
Chair: Rowena Lewis
Members: Martine Abel-Williamson, Muriel Tunoho, Frank Bristol
In attendance: Dr Chris Walsh, Deon York, Dez McCormack (PIC - Partners in Care team)
Guest: Carlene McLean

The meeting commenced at 10.01am

1. Welcome & karakia

Rowena welcomed the group and opened with a karakia.

2.1.1 Previous minutes

Previous minutes were accepted as a true and accurate record.

2.1.2 Action items

Action items were discussed and updated. (See list at end of minutes.)

Chris added that the Ministry of health (MoH) was on board with further disability work and our CEO Dr Janice Wilson attended a hui with Adri Isbister, Deputy Director-General, Disability to discuss this.

Chris also took all the points from Martine (point 6 previous minutes) to Executive Leadership Team (ELT) and this was discussed and further work by the Commission is to be addressed with these points considered.

2.1.3 Interests register

Additions for Rowena and Martine noted and updated.

3. Partners in Care (PIC) update and deliverables

Quarterly report from Partners in Care team for the Health Quality & Safety Commission's Consumer Advisory Group

- The 2020/21 co-design programme has commenced, with the first webinar taking place on 11 August. At this stage, face-to-face workshops are planned in Auckland, Tauranga, Wellington, and Hastings. This is all subject to change, and we are being flexible. The exact number of primary care teams continues to fluctuate, but at this stage there is at least one team in each of these regions, with Tauranga having several. A PHARMAC staff member will attend the Wellington workshop as a team member to learn about co-design.

- We have been catching up with consumer councils, running Zoom meetings, and webinars as we continue to ready the sector for the Quality and Safety Marker (QSM) for consumer engagement. Early feedback would suggest that consumer groups are more open to it than providers, although we certainly have provider champions as well. All DHBs must report in to the QSM by March 2021.
- We now turn our attention to updating Let's PLAN (with telehealth in mind), and our popular health literacy resource. This was originally developed for providers, but we will also develop this resource with consumers in mind, and with an equity focus.
- The Commission has been developing a 'hub' with COVID-19 resources. At some stage we would like to contribute by sharing stories from the community of success during COVID. You may all recall the discussions we had about local community stories.
- We will work with Dr Lynne Maher on scoping an online resource for providers who wish to understand co-design. We are putting an internal group together from around the Commission to explore what content is required.

Deon spoke to the points above and added further feedback re QSM and District health Boards (DHBs) setting up their governance groups etc.

There is a lot of work being done around the webinars and the next and final one on 7 Oct will be focused on pilot sites experiences and answering questions.

Rowena asked about what work the Commission is doing around COVID-19 and Chris spoke to this.

Chris also talked about the BIM and that this was further developing.

4. Members environmental scan

Rowena

Last board hui talked about the briefing to the Incoming Minister (BIM) – now probably presented in Nov now due to delayed election.

New cancer agency getting an advisory group established.

New awareness of masks that we need to be using them. The new normal.

Muriel

Busy in primary care around telehealth with the change in alert levels. Has health minister visiting her practice tomorrow – showing their integrated model of care.

Setting up a patient advisory service in the service.

There's an impact in community with job losses/lower wages and some fear with uncertainty.

Frank

A lot happening in mental health especially with COVID-19. People coping the best they can.

There's not been extra money for any of the programmes Frank is involved in.

0800 820 080 is the free counselling service.

Frank provided a written report as follows:

- A Mental Health & Addiction (MH & A) Partnership Group has been meeting to push forward several work packages:
 - Contracting framework

- Commissioning
- WD
- Data
- Audit
- Stigma & Discrimination
- Initial Mental Health & Wellbeing Commissions Draft Outcomes Framework consultation with Lived Experience leaders and other stakeholders. Draft document fed back and a high-level draft available for feedback.
- Initial Mental Health & Wellbeing Commissions Draft “wellbeing definition” consultation with Lived Experience leaders and other stakeholders. Draft document so not yet available for distribution.
- Initial Mental Health & Wellbeing Commissions publication of He Ara Oranga - Mānuka Takoto, Kawea Ake / Upholding the Wero Laid in He Ara Oranga. Can be downloaded at: <https://www.mhwc.govt.nz/assets/Interim-Report/Upholding-the-Wero-Laid-in-He-Ara-Oranga.pdf>
- MHA Act Review& replace consultation. Continues but slow progress. Started 2014-2016 DAP action 10 c).
- MHA Act Guidelines review - new guidelines due later this month. The Guidelines are just going through formal editing and formatting at the MoH. They are hoping to have it up on their website by the end of August 2020. The delay in publishing these guidelines were largely due to COVID-19.
 - The technical aspects in the operation of the Act have not changed, e.g. the process of assessment and treatment, the statutory requirements of various documentation, and the overall compulsory treatment order process.
 - A number of key changes and emerging issues have been signalled in the revision of these guidelines. In particular:
 - the growing influence of rights-based approaches and how these can be better promoted within the parameters of the current Mental Health Act.
 - the need to give greater emphasis to our obligations under Te Tiriti o Waitangi
 - the impact of *He Ara Oranga*, and in particular, the feedback from people with lived experience and families and whānau on how they experience the current administration of the Act.
 - Due to the size of the revised guidelines, the Ministry has maintained the main document that interprets the legislation and created a companion document that focuses on human rights in relation to compulsory assessment and treatment.
- Ministry of Health MHA Lived Experience Knowledge Exchange Network meeting by Zoom monthly or bi-monthly. Facilitated by “People at the Centre” team with the DDG MHA office at the Ministry of Health.
- National MHA KPI & Benchmarking Project has a new host: Te Pou. The work is being completely refreshed. See www.mhakpi.health.nz although that website will be rebuilt soon.
- National MHA Knowledge Exchange Network being built by Te Pou. See attached document.
- Health & Disability System Review by Heather Simpson has significant implications at a structural level and note Mental Health focus is on what is already occurring,
- The Suicide Prevention Office is leading the implementation of Every Life Matters: He Tapu te Oranga o ia tangata Suicide Prevention Strategy 2019-2029 and Suicide Prevention Action Plan 2019-2024 for Aotearoa New Zealand (He Tapu te Oranga) See <https://www.health.govt.nz/publication/every-life-matters-he-tapu-te-oranga-o-ia-tangata-suicide-prevention-strategy-2019-2029-and-suicide>
- Disabled Person Collective – Balance Aotearoa represents people with Psychosocial Disability in the 7 organisations and along with the other DPOs are working with the

Ombudsman's office to hear what disabled people experienced during the COVID-19 pandemic. Some provisional themes have been identified so far as main challenges for disabled people, but these themes will of course change/grow once we hear from more people about their experiences. This engagement will inform the bulk of the Ombudsman report, along with its thematic structure, as well as examining disability rights in New Zealand under the UNCRPD during the COVID-19 pandemic

- PROTECTING AND PROMOTING MENTAL WELLBEING: BEYOND COVID-19-The University of Auckland see: <https://informedfutures.org/wp-content/uploads/Protecting-and-Promoting-Mental-Wellbeing.pdf>
- Monitoring and Advocacy Report of the Mental Health Commissioner 2022 see: <https://www.hdc.org.nz/media/5517/hdc-aotearoa-new-zealands-mental-health-services-and-addiction-services-2020.pdf>
- COVID-19 Psychosocial and Mental Wellbeing Recovery Plan see: <https://www.health.govt.nz/system/files/documents/publications/covid-19-psychosocial-mental-wellbeing-recovery-plan-15may2020.pdf>

Martine

Mainly involved in sexual violence prevention pandemic group for disabled people. Issues with lock down and some being stuck in their situation. There's no data to really know the effect of sexual violence on disabled people.

Getting feedback/consultation on a report on how services are working during this time.

5. Board paper: Appointment terms for members

All Ok. Standard business work.

6. Board Paper: Review of Terms of Reference (TOR)

There was a detailed discussion. Amendment to be made to include working in partnership with Te Rōpū. (4.2)

Frank requested reference to pro equity. The significance of ensuring equity for Maori Health outcomes and a statement that we are committed to honouring our obligations under Te Tiriti o Waitangi.

Chris added that Franks comments also relate to the re-write in the Board paper "implications" area.

The decision was made to pull the paper from the Board and look at the wording around Clause 4, to include the above. Dez to redraft TOR for the group.

In addition, Martine to put a disability lens over the TOR.

7. Briefing for incoming minister.

There's an updated version still to come. There's a new style in its presentation. Written by Carl Shuker, Principal Advisor, Publications and Shelley Hanifan, Principal Advisor, Policy. There will be an out of session paper.

8. Board paper: Perinatal & Maternal Mortality Review Committee report (PMMRC)

Chris spoke to the report.

There was some disappointment that the report and recommendations are much the same as in previous reports. But points made about suicide and screening tools maybe good however

the problems are there in delays in treatment, particularly for Maori, and these need to be addressed as a matter of urgency.

We need more coordinated recommendations. How do we know if things are improving?
Rowena commented specifically on recommendations.

Muriel thought recs were reasonable. But will the rec's lead to improvement? Do we have confidence that there will be change and improvements? Muriel just wants Māori to have the same experience/outcomes. Not less.

The written feedback provided to PMMRC is:

The Consumer Advisory Group (CAG) appreciated the opportunity to read and comment on both the PMMRC and POMRC reports. CAG focused on the 'where to from here' when reading both documents and remain very interested in what happens with the data and how it is used to make positive changes to the system.

- CAG recalls that last year there was a recommendation around peripartum hysterectomy and hypertension. The challenges at that time were morbidity severity being reduced, lack of knowledge and skills in 40% of the cases, early identification and treatment in 63% of the cases and failure to follow recommended best practice in 68% of cases. In other words, documentation and communication featured prominently. This was mentioned in the context of continuity, not just in terms of recommendations, but also the overall picture of perinatal and maternal health.
- This year: death by suicide. Recommendation is there is an updated validated screening tool for Māori. This was noted as one strategy, but others were discussed such as upskilling workforce and following best practice. It was discussed that this might also reduce postnatal depression and suicide. These also need to be addressed as a matter of urgency. It links with other recommendations as well. CAG wondered if the suicide mortality review committee also holds this view in terms of a solution. This raises the inter-relationships between the committees. Does SuMRC recommend the use of this kind of tool to screen for suicide?
- Do we have the confidence that the recommendations will bring change for whānau?
- CAG support women and whānau having the opportunity to contribute to review.
- How practical is the coronial report recommendation?
- It would be ultimately useful to get the recommendations about 'best practice' in an easily digestible format for clinicians.

9. Board paper: Perioperative Mortality Review Committee (POMRC) report

Rowena: Rec's look they will make quite a bit of work for people, in the current environment. (COVID). Why are Māori not getting the CT scans for neuro problems? This should be looked at.

Muriel: Spoke of case where Māori guy presented with stroke – Auto presumption by staff "there's not a lot of hope here". When explained by wife he was non-smoker and fit, attitudes of staff changed, and this motivated staff. Bit sad that there's a presumption based on race. Attitudes need to change. These are real people.

Frank – unbiased training needed. Where is this training at? Frank will ask locally as we have no info re this.

Rowena mentioned recs should be in importance order.

The written feedback provided to POMRC is:

- A lot of recommendations. Perhaps they need to be prioritised.

- These data represent faces, families and real people. CT scan for Māori is the most important recommendation. Interesting that it is better treated in a neurosurgical facility – how many are there?
- CAG viewed the following recs as particularly important: 1, 2, 4, 5, 8, 9, 10. There was some discussion about how these could be prioritised.

10. Board paper: Whakakotahi evaluation report

This was for noting, not for comment

11. Suicide Mortality Review Committee (SuMRC) relationship with Suicide Prevention office

Carlene McLean attended for this item.

Franks led this with questions.

Carlene gave the history. And spoke to the relationship with the SuMRC and the Suicide Prevention office.

Frank would like to see more emphasis on community wellbeing than suicide prevention.

Carlene also commented on Rainbow connection suicide. Data is limited in this area at this stage.

Carlene later provided some follow-up documents that were shared with the group.

These are:

- a) SuMRC logic model,
- a) SuMRC review process overview
- b) SuMRC mind map

12. Discuss further work in the disability area (see item 6 from previous minutes)

Due to timing - this will be carried forward to next hui

13. Other business

Chris mentioned Patient Safety day on 17 November. and invited the group to contribute to a short video. Anyone interested to let Chris know.

14. Karakia & close

Chris closed with a karakia.

Next hui (zoom): 5 Nov 2020. There will be out of session papers around 15 October for the 30 October Board zui.

Actions List:

Date	Action	Responsibility
27 June 2019	(brought forward from previous actions) Attendance by HQSC at a DPO Coalition hui to be requested.	Email sent 10 July requesting template to attend hui. (27/8 update) No response and Martine will follow-up.

30 Jan 2020	<p>Redefine the requirements and expectations to staff writing board papers of what is required in the “Implications for consumers” section of Board papers.</p> <p>Update: Board secretary setting up a small group to look at the overall Board paper template including incorporating Te Tiriti o Waitangi.</p>	Chris/Deon. Process started. Te Rōpū also to input. ELT will discuss before board chair approves any change. (on-going)
9 Sept	Note for after 10/11 Nov Treaty workshop for consumers to do a review or capture interviews from participants that reflect and report on learnings	Carry forward until after Nov workshop.
9 Sept	Draft board paper for next CAG hui with proposed changes to the TOR	Update 27/8. Paper pulled. More work around Clause 4 Te Tiriti o Waitangi and a disability lens. Dez to amend Board paper with suggested changes. Martine to look at disability angle.
9 Sept	Item carried forward for next agenda re the disability work (Item 12)	Dez