



## **Minutes of the Te Kāhui Mahi Ngātahi | Consumer Advisory Group (CAG) to the Te Tāhū Hauora Board**

<b>Co-chairs</b>	Angie Smith & Russ Aiton
<b>Members in attendance</b>	Lisa Lawrence, Mary Schnackenberg, Jodie Bennett, Boyd Broughton, Delphina Soti, Maine Johnson (till 11.30)
<b>He Hoa Tiaki in attendance</b>	Carlton Irving, Dez McCormack (minutes)
<b>Apologies</b>	DJ Adams,

The hui was held via Zoom on 12 November 2024.

The hui began at 9.30am

### **Welcome and karakia.**

Russ welcomed everyone to the hui and Angie opened with karakia.

### **1. Standard business**

- 1.1 The minutes from 20 September 2024 were confirmed as true and correct.
- 1.2 Action items were completed. Nothing outstanding.
- 1.3 Interests register
- 1.4 Correspondence from medicines control noted.

### **2 De-brief on board hui 4 October 2024**

Russ started with some context around positioning in the board hui. He spoke about raising three points in the Enviro scan. One was workforce shortages, which has been on the scan regularly. Second was cost of living and hunger issues including cuts to school lunches (raised by Delphina) and third was around lack of mental health support for elderly people (raised by Jodie).

The lack of regional consumer councils being in action was raised and discussed with some concern by board members.

The co-chairs were acknowledged well by the board and the consumer messages are well acknowledged.

### **3 CE update**

Peter joined and spoke of the two insights reports presented to the Minister Reti.

He spoke of the challenges in health care and the things that need to change. Addressing issues such as an aging population and work shortages along with budget restraints. Western world health systems are facing some stark realities. We must continue to put consumers at the

centre of decision making and what we can achieve with what we have. There is a need to do things differently.

Peter welcomed Carlton, completing our ELT team. Also spoke of our staff away day and the benefits of that day. Work on Te Tāhū Hauora's operating model, based on mahitahitanga is well underway and the code of expectations is at the forefront in planning and design.

Carlton added to Peter's korero re the workforce pressures and hospital staff burnouts. Many are either going or looking to go overseas.

Boyd added comments about three hospitals in the north closing their afterhours. This is not whānau centric; it's about cutting costs. Peter confirmed these matters are raised in the insights report.

Peter also advised a statement will be released on our website this afternoon to coincide with the apology from Government on the abuse in state care inquiry.

#### 4 Environmental Scans

Members reports were taken as read. Full reports are tabled as a summary in Appendix 1

Following is a brief addition to members comments.

**Angie** – Spoke of Regional consumer councils and response from Hector Matthews regarding the delay in standing up the councils.

From the CVRG hui, we need timings for any future consumer code reviews, so that resourcing can be allocated by entities.

**Maine** – reiterated the protest about the new Dunedin Hospital build. Also mentioned that cut to jobs is affecting many communities' social services.

**Jodie** – mentioned extended date to 20 December for the Mental Health review. Was involved with a lived experience group for Suicide Prevention action plan. Ran several sessions which revealed a lack of trust and faith in the system. There was a lack of consultation in the draft of the plan.

**Delphina** – Things are continually getting worse in the community and people are suffering. People are feeling abused in all areas and degraded. Delphina's report reflects how dire the situation is.

**Boyd** – cannot see where there has been a significant response to previous scans. IMPB's have completed their community health plans and identify priorities. Trust is an issue in the community around immunisations – particularly when promoted by Manatū Hauora or Te Whatu Ora. Deep reach into communities is needed.

**Russ** – a community well-being forum "West Coast health" has been established on Westcoast to represent consumers in the area. This is a result of regional councils not being stood up by Te Whatu Ora since July.

**Mary** – acknowledged the passing of Maaka Tauranga Tibble who made an enormous contribution to the blind and overall disability communities throughout his life.

Also, a reminder that the Consumer Network does have an extensive and wider perspective of views that should be considered in overall consumer feedback and comments.

Involved in braille as part of the apology into the abuse in care and appalled by what has been done. We need to look after ourselves to represent others.

**Lisa** – Local issues - Lack of coordination between primary & secondary care with diabetes in optometrist checks. There is a Whooping cough outbreak with people living in cars and no ability to isolate. There is a risk to health with homelessness of pregnant mamas.

Nationally, HDC has workshops on their code. Can we work together to include some of our work on the code, with their review work.

Abuse in care inquiry victims and apology. Many denied access to the apology are being retraumatized by lack of support in the process.

## 5 Content for Scans Board paper

The paper was accepted to submit to the board. Time didn't allow for a full discussion.

## 6 Update on Te Tāhū Hauora data available

Richard presented and gave a rundown on the mahi of the Health Quality Intelligence team.

He discussed the range of data gathered and from where and how they helped to measure any risk.

Input into the Insights report was covered and how the information gathered helped form the contents of the report.

Richard covered a Broad framework of how data is analysed and subsequently used. He spoke about what the commission is best placed to do. i.e. Monitoring and evaluation to sense actions, knowledge and expertise with speed and flexibility of response, relationships and networks, and independent advice

The group very much enjoyed the information and would like Richard back to expand.

## 7 Update from Director & questions (MH & C report taken as read & noted)

Carlton gave an update on new staff that will be announced shortly. Spoke of the Consumer code review and the workshop on Westcoast, South Island.

It was raised that membership of the forum seems to have stalled, and we will look when capacity allows to promote this further.

Patient safety day work is complete and will go on-line today with a focus on using manaakitanga in clinical practice.

## 8 Prep for in person at Board hui 26 November

This session moved to the morning of 26 Nov

## 9. Karakia and close

Angie closed with karakia.

## Actions list

Date	Action	Responsibility

Next hui – 26 November 2024.

In person at te Tāhū Hauora offices including an in-person meet with the board

## Appendix 1

### Summary of Te kāhui mahi ngātahi members' environmental scan – 12 November 2024

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

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Kaiwhakarite Māori – mahi kiritaki | Consumer representative, Māori  
Co-chair - Te Kāhui Mahi Ngātahi | Consumer advisory group  
Co-chair - National Quality Forum  
Member - Te Whatu Ora regional consumer council – central  
Member - Consumer voice framework reference group  
Member - Tihei Wairoa clinical governance group

#### Acknowledgements

Kua hinga rā he tōtara nui i te wao nui o Tāne. Ko Maaka Tauranga Tibble tērā. Haere atu rā e te taonga o te mate, haere, haere, oti atu rā.

Maaka Tauranga Tibble MNZM (Ngāti Porou) gifted the name Whaikaha as the te reo Māori name of Whaikaha – Ministry of Disabled People in 2022. He worked at the Foundation of the Blind, now Blind Low Vision NZ, through the 1980s and 1990s.

#### Environmental scan/real time monitoring

**Wairoa** – the aftermath of the flooding is still impacting our community for housing, insurance, and health. Amazing to hear that all debts were removed for those affected by the flooding, made possible by Queen Street Practice (only GP in Wairoa), subsidised by Te Whatu Ora.

#### Te Whatu Ora regional consumer councils were in place by 1-Jul-2024

- Still no date set for the first meeting.

#### Consumer Voice Reference Group (CVRG) (17-Oct) - bimonthly zoom meeting

- Agencies: Pharmac, Te Whatu Ora, HDC, NZ Blood, Manatū Hauora
- In a meeting of the CVRG, the agencies gave updates on how they are implementing the consumer code of expectations, and they all acknowledged the financial impacts at the moment. DJ shared a presentation of the framework for undertaking the review of the code and this will be shared with CAG. Resourcing is definitely a consideration for every agency and so is the frequency of reviews in the future. No decisions have been made on this.

#### Primary and Community Health Aotearoa (PCHA) – Consumer Representative

- PCHA board meeting via zoom (24-Sep). My takeaways from the meeting:
  - i. There is a lot I can learn from the members, individually and severally, because there were shared and current issues that called on all the members to have a say and to contribute.
  - ii. They discussed very current issues, their meetings with the Minister of Health for their individual organisations, and finding strength & more influence in their combined efforts.

- iii. nationally-led and regionally-driven is where commissioning is going
  - iv. Moving away from national contracts to regional commissioning.
  - v. Not referring to ethnicity? - we can't fudge the data. Ethnicity really matters to us. It's driving incessant demands.
  - vi. Revisit Te Pae Tata, it still applies – just need to dust it off!!
  - vii. Empowering regions
  - viii. Empowering IMPBs
  - ix. The work that needs to happen is at localities, in partnership with Iwi and in partnership with IMPBs
- PCHA AGM in-person (21-Nov), Tauranga. The Health Minister Dr Shane Reti will be attending this AGM.

### **National Quality Forum (20-Nov)**

- The Health Minister Dr Shane Reti will be attending the first part of the Forum and the agenda has been developed to make the most of his attendance.
- Karen Gibson and Telesia Siale (Principal Advisor, System Engagement) have both recently joined Te Tāhū Hauora with a focus on supporting the NQF alongside Martin Thomas and his team. Russ and I met with them to ensure they get a good understanding of the landscape and how they can best support the NQF. They were keen to meet with us both as co-Chairs of the Forum to formally introduce themselves and:
  - Understand how our agency currently supports the NQF mahi, including us and our role
  - Look ahead at planning for the upcoming NQF in November – including a draft agenda, and
  - Discuss how we can best work together moving forward – both for the upcoming NQF and ongoing.

### **Consumer and whānau engagement quality and safety marker (QSM) – by 02-Oct Mariette Classen**

- Te Ikaroa Regional Consumer Engagement QSM submission discussion.
- Frank Bristol (Wanganui) & I (Hawke's Bay) were invited to review and advise on the regional submission for the CE QSM.
- Not being part of the development of the QSM, I realised this is a self-assessment tool from every hospital in central (Palmerston North, Wanganui, Kenepuru, Hutt Valley, Wairarapa, Hawke's Bay & Wairoa). The QSM does not include GPs.

### **Positive story and exemplar**

#### **Ka Ora Telecare (Ka Ora) – telehealth care for rural areas**

- Having healthcare options, such as Ka Ora – being able to video or phone in for an appointment allays fears and gives you security. Ka Ora has been operating since Nov-2023. The process is:
  1. phone 0800 number
  2. Kaiāwhina will take your call
  3. Next step: nurse will triage your priority need
  4. Next step: appt made with your GP/a GP
  5. Next step: call an ambulance
- Ka Ora has a **Patient Management System**.
- Ka Ora has a **CRM system** which they developed beyond the basic template, a 'bespoke' version. When a Wairoa call comes in, the kaiāwhina will confirm they are from Wairoa. Part of the onboarding process for Queen St Practice was to advise what healthcare services were in Wairoa e.g. Wairoa Pharmacy – opening hours – phone #

etc. so Ka Ora uploads all this data into their system which informs the staff personnel when receiving and triaging callers to Ka Ora.

- Year 2 will be focused on connecting with communities, engaging more with communities and promoting their offering. Their website to link people to is [www.kaora.co.nz](http://www.kaora.co.nz) or 0800 252 672. They are also on Facebook.

## Russ Aiton (West Coast)

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Chair - National Chairs Group (Consumer Councils)

Co-Chair – Te Kāhui Mahi Ngātahi Consumer Advisory Group (HQSC)

Chair – Cornerstone Family Support Services (Greymouth)

Secretary/Treasurer – Mawhera Menzshed (Greymouth)

Member – Consumer Voice Advisory Group (HQSC)

### Real time monitoring

There is a degree of repetition in my scan this month, which reflects a status quo of inaction/action rather than having nothing new to say (for the sake of saying something)

A notable addition to my commentary this month is the work done by West Coast Health (previously West Coast PHO), in establishing a fledgling (new) Community Voice – Health and Wellbeing Forum. It is a joint collaboration between West Coast Health and Te Whatu Ora Te Tai o Poutini comprising 12 individuals supporting a diverse voice of the population across the Coast. The web page quotes thus *“It is a vehicle to capture whānau and consumer voice within the West Coast health system. Health entities have an obligation to engage with whānau and consumers to ensure local health services are meeting community need – this is one way we can meet our obligations”*. It is still forming the shape of its Terms of Reference and alignment with the Code of Expectations, but hopefully will be fully involved in the expected Te Tāhū Hauora community workshops for 2025.

The new After-Hours service for health advice and treatment “Ka Ora Telecare” was launched by Te Whatu Ora for West Coasters, and visitors to the Coast, to use for free health advice and treatment on weekends, evenings, and public holidays. The Ka Ora team can advise whether it is appropriate to see a health professional. It was launched in part as a response to the lack of staffing resources and shows a resilience of local systems responding positively with what it has, to meeting the needs of the community it serves. The service is largely supported by equally a degree of scepticism that it is further eroding the services for our rural communities.

### National Consumer (Councils) Group

The group is still very much active and is a “the lights are still on” focus each month for the disenfranchised Consumer Council chairs/Co-chairs. It continues to support and encourage its members to find the collateral flow of engagement pathways and shares points and nibbles of information that we can glean.

The Regional Consumer Councils are still in limbo having been stood up on 1<sup>st</sup> July and as at 3 November, none have (**still**) met or engaged their local consumer groups (formally). We remain positive and already cross regional support from members is eventuating.

## Mary Schnackenberg (Tāmaki Makaurau)

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### Environmental scan / real time monitoring

Comments I have previously made are still valid. The only people I know who are comfortable with their health situations have long-standing relationships with their GPs.

### Services

There is the ongoing challenge for those with hearing aids to be able to use them during any hospital stay. A blind friend in his 80s who uses hearing aids went into hospital recently after being knocked down by a car. He could not get home soon enough. His initial entry into hospital was an emergency and he did not have his hearing aids at the outset. His wife brought them on her first visit to him. He did use them through his stay. Even so, he had real difficulty understanding and communicating with staff who had accents. He often had to ask them to repeat something they had said. With his hearing aids intact, he is home now, gradually recovering from his injuries.

### Positive stories and exemplars

My blind colleague who received a pacemaker in March 2023 is still with us. She is very pleased with her cardiologist. Her physical stamina is somewhat reduced as she needs to ride in a wheelchair to get around Auckland and Christchurch airports. She hasn't received any information about the pacemaker or diet in her preferred format of Braille. And because her stamina is reduced, she finds it a real effort to advocate for her needs.

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

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### Emerging Trends / Issues / Services

#### Demand for Support Services

Engagement with social and food support services has increased by approximately 3% from August to September, reflecting a steady rise in demand as economic pressures mount. The demand is still double to what it was before Covid. Also, MSD Traffic Light system and sanctions are anxiety provoking for whanau with resulting stops in MSD payments.

#### First-Time Users of Support Services

First-time users accounted for about 30% of engagements in August and September, rising to nearly 38% in October. This trend indicates that stressors such as poverty, poor mental health, and food and job insecurity are impacting more individuals.

#### Anticipated challenges for the Holiday Season

The upcoming holiday season is expected to exacerbate financial strain on families due to school closures and increased costs for essentials, likely leading to greater demand for social services and heightened stress levels.

#### Housing and Social Challenges

Since December 2023, government efforts have led to a 57% reduction in whānau using emergency housing motels, indicating progress in moving families into stable homes. However, many consumers, particularly those no longer eligible for government support, continue to face precarious housing options. Increased instances of families doubling up in single residences

highlight the severity of the housing shortage, resulting in overcrowded and unstable conditions. This situation underscores the urgent need for accessible and sustainable housing solutions for vulnerable communities.

The number of individuals living in any one single dwelling has risen since December 2023, vulnerable families are doubling up revealing broader social implications, including health risks and stressors associated with inadequate housing.

The current focus on rapid housing solutions often neglects essential needs such as nutrition, mental health support, and meaningful community connections, which are crucial for stability.

Key workers are increasingly supporting families facing interconnected challenges, including long-term mental health concerns, illnesses, and social isolation. Social workers are overwhelmed, managing crises related to inadequate housing and urgent medical needs, often leading patients to resort to ED instead of accessing GP services.

### **Increased Referrals for Food Support**

Referrals for food support from Te Whatu Ora and other government services have significantly increased, particularly for vulnerable patients in cancer, cardiology, diabetes, and from Starship. This surge is placing pressure on NGO food banks to provide suitable food for these high-needs patients and families. Ironically, government agencies are relying on underfunded NGOs to meet the basic needs of those in state care, underscoring the urgent need for more sustainable support mechanisms.

### **Health System Concerns**

Claims of "overspending" within Te Whatu Ora have diverted attention from critical external factors impacting the health system, such as food insecurity, inadequate housing, and challenges with school lunch programmes. These narrative risk undermining public confidence in the publicly funded health system and obscures the broader challenges affecting community well-being.

### **GP Practices under pressure**

GP clinics across Tāmaki Makaurau, particularly in South Auckland, are facing increasing strain due to declining numbers of doctors, rising patient demand, and difficulties recruiting staff.

### **Emergency Departments in Survival Mode**

Emergency departments (EDs) are in survival mode, prioritising only the most critical cases.

### **Recommendation: Strengthen Anti-Discrimination Protections in Healthcare**

A recent incident at Auckland's North Shore Hospital has highlighted the urgent need for clearer anti-discrimination guidelines. We recommend that the Health and Quality Commission issue guidance to explicitly prohibit refusals of care by patients, based on race or gender, ensuring equitable treatment for all patients.

Address GP and Social Services access. Immediate steps are needed to support GP recruitment and retention, especially in high need areas like South Auckland and Northland.

### **Call for Sustainable Solutions**

With NGOs increasingly relied upon to support vulnerable individuals despite limited resources, there is an urgent need for more sustainable support mechanisms. Addressing these challenges comprehensively will enhance care for high-needs populations and improve the suitability of food support provided to patients, particularly as complaints regarding food bank assistance quality continue to rise.



## **Maine Mareko-Johnson (Ōtepoti)**

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### **Environmental scan / real time monitoring**

#### **ED waiting times at Dunedin Hospital**

Sadly, there has not been any development on this and people as recent as the weekend, waited for 8 hours to be seen.

#### **Save the Hospital Protest**

There was a protest that 35,000 people attended. The concern is that if they do not spend the money on building that is required, there are impacts that will be felt not only in our region, but there will also be a flow on affect into Canterbury and other districts.

#### **Community Organisations losing funding**

There are several NGO's that have lost their money because of the Government culling contracts.

There are frontline organisations that are having to operate, and deliver to higher needs, whilst they are having budget cuts and less capacity to deal with the demand for services.

#### **End of year preparations**

Taiohi, whānau and frontline staff are all tired. It is getting towards the end of what has been a really horrible year for many people. There have been job losses that have impacted whānau (redundancy or restructure) and this is rolling out of Wellington. The impacts are also being felt in the regions. People are winding down and preparing for the shutdown period.

In that, there are less students about as their exams have finished. This means that there are less people in the city, and hopefully they will have smaller waiting times in ED.

#### **South Dunedin flooding**

There was a state of emergency declared in Dunedin on the 4<sup>th</sup> October 2024. People were being evacuated from the area and there was a team that were filling sandbags to provide to the community. The Dunedin City Council and the Civil Defence team were great, they acted fast and responded in a timely manner to the weather forecasts and the flood risk that was posed.

Regular maintenance of stormwater drains and the silt sumps in the South Dunedin area, meant that where possible, excess water was removed as soon as it could be off streets and into drains.

My team and I were able to help, so we setup and provided assistance at the sandbagging station.

#### **Feel Good Stories**

Pacific Trust Otago held their school holiday sports for the week and this had a good turn out from all of the pacific communities. They run different sports in the various sports seasons that cross the school holidays. Late October they also had a celebration for their 25 years of service delivery and advocacy for the health of Pacific people in Otago.

## **Jodie Bennett, (Tāmaki Makaurau)**

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### Draft Suicide Prevention Plan

Changing Minds was engaged by Manatū Hauora to deliver a clear Lived Experience voice in response to the draft Suicide Prevention Plan for 2025-2029. Changing Minds engaged the Lived Experience community across a range of facilitated feedback sessions, working in partnership with Te Kete Pounamu to ensure the Māori Lived Experience voice was heard.

One of the main points of feedback from the community was the lack of Lived Experience engagement in the actual drafting of the plan – falling short of the Code of Expectations. Overall this meant the language was full of medicalised jargon, impersonal and distanced from the deep and profound impact suicidality has on our communities.

A final report is due to Manatū Hauora mid-November, and will be published on the Changing Minds website as part of our promise to feed back to our participants.

### The Mental Health Bill

The Mental Health Bill has been introduced and will repeal the current Mental Health (Compulsory Assessment and Treatment) Act 1992, which is more than thirty years old and no longer fit for purpose.

The Bill sets out the regime for when a person can be subject to compulsory mental health care without their consent. This is a critical safety net when a person needs urgent intervention as a last resort.

Many recognise the need for change, citing the current Act as 'archaic'. This is an opportunity for the transformation we were promised under He Ara Oranga – and there is already strong critique within the Lived Experience community that the proposed Bill has not gone far enough to eradicating harmful practice.

Public submissions are now being invited on the Mental Health Bill - the closing date for submissions was recently extended to Friday, 20 December 2024.

### A move to Pathways

On a final note, after five years I have left Changing Minds to join Pathways, a national mental health and addiction service provider, as their new Peer Strategic Lead in early November. A core focus will be the development of the peer workforce across their services. This is a new role for Pathways, who currently have just over 90 peer workers, and offer two peer-led acute alternative services in Auckland and Christchurch.

Pathways are part of the Wise Group whānau, providing community-based mental health, alcohol, and other drug support services, including Real, their youth-specific service offering.

## **Boyd Broughton (Te Hā Oranga, Tāmaki Makaurau and Te Tai Tokerau)**

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### **Environmental scan/real time monitoring**

Despite multiple environmental sector scans, there has been a lack of any significant Crown response made to address ongoing issues impacting whānau and communities.

**Te Ao Māori:** Significant energy and resources are required to counteract the government's stance on kaupapa Māori, such as the hikoi for Toitū te Tiriti.

**Low Immunisation Rates:** Two immunisation summits facilitated by the IMPB highlighted key challenges:

- Lack of a coordinated regional approach.
- Poor investment decisions favouring organisations with resources over those with community trust.
- Growing mistrust in messages from Te Whatu Ora and Ministry of Health.
- Insufficient focus on deep, localised strategies.

**Proposed Actions (include but are not limited to the following):**

- Collaborative efforts to improve immunisation rates.
- Regular review of effectiveness and resource allocation.
- Address investment issues with data-driven insights.
- End short-term contracts for Māori providers when others fail to deliver equity.

**Community Health Plans:** Completed by IMPB in September, where there is alignment of whānau and community priorities with system and Ministry targets or priorities, IMPB will work collaboratively for improved outcomes.

**Access and Outcomes:** Hospital after-hours closures in Kaitaia, Hokianga, and Dargaville demonstrate a financial and workforce-centred health system that fails to meet the needs of whānau and communities. Telehealth and Pharmacy investment alone won't ensure equity of access, address cost challenges, meet unmet needs or provide continuity of care issues for rural communities.

**PHO-Centric Systems:** Despite ongoing failure to achieve equity, divestment in this model remains a challenge.

**Data Access:** IMPB still faces barriers despite assurances of data access from Te Whatu Ora and Ministry leaders. An IMPB dashboard provides some data on Ministry priorities, with added support from the Social Investment Agency Dashboard.

### **Positive Examples**

- Collaborative efforts from summits, with a focus on reviewing and refining strategies; acknowledgement of organisational strengths, weaknesses, and resource gaps/strengths with a willingness to solve shared challenges and uplift quality engagement with māmā and pēpē and immunisation rates.
- The collective IMPB's efforts for the Whānau Ora Commissioning ROI tender process after some appalling behaviour towards Iwi from one PHO during an intended collaboration. Worryingly this behaviour and attitude towards Māori and Māori providers is not isolated to one PHO.

### **Recommendations**

- HQSCNZ should continue highlighting systemic funding priorities' impacts on equitable access and outcomes as voiced by whānau and community.
- MoH NZ Health Strategy consultation fails to address Te Tiriti compliance and racism's impact on healthcare for Māori.

### **General Comments**

- Apologies for the delay in this report due to workload.
- Kia kaha, HQSCNZ and other agencies striving for better outcomes for whānau and communities.

## **Lisa Lawrence** (Ngāti Kahungunu ki Te Wairoa, Ngāti Ruapani) - Te Tau Ihu a Waka a Maui

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### **Lisa Lawrence**

Kaiwhakahaere – Motueka Family Service Centre  
Komiti Mema – Te Tumu Whakaora, Nelson Bays Primary Health  
Board member – Q Youth Nelson  
Lead Agent – Safe Families Motueka  
Chair – NZ Psychologist Board, Lay member

### **Environmental scan/real time monitoring – National level**

The Health and Disability Commission Advocacy Service offer free local and regional workshops to consumers on the topic of engaging with and utilising the HDC Patient Code of Rights. I am curious on whether there has been an exploration of the relationship with this outreach and engagement arm of the advocacy service to also explain and begin engagement the Te Tāhū Hauora championed Code of Expectations. There may be some untapped symmetry that could be leveraged to engage consumers.

The victims and survivors of the Abuse in Care have been calling for the mental health sector to advocate on their behalf with respect to the lack of trauma informed processes being applied to the State Apology. There was no psychologist in the employ of those responsible for crafting the Apology, due to job cuts in the Apology Unit. As a result, the crown processes have retraumatised the very people that have already been harmed. The crown elected to use a 2-tier blind ballot to select victims to attend the in person parliamentary event. They decided not to notify the victims if their names had been put in the hat for the ballot. They only notified those that were successful in having their name drawn from the hat.

The lack of transparency, consent and accountability left victims and survivors with more harm through the use of this process. Victim advocates called on assistance from the NZ Psychological Society, the College of Clinical Psychologists, Pacifiology, and He Paiaka Totara (the self-organised professional groups for psychologists in NZ).

### **Environmental scan/real time monitoring – Local level, Te Tau Ihu**

Lack of coordination and information sharing between secondary and primary/community services. Those with diabetes are on 6 monthly eye tests, initially carried out by community-based opticians. Where there are anomalies or concerns discovered there is a referral to hospital based eye specialists for further investigation. This referral can take up to five months to convert to an appointment. There is no communication to the community-based providers on the appointment booked or sharing of the results. This information gap means that community providers are booking eye checks one month after the patients last eye test, and without visibility of the results.

Patients are therefore being over tested (and charged out of pocket for this) and their care providers are operating in a data vacuum and not able to deliver the optimum care.

Whooping cough outbreaks are being exacerbated for families living in cars and unable to safely isolate. Emergency housing that is offered by the crown is exempt from the Healthy Homes legal requirements and are found to have black mould visible. This makes the housing offered unsuitable for their purpose and refused for health reasons. Families are then penalised by the crown for not taking up unsafe housing placements and are further disadvantaged whilst they are ill. This is a public health matter that requires a whole of system agreement to behave cohesively to reach their own intended outcome of providing safe housing for people experiencing vulnerability.

Maternal and infant health outcomes are being impacted by homelessness. Women with no lifestyle vulnerability factors (i.e. no addiction, mental health, unstable income nor family/sexual violence history) are unable to secure new tenancies when rental homes are placed on the market. These become high-risk pregnancies due to the prolonged levels of stress placed on the pregnant women, often requiring clinical oversight of an obstetrician due to risks of pre-eclampsia. These women regularly forego food as they are forced to spend their money on fuel to attend open homes and interviews for potential new homes. Ultrasound scans indicate reduced growth of baby and observed malnutrition in the pregnant mother. The shame and stereotypes of homelessness create significant invisibility of this serious health issue. Health of people and secondary system overload is directly impacted by housing instability and lack of affordable housing stock.

**END**