**The consumer Council is very new, please tell us all about it and what you want to achieve.**
Yeah, it’s incredibly new, I think we're only three meetings in. A little bit late to the party as far as consumer engagement or any engagement goes, however, here we are.

In terms of what we'd like to achieve. I think at this point, it's just true partnership. And when we talk about partnership, what we mean is between, you know, our services and our consumers, and I aroha mai for the word consumers, it's not a fantastic word. But that's what we're working with at the moment.

So, I guess it's their partnership, that consumers are across all the levels of your healthcare, when it's delivered to make sure that you're comfortable where you are, comfortable in the services that you were getting and getting the right outcomes in terms of being able to access those services at a minimum.

That’s where we’re at, I think.

Yeah, consumers at the core of it, just want our health services to look, feel and be us and provide good care for us.

**How will the council influence health services?**

Yeah. So as far as influencing how services goes, what we're looking to achieve at the moment is engagement with the staff. We've got some fabulous doctors and fabulous clinicians and nurses.

And what they're really looking for, from us as consumers is setting up essentially a framework or a system that will aid them in that delivery. So, I think that's where we step in to put our lens across things so that they've got a better idea of how we'd like things delivered. And we've already got a few examples of those, which have been really successful for us.

Some examples include our emergency department. So, they have a have projects within their department, within their team. And they have approached us to get some consumer input into that into the development of some of those services.

Probably one of the greatest examples is back a couple of years ago, now where Shana Perry led a project, which was a consumer code led procurement process for a new alcohol and drug peer support service in Waitara, fabulous service. And that approach was a true co-design consumer partnership with the DHB project.

And it was actually where people with lived experience receiving drug and alcohol services came together as part of the panel to review those services that were applying for, for the contract.

So, you know, that really spoke to consumer input into the design ultimately of that service as it exists now.

It really is we get to say what does and doesn't work for us. Basically, as what it does in a nutshell.

**How many are on the council? And how were they appointed? I've seen the 16 is a bit of a dream team. Yeah. How many are on the council and how were they appointed?**

So 16, which is a large group, I think it's worth noting that of that 16, we've got 8 Tangata Whenua, and 8 Tangata Te Tiriti. So that representation of half and half is incredibly important. As far as appointments go, Jake and Mary Bird, who sits in the room with us overseeing things, making sure we say the right thing. No pressure. They went out to the community together, right around our maunga. They connected with lots of organisations in terms of bringing in the right people.

So, it wasn't a shoulder tap exercise, we actually went out to our communities and said, “Who would you like to represent you?”

**Honestly, your consumer Council is the dream team. There's so many good communicators tell me about the dynamics? How do you chair the meeting? I mean, wow.**

They are enthusiastic. So, like, we get these 16 people in a room together and it is all go. And I think, being new, you know, we want to get it all out there and fix it all quite quickly. But Rome wasn't built in a day. We're aiming for a year.

We're halfway there already. We're halfway there. But the dynamics is beautiful. Amazing. Yeah.

Well, there's just so many passionate communicators are just sort of wondering, I suppose, you know…

It's a good thing I'm six foot tall. I can get on top of them. No, no, everyone's respectful aye?

They're just such a rich dynamic group really, you know, articulate, passionate. You know, we have we have from architects to kaiāwhina to potential mayors, Ministers. It’s just so refreshing to be a part of such a group that is solutions focused, forward thinking and just really come from a place of responsibility and just want to do well by the community.

And I think that we would never get these 16 people in a room and then tell them to shut up, like what we were after, it's your opinion. It’s gold. All of it.

**Paula, you're doing God's work professionally at Taranaki hospice. Tell me a little bit about that. And you're very, very proud your three iwi. Tell me about your three iwi.**

Ae, nō Taranaki tuturu, Ngāti Ruanui, Ngā Ruahinerangi ngā iwi. So, my role at hospice Taranaki is as clinical nurse educator and Kaitakawaenga - Māori Liaison Advisor.

So, my mahi involves working alongside whānau when needed, and also working with staff to ensure that our services are responsive to the needs of Māori.

**Jane, I love it. You're described as the ultimate consumer.**

I certainly am. And that’s self-described or self-proclaimed. I’m wāhine, so I'm a woman I am Samoan, I am a mum of four children, we live in Waitara. Like, I absolutely am the demographic.

In addition to this, I've got the most handsome Māori husband. So, we've got the four children. And I just I do I consider myself the ultimate consumer, when we're looking at demographics that need a hand.

**I have read that the consumer Council, which I'm excited about has a two-whare approach when it comes to governance. What do you mean by that? Please explain.**
Yeah, I think it's a really, really unique structure that we probably should have started with, really. So, we sit as a council of 16. And inside of that 16, 50 percent of our membership is Māori and the other 50 percent is non-Māori.

So, what we're doing there is prioritising representation, because inside of those two, we also have representation for rural, disability and rangatahi, so our youth.

It's important for us to sit together. And that partnership comes really naturally. And I think we find this in our communities. We partnership all the time. And it is lovely and organic, and we do it in our day to day lives. And all we're doing is we're just formalising that structure there, just to make sure that the representation is right, and that we're honouring our Te Tiriti obligations.

And what that means on a working level is that we have any working parties or working groups, or projects that require consumer input, will have at least one member of tangata Te Tiriti and one member of Tangata Whenua to contribute and bring forth the unique perspectives that will bring to the table.

**The council's priorities are achieving equity, particularly for vulnerable groups, Māori, people in rural communities, disabilities, and those statistics that we know too well, those that aren’t deemed as vulnerable. How are they represented? And are they represented?**

That's a fabulous question. And I'm so glad that you've asked it because it is a question that people ask all the time, and they do the ‘What about me’. In response to that I think, the way I look at it as if your house is on fire, we call the fire service, they come to your home and they put water on your fire. That doesn't mean that the house next door, that Paula’s whare isn't important, but it's just not on fire. Okay? So, if Paula came out and my house was on fire, and she was like, “What about mine?”, I think I’ve be annoyed with you, sis.

**Good illustration.**

And it’s just that your house might have borer. Right. And that's important and that needs addressing, it's just not the most pressing right now.

I think the benefit to something like this, is when Paula’s whare does come to be on fire the framework’s set up, like it's all set, ready to rock and roll. So, when it's time, we’ll come to you. And we'll have all the framework in place to serve you better.

**Do other district health boards have similar councils?**

Yeah, they do, all of them have similar councils. And I think they've been incredibly important, like Paula says, rather than an aspiration of this co-design or partnership, that that partnership factor needs to be a single fundamental priority.

When we're looking about at service delivery and the introduction of the consumer voice or being across that, it does need to happen first but as a priority.

I think that priority, not echoed but it's supported by legislation that's recently rolled out where the consumer does need to be across it. So, the systems are being set up now where that supports this in terms of hearing from the users of the system.

**How often does the council meet?**

Not often enough. They’re such a fabulous bunch, I wish it was weekly. However, we are monthly, and it's almost not enough to talk about what's going on out in our communities.

**How do people get in touch with the council?**

As far as getting in touch with the council guys, there is an email address that you can contact which escapes me at the moment, but I'm sure Mary will, Mary’s got it.

Personally, I'm happy for you to get in touch with me.

When we talk about, this is actually a great example of consumers having feedback into how things happen. We typically ask for it to be written by an email. Now that's not a mode that you're used to. If you're better kanohi, like face-to-face, then tap me on the shoulder.

If you see me in the street and you will see me everywhere say kia ora, tell me what's happening. We'd love to know.

That's right. That's exactly what it's about, is ensuring that it's whatever works for the consumer.

Ah, like some kind of accessibility to health?