**Minutes of the Kōtuinga Kiritaki | Consumer Network**

|  |  |
| --- | --- |
| Chair | Deon York |
| Members | Hyejung Kim, Jennie Harre-Hindmarsh Joanne Neilson, Mark Rogers, Marlene Whaanga-Dean, Mary Schnackenberg, Oliver Taylor, Vishal Rishi, Zechariah Reuelu, Tofilau Bernadette Pereira, Renee Greaves |
| He Hoa Tiaki | PIC Team | Allison Anderson, Anne Buckley, DJ Adams, Dez McCormack, LJ Apaipo, Tanaya Shangarpawar (for part) |
| Te Tāhū Hauora staff: | Peter Jansen (for part), Gillian Bohm, Arana Pearson, Tui Smith, Emily Mountier, Jonathan Malifa |
| Apology | Edna Tu’itupou-Havea, Ricky Ngamoki, Amanda Stevens |

The hui was held at Rydges Wellington Airport, on **23 August 2023**.

The hui began at 9.17am

### 2. Welcome and karakia

Deon welcomed the group and DJ opened with a karakia.

### 3. Whakawhanaungatanga for Tyson Smith & Toni Pritchard

Everyone introduced themselves and briefly spoke of their health experience and background in being in this group.

### 4. Standard business

Previous minutes:

Minutes from 24 May 2023 accepted as correct.

Action items:

1st item re a diagram of where positioning is in the changed health system, Allison spoke to this and has a new diagram to send after this hui.

2nd item, Allison to follow up with Robbie and respond.

Interests register:

Previous updates listed. Mary has updates to be included in next update.

### 5. Feedback on previous CAG hui

Mary provided an update – Following is her written report:

# Report to Te Tāhū Hauora Consumer Network 24 May 2023 Item 5 Consumer Advisory Group, Mary Schnackenberg

Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) has three 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; and

• Te Kāhui Piringa which supports Māori advocates.

There are consumer advisors on other groups in Te Tāhū Hauora and we were able to network with them on Friday 26 May after the Consumer Health Forum which took place the previous day.

The Consumer Advisory Group met over Zoom on Monday, 29 May 2023. Our primary role is to provide a consumer lens over papers going to the Board. We went through our environmental scans to bring out the top issues to raise with the Board. We are also aware that the Consumer Network itself is seeking to give feedback to the Board about what the network members are seeing in the field.

We provided feedback on a draft Board paper, Adverse event exemption reporting for the 2021-22 year. This report is guided by the revised policy - healing, learning, and improving from harm which is about adverse events. The reporting template is being strengthened to collect disability data.

We met again on 13 July. Our co-chairs take it in turns to attend the Board meetings and we received a report back from the previous meeting held on 9 June. Rae Lamb has been appointed the new Chair for a three-year term.

The external review of Te Tāhū Hauora undertaken earlier this year was very positive. Te Tāhū Hauora provides independent quality data about the health system to the health system which is highly valued.

While the Board is very positive about consumer advisors, we have a sense that they are struggling with so many issues they have difficulty finding the time to read our environmental scans, deciding what to do with our feedback, and then giving us feedback to close the loop.

The Consumer Advisory Group is now keen to develop clear recommendations to the Board, so they have a structure around feedback to give us.

Our next CAG meeting is on 7 September. In the morning we will meet with the Māori Consumer Advisory Group.

END.

Discussion held re recommendations from environmental scans to the board. Currently there is a noting paper CAG provides the board, and the feeling was that this should have recommendations made. The consumer network scans are for members and are also forwarded to ELT and the policy team. Scans from the network could be passed across to the CAG to consider for their board paper on issues to highlight.

Peter Jansen (CE) arrived, and every member spoke of their history and reasons for being on the group. Peter said what we do is clearly outlined in the Pae Ora Health Futures Act. He welcomes korero and looks forward to receiving intelligent recommendations for changes that Te Tāhū Hauora can consult, collaborate, and influence on.

### 6. Feedback on Board hui

Deon mentioned the new chair and two new board members and briefly, their background. He also mentioned how we can manage the recommendations from CAG to the board.

### 7. He Hoa Tiaki | Partners in Care report for Kōtuinga Kiritaki

Allison spoke to the report previously sent to members. The report is attached as Appendix 1:

### 8. Comments/questions on members reports submitted.

The reports were acknowledged and accepted as read. Full reports attached at appendix 2.

### 9. Update/Q&A on socialisation of Code implementation guide and co-design

### Anne spoke on what Te Tāhū Hauora is doing in terms of promoting the guide and proposed work moving forward.

A PowerPoint was presented. Here are excerpts:

Key Activity

* Implementation Guide went live on 19 June as planned.
* Comms kit sent to Consumer Voice Reference Group members to send through their organisational comms channels.
* CVRG Survey - Representatives of entities & consumers involved in development completed a survey about the version of the Implementation Guide launched in June.

Feedback included suggestions for future resources, additional focused comms kits & engagement with the sector (webinar, presentations) & within organisations (community of practice model of engagement). It was recognised that as the implementation of the code progresses in the sector there will be needs identified in terms of useful resources. These may be developed within health entities and shared via the Implementation Guide or may be developed with the support of He Hoa Tiaki team and then added to the guide.

* Progressing the work – Bi-monthly meetings of CVRG & 6-monthly updates of the Implementation guide are planned.

Web data

* The code of expectations [page](https://hqsc.sharepoint.com/sites/dms-programmes/ConsumerEngagement/Programme%20Planning/Programme%20Planning/11.%202022-23%20Year%202%20-%20consumer%20and%20wh%C4%81nau%20voice/Q3%20reporting/PIC%20quarterly%20report%20Q3%28Draft%29.docx) has been viewed 1653 times this quarter compared with 1464 times in Q3, 3641 in Q1 and 1628 in Q2.
* The code of expectations implementation guide landing page has had 1,650 views since its launch end June (after 6 weeks)

### Allison also covered the co-design modules (see report at Appendix 1)

Co design modules cover how to:

* support consumers, whānau and communities to contribute to co-design.
* engage Māori and Pacific consumers in co-design.
* get involved as consumers, whānau and communities.

### A demographic survey is required of every user, so we can track the number of Māori and Pacific peoples who have accessed/engaged in the co-design modules.

For 2023/2024

* Sector-wide support to implement the code and contribute to the QSM
* Consumer health fora
* Developing an EOI ‘toolkit’ for consumer health forum Aotearoa
* Refreshing and revising leadership and capability offering for consumers
* Growing resources in ngā pae hiranga based on sector and community need.

Mention made from the group re the need for ongoing comms reminders for all this work due to staff turnover/pressures and training needed etc.

### 10. Update & discussion on 2024 CHFA in Auckland after zoom ideas session

He Hoa Tiaki team summarised the input members provided in the zoom hui held on August 9th. Open discussion on additional ideas for the forum followed in the meeting.

The team are gathering all the ideas shared across the two meetings to date and a summary of the groups comments and suggestions will be sent out separate to these minutes. This will inform preliminary planning by the team.

Deon advised that there will be opportunities for members to provide additional guidance and input in scheduled Kōtuinga Kiritaki meetings and additional zoom hui if needed.

### 11. Presentation on Measures Library

Tui & Emily presented on the development of the Measures Library at Te Tāhū Hauora. The concept of the Measures Library is of a platform to host data (measures) to make data more accessible and assist quality improvement work. The Measures Library is primarily sector facing; however, it was acknowledged that consumers may likely also have interest in using this platform.

Consumer input into the design of the Measures Library is now sought to ensure that future work effectively prioritises user interests. They suggested that this could be in the form of consumer representation on a User Advisory Group, or ad-hoc consumer support from engaged persons. Other suggestions on how best to engage consumers with this work on an ongoing basis were welcomed.

The broad categories of consumer involvement sought relate to considerations around enhancing user experiences with the platform and supporting guidance on prioritisation of measures for publishing on the platform.

The group asked questions and offered some ideas and there was a general discussion on who was going to use the data and the usefulness of this. Some data (e.g., cultural wellbeing) is not available or difficult to measure and display on a platform like this. Considerations regarding a balance between quantitative and qualitative data, including strength-based vs deprivation-based measures were also discussed. This led to a discussion around specific cultural indicators of wellbeing.

In response to a question about data sovereignty, it was stated that only aggregated data (not identifiable to an individual) is published and that aggregated data downloads are available on the platform for individuals and groups to use as they see fit, such as quantifying local needs as part of funding applications.

Another feature the Measures Library will consider is what the indicators of hauora/wellbeing are for Pacific (or Māori or Tangata whaikaha etc.)

A comment was made that the level of consumer engagement needed would depend on who is the prime audience, with less needed if not primarily consumer facing.

Accessibility was raised as an issue to consider.

Tui and Emily reiterated that they welcomed expressions of interest from the group and their wider networks if they wished to have ongoing input into the development of the measures library from a consumer perspective. Interested individuals and groups can contact them via the measureslibrary@hqsc.govt.nz email address.

### 12. Pacific & Māori mahi at Te Tāhū Hauora

DJ gave an update on what groups have been visited/contacted to strengthen relations. Key recent visits included:

* The Asian Network Inc. TANI
* Middle Eastern, Latin American, African MELAA
* Te Whānau o Waipareira
* Te Whatu Ora
	+ Tairāwhiti Consumer council co-chair
	+ Te Matau a Māui Consumer engagement lead

Events:

* Emerge Health Tangata Pasifika Success Celebration
* Te Tītoki Mataora HealthTech Week
* Victoria University Pasifika Careers Expo

Te Tāhū Hauora led projects/programmes.

A couple of examples of recent focus:

* Shared quality and safety governance
* Mortality Review National Committee
* Comms – Te Tāhū Hauora Matariki event
* Discovery project wānanga - Owae Marae, Waitara

**Pacific update**

LJ shared about activities and visits that have taken place since the last Kōtuinga Kiritaki hui.

HINZ (Health Informatics New Zealand Digital Health Leadership Summit)

Met the new CE of HINZ and was able to have a korero about the Code of expectations and co-design modules.

Presented on the panel that discussed co-designing with Lolohea Tongi – Ko Awatea, Robyn Kamira – Te Whatu Ora, Aroha Brett – Hato Hone.

This link will take you to the presentations from that kaupapa May 2023: [here](https://www.hinz.org.nz/page/Summit-Outputs)

DJ and LJ were invited as members of the DHERG (Digital Health Equity Reference Group) to attend Te Tītoki Mataora Health Tech Week 2023.

The conference highlighted much of the research currently underway in the health technology industry.

They were able to network through the week with Māori and Pacific professionals re research and medical device advancement.

Links below:
[Kaupapa Roro o Aoteroa day](https://healthtechweek.nz/Aotearoa-Brain-Project-Day/19670/)

[Te Tītoki Mataora day](https://healthtechweek.nz/Te-MoananuiaKiwa-Day/19671/)

[Overall week long programme](https://healthtechweek.nz/Overview/19596/)

During this time, visits were also made to Delphina Soti at Society of St Vincent de Paul and the Director of Māori at Starship

In July, Deon, LJ & Lauagaia presented the consumer and whānau code of expectations to the following Pacific Mental Health and Addiction teams working in Districts and non-governmental organisations:

* Takanga a Fohe
* Isa Lei Clinical team
* Malaga Cultural Team
* Avatea Child and Adolescent Team
* Waitemata Regional Addiction Services

The Bula Sautu Advisory Group meet briefly to discuss the future of the group. Suggestions will be discussed with He Hoa Tiaki to determine next steps.

Other projects supported:

* PEWS (Pediatric Early Warning Systems)
* Image Library – Hui in Waitara
* Surgical Mesh
* Mental Health and Addictions team
* Te Ao Māori Framework - supporting Ahuahu Kaunuku with socilaising and implementation
* Interactive map work – Lauagaia and DJ
* Tusiga Sealii-Malietoa, Wairarapa
* Professor Cliff Abraham & Janet Digby– Aotearoa Brain Project

### 13. Farewell to Renee & Hyejung

Deon provided farewell messages of thanks and presented gifts

### 14. Closing comments/other business

There was no other business.

### 15. Karakia & close

No further business. DJ closed with a karakia.

**Next hui:** 16 November - Rydges Hotel, Wellington Airport

### Actions list

|  |  |  |
| --- | --- | --- |
| **Date** | **Action** | **Responsibility** |
| 16 Nov 2022 | *Carried forward: Request for diagram to show the position of Te Tāhū Hauora in the new health system. Where consumers sit in relation to Te Whatu Ora & Te Aka Whai Ora.* Allison has diagram to forward with description. | Allison(completed) |
| 24 May 2023 | *Request (Jennie) for ethnicity data for Forum stats to be captured for populations in each locality (see item 6 from 24 May minutes).*This was raised again and will be resolved separately  | Robbie/Allison(completed) |
| 23 Aug 2023 | Updated template for member scans/reports to reflect possible recommendations Te Tāhū Hauora can progress | Dez |

### Appendix 1

**He Hoa Tiaki report for Kōtuinga Kiritaki**

**23 August 2023**

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

**Consumer health forum Aotearoa**

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

The objectives of the forum were to learn how consumers and whānau can engage and partner with our health sector to ensure these perspectives are reflected in the design, delivery, and evaluation of health services, to understand what it means to apply Te Tiriti o Waitangi in practice, and to explore what it means to pursue health equity for all. Of those who completed the post-event survey, 91.5 percent agreed (46.8 percent) or strongly agreed (44.7 percent) that the event was of value to them.

A brief news item on this successful forum can be found [here.](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hqsc.govt.nz%2Fnews%2Fa-successful-conclusion-of-our-voices-the-journey-to-healthy-futures-o-matou-reo-te-huarahi-ki-pae-ora%2F&data=05%7C01%7CAllison.Anderson%40hqsc.govt.nz%7C42c0cebbd40240ae521108db9871b099%7C701cefdf35f44444863855f0e12ab1c4%7C0%7C0%7C638271386293173037%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=rVWfto2DZvJj21u5RC73yA8YThSb6hD4cJqQQDasQSM%3D&reserved=0)

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

**Code implementation guide**

****The implementation guide for the code of expectations for health entities’ engagement with consumers and whānau was released on19 June 2023. This has been developed in partnership with the consumer voice reference group (CVFRG). This group consists of consumers and whānau, and the agencies responsible for implementing the code: Te Whatu Ora, Te Aka Whai Ora, New Zealand Blood Service and Pharmac. We also received useful advice from the office of the HDC and Manatū Hauora, as the code monitor. CVFRG met regularly throughout the year, and we will continue to provide advice and support towards implementing the code and strengthening the guide this year.

## Additional co-design courses completed.

The additional courses you’ve been hearing about are published. Co-design in health: Supporting consumers, whānau and communities to contribute to co-design, Engaging Pacific consumers in co-design, Engaging Māori consumers in co-design, and Co-design in health: How you can be involved – a guide for consumers, whānau and communities. You can access the co-design in health modules through the Manatū Hauora LearnOnline platform. First-time LearnOnline users will need to create a login. To learn more, please visit our [**webpage**](https://www.hqsc.govt.nz/resources/resource-library/co-design-in-health-free-e-learning-courses-available/)

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

**Quality and safety marker for consumer and whānau engagement**

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

**Consumer health forum events 2023-24**

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

**Ngā pae hiranga**

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

**Engagements**

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

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

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

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

**Website views**

The code of expectations [page](https://hqsc.sharepoint.com/sites/dms-programmes/ConsumerEngagement/Programme%20Planning/Programme%20Planning/11.%202022-23%20Year%202%20-%20consumer%20and%20wh%C4%81nau%20voice/Q3%20reporting/PIC%20quarterly%20report%20Q3%28Draft%29.docx) has been viewed 1653 times this quarter compared with 1464 times in Q3, 3641 in Q1 and 1628 in Q2.

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

The ngā pae hiranga consumer hub landing [page](https://www.hqsc.govt.nz/consumer-hub/consumer-health-forum-aotearoa/consumer-opportunities/)had 1694 page views compared with 2,030 page views in Q3, 1,761 page views Q2 and 2,036 page views in Q1.

Forum opportunities (expressions of interest) [page](https://www.hqsc.govt.nz/consumer-hub/consumer-health-forum-aotearoa/consumer-opportunities/) had 874 views compared with 934 page views, 1,035 page views Q2 and 213 page views in Q1.

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

**Consumer health forum Aotearoa**

Membership statistics

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Membership by district** | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** |
| **Total** | **Percent** | **Total** | **Percent** | **Total** | **Percent** | **Total** | **Percent** |
| Auckland | Tāmaki Makaurau | 198 | 26% | 221 | 27% | 225 | 27% | 232 | 27% |
| Bay of Plenty | Te Moana-a-Toi | 50 | 7% | 56 | 7% | 55 | 7% | 55 | 6% |
| Canterbury | Waitaha | 110 | 14% | 115 | 14% | 128 | 15% | 135 | 15% |
| Gisborne | Te Tai Rāwhiti | 7 | 1% | 8 | 1% | 10 | 1% | 9 | 1% |
| Hawke's Bay | Te Matau-a-Māui | 18 | 2% | 17 | 2% | 19 | 2% | 19 | 2% |
| Manawatū-Whanganui | 38 | 5% | 40 | 5% | 39 | 5% | 41 | 5% |
| Marlborough | Te Tauihu-o-te-waka | 5 | 1% | 5 | 1% | 5 | 1% | 6 | 1% |
| Nelson | Whakatū | 10 | 1% | 10 | 1% | 11 | 1% | 11 | 1% |
| Northland | Te Tai Tokerau | 22 | 3% | 23 | 3% | 24 | 3% | 25 | 3% |
| Otago | Ōtākou | 48 | 6% | 53 | 7% | 53 | 6% | 54 | 6% |
| Southland | Murihiku | 7 | 1% | 8 | 1% | 8 | 1% | 8 | 1% |
| Taranaki | 15 | 2% | 14 | 2% | 14 | 2% | 14 | 2% |
| Tasman | Te Tai-o-Aorere | 7 | 1% | 7 | 1% | 7 | 1% | 7 | 1% |
| Waikato | 43 | 6% | 44 | 5% | 45 | 5% | 45 | 5% |
| Wellington | Te Whanganui-a-tara | 130 | 17% | 142 | 18% | 144 | 17% | 150 | 17% |
| West Coast | Te Tai Poutini | 18 | 2% | 20 | 2% | 19 | 2% | 20 | 2% |
| Unspecified | 34 | 4% | 26 | 3% | 39 | 5% | 41 | 5% |
| **Total** | **760** |  | **809** |  | **845** |  | **872** |  |

**Planning for financial year 1 July 2023 - 31 June 2024**

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

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

### Appendix 2

**Summary of consumer member reports for 23 August 2023 hui**

# Mary Schnackenberg (Auckland)

**Environmental scan/real time monitoring**

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

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

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

**Input / involvement in Te Tāhū Hauora** **meetings/groups.**

25 May, Consumer Health Forum, Christchurch.

26 May, meeting with Te Tāhū Hauora consumer advisors.

29 May, Consumer Advisory Group meeting.

13 July, zoom of Consumer Advisory Group.

9 August, Zoom with available network members to raise suggestions about the

 programme for 15 May 2024 Consumer Health Forum.

**Activity (since last report)**

13 June, Ombudsman Disability Advisory Panel.

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

 Committee.

15 June, Pharmac Consumer Advisory Committee.

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

19 July, Pharmac Consumer Advisory Committee.

16 August, Pharmac Consumer Advisory Committee.

**Services**

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

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

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

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

**Positive stories and exemplars**

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

# Jennie Harré Hindmarsh (Tairawhiti)

**Environmental scan**

The very long ‘recovery’ from extensive damage and disruptions to lives incurred from a year of very intensive rainfall events, including Cyclone Gabrielle, continues to make access to and provision of timely health care challenging, especially for those in coastal and inland rural areas of Te Tairāwhiti. The long-predicted climate change is now a reality and immediate issues need to be factored into co-designing and improving health services for all.

Local Māori providers and community organisations have expressed high interest to be part of the collaborative research team to be created and resourced by HRC through its new Connecting for Impact Fund, to co-design and answer prioritised research questions about climate change and health & wellbeing in Aotearoa: see <https://www.hrc.govt.nz/what-we-do/connecting-partners-impact>

Covid cases have resurged again in Te Tairāwhiti, along with other communicable illnesses. For example, this month approx. 50% students and 50% teachers in a primary school were absent or sent home ill, many with Covid re/infections. Thus, the school is re-promoting its availability of free RAT tests and asking community members to reactivate responsible behaviours to limit/prevent covid transmission to protect the vulnerable and elderly in our midst.

The proliferation of vaping shops and their targeting of tamāriki and rangatahi is of major concern, with many in the community now calling for urgent legislation to make vaping products prescription-only for the limited time required to withdraw from tobacco smoking addiction.

Likewise, recent appearance of small silver cannisters littering our beach reserves is raising concerns about the escalating misuse of nitrous oxide/laughing gas and its association with an escalation anti-social behaviour and car vandalism in our small community.

**Input / involvement in Te Tāhū Hauora** **meetings/groups**

***Te Tāhū Hauora*** ***Pae Ora Quality Framework Project Working Group***

The aim of this Te Tāhū Hauora project (begun in September 2022 and 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’. This new Framework will replace the current ‘Clinical Quality and Safety Governance Framework’.

On 2 June I provided comprehensive written feedback on Synergia’s final draft of the Framework, received on 26 May, and was advised that this along with feedback from several other Group members was being incorporated into the version to be submitted to Te Tāhū Hauora in June. To date we have not received a copy of the submitted version.

In August, Peter Jansen (CE of Te Tāhū Hauora) emailed the Working Group members with an update about the project’s next steps, as follows:

*“Considering the importance and potential influence of this framework in the health sector, we are approaching this task with utmost care and responsibility. We recognise the health system itself has changed considerably during the last 12 months, with the continuous development of new processes, policies, structures, strategies, and tools. As such, Te Tāhū Hauora Health Quality & Safety Commission are working on further developing the draft framework to align with these changes. We would like to invite you all to continue your support of the framework as it enters the next phase of development and completion. Your contributions to this work will undoubtedly have a positive and lasting impact on the quality and safety of our healthcare system. Alongside seeking further advice from yourselves, we are planning to conduct further consultation with the health sector to ensure the framework remains relevant and effective and has broad utility. We remain committed to inter-weaving te ao Māori and western approaches to quality and safety science within the context of Te Tiriti o Waitangi enactment, and equitable delivery and outcomes. We are aiming to finalise the framework for public release at the end of November 2023”.*

An initial next meeting of the Working Group is being scheduled for late Aug/early Sept. I trust this further consultation will include with the intended variety of te ao Māori and non-Māori ‘community voices’ in remote rural and provincial cities whose participation was compromised by the impacts of cyclones and the pandemic in 2022/23.

**Activity (since last report)**

*27June:* Zoom meeting with Tracy Bacon and Georgina Johnston (current co-chairs) of the Te Whatu Ora Tairāwhiti Consumer Council who advised me of changes to the Consumer Council membership and to the *Tairāwhiti Locality Planning* process which had been publicly advised in April (as per my report to the Consumer Network’s May 2023).

In a nutshell, the Tairāwhiti Locality Planning personnel have now changed, and the process delayed, so the draft plan is now to be completed later 2023 rather than by June/July. A Locality Manager/ or Coordinator was to be appointed in June/July to bring together Iwi, NGOs, and other relevant organisations to start developing the plan. I have not received any further updates as yet, nor a response to my request for information about how to encourage community participation and connect with the governance group via the [https://toitutairawhitilocalities.co.nz/our focus/](https://toitutairawhitilocalities.co.nz/our%20focus/) website page. In July my primary care provider texted all patients encouraging us to complete the brief survey and poll and/or email our input via [https://toitutairawhitilocalities.co.nz](https://apac01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftoitutairawhitilocalities.co.nz%2F&data=05%7C01%7C%7Cc8d40207f60b40c6da3b08db7c2b3a70%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638240297339181609%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=wlpoclZ7aR88dtL4bW6vkPwlG5MoFpgWsle4OwI2uzs%3D&reserved=0), which has been available since May. Poll responses so far can be viewed on <https://toitutairawhitilocalities.co.nz/your-voice/poll/>

*12 July:* Participated in a meeting of the Genomics Aotearoa Māori Variome Project Leadership Rōpū at the University of Otago which is now designing safe processes for the use of the variome resource to improve precision health care for Māori and related ongoing research, as agreed with community participants who have gifted their data for the development of this important resource.

*13 July:* Met with Prof Pauline Norris (previously Professor, Social Pharmacy and now based in the Va'a o Tautai Centre for Pacific Health at University of Otago, with whom I worked when in Ngāti Porou Hauora and with Turanga Health on projects to improve equitable access to prescribed medicines - including the research which provided evidence for the government’s recent implementation of free prescriptions for all. For example, see the summary article in <https://www.nzdoctor.co.nz/article/news/otago-study-quantifies-harm-caused-5-prescription-fee>

*2 August:* Due to an unexpected visitor, I withdrew from participating online in the Te Tāhū Hauora Te Whatu Ora ‘Residential Aged Care During a Pandemic’ full-day workshop. However, as a registered participant I will receive the workshop report in due course, and maybe an opportunity to add input.

*9 August:* Participated in this Consumer Network’s zoom meeting to share ideas for the May 2024 Consumer Forum in Auckland.

**Services**

A long awaited East Coast Shuttle Service, Waka Manaaki, was introduced in July by Ngāti Porou Oranga to provide free transport for people along the length of the Coast north of Gisborne to get to their health appointments at Te Puia Springs Hospital and in Gisborne city: <https://www.gisborneherald.co.nz/news/npo-starting-shuttle-service-for-health-appointments-in-town> Due to immediate demand, this free service already has now increased from three to five days per week.

The collaboration formed in 2022 by Turanga Health, Te Runanganui o Ngāti Porou (Ngāti Porou Oranga/Hauora) and Te Whatu Ora Tairāwhiti in response to Covid, ‘flu, childhood, and pregnancy vaccination challenges continues to offer vaccination and information events at rural and urban sites.

An older family member recently experienced excellent emergency and follow-up care from the Gisborne Hospital, which has improved her health and wellbeing. Staff and the ward atmosphere were superb, as summarised in her feedback direct to the hospital and in the Gisborne Herald:

*“Thank you, Hauora Tairawhiti. I recently experienced a medical emergency resulting in a 10 day stay in our local hospital. From the time of admittance to ED, scanning, diagnosis, surgery, pre and post operative care from staff at all levels I have total admiration and appreciation. I was kept well informed, details & options clearly explained, my questions welcomed & answered with respect. Since my discharge I was called personally with test results & follow up procedures to come. Letters arrived within days to confirm next steps & appointments. Thank you all.”*

Further to my previous notes about the need to redesign our hospitals, a researcher involved in Plymouth University’s Health Institute ([*https://www.plymouth.ac.uk/research/institutes/health/future-ready*](https://www.plymouth.ac.uk/research/institutes/health/future-ready)) - who for the last year has been a local community member - informed me about two UK projects in which she is involved to design future health systems, including better hospitals. Two reports, the *HIP2 Green Paper* and *Health Systems of the Future HIP2 – Rapid Review* are available on[*https://www.plymouth.ac.uk/research/institutes/health/future-ready/sustainable-cost-effective-health-systems*](https://www.plymouth.ac.uk/research/institutes/health/future-ready/sustainable-cost-effective-health-systems)In summary, in the *Green Paper* figure 1 depicts paradigm shifts in models of care and related service design frameworks which may be familiar to you:



And recent developments in hospital design which are listed in 2.2 of the *Health Systems of the Future HIP2 – Rapid Review* report echo some of the discussion in our recent meeting:

* Move to single, adaptable rooms where the patient stays in the same place throughout their hospital stay, offering staff continuity, privacy, less sleep interruption, and more social support.
* Aesthetic, therapeutic (e.g., indoor gardens, aquariums, artwork, natural light, sound reduction and clear signposting) and social spaces.
* Access to complementary therapies and nutritious food.
* Decentralized nursing stations to place nurses closer to patients (linked to better quality of care and reduction in falls).
* Clinics designed to be one-stop shops (lab, x-ray, dental, behavioural, medical, pharmacy) and support team-based practice.
* Scope for building on a small site (E.g., Guy Hospital’s cancer centre).
	+ A new system of ‘vertical villages’, where functions of the hospital are clustered around double or triple-height mini-atria and colour-coded for ease of navigation, removes the necessity for the disorienting, labyrinthine corridors that are associated with many older NHS buildings.
	+ Large windows onto private balconies provide natural light and views into these central atria, which spills out into a variety of waiting areas.
	+ In addition to the larger central waiting areas, smaller pockets of space, private rooms and balconies are provided, where patients can find privacy.
* Aesthetic possibilities provided by large sites (E.g., Lucile Salter Packard Children's Hospital at Stanford).

**Hyejung Kim** (Auckland)

**Environmental scan**

It was nice to be a Te Tāhū Hauora Consumer member for the last 3+ years. I was able to learn from others and needed to think about different points of view.

**Your activity (since last report)**

**Cognitive Stimulation Therapy (CST) programme to the Koreans**

Our team (KWWCG) runs the weekly program on Saturday, 27 May to 23 Sep 2023 for people diagnosed with dementia. It is the first such programme run for Koreans in NZ.

We found this program could assist patients and their families work together to slow the progress of their condition.

**Workshops for dementia Families on 15 July**

**Topics were:**

* How they can respond to their parents who have dementia
* Respite care
* Rest home

The dementia families struggle to communicate with their parent. We provided information regarding the difference between normal responses and what they might do or say to express themselves e.g. angry outbursts that may be driven by their frustration with their own inability rather than being directed at someone else.

I was surprised that many Korean didn’t access various services and information to support families with members having mental health issues.

**Attended Korean society & KWWCG meetings on 6 June & 8 Aug**

Discussion on providing Health seminars, counselling service for Koreans. With current CST program ending 23 September, discussed how we can deliver the program following this pilot.

**Oliver Taylor** (Wellington)

**Environmental scan**

With the Nurses Organisation calling off the latest planned strike and accepting the pay offer from Te Whatu Ora, consumers can feel slightly more confident in the care they receive, both through added certainty for their care and confidence that the system is better recognising nurses’ important contribution in health.

MPox vaccines continue to be available for our rainbow whānau who fit a certain criteria which has provided protections for those most at risk. To date, the Ministry of Health has reported 42 cases, with no new cases reported since early February. It remains important that everyone who is eligible gets vaccinated to reduce risk, as it can cause some nasty symptoms and long-term effects.

Te Whatu Ora is currently consulting on change within the consumer engagement space. This will involve discussing with current staff on their positions and proposals to reform, in line with the health reforms. While it is important in the broad perspective of the system, uncertainty remains on how consumer engagement will be structured in the future, and how this can support local communities while experiencing all the benefits of a better connected health system.

**Input / involvement in Te Tāhū Hauora** **meetings/groups.**

7 June 2023: QSM Review meeting.

I worked with Robbie, Deon, and DJ on the reviewing of QSM submissions from Districts for the first reporting period of this year. The experience was insightful and gave me a better understanding of how the process works and what demonstrating consumer competency can look like.

June-July 2023: Updated QSM Steering Group meeting.

A virtual meeting was held to discuss the updated QSM approach and work to slim it down while keeping the meaning behind it. All members were invited to consult prior to the meeting and share their feedback with staff. This was well-received and incorporated into the updated QSM. While some in consumer engagement are still hesitant towards accepting the QSM, I believe its value is yet to be fully realised and this work is laying the foundations for future successes.

**Activity (since last report)**

7 July 2023: Consumer Engagement workshop DCAG.

The Capital, Coast and Hutt Valley consumer engagement staff hosted a workshop on what consumer engagement means in health to teach consumers about their role and discuss how they share their stories. Thoughtful conversations brought up how sharing our stories is important, but making sure we do this ethically and in the right places. We also discussed the different types of consumer roles and how consumers can provide their insights in different ways, such as in project groups, steering groups, advisory groups, and governance groups. Everyone can give their insights in different ways.

**Services**

Existing stresses to services continue in Wellington, particularly ED, urgent care, and mental health. GPs’ have experienced increased pressure, with up to 3 weeks waiting in some cases. The new health system must refocus on primary care and recognise the work better, so that everyone receives the care they need.

**Positive stories and exemplars**

While consumer engagement is in a turbulent time across the health system currently, considering other options, such as upskilling existing consumers and offering them different opportunities has kept us busy, such as with the Our Voices event in Christchurch and the consumer workshops being held in Wellington.

**Mark Rogers** (Timaru)

**Environmental Scan**

A lot of concern remains around growing wait lists and cancelled surgeries. Publicity and feedback suggesting we still have a post code lottery as surgical criteria between regions still differs.

Increases in GP fees and having to wait longer for appointments is becoming more frustrating.

**Input / involvement in Te Tāhū Hauora** **meetings/groups.**

Te Tāhū Hauora Consumer Network, Combined Consumers hui’s along with ‘Our Voices’ conference in Christchurch.

Consumer Engagement Quality Safety Marker Zoom Meeting (May). It was great to read the acknowledgement of this QSM as ‘world leading’ in the recent external performance review of Te Tahu Hauora.

Te Tāhū Hauora/Major Trauma New Zealand sTBI (Traumatic Brain Injury) team. Participated in sessions on 1, 13 and 14 June. It was great that the Code of Expectations was followed extensively.

sTBI Consumer Forum. This was an opportunity for the project consumers, hospital district consumers and other faculty leads to give and receive feedback. This project had a high clinical component, yet the consumers were welcome and were well accommodated throughout each phase.

Of all the consumer projects I’ve been involved with, I consider this to be one of the best from an engagement perspective. The following is some of the commentary from the Te Tāhū Hauora newsletter dated 17 July 2023.

The second phase of the serious traumatic brain injury (sTBI) national collaborative ended on Tuesday 13 June with the final learning session held in Wellington for the four participating teams. A total of nine teams from across Aotearoa New Zealand have participated in the collaborative, which ran in two phases from October 2022 through to June 2023.

The aim of the collaborative has been to promote national consistency in the screening and assessment of post-traumatic amnesia (PTA) in patients who have experienced trauma. The overarching goal of this work is to ensure that all New Zealanders have equitable access to appropriate hospital and rehabilitation care following a brain injury, no matter where they live.

Te Tāhū Hauora is now looking to promote the work of these nine teams to other hospitals across Aotearoa. This promotion combined with support for organisations to implement changes within their local services will ensure national consistency in PTA screening and improve the overall care of trauma patients.



Below is from one of the hospital teams I was assisting:

**CONSUMER VOICES**

We have two consumers on our project team, one with lived experiences of traumatic brain injuries. ​

​

Having these two consumers helped us ensure we met the consumer code of expectations and that our proposed outcomes were co-designed with the needs of our patients in mind. Our consumers were involved in all aspects of our project including change idea generation, resource reviews and protocol design. ​

**Activity (since last report)**

Rare Disorders – I was a guest on Radio NZ Nights programme talking about 22Q Deletion Syndrome.

Rare Disorders – Participated in a research programme “What it’s like to live with a Rare Disorders”

**Positive stories and exemplars**

Manatū Hauora Ministry of Health is to develop a national strategy for people living with a Rare Disorder who often experience inequitable health outcomes. The strategy is in response to ongoing requests from our Rare Disorder community and the independent review of Pharmac in 2022. The Government has agreed to the development of a strategy to improve the lives of consumers and whānau living with rare disorders.

Of course, the success of any strategy relies on us building health workforce capacity and capability to improve the health outcomes of all New Zealanders.

This quote from a webinar I was recently a panellist: *Again and again that stigmatisation, exclusion, and discrimination comes with ignorance and lack of knowledge with “oh there’s something strange happening and we don’t know what to do”.*  The quote was a great acknowledgement of our rare disability community from a country who has similar inequalities to our own.

Finally, experiencing the services of Ambulance, Emergency Department and Intensive Care Unit (ICU) was a positive eye opener. Being told that we were lucky to be in our hospital opposed to many others lead to me asking why. The response was many others were full, so we were pleased to have the required use of all their medical machines. The honesty of the clinical staff was also greatly appreciated.

**Joanne Neilson** (Tairawhiti)

**Environmental scan**

We are enjoying somewhat of a reprieve from the rain and the ground being sodden, and we are still dealing with the aftermath of the cyclone and rain, so when the sun is out, we are making the most of it.

Tairawhiti Hauroa is still under a lot of pressure with staff shortages and ongoing issues with the Nursing staff and strike actions (at the time I am writing). We hear a lot about the postcode lottery, but this is life in 2023 and we are scattered through the country with ever growing distances between main health hubs. In the last month we sent a Cardiology team up to Ruatoria to see patients that were having a particularly hard time getting to Gisborne. It was very well received and the kaimahi there were amazing. The flight was rough as we waited for another cyclone warning.

In conjunction with Te Whatu Ora, a free shuffle has been funded to come from Ruatoria to Gisborne Hospital three times a week, giving a lot of our isolated and elderly patients an option to come here to treatment and clinics without the stress of navigating the roads or lack of them.

**Activity (since last report)**

Firstly, my thanks to the Te Tahu Hauroa whānau for an amazing hui in Ōtautahi. My cup is full. Connecting and reconnecting with like-minded people is so good for the soul and reenergises you to keep going. Arohanui ngā mihi nui.

An update to the Anti-Trans issues; I have had several discussions across the motu about this and while I haven’t managed to get the campaign underway It has been discussed at a number of levels. One of the responses that was from the All right? Team (now finished but still meet as friends), suggested that we needed to have allies standing up (i.e. Dan Carter saying my cousin is trans and they are a valued member of my family etc.) (p.s. I don’t know if Dan has a trans cousin). Allies with standing in the communities so the trans people are not subjected to more social media vitriol and unnecessary commentary.

On a personal note, we have moved into our house and have started renovations. So exhausting, and dusty.

I have had the opportunity to visit our emergency department twice in the last week (at the time of writing this), I was treated well with respect and compassion. I get annoyed hearing people say our health system is third world, as I have had great responses from the Team here and yes, we look tired and rundown up we all do once we have had 40 years of hard labour, we need to remember to be a bit kinder to ourselves and our places of mahi.

**Marlene Whaanga Dean** (Wairarapa)

**Environmental scan**

Te Wahapūahoaho YellowBrickRoad Mental Health, and Addictions, provide services locally and regionally in Masterton Wairarapa. We provide families / whānau and consumer voice who are affected by mental illness and/ or addiction. Awhi whānau supports families / whānau and communities supporting their journey from a place of distress to mental wellbeing. We open our doors to all those who turn to us. We are also in the process of building up advisory groups and increasing stakeholders. We are committed to working in partnership with others to improve mental health outcomes in our rōhe.

**Input / involvement in Te Tāhū Hauora** **meetings/groups.**

* The changeover from WDHB to Te Whatu Ora has come with restructure. Staff having to apply for their jobs back or take redundancies, many have left and gone into other positions out of Masterton to Wellington. Our Consumer Council finally received an email with an apology working through changes within both Wairarapa and the National structures. With good news we can reconvene our monthly consumer council meetings scheduled for 2023 Weds 11 October venue to be confirmed.
* PRMS meeting (via zoom) 18 Aug 2023 has been referred to Monday September 4th, 2023, at 3pm.

**Activity (since last report)**

June 17/05/2023 Partnership with Pacific O Wairarapa, for F.A.S.T. campaign Health Promotion, minimising barriers, increase visual learning resources, this will include rural community and whānau voice in the Kura. Interactive workshops to launch soon. Increase consumer engagement (co-designing campaign).

June: Meeting with Public Health, Tu Ora Compass Rawiri Blundell population health in the Wairarapa, we will meet again on the 29 August 2023 to see how we can work together (Yellow Brick Road). They are currently recruiting for a community health worker and Diabetic nurse for health promotions.

July: 05 Māori Women’s Welfare (Member) MWWL Otago Uni Wellington, study of rural Māori, Wairarapa and Tairawhiti ‘Stroke survivors’ interviews by professional members.

July 18 -20 2023 Te Wana Accreditation for Yellow Brick Road One (3) days accreditation. The concepts on which the standards are based is the participation of people and communities in decision-making about health issues and their own health care. Therefore, it is appropriate that the review process includes mechanisms, which allow meaningful input by the stakeholders and consumers. Approved accreditation will be forwarded to AAA-NZ for endorsement and issue of accreditation certificate. Positive feedback from participated group of consumers that were invited to participate.

Consumers are happy with our service, unfortunately we don’t have counsellors available on site. We do refer which is not ideal as consumers need support on the spot most times if in distress or anxious. We have had to ref tangata whaiora to Adult mental health (hospital) also A&E due to their GPs unavailability and appointments not instantly available for consumer for any health issues. It has been hard on primary and secondary care in our region.

August: Andrea Rutene Te Whatu ora (contracts) had a brief discussion re: A draft document for the Wairarapa population goals and outcomes to be released August / September 2023.

August: Otago Medical Students (3) to visit our office.

**Other hui attended:**

* Monthly hui: Thursday 11th July 10am I attend Wairarapa Family violence network wide hui at Changeability Masterton, with many local services including Masterton District Council, Iwi, Te Whatu Ora, Police, working together as a collective sharing information that matters to improve our community with a strong presences of community leaders. Suicides have been excessively high in our region.
* Attended with staff, a presentation at Copthorne Hotel Masterton Monday 14th Aug evening. Organised by Changeability on behalf of Wairarapa Family Violence Network, to hear Matt and Sarah Brown’s remarkable Journey ‘She is not your rehab’. A powerful korero about one man and his wife with lived experience on child abuse, sexual abuse, and domestic violence, on how he survived. His programme inspired by the impact he’d seen from giving men a space to open up to him in his Christchurch barbershop getting a haircut. Matt expresses women and children are Taonga (treasures) he launched his book ‘She’s not your rehab’ and had to raise $100,000 to get it printed only to be sent out to prisons for men 9,000 books were given out. His way of reaching out to men campaign. An app has been created.
* Promote our Service, Weds 16th Aug, Te Wahapūahoaho, Yellow Brick Road, were invited by Local Police and Te Pae Oranga iwi panel to wananga at Rangitane office. How it works, when someone commits an offence, Police consider Te pae Oranga to be a good option, if they are eligible, and police refer them to a local agency. Te Pae Oranga, means to talk, listen, and become well. It uses tikanga Māori, Kaupapa and restorative justice practices to deal with offending out of the normal court proceedings for mild to moderate offences, (panel members) plan to put things right and make positive change. And then connect with services and other help /support groups.

**Health services including any COVID related matters.**

End of compulsory covid isolation with Govt removing the 7-day compulsory isolation for covid cases. Assumption has been circulating is that there will be more people afraid, that employers will be expecting people to be at work now there is no compulsory isolation period. However, if people feel poorly and are well enough to work and if they can do their job from home then that could be an option. We need to address the issue and that access to laptops will be useful. However, keep to COVID guidelines.

**Positive stories and exemplars**

I cannot echo homelessness enough not only in my region but throughout Aotearoa. We have transitional housing, which is part of our service delivery with MSD, MHUD; the challenge is we only have 9 houses available for tangata and whānau to transfer from having nowhere to live or someone’s couch or from a motel. Our housing manager is very passionate about helping homeless people into housing, even if we don’t have houses available. We get at least 1 whānau coming through our door at least every second day, being an enquiry or they have heard of our managers links to other rental services that will support. Grateful to have her on our team, she has great processes in place, goal plans, financial plans for our tenants, works 1-1 with whānau, understands Māori equity, strong networks, engages free courses to our tenants so they are ready to rent. Good consumer engagement. She is rare.

On another positive note It was amazing attending and being part of Our voice’s forum in Ōtautahi Christchurch. A big thank you Te Tāhū Hauora for the consumer experience.

Mauri Ora.

**Zechariah Reuelu** (Porirua)

**Environmental scan**

The increasingly reality for many families, the food inflation [hits a 36-year high and fuel costs go back up,](https://www.rnz.co.nz/news/national/489686/fruit-and-vegetable-costs-up-22-percent-as-annual-food-price-inflation-soars) working families are having to juggle between bills, while kids are going to school hungry and underdressed for winter. The squeeze is affecting their quality of life. Charity KidsCan has been the worst winter ever, with thousands of children per day needing support and lower donations due to the high cost of living. The cost of living is resulting in workers taking on extra jobs just to make ends meet a 'sign of the times'. It is clearly observed the growing increasing of working-class families seeking food parcels with social services.

**Input/involvement in Te Tāhū Hauora** **meetings/groups.**

This quarter I participated in the following:

* Te Tāhū Hauora Bula Sautu Pacific Advisory Group Review
* Te Tāhū Hauora Consumer Network
* Te Tāhū Hauora O mātou reo: Te hunarahi ki pae ora: Te Pae Christchurch
* Te Tāhū Hauora Consumer Network 9 August zoom

**Activity**

**Pacific Research Collective – University of Auckland Talanga**

An intervention to increase uptake of urate-lowering therapy for gout in Pasifika.

Meeting with the Project Lead Dr Samuela Ofanoa to plan and implement Pasifika user-friendly education resource for Pasifika to understand the importance of taking allopurinol regularly. This will be informed by the Change your life resources (<https://www.health.govt.nz/your-health/conditions-and->treatments/diseases-and-illnesses/gout) but co-designed by Pasifika to communicate the health problem in a way that is clear for them. We will be implementing co-design gout focused group workshops to test gout educational resources.

**Wellington Rugby League Masters 2nd Health Hauora Promotion**

The collaboration with Tu Ora PHO is the continuation of the partnership between Arthritis NZ to support our Māori and Pacific communities across the greater Wellington region. The Hauora is to increase awareness with prevention is better than a cure, with small steps to better health and well-being. Increasing numbers of men participated with stoke testing, heart rate check and uric acid testing.

**Te Rangi Hauora o Pāremata Matariki Celebration 2023**

Arthritis NZ - Mateponapona Aotearoa was invited to have a stall at the Te Rangi Hauora o Pāremata Matariki Celebration 2023.

A good number of parliamentary staff and MPs turn out to support and engage with health stakeholders.

**ProCare**

Met Mihi Blair @ General Manager, Māori Health and Equity and agreed to collaborate to target key areas such as health literacy, training and education opportunities and partnering that would support both strategies to positive health outcomes for our Māori and Pasifika peoples.

**The Fono: Strategic Alliance**

Talanoa with Tavita Funaki @ CEO to shape a strategic alliance approach to improving gout management for Pacific population.

**Men’s Health Week 2023.**

It was a pleasure to be invited to be a guest to provide an article for Arthritis NZ to go on their website as a resource and contact point for men facing those difficulties and to help broaden understanding.  [www.menshealthweek.co.nz/health-info/gout-arthritis](http://www.menshealthweek.co.nz/health-info/gout-arthritis)

**Porirua Community Gout Programme**

The evaluation of the Porirua Community Gout Programme was completed outlining the key insights obtained from the past 18 months of gout focused work. The findings are based on engagements with predominantly Māori and Pacific peoples in East Porirua.

The following topics will be covered:

* Key insights from community engagements
* Gout activities
* Formal research update
* Potential intervention points

**Ricky Ngamoki** (Ōtepoti)

**Environmental scan**

* It has recently been difficult for wāhine to find midwives. There is an issue with those that are non-vaccinated, and this has meant that many quality midwives, that are moving to Australia, as they cannot get work under the DHB, as they are not vaccinated or boosted.
* Housing continues to be an issue in the hāpori. There is not a good stock of whare to choose from, and there are a lot of whare that are damp, draughty, and cold, that are still being rented at market rates, because there are no other options.
* A lot of operations are being pushed back because there is a large waiting lists and sickness in the hospital.

**Services**

* There is a lack of access, for any support or service that you need. This is exacerbated when you consider the disparities for Māori and Pacific.
* Whānau are struggling to get responses from services and have not been accepted into tertiary service.
* There is still a lack of adequate housing and this continues to be an issue.
* There are still lengthy waits for Mental Health Services in the locality as well as the Public Health System. Whai Ora have described this as ‘third world’ and a ‘backward system’

**Positive stories and exemplars**

* Continuing to support whānau with appointments.
* Supporting whānau to access support while they are waiting for specialists to get back to them.
* Have been approached by Ahuahu Kaunuku to attend a wānanga on implementing the Te Ao Māori Framework in September.

**Vishal Rishi** (Auckland)

Kia ora and warm greetings!

Please find the quarterly report mentioned below. This report is specifically focussed on whānau engagement.

**Environmental scan**

On 1st July 2022, the New Zealand Health system initiated one of the most significant transformations in its history. Major changes are taking place in how health and care are delivered. One proposed change to improve healthcare delivery in communities is a new national approach to developing localities.

*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. Te Whatu Ora, Health New Zealand.*

The Asian Network Incorporated (TANI) has worked in a place-based approach to the delivery of public health for the last 20 years and is delighted to see a more substantial shift in that approach across the health system. This approach integrates place-based and population health planning systems and puts working on social determinants at the centre of its strategy.

The coordinated service delivery will improve primary health care and experience for individuals and whānau. The approach is driven by whānau and community voice and encompasses a culturally informed integrated healthcare model. Locality plans reflect the needs and aspirations of communities and vulnerable people and are tailored to the needs and priorities of local communities within that locality.

 **A. Otara Papatoetoe Locality**

Ōtara-Papatoetoe is one of the 12 prototype localities nationally. Ōtara-Papatoetoe locality is home to about 100,000 (2018 census: 85,122 people). It is among the most ethnically diverse communities in Aotearoa, New Zealand. This area has 35 % Asian and 1 % -African, Middle Eastern and Latin American communities, as per the 2018 census.

The Asian population is one of the fastest-growing populations in the Otara Papatoetoe area. Between the 2013 Census and to 2018 Census, this ethnic group increased by 8,484 people or 39.7%. It is likely to have increased significantly in the last five years, based on earlier trends in population growth.

**Ethnic Communities Family Voices Otara Papatoetoe**

We conducted a rapid need assessment (RNA) to gain insights into the health priorities of Asian communities in the Otara Papatoetoe locality area and inform the development of the locality plan. Te Whatu Ora has requested a locality plan to support organising primary and community care service provision for the community.

We collected both primary data (first-hand data collected through speaking directly to families) and secondary data (speaking to health and community workers). We completed our first data-gathering phase for the assessment on 31st May 2023. The health priorities are collected based on our 20 family and stakeholder discussions.

We collected data through focus group discussions/consultations and semi-structured group interviews. Our focus was on Asian families in this assessment, and we will recommend further work to capture the health experiences of Asian communities and other ethnic communities such as African, Middle Eastern, and Latin American.

Due to the short period within which we conducted the focus group discussions, there are limitations around methodology, and we will want more structured and long-term investment in capturing the voices of ethnic communities in the Otara-Papatoetoe plan.

**Positive stories and exemplars**

Le Afio’aga o Aotearoa is a village of partners and providers working together in the Ōtara-Papatoetoe locality. Ōtara-Papatoetoe was initially selected as a Pacific locality prototype and extended to the whole population. Te Whatu Ora has requested a locality plan to support organising primary and community care service provision.

In January 2023, TANI raised concerns about the lack of engagement with Asian and other ethnic minority communities in developing the locality plan. South Seas Health Care, System Navigator/Locality Lead for the Ōtara-Papatoetoe locality, and TANI had a follow-up conversation to start working together to address this gap. In April 2023, TANI signed the Otara Papatoetoe Locality Charter and became a partner and part of Le Afio’aga o Aotearoa.

**Tofilau Bernadette Pereira** (Auckland)

**Environmental scan**

Key issues impacting the Pacific communities at this time relate to inflationary economic costs for basic necessities, accommodation, cost of living, health, and transportation,

Diabetes continues to be a prevalent issue in our community.

Overcrowding of houses is still an issue. People cannot afford warm and dry housing, so they take what they can get, and often, these homes are not big enough.

The Locality is now a formalised trust and there are 19 Social providers that have signed up to this and are supporting the kaupapa.

Wait times at ED are long. Primary healthcare is not coping with the demand for the services. 12-hour minimum wait for ED and two weeks wait to see a GP.

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

As part of the Auckland Clinical Governance Forum, the issue of 'governance' was discussed with examples adopted and compared to the Australia Clinical experiences.

Food prices are on the rise and unaffordable for families even with support from Ministry for Development.

**Activity**

Attended three Health-related governance meetings with Paramedic Council, Southseas Healthcare Trust, and the Auckland Clinical Governance Forum

Attended meeting for Consumer Council Counties Manukau