



Te Tāhū Hauora
Health Quality & Safety
Commission

Minutes of Ngā Reo Māhuri Young Voices group hui – 17 July

| | |
|-------------------------------|---|
| Chair | Hariata Bell |
| Ngā Reo Māhuri members | Joshua McMillan, Jaden Hura-White, Ataahua Hepi, Jack Ruddenklau Natasha Astill, Naomi Vailima, Tiare Makanesi |
| Te Tāhū Hauora staff | Kelly Palmer (for part- on-line), DJ Adams, Dez McCormack (on-line), Jahminique Chivers (for part- on-line) |
| Apologies | Kya Thornicroft |

The hui was in Auckland on 17 July 2025

The hui began at 9.15am

1. Welcome and karakia

Hariata welcomed and opened with karakia. Did a quick round room for everyone to check-in.

2. Standard business – previous minutes, actions items and interests register

Minutes were accepted. No Action items. Ataahua and Josh to advise changes to Interests register. (actioned).

Hariata advised of the new member to the group – Kya Thornicroft. (an apology for this hui).

3. Director's update

Kelly gave the update and started by announcing our new CE, Prof. Sunny Collings, and provided some background. Also advised the newly appointed board members.

Kelly mentioned Te Tāhū Hauora sponsorship of three disability events recently. The I-Lead conference, BlindDeaf conference and an Access Matters webinar. We will continue to support these types of events.

Kelly spoke of the review of the consumer engagement function being undertaken and that feedback will be sought from all our consumer groups. We will set up a separate hui for this.

The group was thanked for their input into the primary care guide update, which has now been published on-line. Encouraged members to promote this resource.

Kelly spoke to the 2025-26 programme plan and how we best allocate our energies and resources. It has a focus on driving and promoting the consumer code of expectations. DJ elaborated further on this.

A question was raised about the implications for Te Tāhū Hauora resulting from changes to the Pae Ora Act. No direct impact at this stage. The function and focus of iwi-Māori Partnership Boards may change and we will work with Health NZ around this.

Another question was how the group can tailor questions for the board. What are the board thinking and wanting to hear. The answer was specific examples that demonstrate and reflect the code being used. This should be included in comments raised in the review of the consumer engagement function.

Also, the comment - rather than Health NZ draw on consumers for comment – bringing consumers to them, could they come into the community to engage and collaborate with consumers. Wouldn't it be more efficient and cost effective?

4. Members environmental scans

The report is attached at Appendix 1. Members expanded and reiterated some parts of their scans. Natasha added that with the hidden disability community, she would like more information provided to Health NZ and doctor's surgeries to be more aware and supportive.

Jaden covered off the positive improvements for Type 1 diabetics with using a mobile app to track medication levels.

Diabetes NZ is presenting a lived experience forum which Jaden will be involved in.

Jack added that at a recent Regional Consumer Council hui, there will likely be new emerging models of care (including changes in the connection between primary and tertiary care). There is broader concern about new proposals, such as elective treatments, which increasingly rely on a private model. There are issues around accessing some ADHD medications due to a lack of supply.

Josh mentioned the reduction in waiting times for surgeries and specialist appointments announced was at odds with some other reports. Concerning that growing youth cancer rates continue to rise.

Naomi expanded on the content and success of the I-lead conference. It is empowering for the disability community to get together to discuss issues and in being able to influence policy.

5. Māori Health & Consumer report – Q4

The report is attached as [Appendix 2](#)

DJ highlighted key points:

- Consumer advisory acknowledgements
- Consumer health forum Aotearoa
- Engagements/meetings
- Responding to the Code of Expectations review
- Partnership in Care: consumer, whānau and community engagement in primary and community care
- Quality Safety Marker for consumer engagement
- Communications report

6. 25/26 Programme Plan

DJ outlined our programme plan for the Māori Health and Consumer team.

There is a focus in the plan on the enactment of the consumer code of expectations.

The code of expectations review has been completed and will be shared with the group once presented to the board. The review identified that the code should have more "plain language".

The group then workshopped the development of a plain language poster of the Code of Expectations. Input was collated and will be produced into a poster.

Hariata will collate the discussion and workshop onto a poster page and send to Ngā Reo Māhuri for further feedback.

7. Māori data governance

Jahminique presented and posed two questions to the group.

What is your thinking around intergenerational data and how this can impact on future generations?

How should we protect the voices of rangatahi going forward and ensure their involvement in data governance over rangatahi data?

There was a wide and engaged discussions with many questions, and answers provided by Jahminique. Various feedback was provided by the group.

The following definition was provided:

"Intergenerational data refers to the collection, use, and sharing of consumer voice data across generations. It includes the perspectives, experiences, and needs of today's communities, with the potential to inform and shape the services and policies for future generations. The way this data is governed and applied can either support or hinder the ability of future generations to address evolving needs"

8. Ō Mātou Reo – Young Voices panel

Hariata ran through what the programme on 30 October will look like and how planning is progressing. Hariata sought feedback for the Young Voices panel in what the key messages should be and what questions should be asked.

Some questions raised:

Why are rangatahi and youth voices crucial?

How rangatahi would like to see their voice incorporated in decision making?

How can the health sector can support rangatahi and young people in their decision making?

Other comments included, that there should be a positive approach to what's working well at the moment. Learning and sharing stories. What skills do young people think health agencies need to engage?

How do we keep young consumers coming through as leaders?

Mention of a traffic light system for any sensitive information.

Be careful that voices are not shutdown (due to time limits etc.). youth will become unengaged.

Talk to speakers about managing their time. Do a countdown system – e.g. – 5 minutes, 2 mins etc.

Drop boxes for questions was suggested. Thought a good idea if questions managed.

Hariata will send a series of question for feedback/further suggestions.

Group was asked for volunteers to help facilitate the panel. Josh volunteered.

9. Term expiry/extensions

The group discussed whose terms will expire in October, with two members terms not expiring.

Some will age out – i.e. turn 27 years. It was then put that we stagger the remaining reappointments to maintain some continuity of knowledge and experience. Members will advise the Māori Health and Consumer team of preferences by 31 July.

It was suggested that we do a yearly recruitment and after current appointments being filled, hold any suitable candidates on file for other vacancies that occur during the year, due to staggered appointments.

10. Other business - Comments and wrap of day

Discussed the interviews conducted by Catalyst for the website review. Ataahua said her interview went well.

DJ spoke about the consumer engagement function review being undertaken and asked the group for their input and comments via an additional meeting. Our Impact Manager, Pauline Gulliver will facilitate this. The Te Pūkāea Matatika team will come out with possible dates to get a majority consensus of a date.

To close the meeting, the group were offered two check-out questions, what was one key takeout from today's discussion? or what song represents how you feel after this hui? The group shared their thoughts and a song. Everyone enjoyed the day and what was achieved.

11. Karakia and close

Hariata closed with karakia

Next hui: 17 Sept 2025 – via Teams

Actions list

| Date | Action | Responsibility |
|---------|--|----------------|
| 17 July | Share the code of expectations review once gone to board | DJ |
| 17 July | Share Ō Mātou reo questions with the group for feedback | Hariata |
| 17 July | Give date options for consumer review hui (actioned) | Dez |

Appendix 1

Summary of Ngā Reo Māhuri member reports – 17 July 2025

Jaden Hura-White (Pongakawa)

Environmental scan

Input / involvement in Te Tāhū Hauora meetings/groups.

May 7th Ngā Reo Māhuri Meeting

Feedback given in the testing of a Microsoft form for the representation analysis of consumer groups. (via email)

Input given for Ō Mātou Reo Our Voices - Young voices panel session

Activity (since last report)

New CGM (freestyle libre) rumoured to be compatible with T-SlimX2 by end of the year.

T-Slim Pump new app integration finally was run out, providing updates on consumer insulin pumps.

I have attended more Tūwharetoa hui, via zoom and in-person. No notable outcomes I wish to share.

Services

Some talk around the return of \$5 prescriptions being a real hassle for people who heavily rely on pharmacy/prescription services, like T1Ds. Especially for those who require multiple monthly prescriptions not only for regular medications but separate CGM, and Pump Consumables prescriptions, and medications for disease complications. This makes an expensive pharmacy trip, \$40+ for some.

Positive stories and exemplars

Awesome to see Facebook community/pages (with diabetics) having safe spaces to share stories and testimonies with one another. Seeing lots of aroha and tautoko.

Natasha Astill (Tāmaki Makaurau)

Environmental scan

Currently in the disability community there are still longer wait times for specialists. Especially around the specialists that have specialised fields.

Input / involvement in Te Tāhū Hauora meetings/groups.

Young Voices Group

Activity (since last report)

I had the opportunity to attend the I-Lead conference in Wellington this June. The conference was a 2-day event run by disabled people for disabled people to share their experience/knowledge around

topics that they are passionate about and create recommendations around what changes there needs to be.

I spoke about my lived experiences on the health table. The group that was on the table created some really good recommendations around what needs to change in the healthcare system. (These will become public hopefully by the end of this year).

Services

Lack of Information provided to the patients around medical conditions

Positive stories and exemplars

People advocating around their health needs.

Tiare Makanesi – (Ōtepoti)

Activity (since last report)

March 2023, Kym Makanesi Tupou (my Mum) facilitated the first ever Multi Ethnic Study Day for Te Whatu Ora Southern. A groundbreaking event designed to centre minority voices and promote cultural understanding in Healthcare Delivery.

The Study Day brought together representatives from diverse communities from around Dunedin including North and South Indian, Pakistani, Afghan, Syrian, South African, Ghanaian, and Pasifika groups. It was an emotionally charged day filled with powerful testimonies about unmet health needs, cultural practices and the values that shape healthcare expectations.

Equally important was the realisation that many healthcare workers are eager to improve their cultural competency and are seeking tangible ways to better understand and serve Aotearoa's increasingly diverse population.

Additionally, on Friday 27th June, I attended a Workshop by World Wide Mosaic in Dunedin. They're an organisation formed by Ethnic Healthcare Professionals and Community Leaders who share the same vision of educating, empowering and encouraging those in the spaces of Health. Their drive is to better support staff with cultural competence, inclusive practices and to equip workers and professionals with the skills and knowledge necessary for engaging diverse populations.

At this workshop, I heard many testimonies such as a traumatised Indian Mother who was admitted to a NZ Hospital to give birth, requested to have her husband there during her C-section, however was refused.

Another 18-year-old Tongan Male shared an experience of being culturally attacked and shamed by a Nurse who took his respect of not looking eye to eye with an elderly lady as a sign of "trying not to flirt".

Lastly, another testimony that was shared was of a daughter of an elderly Cook Islands' lady who suffered a stroke and became non-verbal, the Cook Islands lady was forcefully bathed by another Nurse despite previously requesting that her own daughter be the only one that does this job specifically. The Cook Islands lady couldn't communicate her frustration and was put in a vulnerable situation. It wasn't until her own daughter came to visit that her mother refused to look at her because of how ashamed she was. The Nurse later admitted to the daughter what had happened, after this the Cook Islands lady refused to take her medication.

This workshop, I believe, is very important and should be widely promoted to encourage workers and health professionals to attend. There have been so many incidents in the South Island that I believe could have been prevented with the right knowledge and understanding of minority diverse groups of people in New Zealand. As New Zealand is constantly growing in diversity, it also shows the significant need for cultural awareness.

Services

The possible need for Hospitals to offer extra support for Healthcare workers when their loved ones are in Hospital and critical care. Despite working in Healthcare themselves, not to have the expectation of relying on them to relay medical information to their own family as it may become a burden.

Medical Centres having Medical Student trainees in their appointments, however not letting patients know beforehand. Eg; one complaint that the Doctor told the patient once they were already at the door. Didn't feel comfortable saying no by that time. Additionally, the medical student was of the same descent and opposite gender of patient. Made the patient feel too shy and ashamed talking about vulnerable things (periods) in front of him due to cultural respect. Additionally, the Medical student had to physically take the blood pressure of the patient by pulling down their top slightly which culturally made the patient not feel well.

Staffing in ED and waiting room - limited room spaces.

Children of parents who don't have strong English skills take time off work and study to come to doctors' appointments to fill forms and to translate medical information to their parents. The ability of Healthcare workers to be able to simplify their language to allow patients that are not from New Zealand to understand the situation is very important.

Dunedin's healthcare is strained at all levels - from crumbling infrastructure and understaffed wards to sterilisation failures and cancelled surgeries. While short-term fixes and recruitment are ongoing, community voices highlight systemic and long-rooted problems. The momentum behind a new hospital and protest campaigns indicates strong public pressure for long-term change. Urgent Need for a culturally appropriate Mental Health Program.

Positive stories and exemplars

Dunedin Hospital Implemented a new job that involves a Pacific Island descent Healthcare Worker being updated of any Pasifika families that come into Hospital. Their job is to meet the family's needs and allow a comfortable transition from Hospital back into reality. The Healthcare Worker is also a bridge between the Doctors and Nurses and the families to relay information that can be better understood.

Their cultural, emotional, physical and mental health needs are met through the new implementation of a Pacific Island Warden. This was done by the voices of consumers and workers at the Hospital realising the gap that urgently needs to be filled to better support and understand Pacific families. There has been an increase in patients attending appointments and having positive experiences. The job also involves promoting Pacific Language Weeks and building wider relationships with the Community and the Hospital.

Considerations for Te Tāhū Hauora

In light of the significant and ongoing disparities in health outcomes for ethnic minority and migrant populations in Aotearoa New Zealand, I respectfully recommend that Te Tahu Hauora consider formally endorsing the Worldwide Mosaic cultural awareness workshop.

This initiative was developed in direct response to lived experiences of marginalisation within the healthcare system and is led by healthcare professionals from the communities it aims to support. Grounded in evidence and enriched by first-hand narratives, Worldwide Mosaic offers an accessible, practical, and impactful pathway to improving cultural safety across the health sector.

An endorsement would:

- Signal institutional commitment to equity, inclusion, and cultural responsiveness;
- Support the professional development of health staff in ways aligned with Te Tiriti o Waitangi and the Health and Disability System Reform;
- Help integrate this model into national frameworks for workforce training and development;
- Promote consistency in the delivery of culturally safe care across regional and national health settings.

The success of Worldwide Mosaic demonstrates that community-led solutions, when recognised and supported, can drive meaningful systems change. With your endorsement,

this initiative has the potential to scale its reach and contribute significantly to a more inclusive and equitable healthcare environment for all New Zealanders.

<https://worldwidemosaic.co.nz/>

Jack Ruddenklau (Te Whanganui-a-Tara)

Environmental scan

Services

Gender affirming care

There are ongoing concerns as it relates to the clinical guidelines for the use of puberty blockers and gender affirming healthcare. [As seen in an open letter](#) to Te Whatu Ora from the Professional Association for Transgender Health Aotearoa (PATHA). This is becoming a safety concern as, without clinical guidelines for gender affirming care, it becomes a model that is not backed by science and evidence and potentially places patients in unsafe situations. Gender affirming care is healthcare (it is not a vehicle for division).

24/7 GP announcement - Te Whatu Ora

Te Whatu Ora's announcement of a [24/7 GP service](#) is a positive step, particularly for people in rural or isolated communities. However, there are concerns that this move could signal a shift toward consolidating specialist services in centralised "centres of excellence", potentially weakening the social licence under which Te Whatu Ora operates. Striking the right balance between efficiency, service delivery, and equity will be essential.

Private practice procedures

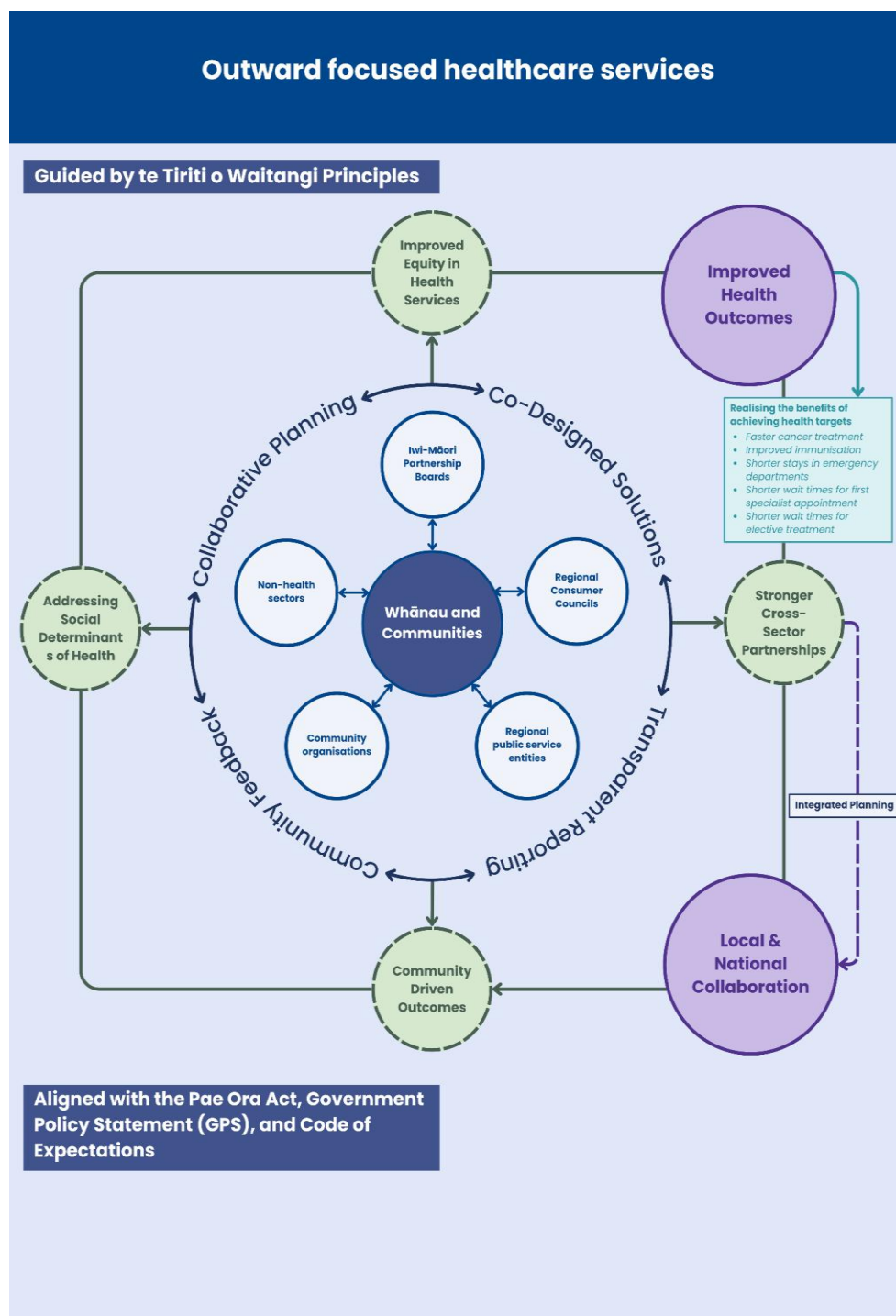
The funding of surgical procedures in private practice has led to some opposition amongst those in the community, and in some cases, refusal to attend private practice appointments.

Housing in Aotearoa

The [Housing in Aotearoa New Zealand: 2025](#) report recently released by StatsNZ demonstrates that housing conditions are linked to social determinants of health. Examples include housing quality, unaffordability, overcrowding, and insecure tenure are disproportionately experienced by low-income, disabled, Māori, and Pacific populations. These factors negatively impact physical and mental health. Overall, it demonstrates that housing is a symptom and driver of health inequality.

Considerations for Te Tāhū Hauora

Push an agenda of moving to an outward focused model when engaging with communities, whānau, and consumers:



Naomi Vailima (Tāmaki Makaurau)

Environmental scan

Input / involvement in Te Tāhū Hauora meetings/groups.

The insights below come from my I.LEAD connections with disabled youth across the country, especially young Pacific and Māori.

Activity (since last report)

I was involved in organising and supporting the recent I.LEAD National Conference, where we facilitated over 60 disabled youth from across the country to gather and talanoa about the systems that impact us, including health. One of the key breakout sessions focused entirely on our experiences of the health system. This wasn't just a discussion but a chance for disabled young people to co-create solutions grounded in lived experience and have the opportunity to share it with policy makers.

Key feedback from young people included:

- We need a transparent health system. Health notes should be open access, with the ability to request edits and additions via an app, ensuring records reflect our perspectives, not just clinical bias.
- Call for an independent inquiry into harm experienced by disabled people in the health system, including those who have been dismissed, misdiagnosed, or retraumatised.
- Establish designated roles for disabled people within every area of the health system. This is not just inclusion, it's accountability.
- Establish a peer-led health helpline by and for disabled people to provide support in navigating complex services.

These came directly from young disabled people with lived experience. Our next step is combining these into a formal document to present to key agencies, with a focus on system-level change.

In addition, I'm sharing a research opportunity with my networks on behalf of an allied health research team from Auckland University of Technology, University of Auckland, Massey University, and University of Otago. This research aims to co-design creative and collaborative ideas for future allied health services. The wānanga will be held in Auckland, Rotorua, Wellington, and Dunedin, and are open to both healthcare consumers and professionals. It's a valuable chance for disabled people to shape innovative practice that meets the real needs of Aotearoa.

Services

Many young disabled people express frustration over not being believed or taken seriously by health professionals. This is especially true for those who are non-verbal, neurodivergent, or Pacific.

Long wait times and confusing service pathways make access to health/mental health services almost impossible for some.

Rangatahi Māori and Pacific youth often feel disconnected from mainstream services that don't reflect their lived or cultural experiences.

Positive stories and exemplars

Through I.LEAD, young people are growing into roles where they can confidently advocate for themselves and others in health spaces. One example is a young leader who now co-designs a local DHB youth engagement plan after first sharing their own struggles navigating disability supports.

The peer-to-peer aspect of I.LEAD creates a safe, validating environment where disabled youth feel heard and not alone. That sense of whanaungatanga makes a huge difference and the stories they share speaks volumes when it comes to lived experience, and it's young people themselves at the forefront of their own voices.

An example of meaningful engagement is the current nationwide allied health research project supported by multiple universities, which is inviting disabled people to help co-design the future of health service delivery through creative, arts-based wānanga. It's an inclusive approach to research that honours community knowledge and real-world experience, and I've encouraged several youth from I.LEAD spaces to consider taking part.

I.LEAD's model is built on youth-led design and decision-making. We don't just consult young people; we empower them to shape the spaces and systems that affect them. That level of trust, leadership, and accountability could be a blueprint for wider health-sector youth engagement.

Considerations for Te Tāhū Hauora

Recognise youth-led disability advocacy as critical infrastructure in health engagement. Resource it like it matters.

Embed disabled youth voices (especially those from Māori and Pacific communities) into system design, not just consultation.

Train health workers on how to hold space for diverse communication needs. Active listening, patience, and cultural humility matter.

Build future-facing systems that centre disabled youth as experts in their own wellbeing.

Josh McMillan (Tāmaki Makaurau)

Environmental scan

Note: I've been following a couple of things recently but have also taken a step back from consuming lots of news stories and information. There's so much going on it was starting to become a burden on my already hyperactive brain and sleep habits i.e. Military tensions, continued health insecurity across the globe, seemingly increasing and polarising tensions in New Zealand.

New's from around my networks have included the continued unfortunate rise in child and youth cancer cases. My hometown region of Rotorua/Lakes District for instance has 16 on treatment currently, Tauranga around 10 -11 and similar types of numbers across population hubs around Aotearoa like Waikato.

I recently spoke with a clinical lead in AYA Cancer Network who made clear that everyone on the floor is pushed to their limits, with any staff leaving not being replaced only adding to burdens. When asked if they could wave a magic wand and have one thing, the answer was first and foremost more FTE – more time to do their work as many are limited to partial FTE's i.e. 0.4, 0.6 etc. which simply isn't enough with already limited staff numbers.

It's simply not feasible that this sector of the health force is providing best-practice quality and safe care – through no fault of their own. Personally, I know these staff do the best they can, but 1 part-time FTE covering a whole region or more is unsafe.

Delays in treatment seem to be remaining constant. I personally have been waiting over 6 months for a routine 5-year heart scan which is holding up other medical related certifications I am trying to get. Recent reports state a waiting list of around 15,000 patients waiting for cardiac assessments such as echocardiograms.

My mother has been waiting 2-3 years for shoulder surgery from an occupational fall, in which ACC is now battling her claim when it's through no fault of her own. These are personally evident

examples of both failures, inconsistencies and the fall-out of the pressure of understaffing and pressure on the fragile health system.

The continued mishandling of Emergency Response St John Ambulances is causing havoc, with recent stories of patients passing away due to delays in Emergency response. Claims of callers being told to drive themselves to the hospital is simply subpar to say the least. Significant investment is needed in emergency response which falls on both St John and the government funding they receive. Contentious remarks have been made around St Johns desire to maintain its charitable and tax-exempt status as unacceptable when New Zealanders are being critically harmed by lack of investment and sufficient upkeep for a growing population.

Activity (since last report)

- Have engaged in a conversation with AYA Cancer Network clinical staff about what's happening in the sector.
- Engaged with Child Cancer Foundation re: their interest in recruiting a youth board director; discussed and advised on purposeful inclusion of a youth voice.
 - o advisor vs director? Do they need youth advice or youth decisionmakers? Why?
 - o What is it they want from a youth voice?
 - o Who do they want? Past beneficiary of the charity? Someone with interest in sector?
 - o Not a 'tick-box' appointment.

Ongoing discussions.

- Attended a feedback/Case Study interview with Hariata and DJ in early July
- Attended a Consumer insights interview with Hariata and Penita from TTH for next month's newsletter, also in early July
- In May, attended a Matariki celebration through new membership to the MultiEthnic Young Leaders Network NZ, meeting new young people doing all sorts across the motu; Advised DJ of the Networks 'Rangatahi Leadership Opportunities Database' as a place to potentially source youth for consumer and leadership opportunities. Have since seen a listing regarding the Mental Health Study EOI.
- Attending a Charity Gala with Canteen 12/07/25, partnered with the United Against Cancer Foundation for fundraising and awareness as this years partnered charity.
 - o Canteen has also been a part of an education series with UACF delivered directly to university campuses and students, focussing on awareness, action, Cancer prevention and risks and complementing existing campus health initiatives with help from leading oncology and public health experts.
- Throughout this year I've been attending a series of workshops called 'Enabling Leadership' exploring shared models of community governance facilitated by two well established governance professionals. 4 charitable bodies are engaged in this first-time program; Child Cancer Foundation, Canteen Aotearoa, Higher Ground and Youthline. Board Chair's and CEO's are present exploring and implementing shared models of community governance, trickling down into the wider organisations. As the youngest (by at least 20 years) at these hui, it's been eye-opening and beneficial to have both the chance to improve my own governance practice as President/Co-Chair of a board and explore how others implement shared leadership and whanaungatanga into their entities. I would see variants of this

training with youth leaders super beneficial if the opportunity arose as it's relative across the board – not just to non-profits etc.

Services

Regulatory Standards Bill potential threats.

- 'Equal under the Law'; potential to ignore equitable care measures for Māori and other at risk/disadvantaged communities who may need tailored health interventions for effective care.
- Ministers supposed 'clear lack of interest' for health outcomes and attacks on health experts; crediting smokers for being 'fiscal heroes' in helping to balance chequebooks of government. It seems economic prosperity is higher on the agenda than for healthy outcomes across the population.
- Overall potential to undermine public health in myriad ways.

I would ask that Te Tahu Hauora raises concerns evident in the bill's current form, such as the quality and safe Healthcare for New Zealanders. I think the sentiment of wanting to remove red-tape is a positive, as too much unnecessary red-tape does often hinder progress towards positive outcomes, creating speedbumps and hoops to jump through. However, the current Bill in its proposed form is far from appropriate and meaningful in that aspect, not to mention its other downfalls with potential to affect disadvantaged communities across the board.

Positive stories and exemplars

I've found it difficult to find any positive stories as of late.

I suppose Canteen has been recruiting for Board Directors (non-youth), and we were met with a strong response for a single position. Positive to say that there seems to be no shortage of willing professionals and people that want to help make a positive impact for youth initiatives. We also saw many past members and ex-staff apply which is excellent to see those long-term connections and impact remaining.

Appendix 2

Māori health and consumer team Q4 report

The following are highlights for Q4 (April – June) of the 2024-25 financial year.

On 7 April a mihi whakatau was held to welcome Penita Davies to Te Tāhū Hauora and Te Pūkāea Matatika | Māori Health and Consumer team as Māori Health and Consumer Advisor.

The all-staff day on 2 April, and team planning day 3 April were held.

Te Tāhū Hauora moved Wellington offices to 133 Molesworth Street within the Ministry of Health Building 28 April.

Consumer advisor acknowledgements

Mary Schnackenberg concluded her terms on Kōtuinga Kiritaki | Consumer Network and Te Kāhui Mahi Ngātahi | Consumer Advisory Group. Mary made a significant contribution driving forward action in response to the needs of disabled people.

Delphina Soti resigned from Te Kāhui Mahi Ngātahi | Consumer Advisory Group. Delphina remains a strong advocate for the needs of youth and Pacific people.

Claire Turner was welcomed to Kōtuinga Kiritaki | Consumer Network with mihi whakatau at the 15 May hui. Claire is co-chair of Moving Forward, the Southern Consumer Council for Mental Health, Addictions and Intellectual Disability Services.

Consumer health forum Aotearoa



Ō Matou Reo: Our Voices 30 October 2025

Ko Ngā Reo. Ko Ngā Rongoā. Ko Ngā Mokopuna. Our Voices. Our Healing. Our Future. Tākina Conference and Event Centre Wellington

Development and planning for this exciting national event is well underway, integrating feedback received from previous events and working with consumers to ensure the heart of the event is consumer and whānau centric.

Save the date promotion and pre-registration have proven successful, over 200 pre-registrations received. The official registration form will go live in August with confirmation of the program.

The programme is designed to highlight and celebrate positive consumer and whānau engagement practices in the health sector with a focus on primary and community healthcare.

Visit our website events page to keep updated: <https://www.hqsc.govt.nz/events/o-matou-reo-our-voices-2025-event/>

Consumer forum opportunities

The following opportunities were shared with the consumer health forum Aotearoa (CHFA) –listed on the webpage here:

- Te Tāhū Hauora
 - Te Kāhui Mahi Ngātahi | Consumer Advisory Group – three vacancies
 - Kōtuinga Kiritaki | Consumer Network – two vacancies
 - Ngā Reo Māhuri | Young Voices Group – one vacancy
- Health New Zealand
 - Pacific Member for the Northern Regional Consumer Council
 - Cardiac Investigation Unit design guidance review
 - Mental Health Non-Acute Inpatient Unit design guidance review
 - Mental Health Older Peoples Acute Inpatient Unit design guidance review
 - Transit Lounge design guidance review
- New Zealand Psychologists Board – Role of Assistant/Associate Psychology role survey
- Collaborative Aotearoa - Telehealth Patient Voice survey
- Ministry of Health - Putting the patient first: Modernising health workforce regulation – public consultation

Update and News

The April newsletter was emailed to the CHFA to the members on Friday 4 April 2025.. February issue included:

- Message from the Director's desk
- Te Pūkāea Matatika – the meaning behind our name
- Ngā Reo Māhuri | Young Voices Advisory Group welcomes new member
- Ō Matou Reo: Our Voices 2025 – Save the date
- Consumer advisory profile – Mary Schnackenberg
- Ministry of Health Have your say on health workforce regulation
- Improving the consumer health forum Aotearoa survey
- Consumer opportunities

Read the April update here tethhauorahealthqualitysafetycommission.cmail20.com/t/y-e-chhguk-ihhkuljkdls/

The June newsletter was emailed to the CHFA to the members on Friday 13 June 2025. Read the February update [here](#). February issue included:

- Message from the Director's desk
- Consumer and whānau engagement quality and safety marker (QSM)
- Te Tāhū Hauora support for disability events in June
- Clinical governance framework
- New Zealand Psychologists Board Assistant/Associate Psychologist public consultation
- Bachelor of HealthSciences Society – connected by a drive to improve health outcomes
- Improving the consumer health forum Aotearoa survey
- Consumer opportunities

Read the June update here tethhauorahealthqualitysafetycommission.cmail20.com/t/y-e-qxltld-ihhkuljkdlit/

Forum membership

The total number of individuals who have signed up to the consumer health forum Aotearoa forum members is 981 (increase of 16) We continue to encourage new membership. You can keep the forum growing by sharing [this sign-up link](#) with those in your networks:

The following table shows the breakdown of members by ethnicity from end of quarter 1 through end quarter 4 2024-2025.

| Ethnicity | Quarter 1 2024-25 | Quarter 2 2024-25 | Quarter 3 2024-25 | Quarter 4 2024-25 |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Māori | Quarter 1 total: 190 (20.2%) | Quarter 2 total: 195 (20.3%) | Quarter 3 total: 195 (20.2%) | Quarter 4 total: 197 (20.1%) |
| Pacific | Quarter 1 total: 91 (9.6%) | Quarter 2 total: 93 (9.7%) | Quarter 3 total: 94 (9.7%) | Quarter 4 total: 96 (9.8%) |
| Asian | Quarter 1 total: 53 (5.6%) | Quarter 2 total: 54 (5.6%) | Quarter 3 total: 54 (5.6%) | Quarter 4 total: 55 (5.6%) |
| Pākehā/Caucasian | Quarter 1 total: 509 (54%) | Quarter 2 total: 519 (54.1%) | Quarter 3 total: 522 (54.3%) | Quarter 4 total: 532 (54.2%) |
| Middle Eastern/ Latin American/ African | Quarter 1 total: 19 (2.0%) | Quarter 2 total: 19 (2.0%) | Quarter 3 total: 20 (2.0%) | Quarter 4 total: 21 (2.1%) |
| Other ethnicity or ethnicity not specified | Quarter 1 total: 80 (8.5%) | Quarter 2 total: 80 (8.3%) | Quarter 3 total: 80 (8.3%) | Quarter 4 total: 80 (8.2%) |
| Total | Quarter 1 total: 942 | Quarter 2 total: 960 | Quarter 3 total: 965 | Quarter 4 total: 981 |

Engagements

The Māori Health and Consumer team engagements with consumers, whānau, the community and the health sector.

- Mana Mokopuna Children & Young People's Commission
- Regional Consumer Councils – Te Ikaroa Central, Northern, Te Manawa Taki, Te Waipounamu
- Health New Zealand
- Pharmac
- New Zealand Blood
- Health & Disability Commission
- Ministry of Health
- Whaikaha
- Evolution Helthcare
- Carterton Medical Centre
- New Zealand Psychologists Board
- Bachelor of Health Science Society – Otago University
- Digital Health Equity Network
- Tonic Media
- Waitaha Youth Advisory Group
- Consumer Health Forum Australia

- DeafBlind Association
- Te Omanga Hospice
- Ministry of Youth Development
- ILead
- Pinnacle Health
- Stats NZ (Māori Data Governance)
- Internal Affairs (Māori Data Governance)
- Whānau Ora (Māori Data Governance)
- Hinz (Māori Data Governance)
- GPNZ
- Inzights (Māori Data Governance)
- Ministry of Housing and Urban Development (Māori Data Governance)
- Access Matters Aotearoa

Responding to the code of expectations review

A framework to implement the learnings from the code review is in development. Key actions include:

- Accessible plain language versions of the Code
- Promotion of the Code, the implementation guide and the consumer engagement QSM
- Partnership with the health sector to develop and embed educational resources
- Support and demonstration of meaningful consumer engagement
- Strengthened accountability, monitoring and reporting.

Te Pūkāea Matatika | Māori Health and Consumer 2025-26 programme plan integrates appropriate activities to ensure these are delivered.

Partnership in Care: consumer, whānau and community engagement in primary and community health care

Code of expectation implementation guidance for primary and community healthcare providers was released on 27 June. Designed to provide accessible information featuring the SURE framework domains - experience, engagement and responsiveness and linking to practical examples.

You can read the guide here <https://www.hqsc.govt.nz/assets/Uploads/Partnership-in-Care.pdf>

Quality Safety Marker for consumer engagement (QSM)

The QSM dashboard was updated on Friday 30 May. Te Pūkāea Matatika will offer support to health entities to develop their September 2025 submissions.

There has been interest in voluntary adoption of the code of expectation and reporting to the QSM across the health sector. Te Pūkāea Matatika is committed to support health agencies and service providers to enact the code of expectations in their consumer, whānau and community engagement for the development, design, delivery and evaluation of health services.

Communications report

Te aratohu tikanga | Code of expectations implementation guide

Summary

Data for the April – June 2025 period shows traffic continues to steady to the Code of expectations pages. In some areas: co-design, equity through partnership and accessibility, it has grown slightly.

The data reflects a fairly typical “back to the work” period following the quieter summer months.

Unlike the previous quarter, this one has not involved sustained promotion of the Code or consumer pages. We shared some posts about the Ō Mātou Reo: Our Voices 2025 event which will have driven some traffic, but these posts were few. There is a positive here that traffic to the Code pages remains steady even without promotion.

During this period a Code of expectations promotion plan has been drafted with the input and support of Te Pūkāea Matatika. This plan is structured around the promotion of three key areas:


- The new Primary care guide for consumer engagement
- Case studies illustrating how the Code has been used in practice
- Ō Mātou Reo: Our Voices 2025 event.

The July – October period will see a lot more promotion of the Code and our consumer resources which we anticipate will bring more people to the Code pages.

2024/25: 1 January – 31 March

| Websites and video resources | April-June | January – March 2025 | October – December 2024 | 1 April – 30 September 2024 | 1 October 2023-11 April 2024 |
|--|--------------------------|--------------------------|--------------------------|------------------------------|------------------------------|
| Engaging consumers and whānau Te mahi tahi me ngā kiritaki me ngā whānau here | Views: 251 Users:143 | Views: 226 Users: 129 | Views: 233 Users: 132 | Views: 588 Users: 360 | Views: 573 Users: 337 |
| Code of expectations for health entities’ engagement with consumers and whānau Te tikanga mō te mahi tahi a ngā hinonga hauora ki ngā kiritaki me ngā whānau here | Views: 847 Users: 564 | Views: 884 Users: 586 | Views: 868 Users: 578 | Views: 2,338 Users: 1,425 | Views: 1,526 Users: 1,282 |
| Code of expectations for health entities’ engagement with consumers and whānau here (This page hosts the code translations and accessible formats) | Views: 536 Users: 363 | Views: 647 Users: 452 | Views: 585 Users: 415 | Views: 1,334 Users: 873 | Views: 1,596 Users: 1,067 |
| Code of expectations implementation guide Te aratohu tikanga (new landing page here) | Views: 176 Users: 109 | Views: 263 Users: 153 | Views: 136 Users: 95 | Views: 476 Users: 293 | Views: 700 Users: 391 |

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|---|---|---|---|---|--------------------------|
|  <p>Co-designing with consumers, whānau and communities Hoahoa tahi me ngā kiritaki, ngā whānau me ngā hapori here</p> | Views: 502 Users: 346 | Views: 261 Users: 193 | Views: 215 Users: 149 | Views: 614 Users: 422 | Views: 442 Users: 309 |
| Video: Co-design explained in 30 seconds | Views: 42 Users: 34 | Views: 23 Users: 22 | Views: 21 Users: 18 | Views: 69 Users: 65 | Views: 49 Users: 36 |
| Video: Co-design: making it business as usual | Views: 23 Users: 22 | Views: 22 Users: 18 | Views: 7 Users: 6 | Views: 43 Users: 39 | Views: 31 Users: 25 |
| Video animation: The co-design process | Views: 66 Users: 56 | Views: 56 Users: 39 | Views: 27 Users: 20 | Views: 105 Users: 86 | Views: 63 Users: 50 |
|  <p>Using lived experience to improve health services Te whakamahi wheako mātau hei whakapai ake i ngā ratonga hauora here</p> | Views: 281 Users: 191 | Views: 199 Users: 132 | Views: 163 Users: 125 | Views: 541 Users: 369 | Views: 364 Users: 265 |
| Video: Co-design case study: Susanne Cummings here | Views: 16 Users: 16 | Views: 14 Users: 14 | Views: 12 Users: 11 | Views: 34 Users: 33 | Views: 26 Users: 22 |
| Video: Consumers share how their lived experience contributed to health improvements here | Views: 16 Users: 11 | Views: 11 Users: 11 | Views: 7 Users: 6 | Views: 46 Users: 39 | Views: 23 Users: 18 |
|  <p>Improving equity through partnership and collaboration Te whakapai ake i te mana taurite mā te mahi tahi here</p> | Views: 287 Users: 219 | Views: 165 Users: 126 | Views: 135 Users: 100 | Views: 449 Users: 322 | Views: 235 Users: 153 |
| <p>Video: Te Whatu Ora Taranaki consumer council members outline the importance of consumer engagement (no YouTube data available links to external Facebook page for Bryan Vickery Media Taranaki clicks avail on request).</p> <p>Note: it is not possible to see the number of Facebook views by quarter.</p> | Views: 5 Users: 5 Facebook total views: 966 | Views: 7 Users: 7 Facebook total views: 961 | Views: 4 Users: 4 Facebook total views: 954 | Views: 15 Users: 14 Facebook total views: 953 | Views: 10 Users: 8 |

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|--|------------------------|------------------------|-----------------------------|--------------------------|-------------------------|
| Video: Consumer voice: What does equity mean to you and your community? | Views: 25 Users: 22 | Views: 19 Users: 18 | Views: 33 Users: 32 | Views: 69 Users: 64 | Views: 88 Users: 63 |
|  Accessibility and resourcing for consumer, whānau and community engagement Te whai wāhi me te whai rauemi mō te mahi tahi ki te kiritaki, te whānau me te hāpori here | Views: 74 Users: 52 | Views: 18 Users: 17 | Views: 52 Users: 43 | Views: 212 Users: 115 | Views: 160 Users: 88 |
| Video: Enhancing accessibility: how to begin | Views: 7 Users: 7 | Views: 9 Users: 8 | Views: 4 Users: 4 | Views: 12 Users: 11 | Views: 14 Users: 11 |
| Video: Practical accessibility tips for producing consumer resources | Views: 6 Users: 5 | Views: 8 Users: 7 | Views: 7 Users: 5 | Views: 12 Users: 10 | Views: 11 Users: 8 |
| Video: What is the code of expectations and are we achieving what's required? | Views: 3 Users: 3 | Views: 3 Users: 3 | Views: 3 Active users: 3 | Views: 12 Users: 11 | Views: 11 Users: 10 |

Aotearoa Patient Safety Day content

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| Video: Elevate the voice of consumers and whānau (YouTube) https://www.youtube.com/watch?v=AoF47AuZZs4 | YouTube: Has had 782 views in total 36 views since Dec 31). |
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