



Minutes of the Te Kāhui Mahi Ngātahi | Consumer Advisory Group (CAG) to the Te Tāhū Hauora Health Quality & Safety Commission board

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

The hui was held at Rydges Wellington Airport on 7 September 2023.

The hui began at 1.15pm.

1. Welcome and karakia.

Angie welcomed everyone to the hui and opened with karakia.

2. General business

2.1. The minutes from 29 May were confirmed as true and correct.

2.2. Action items were discussed:

All actions have been completed.

Continue with this item.

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.

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

3. Comments from morning hui with Te Kāhui Piringa

The Chair of Te Kahui Piringa, Ria Earp presented two ‘challenges’ to this group in the morning’s meeting and these were discussed. The first was that we consider changing the CAG name of Te Kāhui Mahi Ngātahi. Angie advised the group that the meaning of the name is working together and that it was gifted by Huataki Whareaitu. After discussion, the group supported the view, as was indicated in the morning hui, that we retain the name as is.

The second comment about Te Kahui Piringa’s lack of input into the Implementation guide for the Code of expectations for health entities’ engagement with consumers and whānau was resolved at the hui. Ahuahu Kaunuku has had a standing place at the table throughout the process of creating the guide. The guide is considered a ‘living document’ with updates planned 6-monthly.

The group reported that they appreciated the discussion time with Te Tāhū Hauora Chief Executive Peter Jansen and his positive insights into the mahi needed.

Further discussion was held on Jodie raising the matter of an appointed consumer representative on the Board of Te Tāhū Hauora. Discussion was held around a possible paper to the board to raise the issue with a recommendation.

The future of the Consumer councils was discussed. A rapid review group, consisting of consumers including Russ and other Chairs of the (former DHB) Consumer Councils, Te Whatu Ora staff and Te Tāhū Hauora staff has been set-up. This will hopefully provide direction on the future of the consumer councils. The review is to now look at 'consumer engagement mechanisms' rather than consumer councils alone.

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

The He Hoa Tiaki Partners in Care report was circulated with the agenda and is included as Appendix 1. Anne spoke to some highlights of the report prepared by Allison.

5. Members environmental scans

Full scans are attached as Appendix 2 after these minutes. They were taken as read.

Angie spoke to her recommendation that Te Whatu Ora give effect to the code of expectations within their locality planning. This is not happening in the locality of Tihei Wairoa and also appears to relate to other localities.

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

There was discussion about the potential use of recommendations in reports to the Board and that there would be time given (15 mins) at the Board meeting for the co-chair attending to speak on the report and further discussion to be had. The Board paper may be a mix with both noting and recommendation/s stated. It will depend on if the Board can act or influence. There may be the option to pose a question to the Board about what they can influence.

Angie commented on the 'pain' of communities evident in the environmental scans in terms of the difficulties reported for households in meeting the costs of food, housing, and access to general practice services. Access to mental health services was also raised as of concern. There was discussion about the impact of these social determinants of health for the future health of New Zealanders and the importance of signalling the group's concern to the Board about potential actions they could consider, as a question to the Board.

Discussion followed about how Te Whatu Ora localities are progressing in their establishment and what consumer engagement is occurring in this planning phase. Examples from across the country were shared where this was not occurring, including on the West Coast and Wairoa. An example was given from Northland where the lack of consumer engagement had led to progress being halted and then resumed once greater consumer/community participation had been invited. A statement highlighting the importance of consumer involvement in locality planning was identified as a recommendation to be noted in the Board report.

The group discussed the positive impact of the current removal of prescription charges in making it easier for people to access their medicines.

The Te Whatu Ora review underway to look at the future of consumer councils was discussed. Russ commented that the language around the review has changed, and it is unclear what will happen to the councils. There are additional meetings that he will be attending and that He Hoa Tiaki also attend as part of the 'review of consumer engagement

mechanisms’ to be completed by end October. The importance of the consumer councils was identified to include as a recommendation for noting.

7. Developing consumer capabilities and leadership (workstream 3)

CAG was reminded and invited to complete the survey monkey (link emailed previously) to share their ideas for resources and workshops: How consumer advisors can be supported on their engagement journey, from introduction to creating consumer leaders. CAG shared some ideas on existing courses and content to consider including in the consumer ‘toolkit’ that He Hoa Tiaki are developing. The ideas provided will be collated with the survey results and will be shared with CAG once all survey results are in. Kōtuinga Kiritaki Consumer Network have also completed the survey.

8. Farewell for Frank Bristol

Russ began the farewells with a tribute to Frank’s work on the CAG and time as acting Chair of the CAG. Everyone contributed huge thanks and aroha to Frank for all his mahi over the last 6 years. He will be missed. Frank was presented with a gift and letter from the Board Chair, Rae Lamb in recognition of his contribution to the work of Te Tāhū Hauora on behalf of consumers.

9. Karakia and close

After group photos with Frank, Angie closed with karakia.

Actions list

Date	Action	Responsibility
7 Sept 23	Continuing action item from 4 April - DJ to extend invitation for visits to localities to promote consumer engagement and the code. This code socialisation is on-going.	DJ

Next hui – 10 November via zoom & then 24 Nov with Board.

Appendix 1

He Hoa Tiaki report

7 September 2023

Since we last met in Christchurch on 24 May, the team has been busy with post-event wrap-ups, end of year project completions and planning for this financial year. The following are some highlights from the past 3 months:

Consumer health forum Aotearoa



Our voices: The journey to healthy futures | Ō mātou reo: Te huarahi ki pae ora, was held on 25 May at Te Pae Christchurch Convention Centre. 377 participants attended this one-day forum hosted by the consumer engagement team, He Hoa Tiaki | Partners in Care. Participants ranged from consumer and whānau organisations representing a broad range of community interests, to public servants, academics, and health sector staff. Thanks to all CAG and network members for your time, energy, and assistance in making this such a successful event.



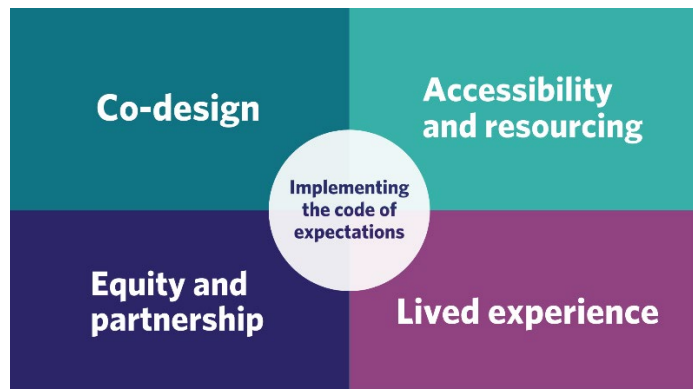
The objectives of the forum were to learn how consumers and whānau can engage and partner with our health sector to ensure these perspectives are reflected in the design, delivery, and evaluation of health services, to understand what it means to apply Te Tiriti o Waitangi in practice, and to

explore what it means to pursue health equity for all. Of those who completed the post-event survey, 91.5 percent agreed (46.8 percent) or strongly agreed (44.7 percent) that the event was of value to them.

A brief news item on this successful forum can be found [here](#).

In 2023/24, the next forum (Auckland, May 2024) along with two regional hui will be one of the statement of performance expectations (our contract with government) deliverable For Te Tāhū Hauora

Code implementation guide



The implementation guide for the code of expectations for health entities' engagement with consumers and whānau was released on 19 June 2023. This has been developed in partnership with the consumer voice reference group (CVFRG). This group consists of consumers and whānau, and the agencies responsible for implementing the code: Te Whatu Ora, Te Aka Whai Ora, New Zealand

Blood Service and Pharmac. We also received useful advice from the office of the HDC and Manatū Hauora, as the code monitor. CVFRG met regularly throughout the year, and we will continue to provide advice and support towards implementing the code and strengthening the guide this year.

Additional co-design courses completed.

The additional courses you've been hearing about are published. 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. You can access the co-design in health modules through the Manatū Hauora LearnOnline platform.



First-time LearnOnline users will need to create a login. To learn more, please visit our [webpage](#)

This resource has been viewed 1093 times since it launched in October 2022. We currently have a completion rate of about 45%. We are looking at how we can improve the completion rate.

Quality and safety marker for consumer and whānau engagement

Consultation on the consumer and whānau engagement quality and safety marker (QSM) is complete and the revised QSM framework is now available. The revised QSM incorporates the code of expectations, and Te Tiriti o Waitangi implementation guidance previously developed by Kōtuinga Kiritaki and the original QSM reference group. We will be working closely with Manatū Hauora to support them as the code of expectations monitor. This support includes the use of the revised QSM to monitor progress. The framework can be viewed in PDF or MS word formats [here](#). The first reporting against the code is due at the end of quarter one, 31 September. We will be working closely with Manatū Hauora and supporting them as the code of expectations monitor, including the use of this QSM to monitor progress.

Consumer health forum events 2023-24

Three events are planned this year for the consumer health forum Aotearoa. There will be two regional workshops and one national forum on 15 May 2024 in Auckland. The regional events will likely include a workshop on the Health and Disability Commissioner's Code of Rights. This collaboration also presents an opportunity to demonstrate the different but complementary purposes of the two codes. Events will be deliberately aimed at, and designed with, communities who experience inequities including Māori, Pacific, and disabled people.

Ngā pae hiranga

Work is underway to develop resources based on health sector need through a prioritisation process. Resources include a consumer leadership and capability 'toolkit' and another toolkit focused on how to develop expressions of interest, how to resource, and how to support consumers appropriately. These activities will strengthen our role in offering training and advice. Updating and expansion of the code implementation guide is another key sector resource and planned activity for 2023/24.

Engagements

The team were involved in over 237 engagements in quarter 4 and are tracking a similar number so far, this financial year. Of note:

- We have had a few opportunities this quarter to continue working with the Consumer Engagement and Whānau Voice team at Te Whatu Ora. These engagements have centred around our code implementation guide, the consumer council chairs group, and working towards a national consumer remuneration policy for Te Whatu Ora.

There have been several engagements relating to support for entities in implementing the code and reporting requirements, including a presentation by Deon to the Pharmac Board and meetings with staff from Pharmac and the NZ Blood service by members of the team.

- Deon met with Tania Pritchard, the new whānau voice lead for consumer engagement at Te Aka Whai Ora.
- DJ and LJ attended Tītoki Mataora – HealthTech Week, 26-29 June in Tāmaki Makaurau.
- Deon, Lauagaia and LJ presented on the Code of expectations to Pacific Mental Health Services. Presentations were provided to Takanga A Fohe (Isalei Clinical, Malaga Cultural and Avatea Child & Adolescent teams) and Tupu – Regional Addiction services in Auckland
- DJ and Lauagaia hosted a wānanga at Owae Marae, Waitara for the development of a framework and guide for commissioning of photographic images for our library.

Website views

The code of expectations [page](#) has been viewed 1653 times this quarter compared with 1464 times in Q3, 3641 in Q1 and 1628 in Q2.

The code of expectations implementation guide landing page has had 1,650 views since its launch end June.

The ngā pae hiranga consumer hub landing [page](#) had 1694 page views compared with 2,030 page views in Q3, 1,761 page views Q2 and 2,036 page views in Q1.

Forum opportunities (expressions of interest) [page](#) had 874 views compared with 934 page views, 1,035 page views Q2 and 213 page views in Q1.

Below are the stats showing the consumer health forum membership and ethnicity breakdowns for 2022/23 (by quarter). Note that the membership numbers have grown, and this is encouraging. We are now planning to target membership growth in underrepresented and priority areas with an aim to reach 1,000 members by 31 March 2024.

Consumer health forum Aotearoa

Membership statistics

Membership stats by ethnicity	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent
Māori	124	14%	136	17%	162	19%	164	19%
Pacific	73	8%	91	11%	90	11%	87	10%
Asian	51	6%	52	6%	49	6%	50	6%
Pākehā/Caucasian	561	65%	588	73%	614	73%	518	59 %
MELA/Other	21	2%	19	2%	21	2%	19	2%
Unspecified	34	4%	33	4%	33	4%	34	4%

Membership by district	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent
Auckland Tāmaki Makaurau	198	26%	221	27%	225	27%	232	27%
Bay of Plenty Te Moana-a-Toi	50	7%	56	7%	55	7%	55	6%
Canterbury Waitaha	110	14%	115	14%	128	15%	135	15%
Gisborne Te Tai Rāwhiti	7	1%	8	1%	10	1%	9	1%
Hawke's Bay Te Matau-a-Māui	18	2%	17	2%	19	2%	19	2%
Manawatū-Whanganui	38	5%	40	5%	39	5%	41	5%
Marlborough Te Tauihu-o-te-waka	5	1%	5	1%	5	1%	6	1%
Nelson Whakatū	10	1%	10	1%	11	1%	11	1%
Northland Te Tai Tokerau	22	3%	23	3%	24	3%	25	3%
Otago Ōtākou	48	6%	53	7%	53	6%	54	6%
Southland Murihiku	7	1%	8	1%	8	1%	8	1%
Taranaki	15	2%	14	2%	14	2%	14	2%
Tasman Te Tai-o-Aorere	7	1%	7	1%	7	1%	7	1%
Waikato	43	6%	44	5%	45	5%	45	5%

Wellington Te Whanganui-a-tara	130	17%	142	18%	144	17%	150	17%
West Coast Te Tai Poutini	18	2%	20	2%	19	2%	20	2%
Unspecified	34	4%	26	3%	39	5%	41	5%
Total	760		809		845		872	

Planning for financial year 1 July 2023 - 31 June 2024

The 23/24 programme plan is provided in your papers. Some highlights of the plan are listed below. Look for invitations and opportunities to be involved in aspects of these activities.

- Sector-wide support to implement the code and contribute to the QSM.
- Consumer health fora x3 (1 national and 2 regional).
- Refreshing and revising leadership and capability offering for consumers.
- Developing an EOI 'toolkit' for consumer health forum Aotearoa.
- Growing resources in ngā pae hiranga based on sector and community need.

Appendix 2

Russ Aiton (West Coast)

Chair – Te Whatu Ora – West Coast Consumer Advisory Group Chair - National Chairs Group (Consumer Councils)

Co-Chair – Consumer Advisory Group (Te Tāhū Hauora) Co-Chair - National Quality Forum

Chair – Cornerstone Family Support Services (Greymouth)

Environmental scan / Real time monitoring

Takiwā Poutini | West Coast Localities steering group – the report by the governance group continues to demonstrate a willingness to engage community as evidenced by the proactive and determined consultations. The actual change mechanisms e.g., (the new) funding processes still are the main protagonist barrier to delivery of the health and wellbeing provisions as identified in the feedback. The programme manager has really engaged community “*We’ve also drilled down further into the bigger broader priorities to ensure that when we move to the next steps, we can focus on exactly what whānau have told us would improve their wellbeing*” But despite some 18 months in, and intentions of consulting/listening to whānau and community voice, there appears to have been no real change to practicalities for community. I have confidence that the programme manager can articulate The Code of Consumer Engagement and reference activities against the specific points. Whilst Localities is not “just about health” ... the consumer is the integral point and common denominator.

Te Whatu Ora – the Quality and Patient Safety team has been understaffed, resulting in priorities changing and consumer engagement being relegated. The Consumer Advisory Group are still malnourished and remain vulnerable within the consumer/community/whānau spaces. The feedback and supportive elements are lacking, reducing the overall consumer voice in health/community activities. The QSM, upload due end of September, still seems detached from the other core considerations needed to fully engage consumer in participatory activities and partnership conversations. There is a sense of survival mode within the workforce rather than receptive mode to engage the Code perhaps.

The Code of Consumer Engagement (CoE) – the previous comments remain, sadly, the same - *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 Te Tāhū Hauora. The ELT has not engaged as per (as example) CoE Clause 1.4 share leadership: knowledge and expertise drawn from lived experience are valued equally alongside clinical and other knowledge.*

I acknowledge the workforce stress regarding the latest reiteration of the consultation docs from HSS and IIS and the impact upon our rural workforce. The resourcing for consumer engagement is undertaken by one staff, often having multiple FTE fractions and facets to their job with more than one reporting line. We await the final organisational map, but the pressure on workforce and remaining Managers is a definite factor in the resultant minimal consumer engagement and wider support in Te Whatu Ora – West Coast.

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. There are some

positive BAU programmes as such in the link here:

<https://vaccinatecanterburywestcoast.nz/covid-19-vaccination- clinic-locations-on-the-west-coast/> which includes the flu jabs too, with particular focus on vulnerable populations here on the West Coast.

National Consumer (Councils) Group

The group continues to establish focal points for national projects and advice is now being sought internally from Te Whatu Ora national group of what best practise could look like for consumer engagement, asking the “how” to proceed and “what” resources are available. We have been asked to provide support and input to the Rapid Review project by Te Whatu Ora ELT on the position and likely input Consumer Councils will have throughout the motu. This forum continues its journey and opportunities in continuing to demonstrate value to both members as a supportive cohort as well as an emerging Governance group in the Consumer space.

However, I still comment on the fact 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.

Mary Schnackenberg (Tāmaki Makaurau)

Environmental scan/real time monitoring

Real difficulties continue in gaining access to GPs and specialists with serious delays being reported.

Ongoing concerns about the lack of accessible information about health conditions, medicines, and devices.

Blind people can gain significant discounts on hearing aids because deafblindness is seen as a dual sensory disability. However, finding audiologists who understand the spatial awareness and echo location blind people need to retain independent mobility, let alone compatibility of hearing aids with devices such as smart phones remains a serious challenge.

Input / involvement in Te Tāhū Hauora meetings/groups.

25 May, Consumer Health Forum, Christchurch.

26 May, meeting with Te Tāhū Hauora consumer advisors.

29 May, Consumer Advisory Group meeting.

13 July, zoom of Consumer Advisory Group.

9 August, zoom with available network members to raise suggestions about the programme for 15 May 2024 Consumer Health Forum.

Activity (since last report)

13 June, Ombudsman Disability Advisory Panel.

14 June, attended the Wallwalk with colleagues from the Pharmac Consumer Advisory Committee.

15 June, Pharmac Consumer Advisory Committee.

19 June, Consumer Experiences Council, Auckland Health New Zealand.

19 July, Pharmac Consumer Advisory Committee.

16 August, Pharmac Consumer Advisory Committee.

Services

In March this year, a blind friend was fitted with a pacemaker. Auckland City Hospital gave her a print book about her Pacemaker. She had to attend Middlemore Hospital, or a heart checkup and they gave her a different smaller print booklet about her pacemaker. Auckland Hospital has given her a PDF of the book. However, she has received no accessible information about the medication warfarin which she now has to take.

Two years ago, I protested about the inaccessibility of the National Bowel Screening package I received. Again, I have received another inaccessible bowel screening package a couple of months ago.

Another blind friend is frustrated by the lack of accessibility of the national breast screening information she has received in the post.

The health system must move quickly to permit individuals to request their preferred formats be listed against their NHI numbers if they wish to do this. The health system must ensure it has an accessible electronic version of each print pamphlet it hands to sighted people.

Positive stories and exemplars

A couple, both of whom are blind, were delighted to let me know this week that the most recent cough medicine prescribed for their 4-year-old daughter has a braille label on it.

Jodie Bennett, (Tāmaki Makaurau) Changing Minds (Mental Health and Addiction Sector – Northland & Auckland)

Environmental scan/real time monitoring

National Māori Lived Experience Hui

Lived experience kaimahi Māori working across the mental health and addiction sector gathered in Te Whanganui-a-tara Wellington at the first Te Aka Whai Ora National Māori Lived Experience Hui on 22-23 June 2023. The purpose of the hui was to share their aspirations in the future direction of lived experience peer led workforces.

Tāngata Whaiora, whānau and people employed in peer and/or Lived Experience roles have continuously voiced the need for national and regional strategies that embed all the diverse voices of Tāngata Whaiora and whānau Māori in the Mental Health and Addiction Sector.

This hui was the first objective of Oranga Hinengaro to hear the voices of the communities they serve and to inform the work that is needed to make positive change, noting that He Ara Oranga recommendations 20, 21 and 22 provided clear expectations that engagement with lived experience was required to transform the health system.

Feedback for the Northern region included:

- Housing remains an issue particularly safe emergency housing provisions for whānau Māori.
- Systemic discrimination against Māori remains a key issue.
- Mana-enhancing and tikanga-based solutions are needed.
- Addiction is not being treated as a mental health issue.
- Access to culturally competent practitioners is essential to support whai ora.
- More funding is needed to support matauraunga solutions and should be based on a high trust model.
- Tohunga continue to be underfunded and not recognised as part of the solution.
- Continued breaches of Te Tiriti
- More Māori needed at a leadership level across the system.

PEPI Model of Care Project

The purpose of this project is to address barriers to Pregnancy, Early Parenthood, and Infant (PEPI) Mental Health services.

Progress:

- A series of three kanohi ki te kanohi (face to face) hui have been completed. A draft workplan is in development in partnership with clinical leaders.
- A hui with consumer leaders was held in July to theme feedback collected through a series of interviews with mama who have used district PEPI services. The outcomes of this will inform, shape, and provide depth to the workplan.
- Jodie will be providing consumer leadership to the rōpu now that Aaryn Niuapu has begun his new role at Oranga Hinengaro.
- Jodie has submitted a proposal suggesting a co-governance structure for the Steering Group to the Regional Governance group – referencing bringing the Code of Expectations and various other policy documents to life by prioritising the voice of consumers, whānau and Lived Experience by having ‘a seat at the leadership table’. This would include a shared Terms of Reference and an equal number of Lived Experience to Clinician representation.

Services

Te Whatu Ora Northern Update

Te Whatu Ora have reported an overview of Mental Health and Addiction services across the Northern region (Northland and Tāmaki Makaurau). These include:

- Across the Northern Region, 62,009 people (across the life span) accessed Hospital and Specialist (HSS) from 1 July 2021 to 30 June 2022. (Community-based service data has not been included)
- Of the total 62,009 people seen, 16,516 identified as Māori, 7,033 as Pacific, 6,708 as Asian and 31,752 as other ethnicities.
- Of the total 62,009 people seen, 16,462 were 0-19 years, 39,965 were 20-64 years and 6,133 were 65 years or older.
- There were 3,504 seclusion events.

Currently, demand has outstripped supply for acute inpatient services and uncommissioned beds cannot be opened due to workforce shortages. Senior Medical Officer (SMO) shortages in some districts are leading to delays in assessment and discharge.

The workforce shortages are now critical, and this is heavily impacting whai ora and whānau.

Positive stories and exemplars

Code of Expectations – Implementation at Changing Minds

Changing Minds will voluntarily hold ourselves accountable to meeting the Code of Expectations and this begins with being transparent about how we currently meet it in our present position. A ‘stocktake’ measuring ourselves against the Code of Expectations shows we are performing strongly in some areas and others provide opportunity for improvement.

We intend to implement our obligations to the Code of Expectations by telling our community how we are meeting the code, and how we are seeking to improve in other areas. This will include a working document uploaded to a dedicated page on our website that will regularly update on our performance and work we are committing to completing.

Frank and I have also had interim conversations with the Lived Experience Advisor at the Ministry of Health regarding implementation of the code, with a formal conversation planned for late September.

Frank Bristol (Whanganui)

Food and fuel inflation continues to cause very tight budgets for whānau which impacts on the drivers for poorer health.

The health reforms are still causing uncertainty including the lack of specific structural support for Consumer Councils. The recent Te Whatu Ora re-consultation document has clarified that MH & A Lived Experience advisors has reversed the previous decision, which was to have, and the LE advisors shift the Innovation and Services Improvement. So, MH & A Lived Experience advisors will remain as part of the Hospital & Specialist Services.

Despite the muddy and murky waters of the health reforms restructuring health staff are working hard and delivering care in a kind and compassionate way. I had recent experience supporting family during an ED admission that required urgent surgery. The surgeon and theatre staff came back in the evening to provide the operation required.

Covid 19 continues to be infecting many in our community and whilst lower than last year, we are nervous that we are not taking infection risk seriously given the serious risk to vulnerable and older people.

Our Whanganui hospital wards continues to be at capacity which results in ED becoming congested and ED wait times continue to increase.

Services

The Whanganui Mental Health & Addiction services are experiencing difficulties discharging people from the Acute Inpatient Unit because of no accommodation being available. A project has been started to bring stakeholders and whanau together to identify solutions to what is a longstanding issue.

There is a lack of Occupational Therapists across all hospital-based health services so assessments in the community have increased beyond reasonable expectations.

Positive stories and exemplars

Te Pukaea (Whanganui Consumer Council) appointed last month 6 members to a Consumer Network with specific health service experience that will be able to take part in specific co-design and service improvement projects.

The Local Clinical Board and Central Region Clinical board now take it as a given that consumer engagement is part of all activities. Having the Code of Expectations has assisted with this and as Terms of References are developed or reviewed, we are taking the opportunity to ensure the Code of is referenced.

Delphina Soti (Tāmaki Makaurau) (St Vincent de Paul- General Manager)

Social Services

The increase in cost of living has a growing negative impact on our Pacific communities and strain on food hubs and Budgeter services.

July 2022 – July 2023

- fruit and vegetables prices increased 6.2 percent
- meat, poultry, and fish prices increased 9.3 percent
- grocery food prices increased 11.9 percent

- There has been an increase of benefit for families with children receiving an extra \$40.86 however increasing numbers of families are struggling.
- Increasing of families seeking support have combined households to combat the increase in rental costs. This has social, health and psychological implications.
- Several main food hubs have been pushed to cap the number of emergency food parcels due to cost cutting.
- Frontline staff of community services and food hubs are experiencing an increase in escalated distressful and confrontational behaviour from whānau needing support. We envision this will only increase over time.
- Noticeable increase absenteeism 20 - 35% in workforce in July- August due to sickness, funerals, mental health, needing a break.
- An increase of 17% working families seeking services of local foodbanks, financial services support and to draw down KiwiSaver.
- More families using After pay facility to purchase essentials. Predicting this will become a growing issue.
- Workforces having to pivot from business as usual to provide assistance i.e. More advocacy work navigating the MSD referral system, 65 mins waiting times on WINZ phones, need for food grants, entitlements, health grants, furniture and so forth.
- Workforces pivoting resources to create social enterprise to enable sustainability.

Health and Mental Health

The wait times at Primary health care and ED continue to be long. There is still pressure on ED which continues with waiting times increasing month by month. Waiting time still extending out to 2-4 days for several practices.

There is still uncertainty about Te Whatu Ora and the implication that this re-structure will have on the Consumer Council. The two have merged again for funding.

Growing concern from a collective of patient advocate organisations that there is an issue of timely access to new and breakthrough medicines. There are also an increasing number of families struggling to privately fund the medicines they need.

Community nurses and health workers in South Auckland report on how “raw” what they are witnessing in the community regarding diabetes and rheumatic fever. Cases where primary care is sought too late and patients not attending clinics.

There is an increase in Rheumatic fever cases post Covid as the prevention and hygiene practices have lapsed in schools, homes, and public spaces.

Suicide and family violence is still significantly high. Two suicide cases over the last fortnight connected to our community and a slight increase in referrals for domestic violence.

Activity

- Auckland Social Services Providers Meeting with Commissioner
- National Kore Hiakai Meeting
- CAG Meeting Zoom Meeting

Increased collaboration with Secondary Schools, D.I.N.E Academy, Blue Light, Ministry of Justice - Counties and PACIFICA – Vaiola Branch about creating spaces to create safe whānau spaces that encourage positive socialisation, social cohesion, mentoring, grow cultural awareness and build resilience. This programme also links in employment pathways.

Partnerships with Pacific Pride to launch inter-generational Family wellbeing and Violence Prevention 12-month Programme. - Lauolaola

Pasifika Psychotherapists prototype for community therapeutic Talanoa spaces for women.

Collaboration and engagement with Kainga Ora, Lotofale Pasifika Mental Health, Starship, PARRS, Corrections to support whanau vulnerable whanau.

Positive and Good Feel Stories.

There is noticeably more networking with local social services and health providers to try and provide more understanding of what the different entities provide and how to provide a better wrap around service for whanau.

Maine Mareko-Johnson (Ōtepoti)

Environmental scan/real time monitoring

- Southland hospital is having issues. Patients from Te Anau are being discharged in the evening. If they are taken to Southland Hospital from Te Anau, and get discharged, there is no support for transport, for them to get home again that night. There has been a hui with all the GPs in Te Anau, the over-all outcome of that hui was positive.
- Midwives in rohe are stretched at best. The smaller cities are struggling, especially in central Otago.
- Covid-19 continues to be an issue in Dunedin, and with Students coming and going, and the boarders being open now, there are more bugs moving around.
- There are large numbers of cold and flu bugs making their way around the community.
- Illness in the community is having an impact on hospital services. There are increasing numbers of staff shortages, because they are falling ill themselves and having to take time off work. This is increasing the delays on an already struggling system. Many departments have large waitlists and are not seeing much improvement in their wait times now.
- Mental Health Services have a waitlist for youth currently. There is a 4-6 week wait and this is having an impact on the community, as EPS are not able to cope with the increased uptake of their services. Often hours of waiting at ED, then going to EPS, and being sent home, is a common occurrence. (Recently, there has been a young person present at ED, and were told that they would be seen by EPS in 20 minutes. They were not seen for 2 hours) This is impacting the support services working with young people, as none of them are funded for 24/7 care as an NGO Provider

Services

- Lack of access to support services.
- Cost of living is continuing to be a recurring theme.

- There is not adequate housing for the needs that are out there in the community. People are struggling, living in over-crowded arrangements, because they are not able to afford a better living situation.

Positive stories and exemplars

- [Otago Pasifika secondary students visited Dunedin Hospital to explore health career options](#)

Angie Smith (Ngāti Kahungunu, Ngāti Ruapani ki Waikaremoana, Ngāi Tūhoe)
Te Matau a Māui Hawke's Bay Region

Kaiwhakarite Māori – mahi kiritaki | Consumer representative, Māori
Co-chair, Te Kāhui Mahi Ngātahi | Consumer advisory group
Member | Consumer and whānau voice framework reference group
Co-chair, National Quality Forum

Ngā mihi ki a tātou i roto i te āhuatanga o te wā, me ngā mihi ki a koe Boyd.

Boyd, I wish to acknowledge your apology for a previous CAG hui, and the reason for your apology as noted in your email, for the passing of a friend and whānau member.

In the same vein, I wish to pay respect to any of our colleagues on the CAG group and our Te Tāhū Hauora staff who may also have lost a dear friend, a loved one since our last meeting. My sincere condolences. As CAG members we are fully supported by our Te Tāhū Hauora staff, and I note how beautifully and seamlessly karakia is included in all our meetings. Tēnā koutou, tēnā tātou katoa.

Environmental scan/real time monitoring

Localities:

The focus and the recommendation is that Te Whatu Ora National Commissioning ensures consumer and whānau voice be at the core of the localities planning as per legislation, the Pae Ora (Healthy Futures) Act 2022 Section 59 - [Consumer and whānau engagement](#), Section 60 - [Health entities must act in accordance with code](#), the Code of Expectations.

What I note what is seriously missing in our Tihei Wairoa localities, is the inclusion of current consumer and whānau voice. The localities draft plan that was submitted, was based on a previous survey that was done two years prior to the localities; the working group used the data from that survey as I suspect there were time and resource issues, and the decision was an operational one to ensure that their draft plan would be submitted in time. Cyclone Gabrielle added to the challenges faced by Tihei Wairoa, as it was difficult to get responses to a more current health survey when our community was suffering from the flooding and the consequent loss of their homes, their belongings, and their livelihoods.

I acknowledge that the data that was used from that earlier survey was still a representative 'voice' of those whānau members who responded to that survey; the data was still very relevant and valid and respected. The point here, however, is how Te Whatu Ora National Commissioning ensures the inclusion of consumer and whānau voice representation 'at the table', as part of the localities working group. Where is the accountability?

The objective of localities is to enable local communities and whānau to influence the design, funding, and delivery of their local healthcare services. There is so much 'conflict of interests' in this model, because it is our healthcare service providers who are on the locality working group! Where is the accountability? Are they being monitored?

I see the true significance of the localities planning. How is it that such important localities planning is not being given the gravitas it well deserves? It needs to be given more serious recognition that this is the future health commissioning model for our country, BUT how is Te Whatu Ora supporting our local communities to do this, to be the 'best way for a community-led model', but communities are not being supported with all the tools to do the job. Te Whatu Ora has the expertise surely, to provide that toolkit, but not to say, 'here's a dinghy' and then not hand over the oars!

Our localities working group needs the autonomy - yes - to reflect their community-led response. It is right that our community has been given full control of their planning, to do this 'for Wairoa, by Wairoa', but the tools must include clear direction for a successful localities plan and clear communication lines back to management. Who is the localities management team?

RECOMMENDATION:

That there be a progress report (annual) from the Localities' groups, including consumer and whānau engagement membership and activities.

There must be a consumer representative in each of the localities working groups.

Not being privy to the details of the planning, I have asked, 'how can I be involved?' and I have asked, 'how can the consumer and whānau voice be 'at the table', in the design of our localities plan?' There seems to be no wish to involve consumers and whānau 'at the table' in the design stage of the localities planning. The Code states clearly that consumers must be involved from the start.

It is very surprising that three of us, Angie, Russ and Frank have not been included by our respective localities working groups, in the localities planning - Wairoa, West Coast, Whanganui. Why did none of these working groups consider using a CAG member?

Tihei Wairoa localities working group update:

FROM THE PROJECT MANAGER:

A lot of work is happening in the background. The 12 project managers have met and are meeting again soon at Te Ara Hou Marae, Whanganui. As prototypes, the localities are informed by the community and are then informing Te Whatu Ora. There's a feeling that 'we can't bite the hand that feeds us', too much political posturing going on within the locality groups, to the detriment of our community. A true picture of the progress of the localities planning is not being revealed by the working group, is not being seen by the community they serve nor the Te Whatu Ora National Commissioning. The Tihei Wairoa project manager believes 'we deserve more'.

FROM THE LOCALITIES WORKING GROUP:

They are all volunteers. They are exhausted from working their full-time jobs and also volunteering on the localities working group, which has proven to be a long-protracted process.

Consumer Network – Te Whatu Ora Te Matau a Māui Hawke's Bay

Deadline for Consumer network expressions of interest – 20 August 2023. 55 applications received for 9 positions. Penita Davies, Consumer Engagement Lead, has led this process and is confident that the time to plan has been well worth it.

Penita is working with Manu Sione to bring in consumer and whānau voice.

Hohou te rongo restorative hui

Penita is also organising a restorative hui - *hohou te rongo* - to be called for harm that has been caused by the Radiology Department, Hawke's Bay Hospital, 7-Sep. I will be referring a Wairoa whānau, who lost a loved one last October, to this restorative process.

Boyd Broughton (Te Hā Oranga, Tāmaki Makaurau)

Environmental scan/real time monitoring

- The health services in the northern region remain under pressure, GP's, mental health, and addictions.
- Wait times are on average about two weeks in some regions within Auckland, sometimes longer, up to four weeks, in the more rural areas.
- Continued alerts regarding Invasive Meningococcal Disease and Pertussis outbreaks both in Auckland and Northland.
- Covid remains in the community, despite ALL Covid mandates being removed, there remain over 100 cases per week in the north, which has decreased over the months from 400 weekly. September forecast is for a further decrease in cases, hospitalisations, and deaths.
- Lots of upcoming activities with Bowel Screening, HPV self-testing, and a Lung Cancer Screening initiative with a particular focus on the north. We will be encouraging the partnering with Māori providers in the north to increase awareness and access for wāhine Māori as a priority.
- Previously reported measles cases were contained.
- The region is still recovering from adverse weather events earlier this year, with further Te Whatu Ora/Te Aka Whai Ora investment expected in September to those areas most impacted, Mangere, Rānui, Henderson, Piha, Muriwai, Kaipara, and Dargaville. Some additional investment into surrounding areas greatly impacted such as Hokianga, Kaikohe, and Whangaroa.
- Localities discussions progressing with some interim lines agreed upon. We look forward to a further six or seven localities in the northern region being announced in September.
- Regardless of the future of Localities, the identification of priorities, existing services, and the unmet need will remain relevant for any continued or new government.

Services

- Workforce remains an issue in the northern region.
- Initial discussions to ascertain if there are any workforce regulations that can be relaxed or enabled to empower the current workforce to do more for whānau who would otherwise be unable to access a GP.
- External support being accepted to increase the opportunity for whānau to interact with a health professional if access to GP services is massively delayed.
- Good discussion with local PHO's regarding the possibility of shifting medical expertise resource to where need is most high, this discussion is ongoing.

Positive stories and exemplars

Te Aupōuri, Ngāti Kahu, and Te Rarawa Iwi all partnered to open a remote and digital health hub in Kaitaia to offer some relief to those waiting to see their GP. An amazing initiative supported by their local doctor, Dr Lance O'Sullivan. An amazing initiative from Iwi who have historically delivered only social services to their whānau and communities.