infecting many people in the community including health workforce staff.

My own experience with GP services is it has been easy to get a timely appointment with a day or two now.

The health reforms and consultations are causing significant distress for staff affected. Some staff I work with are choosing to resign/retire and this means a significant loss of wisdom from our health system.

Positive stories and exemplars

I authored a discussion paper and presented it to our LLT on Implementing the Code of Expectations. The paper was adopted unchanged last week by our Te Whatu Ora Whanganui Leadership Team (LLT). In the old DHB structure LLT was the ELT.

So, we are now successfully implementing Clause 1.4 of the code of Expectations here in Whanganui. Excerpts for your information as follows:

Recommendations

That the Local Leadership Team:

1. Receive the paper titled **Implementing the consumer Code of Expectations, recommendation update.**
2. Endorse the following recommendations:
 - a. A stocktake of organisational committees with formal Terms of Reference in the controlled document system, has been completed and consumer partnership is recommended on some committees. The final decision(s) will be made in partnership with the Co-Chairs and Sponsors of Te Pūkāea [Consumer Council], together with the HSS lead.
 - b. Consumer engagement will be considered for projects and service improvement programmes. The decision on whether to engage/inform/partner and at what level will be decided by Te Pūkāea as the local consumer governance committee. This is monitored by the Centre for Patient Safety, Quality and Innovation (CPSQI).
 - c. Funding for consumers will be factored into annual budgets and in accordance with the Te Whatu Ora consumer remuneration policy once finalised.

Purpose

This paper provides updated recommendations, following a discussion at LLT on 26 April 2023. The original paper: Implementing the Code of Expectations, provided guidance on how Te Whatu Ora Whanganui LLT can support our teams to specifically implement Clause 1.4 of “the code of expectations for health entities' engagement with consumers and whanau” Clause 1.4 is about sharing leadership with consumers and whanau”.

Discussion

In the discussion on 26 April, there was general support of the proposed approach. Concerns were raised over the capacity of Te Pūkāea members to attend all meetings, both formal and informal, as well as whether all projects needed consumer input. It was agreed that the author and sponsor, together with the co-chair of Te Pūkāea would refine the recommendations to make them more specific, measurable, and achievable. The LLT meeting on the 26 April discussed the trust that is in our relationships, enabling us to advance the implementation of Clause 1.4.

The author and sponsor met on 28 April 2023 to update the recommendations for re-presentation to LLT. At the heart of the discussion are the following aspects of the code. The code states:

*Clause 1.4 **share leadership**: knowledge and expertise drawn from lived experience are valued equally alongside clinical and other knowledge.*

Consumers, whānau and communities are experts by experience, often holding solutions to make improvements to the health system.

*Clause 2.1 co-designing with consumers, whānau and communities so there is collective development of organisational priorities, processes and evaluation, and **consumers, whānau and communities are involved at all levels.***

The questions included in appendix one, were also considered.

The author and sponsor agree that it is important for consumers to be involved where they have the greatest experience and influence and the best people to determine this are consumers themselves. To see what committees are currently in place, and complete a stocktake, a report was pulled of all current committees with formal Terms of Reference (ToR). Several of the ToR were incidentally noted to be historical and review dates expired, and this will be addressed with the committees directly.

The co-chairs and sponsor of Te Pūkāea then reviewed the list to see which committees would warrant consumer and whānau input. They included leadership committees and projects. Committees involving staff only were excluded from consumer input (e.g., Bipartite Action Group).

Note, consumer input does not necessarily need to come from Te Pūkāea members; it is our responsibility to engage directly with consumers with lived experience and ensure those consumers involved have the relationship skills and training to support the role. These may include tangata whaiora from Stanford House, Balance Aotearoa consumer leaders/peer support workers, parents of children on Children's Ward, users of Theatre Services. Current and immediate past staff of Te Whatu Ora are generally excluded from consumer engagement, although exceptions are made in some circumstances.

Delphina Soti (Tāmaki Makaurau)

Services

The aftermath of floods and the strain on families is still putting a strain on the health and social services workforces.

Workforces having to pivot from business as usual to support the extra need that has come with the floods i.e.: More advocacy work navigating the MSD referral system, 76 mins waiting times on WINZ phones, need for rehousing, furniture.

The rain and flooding have had a visible impact on the physical and mental health and stress levels of whānau. Frontline staff are bearing the brunt of an increase in volatile and abusive clients on the phone and in person. Noted increase in domestic violence referrals and not enough vacancies to take in so therefore, some being housed in transitional houses –motels (not ideal)

Across several providers there has also been an increase in DNA (did not attend) whānau not turning up for therapy, counselling, financial capability sessions.

During the public and schools' holidays, we observed across several providers there was an 11%- 32% increase in need for bill payment and food supplies. The teacher strikes have also had a negative impact on families as well as relievers and cover staff have had their income negatively impacted.

Cost of food/produce increase 17%. Negative impact on families. An increase 23% working families seeking services of local foodbanks, financial services support to draw down Kiwi savers.

More families using Afterpay facility to purchase essentials. Predicting this will become a growing issue.

Health and Mental Health

The demand for bivalent Covid and flu vaccines has increased. People are also increasingly not staying home to isolate. E.g.: Our drivers found that 7 of the 13 they delivered isolation supplies packages to, were not at home to receive support.

Implications of Immigration recent “Dawn Raids” – notable number of Tongan and Samoan families have disclosed non-residents staying in households and other families are now not engaging for fear of reprimand and deportation. The publicity has both positive and negative implications for families.

Many people are no longer testing for COVID.

The pressure on ED continues to increase with waiting times increasing month by month. Waiting time still extending out to 2-4 days for several practices.

In terms of Whatu Ora, at the local level, providers and consumers are not aware of the changes, nor understand fully what the implications are. There is a feeling of distrust brewing.

Maine Mareko-Johnson (Ōtepoti)

Environmental scan/real time monitoring

I would just like to apologise to the other members of the group, that may not be aware that I have submitted apologies for all the meetings that I have missed. Though I have not been present, I ensure that I am sending my reports, to give the rest of our team an update. I value and appreciate the time and effort that you all put into your reports, and the mahi that you are completing in your respective communities.

When I signed up, I was sold on the promise of four meetings a year. Since then, things have changed, however my priority must be my income and my family. I value you all, and the viewpoints that I have been privileged to see and hear. Essentially, just acknowledging that I value you all, and even when I am not present, I am continuing to fly the flag of Te Tāhū Haora and the kaupapa of Quality health for all.

Special mention and shoutout to Deon and the team, and Chris, as I know that these are from her time also, the resources that I have been receiving from LJ, are great. The community are taking them up.

Activity (since last report)

Attended multiple Multi-ethnic community meetings.

- Clinical and workforce oriented – Viewpoints consisted of the workforce and the lack of the diversity in the workforce.
- The second workshop I attended was more about the community and that fact that ethnic communities are concerned that their voice is not valued, and there is little to no access

to healthcare (2-3 Weeks waits for emergency appointments, have moved to 4-6 week waits).

Urgent Drs – Since COVID-19 there has been a shortage of GP's available for urgent Dr's due to COVID-19 and the Flu. Of late, they have imposed a fee for service – Where they expect you to pay the \$100 fee, before the GP will see you. In the past, they have invoiced this. The wait time at the urgent Dr's is 5 hours, this has not decreased and is of concern.

The New Hospital build – The Tender process has begun for the Outpatient unit. This means that we are finally getting closer to having the beginning of a new hospital, which is needed. The Government gave more funding, that it had gone against providing. There are still concerns about the fact that the new build, in its entirety, is still too small.

Services

A Multi-million-dollar contract has just been provided to an organisation that is already under performing. And this causes grave concern for the community, given that the service is not coping or delivering now, there is concern that the Mental Health situation will only be exacerbated.

Covid is still present in the community.

The Common Flu is doing the rounds now, and it is not getting any easier for whānau that are struggling.

This winter is supposed to be a harsh and cold hitting winter in Ōtepoti, so there is fear for those that are already struggling to make ends meet, that cannot access adequate healthcare and what will happen to them.

Wait times for GP and nurse specialist clinics, are still too long. 3-4 weeks for an appointment. It is difficult to get an urgent appointment with your regular GP, as most of them are booked out for months and are already trying to catchup. There is also the issue of waitlists to get into a GP, for those that are not receiving adequate care, but also, for those that are new to town and needing to find one to register with.

Positive stories and exemplars

Article by Te Hou Ora whānau Services

I have recently Joined the Community Health Council for the Southern District Health Board. I am excited to be able to contribute to this kaupapa and support the facilitate the voices of Pacific and bring these to the fore at this table.

There was a Pacific Group established at the Dunedin City Council for the Covid-19 response. Since it has no longer been required, we have hardly met. Recently they re-convened the group and are wanting to hold regular meetings, (Bi-monthly) to ensure that the diverse voices of the Pacific community are being heard and included.

The attached article is also something that I wanted to share with the Group. It was written by some of my colleagues and academic leaders in our Māori and Pacific Communities in Dunedin. Please feel free to contact me if you have any patai about this.