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| **Minutes of the Kōtuinga Kiritaki / Consumer Network** hui held on 10 November 2021,  both in person (Rydges Wellington) and zoom. |



**Present:** Mary Schnackenberg (zoom), Russ Aiton, Mark Rogers, Hyejung Kim (zoom),

Vishal Rishi (zoom), LJ Apaipo, Joanne Neilson, Amanda Stevens, Bernadette Pereira (zoom)

Marlene Whaanga-Dean (zoom)

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| **Apologies:**  **HQSC staff:** | Renee Greaves, Edna Tu’itupou-Havea, Gillian Bohm, Shaun McNeil  Chris Walsh (Chair), Deon York, Dez McCormack,  Allison Anderson, Tanaya Shangarpawar, Becky Mitchell, DJ Adams |

The meeting commenced at 10.40am

1. **Opening and welcome**

Chris welcomed everyone to the meeting and acknowledged those on zoom. LJ opened with a karakia. Apologies were noted.

Chris thanked members for their reports and advised that we are feeding these reports into the quality alerts programme in the health quality intelligence team. They are important in hearing at an early stage consumer feedback at the grass roots.

1. **Whakawhānaungatanga with new staff**

A Whakawhānaungatanga was completed by all for new staff in He Hoa Tiaki / Partners in Care team (PIC) and acknowledgement and congratulations to DJ & LJ for their appointments at the commission.

1. **Minutes of the meeting held 2 June 2021, action items and Interests register.**

Minutes accepted. Mention again made that the minutes are published on the website.

Changes to the Interests register from Amanda Stevens to be emailed.

1. **Feedback on previous Board hui.**

Chris spoke about the board agreeing to extend the Consumer Advisory group by four members and the demographics we are looking for. Dez to send the EOI for the group to think about possible people who have governance type experience for these roles. A lot of interest from the Board on the code.

1. **Partners in Care (PIC) report**

Deon gave a brief update and expanded on the report Allison prepared. The written report follows.

Deon also mentioned that the Pae Ora bill is now out to be considered by specially formed select committee. There are some differences in wording around the code of “expectations” which is referred to as code of “participation”. It will have the same meaning in practice when a guide on implementation is produced.

Deon is also working on a budget bid for treasury in conjunction with the transition unit for future funding after this financial year.

**Quarterly report from Partners in Care team for the Health Quality & Safety Commission’s Consumer Network**

Since we last met, we have been focusing on completing our programme’s deliverables as we near the end of the calendar year. We have been focusing on our contract deliverables for the Health Transition Unit, based in the Department of the Prime Minister and Cabinet. We continue to clarify the implications for our team and the Commission in responding to the health system review.

**Summary of activities since 24 August 2021:**

* We have expanded our capacity and capability by adding staff to include:

Senior communications advisor, Becky Mitchell

Programme manager, Allison Anderson

Forum coordinator, Tanaya Shangarpawar

Consumer engagement advisor, (Māori), DJ Adams

Pacific advisor(s) LJ Apaipo and Catherine Jeffries

Doug Edwards, Kairukuruku Ahurea (contract)

* The consumer engagement centre of excellence is under development. We are currently exploring online repository options for research papers and articles.
* Our Consumer **Forum** registrations went live on 30 September. As of today, we have more than 300 people signed-up.
* Our next code of expectation consultation with consumers will take place on 24 November (via Zoom). This is also our first consumer health forum Aotearoa event. We have capacity for 200 registrants. Registrations are now open and the allocated 200 spots are filling fast. If demand is high, we will aim to hold another session in early February 2022. We will also hold a separate event for clinicians, as we have received a great deal of interest from the health practitioner community whom we acknowledge also have an interest and a stake in the development of the code of expectations.
* PIC has engaged with Dr Lynne Maher to further advance co-design education for the healthcare sector. Lynne, the PIC team, and other Commission staff will be engaging in a design workshop led by an instructional design company to develop an online training course whereby consumers and healthcare staff can be accredited in co-design methods. The course design and build should be complete by May 2022.
* The second round of data has been submitted for the consumer engagement quality and safety marker (QSM). All twenty DHBs have made a submission. Our data analysts are working though the submissions now and we should have the results ready to publish by December. The QSM reporting is getting a face-lift! We are engaged with an IT specialist to develop a new dashboard, making the results much easier to view, track and interpret. Completion on this work is scheduled for late June/early July.
* Communications work underway for PIC includes: logo/icon development, development of a podcast series, The Commission’s complete overhaul of its website bringing it up to date with a new look and feel (and better functionality) is on track and will be made live by the end of the year. The health literacy resource, Let’s PLAN, and our other resources are currently being updated. Becky, the Partners in Care communications advisor will ask the group for feedback on new branding for the PIC/Consumer forum.
* Expansion of CAG planned. EOI’s are underway. We are looking to fill 4 seats. We would like to prioritise positions for a Pacific member, Māori member, Rainbow youth member and a DHB Consumer Council Chair.

1. **Comments/questions on members reports**

Mary mentioned some work with both the ADHB and Pharmac, with consumer engagement moving forward and becoming more transparent. Concerned about the high level of fake news around vaccinations.

Amanda spoke about the need for combined emails that are specific and targeted, so people are not inundated with info/emails.

Bernadette mentioned that the major push in the last 3 months in the pacific community has been towards vaccinations with various initiatives. Also acknowledged the funding for phones (to reach youth re vaccinations) from MoH that Chris helped to facilitate.

Marlene echoed the misinformation around vaccinations that requires some effort to correctly inform people. They have a coffee card/food hub for people to get the correct info and get jabbed if they want too. An initiative which is working really well to get vaccination numbers up.

Joanne mentioned concern at the negative/racist Facebook posts about the commission when info was requesting feedback on code made. This concern was echoed by the group.

Mark mentioned his work with the Ministry of Education re review of interventions of high health needs students and ultimately giving them more support. It’s also about schools putting the money in the right places.

Consumer network members written reports are recorded below these minutes. These will also be sent to the Extended Senior Leadership Team (ESLT).

1. **Vacancies on consumer network**

Chris mentioned 3 vacancies. Russ mentioned the need for a youth voice. Bernadette has a recommendation she will follow up. Also need for Māori & Pacific*.* An Expression of Interest will be sent out

1. **Comms plan**

Becky presented her thinking around the comms plan and had a PP presentation to share. There’s more of a push for social media and paid advertising in social media. Also discussing this with the Transition Unit. Looking at getting into Pod casts

Amanda mentioned the use of 3D logo’s being really good.

Mention was made about the reach of access radio – for community reach - particularly for Pacific but also a range of Asian languages. And that these are translated for radio if need be. Very good medium specifically for Pacific & Asian communities.

Newsletters (print) are still a good medium for those with limits on internet access in remote areas.

Becky talked about the image themes (aka clip art) to jazz up messaging.

There was a discussion around any images be inclusive of ethnicities and have authenticity. The artist/s engaged needs to be flexible in portraying the themes across the board. The brief around what we require is important.

We need to be able to see ourselves in the imagery and have multiple people contribute to this.

Access Aotearoa a good group to talk too re accessibility.

Bernadette said to add word Talanoa to brief.

1. **Site visits.** **Socialisation for code and forum. Who can host?**

Bernadette – happy to support and provide feedback. Need an explanatory resource/background about what we’re trying to achieve before any pres. Keep it plain language. Bernadette will map out contacts and areas for consultation.

Mary – try an in-person hui in Auckland in Feb? if possible. Suggested pulling together consumer groups from the three DHB’s. There are multiple channels to reach people. Use super seniors’ newsletter to reach people. Mary can translate info into braille.

Vishal. We need to be aware of the diversity in communities. Has lots of contacts via TANI and the newsletter they produce. Chris mentioned perhaps doing a radio interview in various languages. Methods to engage with older and disability communities needs to be different than grey power type groups. Older ethic groups connect in different ways. Strategies need to be diverse.

Marlene – has an iwi radio station they could speak on. We should keep the code info simple. Wairarapa is one place PIC could visit before Christmas.

Hyejung – can speak to the Korean society. Info easiest to disseminate via email as understanding spoken English can be difficult for some.

Russ can help with direct contact to community groups in his area. He can direct the traffic.

Amanda – put info in larger type font for elderly or vision impaired.

Joanne – podcast on access radio.

LJ – do an 0800 number – as another option.

Chris asked everyone to map out their contacts and how we might best work with these groups.

Road show per say probably won’t happen with Covid. We can do visits in some regions potentially, but we’ll have to do a mixture of getting info to diverse groups thru the contacts members have in their areas and networks. We can prepare an explanatory brief supplied to the network for distribution, along with any other tools, and then get a mechanism to capture feedback – either in person or via zooms or reports from members.

1. **Summary of day, next steps, and other business**

DJ and LJ were acknowledged by Chris for their contribution to the network and again congratulated on their new roles at the commission. Gifts were presented. A waiata was sung.

**11. Karakia and close**

LJ closed with a Karakia @ 2.49pm

Next Consumer network hui – 24 February 2021 (hopefully in person)

*Actions:*

PIC to prepare a handout

***Action’s list***

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| ***Date*** | ***Item*** | ***Action*** | ***Responsibility*** | ***Outcome*** |
| 10 Nov 2021 | 3 | Amanda to provide update for Interests register | Amanda | Actioned |
| 10 Nov 2021 | 7 | Expression of Interest to be sent to the network | Dez | Actioned (& also sent to forum members) |
| 10 Nov 2021 | 9 | Members requested to map out groups and contacts in their local areas, or area of interest for contact re code consultation & feedback | All members | Contacts etc. to be sent to Dez |
| 10 Nov 2021 | 9 | PIC to prepare a handout for members to assist in communication re code with their contacts. | PIC | Actioned |

**Members written reports follow:**

**Summary of consumer member reports for 10 Nov 2021**

**DJ Adams**

**COVID-19**

Since our combined Network and CAG meeting in June with the freedom of level 1, until with one positive delta case Aotearoa went into level 4 lockdown at 11.59 pm Tuesday 17 August. Tāmaki Makaurau is level 3 phase 1 (as at 29 October). The drive to vaccinate the population continues, having had Super Saturday (16 October) with 39,025 first doses, 90,977 second doses, a total of 130, 002 vaccines administered. The goal is for the three Auckland Metro DHBs (Auckland, Counties-Manukau and Waitematā) to reach 90% double vaccinated each and collectivley, allowing movment onto the COVID Protection Plan’s Red Level.

I had pre-booked my doses prior to the lockdown, but went to a walk-in centre sooner. I know (have faith) that the vaccine is our best layer of protection, along with the other layers we are familiar with masks, physical distancing, personal hygiene and, this is how we get out of lockdown and open up. I am very happy to be able to report my whānau, are mostly fully vaccinated, with a few waiting for the time for their second dose.

I have had experience with vaccine hesitency within my whānau and friend circle, I have found that with loving supportive korero, they have all since recieved one if not both doses. I found it was important to listen to their concerns, empathise and offer my support of the vaccination program and to them leading up to and following their jabs. With some of the second doses coming due on the 6th of November (21 days after first dose). I will also offer my support to ensure they follow through.

**QSM**

The September quarter submissions were due, and the Waitematā DHB Consumer Council supported unamnimously the scores and submission prepared and presented. The score remained unchanged, meaning there was no measurable improvements.

Waitematā DHB Consumer Council

Meetings:

1. June 16
2. July 28
3. September 8
4. October 20

The Consumer Council had four meetings since the June 3rd meeting. Agenda and minutes are publically found online on the DHB’s website. <http://www.waitematadhb.govt.nz/about-us/consumer-council/>

**ZOOM**

Huitopa is the preferred meeting method in Level 3. Both the September and October meeting were huitopa. Although we would all like to meet in person, zoom allows us to continue with our mahi.

Lynne Tucker - Northland DHB Chair attended our October meeting and, Lorelle, reciprocated and attended their meeting on 28 October. This exchange was a good opportunity for us to see how the other worked.



**QSM**

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**Consumer Council Chairs Group**

These are challenging times for the Consumer Council network with no certain future in the structure the Ministry (of Health), HealthNZ and the Māori Health Authority are to create. My hope is that they will see the added value of consumer co-design from the outset in designing the Health system structures. The Chairs continue to meet regularly, and recently witht he support of the Partners in Care team presented to Transition Unit representative.

I resigned the Chair and Consumer Council at the conclusion of the October 20 meeting and vouched my support to the (Interim) Chair – Lorelle George and the Consumer Council through the transition of electing a Chair at their next meeting.

**Health Research Interview**

I took the opportunity to partcipate in the research project designed to improve training and education of health professionals. This was a rewarding activity, and would gladly offer to partcipate if given the opportunity.

**Healthier Lives Consumer Advisory Group**

This research project lead by Professor Sue Crengle from the Ngāi Tahu Māori Health Research Unit, Dept. Of Preventative & Social Medicine, Dunedin School of Medicine, University of Otago. The project includes a consumer advisory group of which I and two other members of Waitematā’s Consumer council sit. We have met with Sue and her team a couple of times via zoom and have a date set for our first in person hui.

**Waitakere Healthlink 2021 AGM**

I attended the Tuesday 28 September 2021 Annual General Meeting. This was online due COVID-19 alert level restrictions. Another example of how we can adapt to an online experience. This was a sucessful event for Waitakere Healthlink.

Due to the COVID 19 restriction, several meetings and events were cancelled, so I was only able to attend a few Zoom meetings

Regularly updated and shared COVID-19 Alert Level restriction, case number & COVID-19 vaccine information to Korean community newspaper, radio and Infonow Facebook

**Hyejung Kim**

Zoom meetings attended:

**Ministry for Ethnic Communities: 25 Aug**

Leaders Forum on COVID-19 Vaccination

**Korean Society: 17 Aug & 10 Oct**

* organising Food parcel to Koreans
* running Korean help line
  + Help to find local vaccination and testing centres
  + Help to get NHI number

**KWWCG: 17 Sep, 30 Sep, 26 Oct (and 8 Nov)**

* Delivering up to date Information and guidance to book COVID 19 vaccine online in situations where people may have limited access to services or information
* Help to book a COVID-19 vaccination for people who can’t speak English & are not familiar with new technology –such as online booking system
* Provide correct COVID vaccine information to combat anti-vax attitudes and misinformation such as scams and frauds, encourage vaccine uptake

**Auckland library: 15 Oct**

Delivering up to date Information and guidance to book COVID 19 vaccine online in situations where people may have limited access to services or information

**Asian Health Service - WDHB: (will be on 9 Nov)**

Presentation for iCare volunteer – NZ general system information

**Joanne Neilson**

**Meetings:** Trans Health Care group for Pegasus

Pride Meetings Bi Monthly (zoom)

Women in Public Service Summit

**Dates**: Pride Meeting Bi Monthly

Pegasus Meeting 3 monthly

**Comments:** Trans Health Care is continuing working with PATHA medical professionals.

Pride has announced its dates for Pride 2022 which will be over 2 weeks. We are still working on becoming a Charitable Trust.

Speaking engagement was for the Southern Women in Public Service Summit, I am discussing my life and work as a Trans Advocate and Inclusion and Diversity.

**Mark Rogers**

**Activities:**

1. **Review of Interventions for Students with the Highest Level of Learning Support Needs**: (Verbal presentation at our previous hui) The next stage of the review is in the final stages of a Cabinet process. Given the Delta lockdown has affected Cabinet decision making capabilities, there is nothing further to report.

I’m not concerned about the delay because on this occasion Covid/Delta has impacted during a period close to exams. This creates a more significant challenge for highest need students, who only reach NCEA level 1.

1. Various contributions to Consumer Engagement Forum initiatives.
2. Digital Health Scale at Pace. This webinar was about telehealth experiences in primary care and covered choosing the right GP, the value of advice, appropriate consultation appointments, viewing medical notes, tests, and results.
3. Participated in the MoH investigation into the regulation of Home and Community Support Services (HCSS). The Associate Minister of Health has agreed not to regulate HCSS at this time, however the decision may be reviewed in the future.

The Ministry of Health (the Ministry) consulted with HCSS providers, consumers, and other stakeholders, on the option of regulation, and received a mixed response.

The consultation involved an online survey and several workshops.

There will be ongoing focus on non-regulatory initiatives that are expected to positively impact on quality and oversight of HCSS. These include:

·       the Health and Disability System Reform

·       the establishment of the Aged Care Commissioner

·       the implementation of the *National Framework for* *Home and Community*

*Support Services (2020*)

·       progressing the In-Between Travel Settlement Agreement.

1. Covid/Delta and the associated lockdowns has resulted in numerous meetings being postponed or cancelled.

**Mary Schnackenberg**

Top of mind has been the announcement on 29 October 2021 about setting up a new Ministry for Disabled People. The leadership and development of disability support services is being moved out of the Ministry of Health and into this new Ministry. It's expected to be operational by 1 July 2022, at the same time at New Zealand Health and the Māori Health Authority.

The new ministry will also have oversight of improving accessibility in New Zealand with legislation setting up the future accessibility framework due mid next year.

In my view we need to try to socialise the values and principles in the draft Code of Consumer Expectations into the new Ministry for Disabled People. Co-design, co-operation, collaboration, partnership - no matter the term - is a key concept in the Convention on the Rights of Persons with Disabilities.

Marketing health information to disabled people continues to be a vexing problem. This is especially so for people who are not online capable. I have been introduced to HQSC's work with Advance Care Planning. To my ears the resources for consumers are excellent. HQSC's commitment to undertake a review of the resources aligns with its commitment to continuous improvement. My concern remains how to get the word out to all corners of our population.

The End of Life Choice legislation about Assisted Dying comes into effect on 7 November. A number of disabled New Zealanders voted against the legislation fearing what it might lead to. Information about the actual provisions in the current legislation is needed in my opinion.

**Russ Aiton**

WCDHB Consumer Council - continues to present opportunities to the DHB to work on the QSM Framework given the process issues of most recent upload of data in September 2021. The QSM Steering Group is now parked under the Clinical Board for the foreseeable due to lack of DHB personnel available (leavers and work load). We are looking at QSM guidelines and referring to the ToR for guidance.

National Quality Forum - I have been involved in the (new) group advising on the development of scope and ToR particularly in engaging consumer in the quality process. It will be of interest to see how this group interweaves with the NZ Health entity and Consumer Forum out of PiC.

National Chair/Exec Group – this group continues to draw on national leads’ involvement and experience of clinical group engagement with the TU and in how the transition to NZ Health will eventuate. The group has access to a wide lens of consumer engagement and is aware of the need to ensure that consumer/community is visible in the decision-making processes in determining health service provision. I’ll be able to provide a consumer and HQSC view to this group as the transition to the interim plan progresses.

Consumer Council rural interest– there is a need to look outward, away from the DHB “as is” to the space beyond and facilitate partnership opportunities with community groups (NGO, IWI, PHO-esk) in how the consumers should be engaged. We continue to strengthen the rural model of community involvement with locality consumer councils and are actively recruiting from that base now to increase both capacity and capability of local consumer councils.

National Chair/Co-chair group – I have been busy collating and working with my Chair colleagues in facilitating with HQSC a SWOT workshop online (Zui) then presenting this to the TU Engagement Lead, Claire Braadvert, on the “What” consumer engagement should look like from our collective view, maintaining the exemplars of works we are each doing in our regions. We took the opportunity to shape our national voice of consumer councils and seek a role in the decision-making process once the locality group’s are operationalized by the new Boards. Very interesting discissions and we await a response from Claire.

**LJ Apaipo**

Firstly, I would like to acknowledge Dr Walsh and the team, for their tireless efforts in keeping us all updated, informed and in line with the Commissions current happenings. Testament to this, is the aroha, Manaakitanga and mana that is given to us all, kanohi ki te kanohi, via zoom, in calls, texts or emails. I relish the sentiment that we are whanau, not just another group. Thank you all for that. Also, to acknowledge the Commission itself for the way in which it is working to support other agencies and entities to ensure that their Covid information is accessible to all.

I also would like to acknowledge the Group itself and all of our members. We are all leaders in our respective spaces and are champions of the communities that we represent. Despite the curveballs that we have had thrown at us in the past 24 months, we always come together, work hard, and manage to have a laugh, once the mahi has been complete. Thank you for your dedication, passion, and drive. I too, acknowledge the respective whānau that you all have at home, the ones that keep the home fires burning and support each and every one of us, day in and day out, to carry out the mahi that we do. He tino mihi aroha me whakawhetaitanga kia koutou, mee too whānau hoki.

Since I have seen you all last, I have moved home to Dunedin from Gore and have taken up a new role with Methodist Mission Southern, as a Taitauarā a hāpori – Community Services Specialist, and have been very busy and active in the hāpori at home.

**MANA PASEFIKA**

Mana Moana Pacifica has had a name change and is developing.   
We have held several regional Talanoa with Consumers, community organisations and individuals that are involved in, are part of, or are users of pacific services, as well as those that are users of mainstream services for Pacific Mental Health, Addictions and Disability.   
There is a large amount of work that will be born from this space and with the recent development of the Ministry of Disabled People and the Systems Transformation and Enabling Good Lives roll out as well as the new Accessibility Legislation this will continue to be a space that I am heavily involved in supporting, mobilising, and advocating for our Pacific people.

**GENERAL SURGERY ACUTE SYSTEM WORKING GROUP - SOUTHERN DISTRICT HEALTH BOARD**

Of late I have been involved in the sub-group that is focusing specifically on the General Surgery Acute system working group. This group is exploring the inefficiencies, things that work, things that don’t and new processes to help this become a better functioning area of the hospital. There have been multiple issues that have arisen out of the meetings and the feedback after each meeting is compiled and then sent out before the next meeting, so that members have time to view the material and can come prepared.

This group has been extremely rewarding. Dr Michael Hunter - Consultant Surgeon & Trauma Medical Director, Dunedin Hospital and Professional Practice Fellow Dunedin School of Medicine, University of Otago is an incredibly skilled man, who has compassion and empathy for those that require surgery, and in the past, have had to wait long periods, and starve themselves daily, only to have notification that they will not receive surgery today, but come back tomorrow. Rachel Findlater – Quality and Performance Improvement Facilitator works effortlessly to ensure that these meetings are run efficiently and supports all members to access information, and action their requests for information also.

The success of this consultation can only be attributed to the efficiently sufficient passion that Dr Hunter and Rachael have for their roles, and seeing the best outcomes for patients, become a reality.

**MORTUARY USER GROUP**

Just yesterday I received an email that there is to be a final round of meetings that are going to review the detailed plans of these rooms and spaces for the new hospital build.

I have been involved since the start of this project, and things were decreased and decreased. There has not been large movement in this space since the lockdowns and I was surprised to hear back, after so long, however the consumers and staff that have been part of this group, have been great to work with, kōrero with and share ideas and understandings about this space with.

I am looking forward to seeing how this will progress and what the final plans are looking like.

Things appear to be picking up and getting busier.   
Please be kind to one another and ensure that you are taking care of you.

**Marlene Whaanga-Dean**

04/08/2021: Frontline improvers advisory group, Flag consumer hui via zoom, Improving together, improvers programme 2021. Ideas for incorporating co-design from a Te Ao Māori perspective.

27/08/2021: Live Stream with update zooms on delta alert L4

02/09/2021 WDHB consumer hui via zoom on going 2 monthly

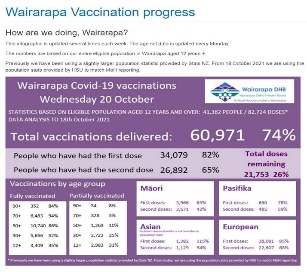
9/09/2021: Flag consumer hui via zoom

05/10/21: An interview with Carl Shuker a report on experiences and perspective on Delta. And what the event of 2020 could teach us about future resilience, this report to be published. I enjoyed the chat; I hope you did too Russ.

Wairarapa Tenei

2021: Once again Covid – 19 (Delta) has kept us all busy in this quarter. Common theme during this time showed more resilience for most whānau, however rangatahi struggled with isolation and non-schooling for that short period of lockdown. The disruptions of level 4, 3 and 2 were concerns for passing this year’s adequate results with the disruptions of Delta’ across Aotearoa. Our very own Tekau ma iwa Covid clinic has been mobile in south Wairarapa last Sunday in Featherston.

Whaiora kaimahi can check WDHB website on stats daily, as whānau in the community have often asked where we with vax (shared information) are and to encourage vaccination



16/10/21: Attended Vaxathon at Mitre 10 Masterton. A good day out, lots of music, kai, vaccination line was busy, doing our part, but low numbers for Māori and Pacifica on the day. Partnerships on the day at a shared space with Te Rungana O Te Hauora and Whaiora, lots of giveaway’s once vaccinated and chatting with consumer. I have had feedback from our local Life Pharmacy that consumers have asked if their pharmacy provided vaccinations of Covid shots, it would be an ideal time while waiting for their medications.



20/10/2021: WDHB consumer hui’ face to face L2. Busy in the Covid space, currently a priority for our hospital if there were to ever be an outbreak of Delta, a strategy plan in place.

The month of Oct has showed an increase of whānau without a GP. Most have moved to the area due to work. It’s a huge concern, I have dealt with 16 consumer referrals coming from WDHB, navigated to GP’s or Social Services for support in their area. I also advised to attend ED if no GP in place. Due to increase of referrals we have had to increase staff employment in our Whānau Ora services.

Attending collective karakia with iwi / hapu / Wairarapa services on a weekly basis - Wednesday morning from 8.30am to 9.15am. A great platform for updated panui /information in our district. What services provide support for whānau /tangata. This is facilitated by WDHB Māori health in Masterton.

Staff training continues on site within my workplace, strong collaboration with Whānau Ora commission, everyone is doing their part in Tamaki Makaurau. I have put my hand up with other colleagues / kaiarahi team of 5 or more to be deployed to Tamaki Makaurau once they get down to Level 2. Also training to be a vaccinator.

**Vishal Rishi**

I am delighted to submit this quarterly report to the HQSC consumer network. The report period covers the months August, September, and October 2021. The below mentioned activities have taken place in the consumer space within metro Auckland geographical area and in where we were directly involved.

Developed collaborative opportunities and strengthen working relationship with key stakeholders:

* + Participated in the WDHB consumer council meeting. One of our team members have been appointed at the WDHB’s consumer council. He attended his first meeting in June this year.
  + Participated in the ethnic community leader’s forum organised by the Ministry of ethnic Communities.
  + Attended the service provider’s hui with the CEO of the Ministry of Ethnic Communities and provided update about what and how TANI has been working and supporting the Asian communities.
  + Engaged with the Burmese community group in Auckland and delivered the first Burmese Health Seminar. This less visible Asian community is still working on their own with limited resources. Due to language barriers, this community is still not aware of a number of support service provisions in the NZ health & disability sector.
  + Another seminar was organised to reach out to the Chinese communities residing in Auckland.
  + Networked with and participated in the elder abuse awareness day organised by Shanti Niwas Charitable Trust
  + Developed community links with the refugee groups in Auckland and attended the International Refugee Day celebrations.
  + Attended the Youth 19 Asian students Report launch
  + Attended the CM Health Asian health & Wellbeing Community Network.
  + Collaboration work with key stakeholders continued despite the lockdown: ADHB & CM Health mental health team, WDHB Bowel Screening Team, Immunisation Advice Centre, Waster Wise Services Centre.

Organised and coordinated a regional network meeting that was attended by more than 85 participants comprised of health consumers, community leaders, DHB staff and academia. We invited the newly formed metal health & wellbeing commission to talk about the commission and its new structure and how the commission would ensure that voices from the minorities would be embedded into their plans.

Conducted a survey in response to the Covid-19 resources and information accessibility to the broader Asian communities. The following highlights/barriers were found:

- Language barrier to access relevant information

- Lack of emotional support

- Very limited support for elderly and disabled communities

The complete survey report can be found here: <http://mailing.connectwebsites.co.nz/uploads/gallery/Feedback_by_Ethnic_Communities_on_Alert_Level_Updates_and_Information.pdf>

* Developed a directory of Covid-19 related services and support as a result of the feedback received from the community. This directory was very well received by the stakeholders and the community itself.
* Published and launched the **Asian public health in Aotearoa** report on 11 October 2021. Hon. Minister for Diversity & Inclusion launched the report. This report strongly advocated for a need to have the national Asian health strategy in place that would guide a streamlined approach to address Asian public health needs in Aotearoa. The launch was covered by the media. Here are the links:

**NZ HERALD:**

<https://www.nzherald.co.nz/nz/covid-19-delta-outbreak-make-mental-health-for-asians-a-key-priority-health-report/KS3US4Q55U7SMZOITU2QI6D464/>

**INDIAN NEWSLINK:**

<https://indiannewslink.co.nz/indians-ahead-in-heart-diseases-with-high-mortality-rates/>

**Copy of the report can be found at:** <http://mailing.connectwebsites.co.nz/uploads/gallery/Asian_Public_Health_in_Aotearoa_New_Zealand_FINAL_October_2021.pdf>

**Launch of the report- Glimpses: More than 130 participants attended the**

**launch ceremony.**

A picture containing text, wall, indoor, display

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**Amanda Stevens**

Deafblind Association made a submission in respect of the Disability Survey Consultation 2023 to Statistics NZ.

* We are working with HQSC to develop some Social Media in respect of International Day of Disabled Persons. This is especially useful for deafblind noting that the UN consider Deaf, Intellectually Disabled, and deafblind as the three most marginalised groups of disabled people.
* The new Ministry! We will be seeking every opportunity to have input into the newly developing ministry that will be led by, and serve, people identifying with a disability.
* We continue to gather anecdotes of how deafblind are served, or not, in primary health care situations. Additionally we are taking every opportunity to support people to make good decisions about vaccinations and to challenge barriers to this. We continue to test all offered preferred format information, including hard copy offered by braille MoH. This is especially important in challenging the digital divide. Braille Ready Format (BRF) only offers a link to a document to download and that depends on having a braille printer. While this is a braille format it still relies on technological adeptness and expensive equipment owned by the individual.