

Chair: Deon York
Members: Martine Abel-Williamson (with guide dog Westin), Muriel Tunoho, Frank Bristol
In attendance: Dr Chris Walsh (via Zoom until 2.30m), Dez McCormack (Partners in Care team)
Apologies: Rowena Lewis

The meeting commenced at 9:55am (Frank held up by traffic incident - arrived 10:25)

1. Welcome & Karakia

Muriel gave an explanation of Matariki and that it is new year for Māori. She detailed what this means, followed by a karakia. Apology from Rowena noted.

1.1 Previous minutes from 17 April

Previous minutes were accepted as a true and accurate record.

1.2 Actions update

All actions up to date.

2. Partners in Care (PIC) update and group environmental scanning

Martine: Accident Compensation Commission (ACC) has a new project called “GP connect”. They are keen to improve how General Practitioners’ link with ACC. People from ProCare also at the meeting. Martine is on this group and will keep us posted on developments. More development with consumers in ACC. Also had some resources from Auckland District Health Board re connections/messages with mobile devices. We will share with our Comms team. Chris mentioned ACC funding with commission around patient safety week and Advanced Care Planning.

Muriel: from 1 July reduced Doctor’s fees for Community service card holders. In Hutt Union Health, more info introduced re the patient portal. “Manage my health” on devices. Health care homes (HCH) programme – for health practices working more efficiently for patients.

Chris: Ministry of Health helping general practices progress this system so patients have easy access to their information. Also, that HCH did a presentation to the commission Executive Leadership Team.

Partners-in-Care (PIC) update: we completed/delivered everything we said we would do in last financial year. Deon will forward the link for the 6 co-design case studies.

Deon presented a PowerPoint re what was being presented to the consumer councils. Chris spoke to some of those slides. The presentation is embedded here:

Quality and safety marker (QSM's) pilot starts July/August. Data will be available by Dec.

Frank commented that any measures for the mental health and addiction programme are not included, and cautioned any silos forming.

3. Feedback from 9 May Board hui.

Rowena tabled the following by email:

With regard to the Board meeting – it was fairly interesting. Steve Maharey and Sarah Fit (Pharmac) came along and there were discussions with the board about how the board and Pharmac could work more closely.

The PIF reviewers came along and gave their findings to date. The identity of the organisation seemed more positive and the value to the community and stakeholders more apparent.

All in all, it was a good Board meeting. Not all members there but a positive vibe. Very good contribution from Ria for Te Rōpū

Chris expanded on this with further explanation. Also spoke to the Mental Health & Addictions (MH&A) presentation. They are moving thru their 5 priority areas and are making progress.

Frank mentioned last two MH&A hui were cancelled. However, Roz sent through some slides. Zero seclusion is a hot topic and how this is addressed. Significant challenge here regarding use of force in Mental Health seclusion.

4. Feedback from 21 May Te Rōpū hui

Muriel was an apology. However, Chris & Deon presented the new Guide – “Progressing Consumer engagement in primary Care”

Deon mentioned content and where the emphasis lay with Te Tiriti and the whole Equity issue for Māori. We need to keep a track of how things are going for Māori – e.g. the Northland immunisation example

We followed up with Te Rōpū and these are the bullet points of what went in the guide:

1. We highlight the importance of te Tiriti and the NZPHD Act 2000 early on in the document and also make specific reference to *Ka Ao, Ka Awatea*, the Māori health strategy developed by Te Tihi, MidCentral DHB and Central Primary Health Organisation. This document has been selected as a great example for primary care land.
2. We have discussed engaging with Māori under ‘working with diverse communities’. In the way it is written, we have not lumped groups together, but we are mindful of giving that impression. We would be interested in your view on this.
3. We had originally wanted to reference WAI2575, but the recommendations will come out just a little bit later than we need so this is not referenced.

The Consumer Network joined the Te Rōpū hui and following are the minutes from that meeting:

A whakawhanaungatanga was conducted

Ria briefly discussed Te Rōpū's role.

- They provide advice to the Commission board and some of it informs wider health policies.
- Ria took over as chair when the issue of health equity was coming to the fore and the issue of institutional racism was quite prevalent.
- There's been a recent change in Te Rōpū membership.
- They're working with the Commission on how to meet this challenge and the challenge of change; having discussions on the equity dashboard (where we can see DHBs performance) and the Window document. The equity dashboard is much more user-friendly and nearly at the end of development. It will be much clearer where the inequities are and show the stark differences between groups.
- Pacific health has similar inequalities to Māori work.
- There is a focus on the Treaty.
- The issues for consumers are key to Te Rōpū's work, especially co-design.
- Te Rōpū is a strategic advisory group but sometimes this is hard to focus on as the members want to get into the nuts and bolts of issues.

Chris Walsh briefly discussed the Consumer Network's role

- Consumer Network has existed for nearly 7 years and has grown from 8 to 13 members out of necessity.
 - They don't focus on tokenism and just tick box method but ensure wider representation, especially Māori and Pacific representation.
 - Muriel Tunoho is also on Consumer Network.
 - They strongly value connections and partnerships between groups, for example, there are 60 consumer advisors now engaged on various programmes at the Commission and they have a day tomorrow to connect them all together. The Commission focuses on how it can support the consumer advisors more in their role with the Commission in the advisory groups.
 - The Network exists at a more operational level. They don't have a big budget, but it's spent as the network wants in themed areas. It's more directed for out into the community.
 - They focus on meaningful relationships. They engage with health consumers as they are able and support their interactions in the community.
 - There is a real focus on Treaty and equity also. They push for a lot of co-design and make it as meaningful as possible for patients, family and whānau.
 - The language in the consumer space is important.
 - Chris noted that the move from the Commission into primary care sector feels like "Starting all over again". where we were with DHBs several years ago
 - There is now reasonable consumer engagement at the DHBs.
 - CAG consists of the 4 members one who is on the Consumer Network. There is no consumer representation on the Board yet as this is a ministerial appointment. In the meantime, this advisory group with the chair of it attending board meetings will provide the consumer input at board level. CAG meets 4 times a year and they are supported from Partners in Care budget.
- We all had a shared lunch

5. Feedback from 21 May Consumer network hui

Martine – great synergies meeting Te Rōpū. Good to have day before forum to set the scene for that day. See above for notes on joint meeting with Te Rōpū

6. Diligent training (moved into Pounamu)

Aaron Tunnicliff gave a training session on Diligent, so we can get the Consumer Advisory Group up and running.

For Martine – she could use diligent via an I-pad.

PIC to look at possibility of providing Martine with an I-Pad.

7. Feedback on Board paper for 18/19 July hui

After Lunch there was a Perinatal and Maternal Mortality Review (PMMRC) report paper to give feedback on including the new “Panui for Post Mortem” leaflet.

Rowena gave feedback in an email. Muriel felt that the leaflet wasn't quite there and tone of language in wording needs working on. Whānau need to be taken through each step of what happens, so they can be involved and know what is going to happen.

The following feedback was agreed and passed back to Mortality Review Committees (MRC's) on 1 July:

Regarding the panui for post mortem examination:

- Phrases such as “parents say” or “parents tell us” seem a little impersonal.
- The brochure also references “our baby” and “we” which presumably aims it at couples. This may not always be the case.
- The overall tone of the brochure did not seem quite there. An example of this is: “your baby will then be gently washed and dressed...and returned to you”. This may not work from a Māori perspective, for instance.

Regarding the release of PMMRC's 13th annual report:

- CAG is interested in what happens with the recommendations, how they are followed up and implemented.

Deon gave some explanation of what “should” happen with recommendations.

Re report, CAG also asked if the recommendations matched the data and best practice. It was suggested that someone from Mortality Review Committee attend the CAG hui to address some of the questions the group are asking.

8. Feedback on 22 May All of commission consumers forum

Rowena sent the following e-mail:

“Thank you for a very interesting and informative day yesterday.

You provided a great forum for HQSC consumers to network together for the benefit of the commission and therefore NZ people.

I was impressed by the passion of everyone to make a difference to the health system for others. It is amazing how far we have come. The presentations by all, with a particular shout out to Kiri Rikihana, were outstanding and informed the group.

A couple of caveats though: I was concerned that it was important that consumers were listening to what they were told by others and that they understood.

I think it is important that consumers have a lived experience in relation to the specific group that they take part in. There was a general wish for support, which the Commission provides and from what I could see differences in opinion were discussed in good cheer.

It was great to see general acceptance of the need to improve health outcomes for Maori and the acceptance of the need for equity lens across the Commission work. The importance of the Treaty of Waitangi and that equity is not equality were universally accepted.

It was a very worthwhile day.”

Dez gave a brief summary on the survey including Rowena’s comments above.

Dez will further condense the survey results and send to all attendee’s and put on website.

Deon spoke about the where to from here.

Frank mentioned an information sharing forum that was raised. Individual projects that others can learn from.

PIC to talk to comms about an interactive page on website that consumers can list people’s stories and feed into.

Deon reported back to the HQSC through the staff meeting about the forum

9. Discussion on DPO Coalition (Disabled Persons Organisation)

This was a continuation of the discussion from the last hui.

We had this discussion after item 5.

Martine said the DPO were having meetings and will soon to be ready to meet with the Commission. Complete template Martine has sent us (action item) when we know who is going and say that the Commission wants to attend and what our message will be.

Keep this current on our action items.

Martine said it would be good to meet with the consortium that Adri Isbister, Deputy Director-General Disability brings together. They run a forum that meets every 4 months for 3 to 4 days with the disability sector.

Deon has asked Martine if she has a coordinator contact at the MOH, so we can find out when the next forum is and get on agenda.

10. Amendment to TOR

Dez ran through the amendments and Chris expanded on the Integrity and conduct clause 11. Muriel had an amendment to include Tangata Whenua in clause 4.1.

Suggestion made that we have an appendix on Te Tiriti and those obligations. This should be discussed by the wider Executive Leadership Team and PIC will raise by email.

Deleting 4.2 all together.

Any changes will be a Board paper to advise changes and discussed at the Nov Board hui the CAG attend.

11. Interests register

Dez spoke to this. The register will be updated and tabled at future hui.

12. Other business

Next CAG hui is out of session and Board papers will (hopefully) be up on Diligent.

November hui is being moved from 6 Nov to 28 Nov to coincide with Board hui and CAG are attending that.

13. Karakia

Muriel did the karakia.

Next face-to-face meeting: 28 Nov 2019 – Kahurangi

Close of meeting: meeting closed at 2:28pm

Actions list:

Date	Action	Responsibility
17 April 2019	Rowena to provide personal email address for Sept Board papers to be sent to by Paula	Rowena/Paula (Completed)
27 June 2019	Deon to forward the link for the 6 case studies	Deon (completed)
27 June 2019	PIC to look at possibility of providing Martine with an I-Pad.	Dez/Deon (underaction)
27 June 2019	Schedule for a representative from the Mortality Review Committees to attend the CAG hui to address some of the questions the group are asking. (see 7. Above)	Dez (actioned)
27 June 2019	Forum survey results to be condensed and forwarded to all forum attendees and put on the website.	Dez (completed)
27 June 2019	PIC to talk to comms about an interactive page on website that consumers can list people's stories and feed into.	Deon/Dez (on-going)
27 June 2019	Complete template Martine has sent us when we know who from the commission will attend the DPO Coalition meeting and advise what our message will be. Keep this current on our action items.	Deon/Dez\ (on-going)
27 June 2019	Martine to advise Deon if she has a coordinator contact at the MOH for their disability forums so the commission can get on their agenda. (see 9. above)	Martine/Deon (completed)

27 June 19	Email to ELT re attaching an appendix on Te Tiriti and our obligations to the Terms of reference (TOR) for all committees and advisory groups	Deon/Dez (actioned)
27 June 19	Board paper for Nov hui re CAG's proposed changes to their TOR	Deon/Dez (Under action)