

## Minutes of the Te Kāhui Mahi Ngātahi | Consumer Advisory Group (CAG)

<b>Co-chairs</b>	Russ Aiton & Angie Smith
<b>Members in attendance</b>	Mary Schnackenberg, Lisa Lawrence, Delphina Soti
<b>Māori Health and Consumer team in attendance</b>	Carlton Irving, DJ Adams, Dez McCormack
<b>Apologies</b>	Jodie Bennett, Hariata Bell,

The hui was held online on 26 March 2025.

The hui began at 9.30am

### Welcome and karakia.

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

### 1. Standard business

Previous minutes accepted. Moved by Lisa, seconded by Angie

Interests register accepted. No changes

Action items completed except for data stats – updated below:

The QSM article in the December newsletter had a clickthrough rate of 11.96% or 11 clicks out of 92 on the newsletter. For context, Campaign Monitor (our email platform) notes 2-5% is a good click through rate.

Request to number action items for easy reference.

### 2. Update from Director and questions

DJ spoke of the voluntary adoption of the code of expectations by a broad range of health providers, including their reporting against the QSM. The QSM platform has been altered to allow for that reporting. We have also been speaking on this to the medical colleges and other regulatory boards. E.g. Psychologist Board.

Everyone was pleased and supportive of this work and there was general discussion on progressing this further

DJ gave an update on the workshops in Te Tai o Poutini West Coast. The team were well received and there was much learned by both attendees and the team in receiving consumer feedback.

There was a clear message from consumers to providers, that they have a voice and want to be engaged with.

DJ spoke about the draft work on our teams Statement of Performance Expectations (SPEs) and plans for the upcoming year, which includes specifics around promoting the code of expectations.

We are working with the National Mortality Review Committee team to further involve the consumer and whānau voice in their work.

### **3. Systems Safety Strategy for stakeholder groups**

Lisa presented a PowerPoint on where the Systems Safety Strategy (SSS) was at.

There was an overview of why and how the SSS came about. Slide excerpts:

What will the strategy hope to achieve: (four principles)

- The strategy will reflect Pae Ora (Healthy Futures) Act 2022 and demonstrate a commitment to enacting Te Tiriti o Waitangi and mana motuhake for Māori.
- The development of the strategy is through a co-design approach that will involve leadership by consumers, whānau, and the health sector workforce.
- The strategy will reflect the Code of Health and Disability Services Consumers' Rights (HDC Code of Rights); the Healing, learning and improving from harm policy, and be informed by both relevant system safety literature and consumer views.

Consumers and whānau are central:

Tapu - Restorative systems maintain and enhance dignity through relationships.

- The health and disability system should be guided by the needs and choices of consumers and whānau, recognising and respecting their lived experiences and dignity. It should be whānau-centred, mana-enhancing and culturally competent for all involved.
- This is consistent with the Code of Expectation for health entities' engagement with consumers and whānau, Healing, learning, and improving from harm policy and the HDC Code of Rights.

Enabling workforce:

Whakawhanaungatanga - systems are comprised of people and relationships and Whakapapa - human wellbeing and relationships are interdependent

- A workforce where support (such as tools and technology, organisational priorities, task design and physical environment) and wellbeing are prioritised, is essential to enable partnerships with consumers and whānau to provide compassionate and responsive care.
- Elements such as supporting evidence-based care, clinical leadership, consideration of human factors and research can assist.

Building the capacity for continuous learning and improvement:

Taiao - Contextual conditions affect people and their relationships

- Systems for ongoing learning and improvement ensure the health and disability system evolves to meet expectations for safe, effective, and culturally respectful care. This includes fostering a culture of transparency, trust, and sustained support across all levels of the health and disability system.

- Elements such as effective clinical governance, capability building, measurement and data insights to inform focused quality improvement, technologies, and enabling legislation.

Collaborative system wide approach:

Mahi tahi - relationships are enhanced by co-production and co-design

- A whole of health system approach to improving care, reducing potentially avoidable harm and prioritising those most at risk, built upon a collective commitment of working together.
- Elements such as cross agency reviews of harm and cross agency forums.

The group offered feedback on the principles. There was consensus that this SSS is needed. Further notes will be provided.

#### 4. Environmental scans

The group discussed their environmental scans.

The summary of scans is attached as [Appendix 1](#).

**Russ** expanded on the regional workshops and that it re-invigorated consumer engagement on the coast. Russ also mentioned the old consumer councils still meeting to discuss consumer issues.

**Lisa** – national overview: NZ Psychologist board has been directed by the Minister to create a profession within psychology. It's a mid-way point to assist around general psychology services. Consumers (including our own Kōtuinga Kiritaki and Ngā Reo Māhuri groups) have and are being consulted around what this role may look like from consumers viewpoint.

Local overview: working with teachers of anti-natal in Primary care and have formed a group of consumers for future co-design in maternity. A positive piece of work.

**Mary** - noted the difference between a consumer advisor and a consumer advocate, with the afore mentioned working more inside the system recognising the issues facing providers and working with them to find solutions. An advocate is not necessarily focused on recognising provider challenges.

**Angie** – Gave an update on Te Ikaroa Central Regional Consumer Council which is very engaged. They want a consumer co-chair arrangement rather than being chaired by a Te Whatu Ora staff. The ToR needed a lot of dissecting. It was overly detailed and very system loaded.

Jodie's scan was noted by Angie and especially her presentation to the Select Committee for the Mental Health Bill.

**Delphina** – Commented on the wairua and power of this group and how vitally important all this work we are doing. There is a great energy.

#### 5. Content for Scans Board paper

The group discussed the content of the scans Board paper and endorsed what had been prepared. It gives the board a consumer viewpoint and an overall scan for their discussions.

Comment made around the recommendation of "noting" being moot. DJ suggested that recommendations in the paper should be suggested by the members. The recommendations section of the paper will be re-visited and suitably reworded.

## **6. Code review update summary**

DJ advised the code review stakeholder engagement phase has been completed and this has been compiled into a presentation shared with the Consumer Voice reference group (CVRG)

DJ shared common themes which are:

Promotion of the code and the importance of this. Suggestion that the code be more consumer and whānau and public focused, like the HDC Code of Rights. The likes of posters and videos screens in waiting rooms etc.

More education of the code is required for understanding of the partnerships and roles of consumers in co-design with providers.

More engagement was another area and this is on-going, and a focus for the team.

Collaboration – we need to continually keep this in mind.

Accountability – more visibility of reporting on the code, through the consumer engagement quality and safety marker (QSM), is required.

Next steps will be a final report, to Te Paepae Kōkiri | ELT and the board and then a ministerial briefing paper for sign off.

The point of plain language was raised which is also being considered by CVRG.

## **7. Improving Consumer Advisory Structure and Process**

DJ introduced the discussion paper that provided the background of the current appointment processes and structure including previous board decisions.

A question asked, 'How have consumers been involved in the development of the paper?' Clarification that the paper was intended to provide context to inform the discussion in the meeting and that CAG feedback would inform the resulting board paper.

At the Ngā Reo Māhuri March hui the members discussed and were supportive for a consumer chair/co-chair be elected by their members. Kōtuinga Kiritaki will be consulted out of session and prior to their 15 May hui.

The paper discusses the chairing of Kōtuinga Kiritaki and Ngā Reo Māhuri be passed to the members, with members electing their chair/co-chair.

It also discusses strengthening the link between the three consumer advisory groups by including the proposed chair/co-chair of Kōtuinga Kiritaki and Ngā Reo Māhuri as members on Te Kāhui Mahi Ngātahi. This requires a request to the board for CAG membership to be increased by one to nine.

The meeting included the involvement of CAG in the succession and continuity of skill sets and experience including planning and decision-making processes.

Feedback noted that the board paper needs to cross-reference the current Terms of Reference (ToR), so it is clear what is stated versus any potential amendments. The ToR is due for review in July 2025.

Request to include previous decisions by the board including co-opting two members to CAG.

There was overall support from the group to draft a board paper that makes recommendations as above. The draft paper will be reviewed by CAG to seek their support.

## 8. Wrap of day and any other business

Noting papers

- FVDR Femicide board paper and report – Comment made about - what else can we do? CAG will be guided by the Mortality review committee about what can be done around these concerning stats.

- Board Strategy Day minutes – noted that Consumer & Whānau voice is central to the strategy in Te Tāhū Hauora.

## 9. Karakia and close

Angie closed the meeting with karakia.

## Actions list

Date	Action	Responsibility
26 March	1. DJ to follow-up with med safe re Diabetic medicines being kept in streamways. 7/04/2025 Email to Medsafe requesting a response and feedback as to what action if any has been undertaken.	DJ

Next hui – 3 June 2025 in person

## Appendix 1.

### Summary of Te kāhui mahi ngātahi members' environmental scan – 26 March 2025

#### Russ Aiton (West Coast)

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Chair - National Chairs Group (Consumer Councils still operating)  
Co-Chair – Te Kāhui Mahi Ngātahi Consumer Advisory Group (Te Tāhū Hauora)  
Co-chair - National Quality Forum  
Chair – Cornerstone Family Support Services (Greymouth)  
Secretary/Treasurer – Mawhera Menzshed (Greymouth)  
Member – Consumer Voice Reference Group (Te Tāhū Hauora)

#### Real time monitoring

I note from the recent Te Tāhū Hauora strategic Board Day a shift in our environmental scans to not just provide a snapshot with specific examples of how the systemic failures or commentary on, but to challenge ourselves to provide the positive examples of where the implementation of the Code of Consumer Expectations is evident in our scans to the Board.

Further, the notion to explore (new) potential areas of consumer, community and whānau engagement for Te Tāhū Hauora were also asked of us by the Board.

An example of a wider non-mandated organisation embracing the Code were West REAP from Hokitika who attended the recent Te Tāhū Hauora community workshops in Hokitika. Common denominators of principles demonstrated a very close synergy to that of Te Tāhū Hauora and the discussion led to positive affirmations of follow-up and future conversations around implementation of the Code and Principles.

A similar positive effect with constructive input came from the Chair of the Community Voice – Health and Wellbeing Forum, particularly the options to creatively engage consumers in a rural setting. Their web page quotes thus about the group - *“It is a vehicle to capture whānau and consumer voice within the West Coast health system. Health entities have an obligation to engage with whānau and consumers to ensure local health services are meeting community need – this is one way we can meet our obligations”*. It is refreshing to know that in forming the shape of its Terms of Reference, there is an alignment with the Code of Expectations.

The After-Hours service for health advice and treatment “**Ka Ora Telecare**” continues to gain traction for West Coasters, and visitors to the Coast, to use for free health advice and treatment on weekends, evenings, and public holidays. The Ka Ora team can advise whether it is appropriate to see a health professional.

#### National Consumer (Councils) Group

The group remains active and continues to support and advise as best it is able. There is a recognition that as Health NZ continues in a state of flux, in particular the consumer engagement across the motu, the potential to engage through our respective groups, is recognised and aspired to.

There remains a core of High Skill, High Will individuals who constantly seek to engage and use the Code of Consumer Expectations as the “go-to” document and to “call out” processes where they find them that fall short or remain barren of engagement.

The group have sought close links with the Australian Consumer Health Forum (CHF) now with some of the group attending webinars and sharing ideas of how NZ could mirror the CHF format.

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

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Co-chair - Te Kāhui Mahi Ngātahi I Consumer advisory group

Co-chair - National Quality Forum

Member - Te Whatu Ora regional consumer council – Te Ikaroa | Central

Member - Consumer voice framework reference group

Member - Tihei Wairoa clinical governance group

#### **Acknowledgement (Peter Jansen)**

Email to Kere Pomare 4 Mar 2025

Te Tāhū Hauora Chief Executive resignation

Tēnā koe e Kere

Thank you for letting Te kāhui mahi ngātahi know about Peter. We do get the sense of the heavy heart and difficulty in communicating the news out to the team. Your words describe exactly Peter's commitment in his role as Tumuaki - staunch, unapologetic, focused, sharp, analytical. Additionally, his advocacy and encouragement to us was uncompromising, to strive for (consumer) opportunities wherever we happened to find them. In some instances, he pushed us forward to the centre and seemingly had more belief in us than we did. He could always find the common ground, putting us at ease and confident to engage in dialogue. Peter had an unshakeable and definitive belief in the consumer, whānau and communities' voices being front and centre in our mahi. Peter made a difference to Te kāhui mahi ngātahi and as a result, we paddle the waka stronger.

When you have the opportunity, please pass on our sincerest and best wishes to him and his whānau during this challenging time.

We wish to acknowledge the impact this news has had on you, the Board and our staff right across the organisation. We offer our support however, in whatever capacity you consider appropriate and relevant at this time.

Ngā mihi maioha

**Angie & Russ**

Nā mātou o Te Kāhui Mahi Ngātahi I consumer advisory group

#### **Acknowledgement (Boyd Broughton)**

Boyd's resignation as a member of Te Kāhui Mahi Ngātahi was effective immediately 7-Feb. A letter of thanks was to be prepared for the Board chair's signature, as part of the process.

I am personally grateful for Boyd's contribution to our team and to our kaupapa of upholding the Code of Expectations and what that meant for consumer, whānau and community engagement. His LinkedIn profile states, I am a father of five and boss of none. As the Chief Executive Officer - Te Taumata Hauora o Te Kahu o Taonui Iwi Māori Partnership Board (IMPB) Northern Region, he has shared valuable insights into this region and nationally.

See you out there Boyd 😊

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

### **Apology to CAG members**

Please accept my apologies for the last-minute notification of our PowerPoint presentation to the board strategy meeting, emailing it to you all 18-Feb, two days before the meeting! What I learned from that experience was:

- Be aware of strict copyright laws – do not use online images!
- Ensure accessible formats in materials shared with Te Kāhui Mahi Ngātahi members – because, apart from the heading slide, you couldn't see any text on the later slides, therefore...
- Future communications that we write must be facilitated via the secretariat at Te Tāhū Hauora to ensure consistent communication standards including accessibility.

### **Te Tāhū Hauora board / strategy meeting 20-Feb**

It is a privilege to be included in the Board strategy days, this year was no different – 20-Feb. My reflections:

- CAG co-chairs' presentation – to encourage the NQF to support the aspiration to have an NQF for consumers.
- Shenagh Gleisner (board member) has previously noted the value that we bring as consumers to the National Quality Forum, that consumer work in the NQF is shining BUT the NQF is not influencing out in the sector. We should all be concerned about this.
- Bevan Sloan's financial control has been absolutely superb.
- People have questioned the changes in the sector, but there is confidence in Te Tāhū Hauora.
- Ron Paterson (board member) was insistent that the quality alerts need to be put out there more, need to get our messages out more.
- Rae Lamb (chair) felt that Te Tāhū Hauora needed to 'do' more, to be seen to be doing. How CAG members could contribute to this, is by following up on our past individual environmental scans and seeing how well the reported issues have been responded to – how the loop has been closed.

### **Te Ikaroa | Central Regional Consumer Council**

- Terms of Reference (TOR)
  - A terms of reference (TOR) was tabled to the RCC by the Te Whatu Ora secretariat
  - A subgroup reviewed the TOR on behalf of the RCC; it will be forwarded next week to Deputy CE, Robyn Shearer, for ratification
- Other issue tabled:
  1. Healing, learning and improving from harm: National adverse events policy 2023 (from Frank Bristol, Whanganui)



*The Central Region Adverse Event Working Group is seeking feedback on the draft Adverse Event Management **Procedure and Framework** to implement the National Policy, Healing, Learning, and Improving from Harm. Key points include the need for additional training, resources, and restorative practices, with next steps involving further consultation and development.*

*The call to action in the document is for the Te Ikaroa Regional Consumer Council to:*

- Note the background information and progress made by the Central Regional Adverse Event Working Group in implementing the National Policy.*
- Provide feedback on the draft Central Region Adverse Event Management Procedure and Framework.*
- Note the Central Region Risk(s) related to the implementation of the National Healing, Learning, and Improving from Harm Policy.*

*One key piece of wording is the principle in the new procedure - **“consumer and whānau participation.”** This principle emphasises the importance of involving consumers and their families in the process of reporting, reviewing, and learning from adverse events to enhance safety and create sustainable improvement.*

### **Consumer Voice Reference Group (CVRG) (29-Jan) - bimonthly zoom meeting**

- Agencies: Pharmac, Te Whatu Ora, HDC, NZ Blood, Manatū Hauora
- Hector Matthews (Te Whatu Ora) - the whole of the Consumer engagement and whānau voice (CEWV) team in the national office was being disestablished and the associated mahi devolved to the regions; multiple teams/programmes were being ‘changed’. Consultation/feedback deadline was 10 Feb.
- Three out of the four regional consumer councils have met and the last scheduled to come together. This has taken longer than expected.
- Hector advised that resources are short, and every effort is made for locality examples feeding to local level to ensure these are being included regionally, however systems are not yet in place to confirm this.
- Angie – Acknowledged the challenge Hector and his (CEWV) team are going through. These changes appear to remove any support for the regional consumer councils which have a lot of expectation on them. A lot is yet to evolve.

### **National Quality Forum (26-Feb) – Russ co-chaired**

You can look forward to receiving the NQF minutes once endorsed at the next NQF meeting.

Agenda items were:

1. National Quality Forum 2025 - Te Tāhū Hauora provided a proposed overview, including what’s changed since we last met, implications for our key areas of focus, the role of the Forum, and processes to deliver on this role.
2. Quality and Safety Reports - Te Tāhū Hauora, Manatū Hauora and Te Whatu Ora presented on the common themes and insights across their individual reports on the quality and safety of the system delivered in 2024, discussing opportunities to strategically coordinate information sharing and reporting, and seeking input on how these reports can be shared with the Forum, and how the Forum could support an approach to addressing the themes that arise.
3. Health Quality Alerts - Te Tāhū Hauora provided an update on key messages from the latest quality alerts, highlighting the latest emerging issues and progress on previous alerted ones.

4. Medicines Steering Group - Manatū Hauora provided a progress update on the medicines NQF work programme.
5. Maternity Steering Group - Manatū Hauora and ACC jointly provided a progress update on the maternity NQF work programme.
6. System Safety Strategy - Te Tāhū Hauora provided an update, presenting on the four draft high-level principles for feedback and discussion.
7. Disability Support Services - presented on their function in supporting disabled people, how this aligns with the purpose of the Forum, and opportunities to strengthen how we work together. This includes a discussion on how we measure quality.
8. Horizon Scanning - Agencies shared 'soft intelligence' related to risks and improvement opportunities, including what's on top, barriers and support that may be needed from agencies.

## Whakamoea

From our CAG 07-Feb meeting, Jim Wiki advised that **Te Pūkāea Matatika** will be the new name for the Māori Health and Consumer team, that a tikanga process will be followed in bringing the name to life and bringing others on this journey at the all-staff day (2 April).

Jim noted that Ahuahu Kaunuku and He Hoa Tiaki names will be put to sleep on this journey as well. Acknowledging Ahuahu Kaunuku and He Hoa Tiaki, the people and the work they did in this space. We will take the opportunity to acknowledge this ritual by providing a kōrero in writing that can be spoken at the all-staff day.

## Expressions of Interest (EOI) – CAG two vacancies

- Boyd Broughton - Maine Johnson
- Replacement members will be considered as part of EOI and succession planning work being undertaken. Co-Chairs acknowledged the update and position of Te Tahu Hauora on the whole EOI, Consumer Leadership growth and succession planning and our expectation, as Co-Chairs, to be involved in that process.

## Mary Schnackenberg (Tāmaki Makaurau)

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### Environmental scan / real time monitoring

Pharmac has an email newsletter of their media releases. Several invitations come through each month seeking feedback about proposals to change different medicines.

Waiting times to see GPs are excessive and frequently mentioned in the radio and tv media. Anecdotally, the only exceptions seem to be those who live in wealthy urban settings.

More family, friends and colleagues in my network are facing challenges about supporting parents into rest home care. Managing assessments, enduring powers of attorney and more can bring out long held tensions. The Office of the Ombudsman has called for a national register of names holding Enduring Power of Attorney for those they are responsible for. Anecdotally retirement homes are repositioning themselves to serve those who can afford to buy into well-designed bedrooms with ensuites. Such retirement homes seem to be able to afford good staffing levels.

One family with a 90-year-old father needed to get him a wheelchair. Auckland City Hospital said there was a nine month wait for an assessment. The family had the resources to lease a wheelchair from an Auckland provider.

## Services

Blind and low vision people who need hearing aids continue to be recognised as having two impairments. As a consequence, Enable New Zealand funds the hearing aids, through the Disability Support System, but not the fitting process with the follow up appointments. The app for my model of hearing aids is not fully accessible.

### **Positive stories and exemplars**

At its first meeting for the year, the Auckland Branch of Blind Citizens NZ held its general meeting to receive a presentation about preparing ourselves and our homes for emergency evacuations. Speakers from Auckland Emergency Management ran a totally relevant workshop for the audience. While some of us may have heard these talks before, these messages need to be repeated, especially in light of several recent events in Auckland and across the country.

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

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#### **Health Select Committee Verbal Submissions: Repeal and Replacement of the Mental Health (Compulsory Assessment and Treatment) Act 1992 ‘the Bill’**

Pathways were invited to deliver a verbal submission to the Health Select Committee in February regarding the proposed Bill, led by Jodie.

Our message was simple: for this Bill to succeed, careful planning and significant investment are essential.

We highlighted five key priorities that must be embedded in implementation planning:

- Mental health services closer to home — accessible, local support for communities
- Improved community-level access — reducing barriers to getting help when it’s needed
- Peer-led models of care — ensuring lived experience shapes service design and delivery
- Alternatives to hospital admissions — expanding acute care options in the community
- Kaimahi investment — supporting and growing a skilled, diverse workforce

We also called for a clear Mental Health Act Implementation Plan—one that outlines the required investment, infrastructure, and resources to truly bring this Bill to life.

As part of this, we also emphasised our dedication to Māori and Te Tiriti o Waitangi in our mahi (work) across all services. Honouring Te Tiriti means ensuring equitable access to services, embedding kaupapa Māori approaches, and empowering tāngata whai ora and whānau in decisions that impact them.

Ultimately, this isn’t just about legislative change—it’s about real, tangible support for tāngata whai ora and whānau. A successful enactment means investing in community-based mental health services that offer genuine choice, dignity, and culturally responsive care.

Pathways welcomes the Health Select Committee and/or the proposed ‘Advisory Committee’ to connect with us to gain insight from a peer-influenced workforce.

### **Lived Experience Community Perspectives – General Observations**

We have heard a profound sense of disappointment from our broad and diverse Lived Experience community that the current Government has repeatedly missed opportunities for

positive transformation and to create meaningful change for Tāngata whai ora and whānau – as promised by He Ara Oranga, Kia Manwanui, Oranga Hinengaro and the Mental Health & Addiction Workforce Plan 2024-2027.

The Lived Experience community shares a vision for a transformative, person-centred, and human rights led future for Mental Health in Aotearoa. It is frustrating that we see hope for transformation within the principles, and related guidance on the Bill, but that this has not translated into the drafting of the Bill itself.

The Lived Experience community has waited more than 30 years for transformative and person-centred mental health law in Aotearoa. It is critical that Lived Experience Leadership continues to be central in the design, implementation and monitoring of healthcare affecting Tāngata Mātau ā-wheako (people with Lived Experience of mental distress, addiction or substance use).

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

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### **Healthcare Access and Affordability**

#### **Primary Care Crisis**

GP clinics across Tāmaki Makaurau, particularly in South Auckland, are facing significant pressure due to rising consultation fees and increased patient demand. More than half of these clinics have increased their fees, creating a substantial barrier to healthcare access for many families. Even small fee increases of \$10–\$19 are unaffordable for beneficiaries, often leading to delayed or foregone medical care. This financial obstacle is causing a surge in non-urgent cases at emergency departments, further straining the healthcare system.

The capitation funding model for GPs in New Zealand poses challenges for high-needs areas like South Auckland. This model pays GPs a fixed amount per enrolled patient, primarily based on age and gender, but fails to adequately account for factors such as ethnicity, deprivation, and health complexity. As a result, practices in South Auckland, which serve a higher proportion of Māori and Pacific patients, often struggle financially. Charitable providers like the Calder Centre Auckland City Mission and those with high-needs patients are particularly affected, as they face increased costs without commensurate funding, potentially compromising care for vulnerable populations.

#### **Emergency Services Overload**

Emergency departments are operating beyond capacity, with extended wait times of 4-8 hours for non-critical patients. There are frequent reports of patients waiting in corridors due to bed shortages. The influx of patients who cannot afford GP visits is exacerbating hospital congestion, placing immense pressure on healthcare staff.

### **Social Determinants of Health**

#### **Housing Instability**

Current housing policies are contributing to increased overcrowded homes, homelessness and unstable living conditions, intensifying health risks, particularly for children and elderly residents. Families unable to secure stable housing often double up with other families creating more social stress and often experience deteriorating health, increased stress, and social isolation, leading to higher hospital admissions and greater reliance on emergency services.

## **Food Insecurity Crisis**

Food insecurity has worsened dramatically, with foodbanks across Tāmaki Makaurau reducing services, limiting support, or closing due to funding constraints. Between July and December 2024, foodbanks across 79 sites in Aotearoa provided food support to approximately 448,976 people, equating to around \$13,496,269 worth of food distributed. The cancellation of school lunch programs in some areas is exacerbating child food insecurity.

Recent data shows a significant increase in food insecurity, with the proportion of children from homes where food ran out sometimes or often increasing from 21.3% to 27% in just one year. Alarming, over half of Pacific children (54.8%) and over a third of Māori children (34.3%) were from homes where they were not getting the food they needed sometimes or often.

## **Rising Unemployment and Welfare Dependency**

As of December 2024, the number of people requiring welfare support has reached 400,000, a level not seen since the 1990s. This surge in unemployment is contributing to increased food insecurity and housing instability. Despite the rising need, there has been a reduction in government spending on hardship support payments for food and housing, with stricter access criteria implemented.

## **Social Services and Support**

### **Child Welfare Concerns**

There has been an alarming increase in violence against children. Hospital admissions for children due to assault, abuse, or neglect have reached the highest level in at least a decade. Violent offending against children has also continued to rise, surpassing levels from previous years.

### **Overall Trends**

This year, few areas show improvement, and in many cases, indicators have worsened, making it harder for people to access essential needs in terms of food, housing, and family support. While there has been an increase in the number of social housing units available, that building program is reducing, and rent for private rentals continues to be unaffordable for many on low incomes.

### **Positive Initiatives**

#### **Despite these challenges, there are some encouraging developments:**

Community-based healthcare models in areas such as Waitākere and Waitematā have been effective in reducing hospital admissions, especially for elderly patients also with the roll out of their Health Care Home model. It also incorporates Māori and Pacific frameworks and prioritises equity. However, these services now face significant workforce and funding challenges. There is a growing risk that service reductions could force more patients back into the overwhelmed hospital system.

**Food System Improvements:** Efforts are underway to enhance local food systems, focusing on food security and sovereignty. Ongoing hui with Food Distributors and Government and community leaders to address issue. Innovation also continues in the food rescue and donor sector.

Oral Health Initiative: A new holistic health offering is being developed, focusing on positive oral health outcomes for people experiencing homelessness and poverty in Tāmaki Makaurau, through the Auckland City Mission.

Primary and Community Care Services: A respiratory package of care has been rolled out across primary care providers in Te Manawa Taki for people at risk of hospitalisation due to respiratory conditions. Initial reporting demonstrates 77 packages of care were delivered in the quarter, of which 40 percent were delivered to Māori.

**END**