

**Minutes of the Te Tāhū Hauora
Health Quality & Safety Commission
Kōtuinga Kiritaki | Consumer Network hui
14 February 2024**



Te Tāhū Hauora
Health Quality & Safety
Commission

Chair	Deon York
Members	Mary Schnackenberg, Oliver Taylor, Joanne Neilson, Ricky Ngamoki, Jennie Harré-Hindmarsh, Zechariah Reuelu, Mark Rogers, Marlene Whaanga-Dean, Tofilau Bernadette Pereira, Tyson Smith, Toni Pritchard, Edna Tu'itupou-Havea, Amanda Stevens, Vishal Rishi
He Hoa Tiaki Partners in Care team	DJ Adams, Allison Anderson, Anne Buckley, LJ Apaipo, Dez McCormack
Te Tāhū Hauora staff	Gillian Bohm
Apologies	Arana Pearson

The hui began at 9.15 am.

1. Welcome and karakia

Deon welcomed the group and DJ opened the meeting with karakia.

2. Standard business

Remaining minutes from 16 November 2023 accepted as correct.

Action items

These have been actioned.

Interests register

Previous updates circulated prior to the meeting. Updates have been received from Joanne, Vishal and Mark and will be included for the next hui.

3. Feedback on previous CAG hui

Mary provided an update – Following is her written report:

Report to Te Tāhū Hauora Consumer Network 14 February 2024, Item 4 consumer advisory group, Mary Schnackenberg

Te Tāhū Hauora has four groups of consumer advisors across the organisation:

- today's Consumer Network, Kōtuinga Kiritaki;
- Consumer Advisory Group (CAG) Te Kāhui Mahi Ngātahi – I am a member of both groups;
- Te kahui piringa which represents the Māori consumer voice; and

- Young Voices Advisory Group, formed in November 2023 and reported on in the He Hoa Tiaki Partners in Care update.

There are consumer advisors on other groups in Te Tāhū Hauora. Mark Rogers has also drawn our attention to Te Tāhū Hauora promotion of consumer advisor roles in other health-related entities.

The Consumer Advisory Group met face to face on 9 February, just last week. Our primary role is to provide a consumer lens over papers going to the Board. We also go through our environmental scans to bring out the top issues to raise with the Board. We have two co-chairs who take it in turn to attend Board meetings.

The Board paper we looked at was “Collaborating for quality: a framework for clinical governance”. This came in for very good comment. But someone asked how local clinical governance groups were connected with the national clinical governance forum? So often simple communication can get in the way of national cohesion and learnings.

Turning to the Consumer Advisory Group's Environmental Scans, Anne Buckley has the task of summarising and synthesising our reports into a paper for the Board. Socialising the Code of Expectations was discussed. We also noted that the Code of Expectations is up for review in the 2024-2025 year which is signalled in the Code itself. Workforce pressures were raised, especially in the mental health sphere.

You may recall that, at our Network Meeting last November, we had a presentation from the Health and Disability Commissioner about their review of their Act and the Code of Consumers' Rights. Last week's presentation to the Consumer Advisory Group demonstrated much greater realisation that HDC was not well known or understood in New Zealand society. The public consultation that is coming up will deliver a shot in the arm to HDC work. For example, I had not realised that mental health issues are hardly mentioned in HDC work which was raised in today's scans.

Top of mind for the Consumer Advisory Group is that our group together with the advisory group focusing on Māori health concerns have been invited to attend a strategic planning day with the Board on 22 February. This has allowed the Consumer Advisory Group to remind ourselves that the Board has a decision making governance role. As consumers in our groups, we are advisors. Yes, our advice needs to be good quality. However, we don't have the responsibility of the Board's decision making. As we all know well, the Board is face-to-face with a very different government.

4. He Hoa Tiaki | Partners in Care report for kōtuinga kiritaki

The report is an update since the 16 November hui and was circulated to members with the agenda. The report is attached as Appendix 1.

Allison spoke to the report highlighting key information in each section. Update was given on topics for the four afternoon forum workshops in May. We are close to our goal of 1000 CFA members, currently sitting at 907.

Deon added those people who we have planned for the CE's session on the forum agenda. Gillian suggested and will provide some regional contacts in Te Whatu Ora to get registered for the forum.

Oliver asked about the consumer code socialisation and implementation guide and Anne gave an update on this.

Mark raised points around the wording of EOI's and that they are exclusive to certain ethnicities. There was a discussion that targeting is required for certain topics but asking for specific

ethnicities should not alienate people applying. Wording needs to be fine-tuned to be made more inclusive. The wording 'one or more of the following' needs to be listed before the criteria for selection.

Everyone briefly introduced of themselves and where they are from for the benefit of any that hadn't met.

5. Comments/questions on members reports submitted.

The reports were acknowledged and accepted as read.

Deon offered for questions from reports or stories from the group.

Edna shared a concerning story from a visit to ED where she was given someone else's paperwork diagnoses and prescription. She wasn't asked her name or identified. Edna reported it.

Mark also shared a similar story of wrong paperwork given to him.

Amanda also shared a personal story for her dual sensory impairment and difficulties she continues to experience.

Toni spoke further about a positive initiative happening between her organisation - the local Iwi Social Services and Te Whatu Ora – local medical centre, and the positive impact it is having in terms of engagement for Māori with high medical needs, which are often preventable. Also, the memorandum of understanding they have renewed with Oranga Tamariki which looks at engagement with the local iwi social service before uplift occurs, and how that has had a positive impact on whānau too. She mentioned the need to focus sometimes on the small wins and look at how to build on those.

There was general input from others regarding issues people are experiencing locally about poor service due to resources and lack of money.

Deon mentioned the new clinical governance framework guide, although not fixing these issues, is something where Te Tāhū Hauora can influence what should be a standard in the health sector.

6. Regional workshops – activities content

Anne provided a brief update on the regional workshops as context for the activity which was led by DJ with support from the advisors. The workshops will have 2 practical activities based on the content suggested by the consumer network and our other consumer groups.

The aim of this part of the agenda was for the advisor group to have an opportunity to 'test' one of the activities designed to help participants to 'Know your health sector'. The activity, developed by DJ with support from the advisor group, was a matching activity. A model diagram of the health sector (A3 size) was provided, and members worked in 2 groups, matching logos of organisations in the health sector with plain language descriptions of those organisations in the diagram. Advisors noted the time required, accessibility considerations, and suggestions on how to introduce and modify the way the activity was completed. All feedback provided was noted by the advisor group and will be used to inform the delivery of the activity in the upcoming regional workshops.

Workshop locations and dates:

Northland: Whangarei Friday 15 March and Kaitia Saturday 16 March

Hawke's Bay: Hastings 23 March 2024

7. Programme planning for 2024/25 –

Deon started with an explanation of what we are aiming for in our upcoming programme plan. We have established a proposal to have three SPE's (statements of performance expectations).

1. Review of the code of expectations
2. Forums and workshops
3. Ngā pae Hiringa (pathway to centre of excellence)

The network members split into three groups to workshop. They were provided some background information and the discussion was prompted by guiding questions. Members then discussed and offered suggestions on each topic.

Member's lively participation was appreciated by the He Hoa Tiaki team and the ideas generated will be collated, themed and shared back to the group in the coming week. All of the input will be considered as we develop our plan for next financial year.

8. Closing comments/other business

Deon advised of the board strategy session on 22 February. He asked each member for one thing they would like the board to consider. These were:

Oliver – advance decision making locally consumer engagement provides a mechanism for increasing local input into decision making.

Ricky – When creating content eg, for websites need to consider how many levels a consumer needs to work through to get to the key information. Need to minimise number of levels to improve access to content.

Marlene – Provided ideas and discussion in SPE workshop. Structure of things is important.

Joanne – Wants board to recognise the richness and diversity of lived experience within CN and CAG, and other consumer groups, bringing our contacts, connections and our networks. Consumer group members have rich experience and taonga to be called upon.

Mark – find a better way to synthesise and theme consumer reports so messages and recommendations are more impactful for Board.

Zechariah – encourage board to trust staff to manage the operational tasks and know that He Hoa Tiaki have cultural expertise to support their work. Promote the organisation more – think outside the square when partnering with other organisations.

Vishal – we are behind in the concept of consumer engagement in refugee and migrant communities, and we experience many cultural and language barriers. What can these communities do to influence and inform the wider health system? We need to manage that more to engage other ethnicities. We are not currently seeing any prioritising of these communities coming through from decision makers.

Bernadette – educate communities more in health eg, understanding medications and articulate health knowledge. Focus more locally. Change from top down to side by side. Advocate for more resource for consumer engagement by this organisation.

Edna – Power to the people. Power rests too much with clinicians. Power to the board to represent people and look for opportunities for consumer voice to influence.

Tyson – a dedicated lived experience position on board.

Jenni –

- 1) genuine collaboration for quality and safety. Build that theme moving forward. Critical for this organisation to enhance the voice of the people
- 2) Strategising in a positive and courageous way, using evidence as a base. Avoid the politicising of health policies and replace negative political rhetoric with facts . Need to encourage a focus on evidence, Te Ao Māori and lived experience.
- 3) How do we build health and quality resilience in the face of disasters ranging from pandemics to environmental and climate change impacts? There have been lessons learned which need to be captured and written about. Would encourage the Board to enable this.

How do we resiliently create health and safety?

Toni – Value of a network of consumers brings empathy compassion and care for the people - He tangata – the most important thing. Mihi to earlier comments about the diversity and richness of this group.

Deon thanks everyone for their input and for the day’s mahi.

10. Karakia and close

DJ closed with karakia.

Next hui: 16 May 2024 – Waipuna Hotel & Conference Centre, Panmure, Auckland.
(the day after the 2024 Our voices | Ō mātou reo forum).

Actions list

Date	Action	Responsibility
	No action items	

Appendix 1

He Hoa Tiaki report for Kōtuinga Kiritaki Consumer Network 14 February 2024

The following are highlights from the past few months with a focus on the second quarter of the financial year (1 October–31 December).



Consumer health forum Aotearoa

Consumer health forum Aotearoa events

Our Voices: Shaping health care together | Ō mātou reo: He tārai tahi i te tauwhiro hauora will be held on 15 May in Auckland at Waipuna Hotel and Conference Centre. The programme for the day is shaping up with the first 100 tickets sold and all early bird spots allocated.

The objectives of the forum are to:

- increase your confidence and learn more about taking part in consumer and whānau engagement health initiatives
- explore how the code of expectations is impacting the health sector
- hear how consumers, whānau and community perspectives are shaping the design and delivery of health services
- connect with others involved in consumer and whānau engagement in the health sector and share best practice.

We are pleased to confirm our MC for the event, Ma'a Brian Sagala, QSM.

Brian has 30 years' experience in public speaking, radio and facilitation. He has been a producer and presenter of 531pi with the Pacific Media Network since 2015 and has used his profile to support various causes within Pacific communities. Brian has helped host community fono with Pacific church leaders on a number of health and wellbeing issues. He was MC of Pasifika Festival from 2011 to 2019. He helped the then-Northern district health board with the Prepare Pacific COVID-19 campaign to communicate with harder-to-reach segments of the Pacific population during the pandemic, relaying key messaging to the community. While travelling the Pacific region for work, Brian has performed outreach work in local communities in his own time.



Pictured: Headshot of Ma'a Brian Sagala, QSM in front of a white background

Event webpage: [Our voices: Shaping health care together | Ō mātou reo: He tārai tahi i te tauwhiro hauora | Te Tāhū Hauora Health Quality & Safety Commission](#)

Registrations: <https://hqsc.eventsair.com/cmspreview/ourvoices2024/>

North island consumer workshops

In addition to our national consumer health forum event, we are holding three regionally based workshops for consumers interested in helping the health system design services for the

communities they serve. These workshops are aimed at those new to consumer and whānau engagement and those who have some experience with it. They will take place over two weekends in March. Below are the locations and timings:

- Friday 15 March 2024, 10.00 am–1.00 pm, Terenga Paraoa Marae, Whangārei
- Saturday 16 March 2024, 10.00 am–1.00 pm, Te Ahu, Kaitaia
- Saturday 23 March 2024, 10.00 am–1.00 pm, Te Taiwhenua o Heretaunga, Hastings

There will be an afternoon workshop in Hastings on Saturday 23 March 2024 hosted by the Office of the Health and Disability Commissioner about the Code of Rights (www.hdc.org.nz).

We encourage both Te Kāhui Mahi Ngātahi and Kōtuinga Kiritaki members to share information about the upcoming regional events with their networks.

For more information visit: <https://hqsc.eventsair.com/ourvoices2024/north-island-consumer-workshops>.

Consumer forum opportunities

Since 1 Jan 2023 we have seen a growing interest in consumer opportunities through the consumer health forum Aotearoa. To date, we have been able to assist 24 organisations to recruit over 199 consumers to share their expertise via joining consumer councils and networks focus groups, and/or advisory, steering or governance groups. Some examples of these include:

- consumer advisors recruited by Pharmac,
- consumer advisory committee and panels with Manatū Hauora
- working groups and consumer councils with Te Whatu Ora
- advisory groups with ACC
- focus groups led by HDC.

In addition, consumer health forum members have been given opportunities to share their thoughts and experiences through several surveys and consultation activities on areas of health such as mental health and addictions, advanced care planning and alternative medicines. The following table provides a breakdown of consumer opportunities by category:

Type of opportunities	Number of opportunities advertised	Participation figures
Advisory, steering and/or governance group	27	81
Focus groups	9	118
Surveys, (including user-testing IT solutions)	6	n/a- due to confidentiality
Totals	43	199+

As the Consumer health forum Aotearoa gains membership and awareness these opportunities are only expected to increase. Each opportunity listed and promoted is the result of a thorough engagement process between the health sector and He Hoa Tiaki. Through each of these engagements, we take the opportunity to share resources, best practice

examples, and advice about genuine engagement practices, the code of expectations, and co-design.

Since 1 Jan 2023 we have had 5,037 views to our [consumer opportunities webpage](#). Please keep sharing these with your networks as they come through our website, newsletters and media channels.

Forum membership

The total number of individuals who have signed up to the consumer health forum Aotearoa forum members is 899 (as of 31 December). We continue to encourage new membership, and work towards our goal of 1,000 members this year. Help the forum grow by sharing [this sign-up link](#) with those in your network:

The following table shows the breakdown of members by ethnicity from end of quarter 4 2022–2023 through end quarter 2 (31 December 2023).

Ethnicity	Quarter 4 2022–23	Quarter 1 2023–24	Quarter 2 2023–24
Māori	Quarter 4 total: 153 (18.4%)	Quarter 1 total: 170 (19.0%)	Quarter 2 total: 174 (19.4%)
Pacific	Quarter 4 total: 87 (10.1%)	Quarter 1 total: 91 (10.2%)	Quarter 2 total: 91 (10.1%)
Asian	Quarter 4 total: 39 (4.5%)	Quarter 1 total: 42 (4.7%)	Quarter 2 total: 43 (4.8%)
Pākehā/Caucasian	Quarter 4 total: 482 (56.0%)	Quarter 1 total: 494 (55.3%)	Quarter 2 total: 494 (54.9%)
Middle Eastern/ Latin American/ African	Quarter 4 total: 17 (2.0%)	Quarter 1 total: 18 (2.0%)	Quarter 1 total: 18 (2.0%)
Other ethnicity or ethnicity not specified	Quarter 4 total: 77 (9.0%)	Quarter 1 total: 78 (8.7%)	Quarter 2 total: 79 (8.8%)
Total	Quarter 4 total: 860	Quarter 1 total: 893	Quarter 2 total: 899

Young Voices Advisory Group



Back row (left to right): Natasha Astill, Tiare Makanesi, Ciccone Hakaraia-Turner. Front row (left to right): Jaden Hura-White, Joshua McMillan, Ataahua Hepi and Naomi Vailima.

The Ngā Mahuri Kōrero Young Voices Advisory Group join Te Kāhui Mahi Ngātahi Consumer Advisory Group (CAG) and Kōtuinga Kiritaki Consumer Network (CN) in bringing the consumer and whānau perspective to the work of Te Tahu Hauora and He Hoa Tiaki, representing the voices of young people.

In November, the group of seven members met first by Zoom and then again in person in Wellington. The advisory group provided additional input on our planned regional workshops and developing consumer engagement resources.

They were introduced to the roles of Te Kāhui Mahi Ngātahi and Kōtuinga Kiritaki were able to learn more about the work of He Hoa Tiaki and more broadly, the work of Te Tāhū Hauora. We look

forward to working with these inspiring young people!

Welcome Lisa Lawrence to Te kahui mahi ngātahi

In November, Lisa joined Te kahui mahi ngātahi and was able to join the final meeting for 2023. Her experience as a consumer advisor includes lay representative on the New Zealand Psychologists Board, a Māori consumer representative for specific New Zealand College of Midwives audit/review projects, a member and chair of the Pharmac consumer advisory committee and a current member of the Māori advisory committee to the Nelson Bays Primary Health board. We are delighted to welcome Lisa to the team. Lisa's full bio is available on our [consumer advisory group webpage](#).







Code of expectations and implementation guide

The team's work socialising the code of expectations and implementation guide continues through a wide range of engagements across the sector. As the implementation guide has now been available online for 6 months, we are focused on identifying which areas of the guide need amending, updating or expanding. Consumer Voice Reference Group (CVRG) members have been invited to complete a survey and there is an offer to hold focus groups within some of the health entities to identify further practical changes for the guide. Website traffic statistics, similar to the table below are prepared regularly for the CVRG group and used to determine public engagement with the guide's content.

The table below provides a summary of website traffic to the code of expectations, implementation guide, Co-design, Consumer health forum Aotearoa consumer opportunities and other forum- focused webpages over the Q1 and Q2 periods (July 1- 31 December) More details, including social media engagement are available in appendix a.

Table 1 Summary of website traffic

Description of content and link to web page	Quarter 1	Quarter 2
	1 July–30 September	1 October–31 December
Understanding co-design Kia mārama ki te hoahoa tahi here	Views: 667 Users: 426	Views: 518 Users: 375
Consumer health forum Aotearoa Wāhi whakawhiti kōrero hauora (landing page) here	Views: 930 Users: 656	Views: 767 Users: 542
Consumer opportunities Tā te kiritaki whai wāhi here	Views: 1619 Users: 964	Views: 1840 Users: 1010
Code of expectations for health entities' engagement with consumers and whānau Te tikanga mō te mahi tahi a ngā hinonga hauora ki ngā kiritaki me ngā whānau here	Views: 2011 Users: 1117	Views: 1594 Users: 961

<p>Code of expectations for health entities' engagement with consumers and whānau here</p> <p>(This page hosts the code translations and accessible formats)</p>	<p>Views: 1395 Users: 820</p>	<p>Views: 1267 Users: 821</p>
<p>Code of expectations implementation guide Te aratohu tikanga (landing page here)</p>	<p>Views: 1862 Users: 940</p>	<p>Views: 578 Users: 320</p>
 <p>Co-designing with consumers, whānau and communities Hoahoa tahi me ngā kiritaki, ngā whānau me ngā hapori here</p>	<p>Views: 793 Users: 447</p>	<p>Views: 328 Users: 217</p>
 <p>Using lived experience to improve health services Te whakamahi wheako mātau hei whakapai ake i ngā ratonga hauora here</p>	<p>Views: 389 Users: 243</p>	<p>Views: 245 Users: 165</p>
 <p>Improving equity through partnership and collaboration Te whakapai ake i te mana taurite mā te mahi tahi here</p>	<p>Views: 276 Users: 176</p>	<p>Views: 107 Users: 76</p>
 <p>Accessibility and resourcing for consumer, whānau and community engagement Te whai wāhi me te whai rauemi mō te mahi tahi ki te kiritaki, te whānau me te hapori here</p>	<p>Views: 269 Users: 146</p>	<p>Views: 107 Users: 58</p>

Quality and safety marker for consumer engagement (QSM)

Due to the large-scale changes in the wider health sector we offered some flexibility for this past reporting period, ending 30 September. We extended the due date for submissions, reached out to each district individually, and offered support and guidance. Once received, the moderation team offered detailed feedback on each submission and indicated where stronger background evidence and or examples could be more explicitly linked to the code of expectations. This activity has allowed us to establish a number of new relationships and strengthen some existing connections within the districts. Nineteen out of twenty-four submissions have been published, including best practice examples. The next quality and safety marker (QSM) reporting period ends 29 March 2024.

The QSM for consumer engagement framework can be viewed in PDF or MS word formats [on our website](#). Work is progressing to add further accessibility options and/or functions. The team would like to thank consumer network member, Oliver Taylor for his time and advice with moderating the submissions.

Engagements

For the period of 1 October–31 December, He Hoa Tiaki team took part in 148 separate events, engaging widely across the sector and at multiple levels.

Key aspects of these engagements included:

- supporting organisations with the Consumer Quality and Safety Marker (QSM) submissions
- helping services to develop opportunities and recruit consumer forum Aotearoa members to projects
- discussions with Te Whatu Ora districts, other health entity representatives, NGO's and foundations
- hosting the multi-agency Consumer voice reference group (CVRG)
- presentations on the code of expectations and other pillars of our work programme. More details of key presentations are below:
 - BMJ international conference (Melbourne): Deon York presented on the code of expectations for health entities' engagement with consumers and whānau and its role in the reforming health system.
 - Te Whatu Ora Te Pae Hauora o Ruahine o Tararua Midcentral- DJ Adams presented at the consumer information day on the code, the code implementation guide and the consumer engagement Quality and Safety Marker (QSM)
 - Designated Auditing Agency (DAA) auditor update conference. Anne and DJ gave a presentation on the code of expectations, the code implementation guide and the QSM.

Engagement with Te Whatu Ora consumer and whānau engagement team

Our team is building a collaborative working relationship with the consumer and whānau engagement team of Te Whatu Ora. Many of the Te Whatu Ora team were previously known to us, and we are looking forward to getting to know the new members of the team. We will be sharing our forward work plans, and from a Te Tāhū Hauora perspective, we will be closely focusing on our role and functions as set out in the Pae Ora Act 2022 and this will complement the work of Te Whatu Ora and minimise duplication. Collaboration will be important to achieve this.

We know that there is uncertainty about the structure of consumer advisory groups at the district or regional level. The Te Whatu Ora team will be looking at these former DHB structures. Te Tāhū Hauora recognised the significant changes and pressures of the reforming system and wanted to do our part to reduce barriers for the continuation of consumer council chairs meeting regularly and supported those who required it throughout the formation of Te Whatu Ora and the roll out of the Pae Ora Act (ie, over two years). It was signalled that from 1 July 2023 that we would continue to support the consumer councils according to our functions. This does not change the ongoing relationship with the consumer councils/advisory groups as they evolve, but the infrastructure to support consumer councils and advisory groups, and how policies will be rolled out to support these structures is now managed by Te Whatu Ora in place of DHBs. We will continue to champion consumer engagement at all levels of the system.

Co-design courses

We are glad to know that our co-design courses continue to be well-used and recommended by health organisations, staff and consumers alike.

This resource has now been accessed 1404 times compared with 1277 in Quarter 1 and 1093 times in Q4 last financial year, which tells us the course is still being shared and interacted with.

If you haven't had a chance to complete the courses, this is a reminder that they are available anytime at no cost. First-time LearnOnline users will simply need to create a login. For more information, please visit the [webpage](#).



Appendix a: Website analytics

Our website remains our main engagement tool and is used widely. In 2023, we recorded 921,000 views across the website by 162,000 users. Our analytics show that 39 percent of users scrolled 10–90 percent of the pages they visited, showing good engagement with the content. We also recorded 155,000 file downloads.

The Te Tāhū Hauora website analytics now collects data differently as 'users' rather than 'unique views'. The website data shows varied engagement across different sections in quarters 1 and 2. Key highlights include:

- 'Understanding co-design' with 667 views (quarter 1) and 518 views (quarter 2),
- Consumer opportunities has seen a significant increase in traffic with 1840 views I quarter 2 and
- 'Code of expectations for health entities' with 2011 views (quarter 1) and 1594 views (quarter 2).

Summary of website traffic

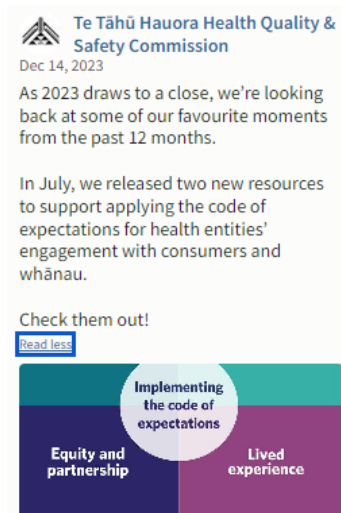
Description of Table 1

Understanding co-design had 667 views (426 users) in quarter 1 and 518 views (375 users) in quarter 2. Consumer health forum Aotearoa landing page had 930 views (656 users) in quarter 1 and 767 views (542 users) in quarter 2. Consumer opportunities had 1619 views (964 users) in quarter 1 and 1840 views (1010 users) in quarter 2. Code of expectations for health entities' engagement with consumers and whānau had 2011 views (1117 users) in quarter 1 and 1594 views (961 users) in quarter 2. The code of expectations translations and accessible formats page had 1395 views (820 users) in quarter 1 and 1267 views (821 users) in quarter 2. The code of expectations landing page had 1862 views (940 users) in quarter 1 and 578 views (320 users) in quarter 2. Co-designing with consumers, whānau and communities had 793 views (447 users) in quarter 1 and 328 views (217 users) in quarter 2. Using lived experience to improve health services had 389 views (243 users) in quarter 1 and 245 views (165 users) in quarter 2. Improving equity through partnership and collaboration had 276 views (176 views) in quarter 1 and 107 views (76 users) in quarter 2. Accessibility and resourcing for consumer, whānau and community engagement had 269 views (146 users) in quarter 1 and 107 views and 58 users in quarter 2.

Social media

Our content featured in the reshared of most popular post from 2023. These include our voices and the code of expectations implementation guide and co-design modules.

We generated new context to re-promote accessibility videos featuring Mary Schnackenberg. This post had successful engagement including reshares from Paula Tesoriero MNZM, Carmela Petagna and Whaikaha, Ministry of Disabled People.



LinkedIn

Out of the top ten best-performing organic posts for Te Tāhū Hauora, only one of posts featured. Ranked #3 across the organisation was Young Voices Advisory Group:

- Clicks: 25
- Engagement: 10 percent
- Impressions: 704
- Reactions: 42
- Shares: 5

The consumer engagement team welcomes members of the Young Voices Advisory Group. The group contribute the voices of younger health consumers and their communities to inform the work of the consumer engagement team and Te Tāhū Hauora Health Quality & Safety Commission. See the link in our bio.



Facebook

Out of the top ten best-performing organic posts for Te Tāhū Hauora, three were content from He Hoa Tiaki. The top post ranked #1 across the Te Tāhū Hauora was our post for the Young Voices Advisory Group with an engagement rate of 10.24 percent and new consumer opportunities with an engagement rate of 8.01 percent. The third best performing post was the Te Tāhū Hauora Health Quality & Safety Commission newsletter which has an engagement rate of 7.84 percent.

Our top posts ranked: #1, 2 and 6 across the organisation.

Instagram

60 percent of the top ten best-performing organic posts for Te Tāhū Hauora were He Hoa Tiaki content. The top post ranked #1 across the Te Tāhū Hauora was our post for the Young Voices Advisory group with an engagement rate of 10.24%

Our top posts ranked: #1, 5, and 6, 8, 9, 10. across the organisation. These included Our voices, featured consumer opportunities, #RACMA2023 and Aotearoa Patient Safety Day.

The top post ranked #1 across the organisation was young voices on 27 November 2023:

- 126 impressions and 29.57 engagement rate.
- Engagement: 24
- Comments: 2
- Likes: 24.

Appendix 2 Summary of Kōtuinga Kiritaki Consumer Network member reports for 14 February 2024 hui

Mary Schnackenberg (Auckland)

Environmental scan/real time monitoring and services

In the media has been Last October's released report into IDEA Services which runs homes for learning disabled New Zealanders which was commissioned by Whaikaha – Ministry of Disabled People. I mentioned this in my last report and have now had time to read the full report and Whaikaha's summary response.

Whaikaha has inherited from the Ministry of Health responsibility for funding and monitoring of disability support services. Although the report was primarily about IDEA Services, complaints, policies and processes, the investigator found all sorts of challenges which Whaikaha, the new funder, had inherited from the Ministry of Health. The investigator uncovered a great deal of mistrust in the sector and has called on both Whaikaha and IDEA Services to collaborate to restore trust and establish processes that are transparent and open to scrutiny by the public.

As new ways of working are developed by Whaikaha and IDEA Services, their model will be rolled out to other contracts that Whaikaha holds with other service providers in the disability sector. The Health and Disability Commissioner is also engaged in this process with their complaints processes and their National Advocacy Service. Knowing some of the leaders as I do, I am confident of better things to come.

Yet again the media has picked up that health services for learning disabled New Zealanders are still pretty woeful. I remember at the time of the Special Olympics in 2013 there was shock about the health situations for several of the athletes who were tested for sight and hearing and other health checks. It seems that not much has changed. Some doctors find it very difficult to communicate with learning disabled patients and some carers find it hard to support both the patients and the doctors with supported decision making, plain language amidst medical jargon and other necessary techniques.

And yes, the new government is signalling financial cuts to services. For many reasons, disabled individuals have difficulties when advocating for their own needs. Service providers, including charities, will have real challenges expressing their outcome needs on behalf of the disabled individuals they serve and their financial realities.

Services

My term of some five years at the Consumer Experiences Council of Auckland Health NZ as a consumer advisor has come to an end. As far as is possible amid the health reforms turmoil, I left the council in a good space with a mix of staff and consumer advisors working constructively.

Positive stories and exemplars

A blind person I know has had a second bout of cellulitis. He took himself to the local after-hours emergency service. The doctor read his notes from his first event which put him in Auckland City Hospital for four days. Prompt treatment meant the infection was cleared up quickly.

Advocacy is growing to allow pharmacists to give free vaccinations to children. No one can be looking forward to the predicted measles outbreak with such low vaccination levels among youngsters.

Recommendations

Support the extension of service from pharmacists to include the recommended vaccinations to children.

Jennie Harré Hindmarsh (Tairāwhiti)

Environmental scan

Wide-spread dismay about negative impacts and regressions we face given the new National-ACT-NZFirst Coalition government's rapid dismantling of progressive health policies, legislation and programmes recently implemented by previous governments – all of which are/were underpinned by strong evidence bases (eg, Coalition's dismantling of Te Aka Whai Ora Māori Health Authority, repeal of ground-breaking Smoke Free legislation, cancellation of recently introduced free prescriptions, etc...).

Furthermore, dismay and frustration is being expressed about the new Coalition government's proposed environmental policy changes which are highly likely to damage our health by allowing/enabling more water and air pollution and not addressing climate change – as usefully summarised in this Public Health Communications Centre Aotearoa Briefing www.phcc.org.nz/briefing/policy-bonfire-environment-protection-10-examples-threaten-public-health

Whilst Covid-19 rates have rapidly increased over summer, confusion has been evident (even amongst some local health professionals) about who is eligible for covid vaccine boosters & RAT testing kits, important isolation 'requirements', and when the updated vaccine (approved for Aotearoa in Dec 2023) will become available in the community.

Concerns are escalating about decreased rates in childhood vaccinations (comparatively high on Tairāwhiti Coast pre-Covid), thus iwi and other local providers are proactively developing solutions.

Remain unclear as to whether the Tairāwhiti locality plan has been prepared as part of the new Pae Ora health system, has been completed and when/where it will be available (Aug 2023, Tairāwhiti Consumer Council leaders advised this would be completed via a revised process by late 2023).

Input / involvement in Te Tāhū Hauora meetings/groups.

➤ Working Group member: Te Tāhū Hauora Pae Ora Quality Framework Project

The aim of this Te Tāhū Hauora project (begun in September 2022 and initially led by Synergia with the Whanau Ora Commissioning Agency) is to embed the Pae Ora Act principles of equity, tino rangatiratanga, and engagement with Māori and other population groups into a new 'Pae Ora Quality Framework: Guidelines for clinical and cultural quality and safety in Aotearoa New Zealand'. The new Framework will replace the current 'Clinical Quality and Safety Governance Framework'.

5 Dec 2023: Te Tāhū Hauora communications team emailed an update to working group members and those who'd provided feedback ('an invaluable contribution to continuous quality improvement in the delivery of consumer- and whānau-centred health services') on what has

now been titled the 'draft Clinical Governance Framework: Collaborating for Quality'. This advised that a summary of all feedback will be published early 2024, including key themes raised and how feedback has been incorporated in the final document.

Other activity (since last report)

23 Jan 2024: BreastScreen Aotearoa ICT Replacement Project: Confirmation received from the BreastScreen Aotearoa National Screening Unit of selection to participate as a consumer in testing the new enrolment and booking functionality being developed by the BSA ICT Replacement Project. At this stage testing will begin in March.

24 Jan 2024: Contributed to a brainstorm session with local health & environment researchers and a GP who may develop a trans-disciplinary research proposal to increase awareness of the impacts of climate change on physical and mental health to drive urgent climate policy action at scale - by combining evidence generation, policy analysis, community led research approaches and communication strategies.

Dec 2023: Accepted an invitation from Gisborne District Council to be a member of the Advisory Group for developing the Waimata-Pakare Catchment Plan during 2024 for how to urgently improve 'Te Mana o te Wai' freshwater quality and quantity - a key component of environmental & human health.

Positive stories and exemplars

A series of community events, including a research symposium and community hui, are being held in Tairāwhiti this week (11–18 Feb 2024) to mark the first anniversary of Cyclone Gabrielle which devastated our region and Hawkes Bay.

During the Tairāwhiti Extreme Weather Research Symposium in Gisborne on 15–16 Feb researchers, residents, service providers and policy makers will reflect on the evidence and stories collected through the six regional research projects and lessons learned. This will include presentations from a Manatū Hauora funded research team which has focused on the significant impacts of extreme weather events on health and wellbeing in local communities. Tairāwhiti-based Josie McClutchie and Professor Holly Thorpe (Sociology, University of Waikato) led a local team who have interviewed approx. 50 health professionals and residents about their experiences and very important insights into what happened, what worked well and what needs to be done differently from now on, both locally and by central government and national entities. The researchers have collected significant examples of survival and support across rural & urban settlements and documented how health workers and services (already stretched throughout the Covid pandemic) found ways to innovate and collaborate with whānau and communities to look after the most vulnerable – including when without any electricity, phones, internet or road access for extended periods, and since during the ongoing recovery.

University of Auckland researchers and Matatū Hauora officials will also present at the Symposium, along with Members of Parliament, Gisborne District Council, Manaaki Tairāwhiti, Manaaki Matakaoa, CCS Disability Action, Muriwai Haumarū Rōpū, Tautua Village, Tairāwhiti Technology Trust, and others.

Recommendations

That Te Tāhū Hauora:

- *Collaborate* with iwi and community leaders, health researchers, and national entities to retain Te Tiriti o Waitangi 1840 as central in ongoing implementation of Pae Ora.

- *Note* findings presented at and lessons learned from the Tairāwhiti Extreme Weather Research Symposium (Feb 2024) for improving health quality and safety in the face of the impacts of climate change on peoples' health and provision of health services.
- *Collaborate* with iwi and community leaders, health researchers, and national entities to advocate for retaining the Smoke Free legislation which is/was to be implementation in 2024, plus to make vaping products prescription-only as part of this legislation.
- *Collaborate* with consumers, health service providers and genomic health researchers to co-develop quality & safety guidelines and related education resources for the use of genetic testing services and genetic/genomic information by whanau/families, individuals and health professionals to improve prevention, decrease risk, and management of health conditions.

Oliver Taylor (Wellington)

Environmental scan

The Capital, Coast and Hutt Valley's former Consumer Engagement Manager has taken on a role at Te Whatu Ora's head office as Group Manager, Communities, where she manages the National Leads who hold portfolios for Disability, Rainbow, Co-Design and Proms and Prems. Proms & Prems are patient experience measures.

Late last year, I received my second and final dose for the course of the mpox vaccine. Since then, there have been seven cases recorded in New Zealand. While the first cases were seen in New Zealand in July 2022, there remains an ongoing risk of infection and we need to remain vigilant.

Input / involvement in Te Tāhū Hauora meetings/groups

In October and November last year, I supported He Hoa Tiaki with moderation of the consumer engagement QSM submissions by health entities and districts. We attempted to provide a thorough review and constructive feedback generally and for each submitter. Further moderation of the next set of submissions will take place later in April this year.

Activity (since last report)

6 December 2023: Front of Whare Steering Group meeting: The project has been ramping up, and we have appointed a detailed business case writer to develop the case for our Emergency Department project, which will hopefully see more overall beds in the Wellington Regional Hospital and provide better emergency services for consumers. We have also appointed new project staff to assist with the increasing work programme and scope, managing hospital stakeholders, financial expectations, and master site planning. Further considerations include consolidating office spaces to maximise clinical spaces, developing new models of care that will fit within constraints, and 3D site modelling to understand how the changes will work. This is a substantial and costly project that requires a solid rationale for change, especially considering our increasingly tight fiscal environment.

Services

Accessing timely primary care continues to be a struggle. My personal experience includes having to wait three weeks for the next available GP appointment, and six weeks for primary mental health care access. Health care over the summer also continues to be an issue, particularly for families and students travelling home.

Positive stories and exemplars

Changes to the health system will hopefully create more structured mechanisms for consumer engagement and increased experience that should benefit the planning, design and delivery of health services.

Recommendations

- Advise the Government to continue the advancement of local consumer engagement in the health system, as committed to in their policy approach to support local decision-making.
- Prioritise acute needs service projects as they continue to not meet demand.

Mark Rogers (Timaru)

Environmental scan

We continue to be an area of New Zealand that is serviced by both public and private health providers who work together to achieve surgical outcomes. Timaru is doing a lot of surgery for Southern. Unfortunately, 'Specialists' wait times are getting longer, especially for Orthopaedic patients.

Consumer opportunities page – Firstly, this a great initiative and I have been fortunate enough to pick up some work. Outside health agencies also seek consumers via this page, however some of their advertising is appalling! If you are seeking consumer representation from the general population, then ask for applications (Eols) from health consumers who represent a particular area, not just from one ethnicity.

Recommendation: I believe we need a discussion within our team about how the consumer opportunities page can be improved and be culturally appropriate. Part of this will need to be 'in committee' to protect the identification of those health agencies who need to improve their practices.

Activity

Contributed to the discharge summary documentation for sTBI (serious traumatic brain injury) patients.

Manatū Hauora Ministry of Health Rare Disorders Sector Reference Group. Attended the Clinical Rare Disorders Teams Hui.

Contributed to Rare Disorders NZ strategy project.

Met with Chris Higgins, CEO of Rare Disorders NZ in Wellington.

I've been appointed to the DEWS Expert Advisory Group (Deterioration Early Warning System) for those in Aged Residential Care.

Feel good stories

The 'post code' hospital system in New Zealand hasn't improved for most. Reading the stories in various media publications shows it really does matter where you live. Two close family situations recently resulted in prompt service and positive outcomes, yet I read during January, another patient with very similar symptoms had the opposite outcome. Long waits, poor communication and a very poor health outcome.

Joanne Neilson (Tairāwhiti)

Environmental scan

It is exciting to see a new batch of doctors in Tairāwhiti. This boosts morale and helps lessen the load that our kaimahi have been carrying. New faces and lots of vim and vigour. It is nice

to see some of the waitlists going down instead of up for a change. The Gisborne region has had more than its share of weather and it is interesting to see the stress when it starts to rain. A good number still rely on tank water so they are happy not to be seeing signs of a drought but many are scared the effects of the cyclone will come again and the resilience of people is being tested.

I don't know if it is the weather, but the heat is getting to some people and I am sad to say, not in a good way. One of our emergency department doctors was assaulted again at work. I have never understood the mentality of people that hurt people that are just trying to help.

Activity (since last report)

I have been invited to be on a CAG for trans cardiac health. By the time I see you all we will have had our first Zoom meeting so will have more to report at the next meeting.

Services

There is a disconnect between the health system and people. I don't think it is anything new but it is something that needs to be addressed. Why are people afraid of the hospital, we see on a regular basis people not turning up for appointments or cancelling because there is a rugby game they want to attend or are moving their cousins. It is one of our biggest frustrations and having to cajole people into coming is a poor use of our time when we are already stretched for clinic time and specialists.

Positive stories and exemplars

I started a leadership course at the hauroa. It is for three months, and I have already found it very helpful. It is nice to have some professional development. And dust of the brain cells.

I am excited to share with you that I am exhibiting my costumes at the Tairāwhiti Museum as part of Gisborne's pride month, so I have been refreshing, beading and feathering my costumes and getting everything shipshape, and now Nelson Pride want some costumes for their Frocked exhibition to celebrate pride in March. It's lovely that my costumes are still performing even without me in them.

Toni Pritchard (Te Kaha)

Environmental scan

Mental health services continue to be under huge pressure in the Bay of Plenty, especially in our Rural Area. Community Mental Health Services are our only Adult Mental Health Service to cover a huge geographical area, with Psychiatrist appointments a minimum of 4–5 weeks a part, with a travel time of 4 hours round trip. There has been an improvement in the Psychologist service with fortnightly appointments now available in Ōpōtiki.

Te Whātu Ora services (our local doctors/clinic) continue to service our community in an exemplary way, modelling what Equity looks like when barriers are a major issues – eg, isolation and access.

They've catered to our rural needs beautifully by bringing services into our area at no cost to our whānau. We have a ear nose and throat clinic that comes to Te Whānau a Apanui monthly. We also now have physio services fortnightly.

They've also created a role with our iwi health and social services for a qualified health professional, that work specifically alongside the clinic for people with high medical needs that don't attend appts. She does home visits, provides education and support with the various health needs and we have had major success in helping whānau this way. Eg, a tāne who has diabetes and hasn't taken insulin in years is now regularly taking it, eating healthier and

attends monthly visits to the doctor. This highlights the importance of kanohi ki te kanohi (face to face) and that it has profound effects on success in this area.

We've also just had Trinity Dental Service into our Rohe with over 60 whānau having critical dental treatment and care with a koha/donation. The flow on effect of this beautiful mahi has been profound, with major pain issues being resolved, whakama and anxiety being alleviated, even employment, with some of our whānau progressing into mahi due to being able to have confidence at job interviews.

Tyson Smith (Te Puke)

Activity (since last report)



TE WHEKE
TE MOANA A TOI MENTAL
HEALTH AND ADDICTIONS
LIVED EXPERIENCE NETWORK
FORUM

Te Wheke
Te Moana a Toi Lived Experience Network Hui

General narrative

Disappointment regarding unfulfilled funding commitment (Te Whatu Ora committed, but didn't provide)

Disappointment regarding transformation promises made a community hui (Million+ contract to transform the local MHA sector). Transformation team has taken the community voice, hopes and dreams and disappeared.

<https://fyi.org.nz/request/24979-how-the-lived-experience-and-consumers-voice-is-involved-in-contact-discussions#incoming-95010>

Social media (last 28 days) - <https://www.facebook.com/TeWhekeNetwork>

- Post reach 17,847
- Post engagement 4,162
- New Page likes 29
- New followers 55
- Grown follower count to 1300

Blocked by MP Matt Doocey for posting Mental Health Articles (news) from mainstream websites (Stuff, NZ Herald, Ombudsmen etc)



Convergence Aotearoa
CPSLE Workforce Forum
www.cpsle.org

General narrative

Hurt/confusion regarding government direction (rumored loss of Te Aka Whai Ora)

Confusion/frustration regarding conflicting perspectives on smoking between governments (Pro smoking Minister of Health?)

Request for Hauora a Toi mental health and addiction services policy and procedures

OIA completed (required significant push back – initially declined (lied too))

<https://fyi.org.nz/request/24292-mha-policies#incoming-95245>

All Hauora a Toi Mental Health and addiction policies are now public domain and accessible at

<https://cpsle.org/hauora-a-toi-mental-health-policies/>

Request for Te Whatu Ora Waikato mental health and addiction services policies and procedures

Convergence Hamilton has asked for what we have in the Bay – OIA submitted.

Intent (Te Whatu Ora) to refuse request – socialised and shared online (pushback)

<https://fyi.org.nz/request/25349-te-whatu-ora-waikato-mental-health-and-addictions-service-policies-procedures-protocols#outgoing-41984>



Te Hiringa Mahara Lived Experience Reference Group (Monitoring Report 2024)

Zoom hui (more scheduled)

Collected a wide range of feedback.

Analyzing data (report in progress)



Nōku Te Ao

Nationwide programme to end prejudice and discrimination against people with experience of mental distress.

Potential for regional hui (planning stages)



Nga Hau e Wha

National Forum of Consumers with Lived Experiences.

Responses to previous letters/advocacy attempts (Manatu Hauora, Te Whatu Ora Commissioning, Minister of Health, Minister of Mental Health) for structural support or funding - Watch GETS

Disestablishment in progress

Services



**Mental Health and
Addiction Services**
Te Moana ā Toi | Bay of Plenty

Te Whatu Ora, Hauora a Toi Bay of Plenty - Mental Health and Addiction Services

Difficulty in accessing Secondary (specialist) Mental Health Services. (BOP)

Te Whatu Ora Bay of Plenty have no mechanisms that ensures the lived experience perspective is included in planning and funding (contracts).

<https://fyi.org.nz/request/24979-how-the-lived-experience-and-consumers-voice-is-involved-in-contact-discussions#incoming-95010>

Instances of individuals calling the crisis team and no one responding, no return call (complaint upheld)

Promotes informed consent but does not have accessible policies/procedures

Confusing treatment pathway (7 different MH treatment plans, only 2 that include the individual), confusing the person/whanau at the centre (attached)



HNZ00032038
Appendix 7 Bay of Ple



Te Whatu Ora

Te Whatu Ora (National entity) does not have an internal complaint pathway.

<https://fyi.org.nz/request/25181-complaint-process#incoming-95572>



Nationwide Health & Disability Advocacy Service
Ngā Kaitautoko

Nationwide Health & Disability Advocacy Service

Will not support individuals with any systemic complaint, or complaint regarding access to services (which is confusing when Te Whatu Ora Bay of Plenty, directs people with systemic complaints, or complaints regarding access to services to Nationwide Health & Disability Advocacy Services.)



Context.pdf

Recommendations

Request Te Whatu Ora (head office) Complaint Policy

- Outcomes uphold HDC Code – Complaints

Close the feedback loop (Consumer Engagement QSM) between the reporting organisation, The community they engage with and best practice.

- Outcome increased health literacy (individual communities)

Request/socialise what the Minister of Mental Health is responsible for

- Outcome increased health literacy (population)

Advocacy regarding transparent contracts (community visibility) what should providers be delivering?

- Outcome increased health literacy (population)
- Outcome Places people at the centre (can make informed choices)

Advocacy for clear comms between agencies (don't refer people when they are outside of acceptance criteria)

- Outcome Places people at the centre (limit wasted consumer/persons time/hope/energy)

Advocacy for structural resourcing and funding for local and regional lived experience networks (told we are valued but find out it doesn't include funding – (one L.E Role in an organisation does not represent the diversity of lived experiences within our health system).

- Outcome gives the community the structure in which to share leadership as per the code of expectations.

Marlene Whaanga Dean (Wairarapa)

Environmental scan

Aroturuki Tamariki | Independent Children's Monitor visiting Wairarapa and holding workshops in our region. YBR held a visit on site for this group. The report feedback on their Wairarapa community feedback highlighted that most services had a good relationship with Oranga Tamariki and hospital liaison, who linked them with other agencies in our region. They said one phone call and they 'will come back to you'. There was various hui held at different service delivery sites, however it was noted that information sharing was not always good, particularly when Tamariki in care moved placement or locations. Highlighted in this report was that accessing mental health services for children and trauma had a wait list of four to six months, only Tamariki with extreme needs get seen.

Health Literacy of well child services, report a decline in child immunisation's and vaccination post COVID. A priority to deliver education and National Public Health nurses will hold an event in the Wairarapa to first educate māmā /whānau and then to vaccinate.

Activities:

- 6/2/24 **Waitangi Day** invited by Hurunui-o-rangi to join in the celebrations and promote our services. Partnership with Stoke Foundation N.Z.F.A.S.T awareness Promotion, Yellow brick Road and Pasifika O Wairarapa combined with local health providers, such as Whaiora nurses checking blood pressure, cervical smear, updates, diabetes finger pricks, really getting in front of the community. Te Hauora promoting rongoa, Tu Ora, YBR, Te Whatu ora, Regional Health, Cancer Society enjoyable to see whānau and community on a Marae setting. An event to capture more consumer voice particularly for Māori, what's working in our health system or not working?
- 08/02/24 Attending MHALG meeting & Presentation re: MH&A Collaborative Design Project.
- Te Whatu Ora consumer network consumer council,
- 1/02 24 Changeability - Acknowledged White Ribbon effort. Highlighted, that after 15yrs of having a FV co-ordinator, MSD is looking to move to a more regional model

next year. Some nervousness around funding for men's programs with the new government. Progress has been made over this time with less resistance around men's change and increased acceptance to take responsibility. Questions remain ... How do we shift attitudes? How do we get amongst our community? Something we are working towards.

Services:

Collaboration has strengthened in our region of Wairarapa. Yellow Brick Road, Te Wahapūahoaho continues to form Whanaungatanga / collective collaborations.

Collective Karakia in our region once a week lead by Te Whatu ora, Taku wahi, hui 8.30am weds. Representation from all services within Masterton region, includes iwi. A platform to share panui and service delivery roles. We are all booked in to rotate and host karakia. Tu ora, Corrections, Pathways, Ngati Kahugnganu, Rangitane, Kura, YBR, Whaiora, Comm centre, Te Whatu ora, Te Hauora, Local Library, Regional Public Health, Changeability - there is more....

Conversations with Tu ora on the output or lack of GPs in our region needed to be addressed, which I have mentioned in previous reports. Tu ora are streamlining action plans in place to increase practitioners service delivery for consumers, to create /strategies for a more effective usable system towards consumer wellbeing.

Whaiora are short on GPs, however without compromising consumers health needs and to reduce long wait-times to see a GP, they are using paramedics to triage basic health needs for whānau and using more phone consults with GP (sharing GPS from Masterton Medical Practice). This is great for a short-term solution, but in my view, phone consults have barriers to communicate clearly with elderly, disability, or consumer having to rush through their health conversation which sets more frustrations particular with cultural language, different ethnicity. I guarantee consumers prefer kanohi ki te kanohi for their health needs and wellbeing particularly for Māori and Pasifika.

No changes in COVID or reporting from my region.

Positive Stories

Locally tailored for service delivery. Our kaimahi - facilitator for whānau peer support women's group of 5 with a mix of Pasifika, Māori, European, we hope for growth in this space. These wāhine co-design their program having consumer voice with lived experience supporting each other to support their loved one who is experiencing mental health challenges. Whānau are un-sung heroes and often overwhelmed and unsure when their whānau member is experiencing mental illness and distress. This platform provides sharing, caring, support, education, and advocacy if required.

Vishal Rishi (Auckland)

Environmental scan

Kia ora and warm greetings !

Please find the quarterly Kōtuinga Kiritaki Consumer Network report as mentioned below. This report includes the latest update on Ethnic Health Collective and the learnings from our involvement with the Otara-Papatoetoe locality.

An update on Asian whanau voice in Otara-Papatoetoe locality planning:

As we are aware, on 1st July 2022, the New Zealand Health system initiated one of the most significant transformations in its history and introduced 'locality approach' to tackle

complex health issues that have been deep-rooted in our communities from the last few generations. Localities focus on much more than health services. They focus on achieving pae ora (healthy futures) for whānau. They will do this by improving the environment people live in, how they live, and the opportunities they have to thrive, provide for their whānau, and contribute to their communities. To ensure the plan is inclusive and the Asian whānau voice is captured, we continue to attend all partners meetings to provide strategic advice on Ethnic Communities and contribute to developing initiatives within the locality, yet the outcomes have been disappointingly limited. It is still unclear what specific actions and investments will happen for ethnic communities. TANI has continued to meet with Senior government officials to discuss its concerns and challenges.

Last year the EHC created a Mind Lab on Localities to influence Te Whatu Ora in its approach towards locality-based planning, focusing on ensuring a voice for our ethnic communities.

Mind Lab are strategic working groups focusing on a particular priority or an issue to create system change, influence policy and service design, and meet desired health equity outcomes for ethnic communities.

We are also going to release challenges and recommendations for 2024, and will work with the new political leadership, Te Tahu Hauora, MEC and Te Whatu Ora for them to act on our recommendations.

Ethnic Health Collective:

We have launched the EHC collective website only to our membership at the end of last year, as we work to resolve hiccups in the functionality and strengthen the system. Though we have not launched the website on our social media platforms, we continue to get an increase in our membership, and we currently have just over 130 individual and organisation members.

Our clearing house function, and online repository of data continues to grow, and we currently have 26 published research papers and reports on our website.

Last year in October we completed the research and data gathering phase of a report we are producing for Auckland Council examining its strategic efforts and local initiatives contributing health outcomes for ethnic communities. We had a series of interviews, and group discussions followed by a workshop with Auckland Council staff, and we are currently finalising a draft report. This report will include key observations and potential recommendations for the future. We have also discussed how council systems, facilities, and service delivery models could improve ethnic health outcomes.

Other consumer voice related meetings attended:

Regularly attended Waitemata consumer council meetings: We addressed the community concern about the ever-increasing costs of primary care, in particular the afterhours care service costs and brought this agenda to the table in this consumer council meeting. This not only helped the council members to learn about the challenge that community experience, but also influenced the Primary Care Team of Te Whatu Ora, Waitemata, Te Toka Tumai, Counties Manukau to retain the fees at affordable prices.

Attended Waitakere health link's board meetings: Represented Asian community at Waitakere health link board's regular meetings. These meetings have provided us with the opportunity to continue advocating for the communities we serve and as a result of the last

couple of meetings, we have contributed to the Waitakere hospital development & extension plan along with the Te Whatu Ora team. Easier and convenient access for disabled people and signage designs were discussed.

Recommendations to ensure Asian & Ethnic voices are heard and included at the planning stage:

It is a significant gap that Ethnic Voice is not sufficiently informing locality plans and subsequent investment. It is crucial to ensure that Ethnic Communities' representation and consideration are included in the planning and design of all 12 prototypes, and eventually, this should be extended to all localities nationwide.

We recommend that:

1. There should be a nationwide focus on increasing knowledge about the populations of settled ethnic communities in every locality. The level of involvement may vary depending on the population of the communities in the area. Localities play a vital role in the future of public and primary healthcare investment. Provider networks will drive future policy and investment.
2. It is also critical to include a system navigation voice for ethnic communities in the national overview process. System leaders from all 12 prototypes meet regularly, and many strategic learning and decisions happen in the space. There is currently no representation for ethnic communities, which are 20% of the population in Aotearoa.
3. We recommend that Te Whatu Ora provides a regular update in 2024 on its efforts to involve Ethnic Communities in the localities. Te Whatu Ora needs to do more to demonstrate its commitment to understanding the complex needs of ethnic communities and taking visible actions to improve the commissioning of resources towards their health needs. We need to see concrete steps that Te Whatu Ora has taken to build trust in the system to meet ethnic health needs.
4. It is critical to appoint ethnic service providers in leadership roles within certain localities in Auckland, where the ethnic communities' population makes up almost 40% of the total population. By taking on a system lead role within a locality, the ethnic provider can strategically contribute to developing the locality plan. Some examples of Auckland local board areas with significant ethnic populations based on the 2018 census include areas such as Puketapapa (53%), Waitemata (37 %), Albert Eden (35 %), Howick (49 %), Otara Papatoetoe (36 %), Upper Harbour (43 %).
5. There is a significant shortage of non-government health and social care services that cater to the unique needs of ethnic communities in New Zealand. Even where such services exist, they need more resources and reach. Currently, there are no primary health organisations (PHOs) solely dedicated to servicing ethnic communities, and ethnic medical doctors' practices have aligned with mainstream PHOs. The landscape of non-government service providers is rudimentary. It lacks sufficient resources, which poses a significant risk considering the projected increase in the population of ethnic communities, the "healthy migrant effect" (observed pattern where migrants' families' health tends to deteriorate over time) and the complexity of their cultural and linguistic service requirements.

6. Last but not the least, we recommend a more methodical approach to designing the future service delivery landscape, which focuses on resourcing ethnic public health service providers and explores the development of ethnic community services within other interested providers.

We strongly believe that Te Tāhū Hauora may be able to influence these concerns, in the light of ensuring that Asian & ethnic voices are heard and included in the strategic frameworks. Currently, there is no visibility of the same in any of the strategic documents.

Ricky Ngamoki (Ōtepoti)

Environmental scan

It has been neat to see the way that the community has come together when there has been such dis-content in Government. It has been nice to see the community support Māori and whakamana the different kaupapa that have been happening to whakamana Māori and Kaupapa Māori.

There have been some scary cases for young women with that are having babies, as there has been a large lack of experienced midwives in the field, since the job losses that occurred out of the Covid Vaccine Mandate. It has been a difficult time for whānau in our rohe, and there is not enough experience in the sector, that are currently practicing.

The Local Rūnaka at Huirapa ki Puketeraki have some plans for the local mahika kai spots in the rohe. When all of this has been completed and is in place, there will be better access to whenua, where people will be able to be, foraging, exercising, and sharing time and space in the ngāhere, where mahika kai activities can take place, and be taught, and rongōa can take place and be created.