
Consumer Network:	Mary Schnackenberg, Joanne Neilson, Marlene Whaanga-Dean, Tofilau Bernadette Pereira, Oliver Taylor, Edna Tu'itupou-Havea, Mark Rogers, Zechariah Reuelu, Ricky Ngamoki, Jennie Harre-Hindmarsh, Vishal Rishi, Renee Greaves, Hyejung Kim
He Hoa Tiaki PIC Team:	Deon York (Chair), DJ Adams, Allison Anderson, Lauagaia (Cat) Jeffries (for part), Gillian Bohm, Brittany Jones (for part), Dez McCormack (minutes) (zoom), Zelda Edwards (for part)
Apologies:	Amanda Stevens, LJ Apaipo

The meeting commenced at 09:55am

1. Welcome & karakia

Deon welcomed the group and DJ opened with a karakia. There was a quick whakawhānaungatanga introducing Zelda.

2. Standard business

Previous minutes. Mark has advised previous amendments.

Minutes from 26 August accepted as correct. Action items were discussed. Jennie raised an item as follow up from the launch of the code. Request for diagram/flowchart showing HQSC's positioning in the new health system and where we "fit in". action item noted.

Interests register - Oliver provided some amendments prior to hui. No other changes to register.

3. Feedback on previous CAG hui

Mary gave a report on previous CAG hui. This is her written report:

QSC has three groups of consumer advisors across the organisation.

- today's Consumer Network;
- Consumer Advisory Group (CAG) – I am a member of both groups; and
- Te Rōpū Māori.

The Consumer Advisory Group has met twice since our last Network Hui on 26 August. I will report on our meeting on 4 October and our meeting yesterday on 15 November.

The CAG is asked to run a consumer lens across some Board papers. While this is a privilege, it can also be a real challenge.

HQSC is responsible for several mortality review committees who regularly report on their findings. The statistics and findings are about people who have passed away and we honour them and their whānau, learn lessons and recommend improvements.

In October we looked at a draft report from the Perinatal and Maternal Mortality Review Committee. We made some suggestions about some of the language being used.

At our 15 November meeting we looked at two quite different mortality draft reports.

One was a "good news for Pakeha" story about the risks of surgery in New Zealand that looks at the number of deaths within 30 days of a range of different operations. However, there were troubling statistics about the lack of equity for Māori and Pasifika. Again, we drew attention to some medical terminology and asked for more common terms. This report will go onto the HQSC website in December.

The other report was from the Family Violence Death Review Committee. It focused on children in families affected by violence and the need to provide long-term support to the children.

We received a paper which provided an update of the socialisation process and communications strategy for the Te Ao Māori framework and the implementation guide. The framework will be rolled out across the country soon to health and disability service providers.

In the Introduction, the paper explains that Institutional racism means that population groups have different levels of access to resources and power, and as a result some groups have advantages over others. The health and disability system in Aotearoa New Zealand has enabled this inequity to thrive and result in negative health outcomes for Māori.

To address this inequity, significant system change is needed, including a renewed and tangible commitment to Te Tiriti o Waitangi (Te Tiriti) obligations between the Crown and Māori.

Kaupapa Māori and te ao Māori-grounded approaches to quality care allow health providers to continually engage with and respond to the needs of whānau. The Te Ao Māori Framework and its implementation guide will help health organisations to have a better understanding of how to improve their services and the quality-of-care whānau Māori can expect to receive. The framework and implementation guide offer pathways to develop and improve an organisation's cultural competency and cultural safety.

Also in yesterday's meeting was a near final draft of the policy about Adverse Events. For many years HQSC and others have been striving to get us to face up to near misses and adverse events so we can make the health system safer not only for patients but also for healthcare workers. The policy has had a change of name which may help our attitudes to positive outcomes from adverse events. It's now called Healing, learning and improving from harm: National adverse events policy 2023. This policy was last reviewed in 2017 and it has had significant improvements in language with additions that reflect Māori and Pasifika perspectives.

We provide highlights from our environmental scans to the HQSC Board. We will be meeting the Board next week to have a conversation about how the many reports HQSC prepares can influence real change in New Zealand.

Following on from this report, Mary also requested that media releases go to the Network when released please.

A request was also made for Board papers to go to the Network, and this will be discussed further internally.

A plug was also provided for the Health Navigator website for up-to-date health information.

4. Feedback on Board hui

Deon gave feedback on the patient story provided at the Board hui. The ACC consumer video.

There was an update around the surgical mesh work. Mortality review reports were submitted, and recommendations discussed.

5. He Hoa Tiaki | Partners in Care (PIC) report:

Allison spoke to the report sent as pre-reading. She expanded on some of the topics.

This is the report:

Since our last meeting the He Hoa Tiaki (PIC) team has been busy responding to queries and requests about the code of expectations and developing an implementation guide, we have had a marked increase in requests for consumer recruitment both internally and throughout the health system. This is a sign that both the code of expectations is getting attention and the mechanism for reaching consumers via the consumer health forum Aotearoa is becoming recognised and utilised.

Code of expectations:

- Since August 2022, [the code of expectations English version](#) is our most downloaded pdf. Since last count, there have been about 700 downloads! Our efforts to promote the code are working!

- All translations of the code have now been completed and are available online [here](#). This includes, all accessible versions, including large print, NZ sign language and easy read. These took a bit longer than expected since the organisations that provide accessible formats are flooded with work. This tells us the NZ accessibility charter is gaining traction.
- The consumer voice framework reference group has been established and is meeting again on 23 November. Out of this advisory group, PIC will produce an Implementation guide to be completed by Q4.
- Each month we will promote an aspect of the code leading up to the end of the financial year.

Consumer health forum Aotearoa (CHFA)

- On 10 November the consumer health forum Aotearoa was held at Te Papa there were 65 consumers registered to attend. This was a workshop-style hui where people chose a topic and worked in small groups with a facilitator to discuss guiding questions and how they applied to their group. We gained some great insights. By having our team as well as representatives from Te Whatu Ora, this feedback gets directly into the right hands in a timely manner. Postgraduate health students from Victoria University school of health helped by scribing the breakout conversations. A report of the themes and lessons from this event will be circulated soon. Save the date for 7 December (6-8 pm via Zoom). The forum will gather then to discuss shaping future events, topics, and structure for 2023. A 2-day strategic planning workshop is planned for Feb. 10 consumer leaders will be selected through an EOI process. The December hui will be an initial recruitment event for that. More details to come! There is also a plan to hold a larger forum event in the first half of 2023.
- Opportunities for consumers are streaming in from many areas in the health system. We have set-up an EOI process. These opportunities are posted to the CHFA database and active adverts appear on our website [here](#). Please let your networks know if anyone is looking to run a project, focus group, survey etc. [here](#)
Some recent consumer health forum statistics:

Region	Total	Percentage
Auckland Tāmaki Makaurau	198	26%
Bay of Plenty Te Moana-a-Toi	50	7%
Canterbury Waitaha	110	14%
Gisborne Te Tai Rāwhiti	7	1%
Hawke's Bay Te Matau-a-Māui	18	2%
Manawatū-Whanganui	38	5%
Marlborough Te Taihu-o-te-waka	5	1%
Nelson Whakatū	10	1%
Northland Te Tai Tokerau	22	3%
Otago Ōtākou	48	6%
Southland Murihiku	7	1%
Taranaki	15	2%
Tasman Te Tai-o-Aorere	7	1%
Waikato	43	6%
Wellington Te Whanganui-a-tara	130	17%
West Coast Te Tai Poutini	18	2%
Unspecified	34	4%

Ethnicity	Total
Māori	124
Pacific	73
Pākēha	561
Asian	51
Other	21
Unspecified	34

Consumer engagement quality and safety marker (QSM):

- The QSM dashboard is now fully completed and has been 'soft launched'. The next submission round is due by the end of November, which districts were recently reminded of. We have already had one submission. In the lead-up to the next round of submissions, several districts have requested detailed feedback on their March submissions, which we have provided to their satisfaction. The new submission portal was presented to us for feedback, and we are now waiting for an amended version based on our feedback. This should hopefully be in place for November submissions.
- The QSM reference group has been revitalised for the purpose of aligning the code of expectations requirements within the existing framework. This ensures that the code can be monitored and provides consistency to the districts for how that will be done in future submission cycles.

Co-design:

- You will probably remember seeing the emails and presentations on our co-design modules. These are going well and creating a lot of interest. To date 221 people have completed our 'co-design in health: An introduction' course. Link [here](#). Please continue to share with your networks. The additional 4 modules (supporting consumers in co-design, how you can be involved in co-design, co-design with Pacific consumers, co-design with Māori consumers and whānau) are progressing well and shaping up nicely. We intend to have them available for all by 1 Feb 2023.
- We are always searching for examples of good consumer, whānau and community engagement. Please pass these on to us so we can promote what's happening out in your regions. We filmed a Pacific consumer in the Porirua region recently about sharing lived experience through co-design. It is in a final editing stage

Key engagements

- 22-23 September: Deon, DJ, and Catherine (HQI team) were invited by Taranaki consumer council to meet with council, staff and clinicians. They presented to a large group re: code of expectations, and patient experience data. They saw the new hospital development plans and had a chance to develop new and strengthen existing relationships in the region.
- The Bula Sautu advisory group re-convened in Wellington on 9 November for the first time since 2019. Members travelled across the country for the all-day fono that focussed on whakawhanaungatanga and environmental scans from HQSC, Manatū Hauora and Te Whatu Ora based on the recommendations made in the Bula Sautu Report. The group is planning to come together again for a workshop in early February 2023.
- We continue to meet with the consumer co-leads from Te Aka Whai Ora and Te Whatu Ora on a fortnightly basis to share ideas and ensure no duplication of work is happening within the consumer voice framework, share operating models, programme plans and have other collaborative discussions.
- Six weekly meetings with ACC's Voice of the Customer team to share consumer voice work and socialise the code of expectations, (Though ACC are not legislated to follow the code, they have an expressed desire and interest in adhering to the code where possible.).
- Ministry of Health re: monitoring of the code
- Rare disorders NZ- 11 November

On the horizon for He Hoa Tiaki:

- 21-22 November- Deon will visit Counties Manukau/Ko Awatea and Auckland City Hospital for an update and exchange on consumer engagement projects and will also recognise Dr Lynne Maher's contribution to the programme over many years.
- 29 Nov- Quality Improvement Advisors professional day
- PIC team planning day 13 December

DJ also mentioned his 2-day workshop with Te Aka Whai Ora and Ahuahu Kaunuku for the whānau voice mahi which Marama Parore leads. He will be He Hoa Tiaki's connection to this group and will keep us updated on their Whānau voice work.

6. Comments/questions on members reports submitted

Reports were taken as read. See Appendix A

Members further commented on their reports and questions/answers provided. Request made that this section on agenda be given more time for discussion.

7. Feedback on Consumer Voice Framework Reference group

This was covered off under the PIC report above.

8. Feedback on Bula Sautu advisory group hui

Lauagaia Cat gave a brief of what was covered at the first new hui of this group. Future hui will be held in 2023

9. QSM update

Brittany showed the updated QSM website, did a tour and showed what was available to view.

10. Photo of Consumer Network Group Photo

Group convened for photo.

11. Update on Website

Zelda gave a tour of what the website looks like to date. Good feedback provided. Looking clean

12. Discussion on consumer policy update – break-out groups

Teams broke away into four groups to discuss a review of the commission's consumer reimbursement policy. DJ is working with Te Whatu Ora regarding their national policy in development. There were a series of questions provided to guide the conversation.

13. Groups feedback on 12.

Koha policy could be used a national policy. There is a background of gift giving and different forms of giving. Koha can be kept quite broad. Give options for consumers re koha. i.e. type of supermarket voucher or petrol voucher depending on where people live. Also consider different cultural perspectives.

Clarification was provided that Koha is generally a one-off. Anyone appointed to a group on a more permanent basis would be paid the standard fees.

Commission rate considered suitable however whatever rate is settled on, this should be inflation adjusted yearly. Suggest 2.5%. noted not much room to move as rates are set by the Public Services commission.

Should be equitable for all. Consider things like childcare costs or ability to bring children to hui. Donating fees was discussed as an option however this is problematic as we must take tax out first if the commission pays consumers, as opposed to invoicing.

Whatever system, keep it simple. Perhaps consider national, regional, and local rates based on expertise? Also consider for efficiency, paying say 3 or 4 times a year?

DJ will summarise all comments and provide to Te Whatu Ora working group.

14. Wrap of day. Closing comments

Deon thanked everyone for their attendance and participation. Date for first hui of 2023 confirmed.

15. Karakia & close

No further business. DJ closed with a karakia.

Next hui: 16 February 2023 – at HQSC

Actions List:

Date	Action	Responsibility
1616 Nov	Request for diagram to show HQSC's positioning in the new health system. Where consumers sit in relation to Te Whatu Ora & Te Aka Whai Ora (See around 10" recording)	Allison
1616 Nov	Request that media releases are sent to the network (and CAG) when released.	Zelda

(Member reports follow next page)

DRAFT

Appendix A

Summary of consumer member reports for 16 November 2022 hui

Mary Schnackenberg (Auckland)

Environmental scan/real time monitoring

Through my various contacts I am hearing several positive examples of work between the many facets of the health system recently joined up by the restructuring. This is resulting in a better understanding of what the different facets of the system actually do and how the increasing collaboration will save time and resources.

However, I have heard an instance of nervousness expressed by a manager about how to engage with consumers as required by the new structure. HQSC has a huge marketing exercise ahead of them, but I also hear about several constructive meetings they are involved in to reassure and teach managers and clinicians.

Input / involvement in HQSC meetings/groups.

5 September, Zoom meeting of Consumer Advisory Group

15 September, Advance Care Plan Steering Group (from which I have now resigned)

4 October, Zoom meeting of Consumer Advisory Group

15 November, Zoom meeting of Consumer Advisory Group

Activity (since last report)

- 9 September, Pharmac Consumer Advisory Committee, Zoom
- 21 September, Disability Advisory Panel, , Zoom
- 3 October, Consumer Experiences Council, Auckland, Health NZ
- 12 October, 60th anniversary Office of the Ombudsman, function at Parliament
- 14 October, Pharmac Consumer Advisory Committee in person in Wellington
- 7 November, Consumer Experiences Council, Auckland, Health NZ

Services

My partner who is also totally blind spent four nights in Auckland City Hospital at the end of September. He is mending well. However, he did not receive by email an electronic copy of his discharge papers. And when they were read aloud to him a few days after discharge, they contained a deal of unexplained medical jargon. His recovery has been well supported by visiting nurses and his GP.

Positive stories and exemplars

The Auckland Consumer Experiences Council has been asked for feedback about the proposed national complaints system. To have a nationally designed locally administered complaints system that closes the loop with feedback to people involved will bring a very positive outcome.

In Auckland a new computer administration system is being scoped to be launched in 2024. I have been involved in one aspect of the design of the new system. I was interviewed about my journey as an out-patient at the Greenlane Eye Clinic. I was also able to provide information about my experiences as a visitor to my partner who was in Auckland City Hospital for four nights. Several people have contributed their stories. The outcome has shown up the distinction between the transactional nature of the health system, rather than the Journey Partnership experience the health system would prefer to strengthen. The data gathered from the stories will help the administration software team better join up all the dots around improving communications on the journey for patients, whānau, visitors and clinicians.

I am pleased to report the arrival of the Hidden Disability Sunflower Lanyard scheme

<https://www.waitematah.govt.nz/patients-visitors/supporting-you/hidden-disabilities/>

Sam Dalwood from Te Whatu Ora Waitematā explains:

“Hospitals are busy environments and can be stressful for many people, particularly if you are unsure what to expect on the day.

“If you have a disability that isn’t immediately obvious to our staff, such as; autism, dementia, a hearing impairment, anxiety (or one of the many invisible disabilities) you may want to wear a hidden disability lanyard during your time with us.

“The lanyard is also called the ‘Sunflower Lanyard’ because of its appearance – a strip of green with a pattern of yellow sunflowers.

“By wearing the lanyard, our staff will recognise you have an invisible disability and may need a little extra help or time.”

Jennie Harré Hindmarsh (Gisborne)

Environmental scan

Ongoing reliance on short-term locum doctors for primary care and mobile clinics and hospitals in rural areas continues to be of concern and will increase over summer when locums tend to be unavailable.

The escalating surge in Covid-19 since the national masks mandate and border controls were lifted in Sept is again increasing demands on whānau, healthcare providers, schools, workplaces, aged care & social services (eg, Gisborne Hospital recently had the most-ever in ICU with Covid complications.)

Variability amongst GPs and approved chemists in the provision of free anti-viral medicines for those at risk of severe illness from Covid is causing some concern around the country.

Input / involvement in HQSC meetings/groups.

29-30 Sept: Participated in excellent Te Tiriti o Waitangi workshop at HQSC. Thanks to all involved.

Sept 2022 to March/April 2023: Working Group member for the *HQSC Quality and Safety Governance Framework Project* led by Synergia with the Whanau Ora Commissioning Agency. A key purpose is to embed Pae Ora principles (equity, tino rangatiratanga, and engagement with Māori and other population groups) into the new Framework.

6 Oct, participated in Working Party’s first online meeting; and on *8 Oct* provided feedback on the project’s proposed engagement plan, the purpose of which is to provide a variety of perspectives and voices to be embedded into the new Framework, including from te ao Māori. So far, the Working Group has discussed the meaning of ‘governance’ in this context, and stressed the importance of both dropping ‘clinical’ from the Framework’s title and of obtaining rural, provincial, and urban input from amongst two broad stakeholder groups: Consumers (including Māori whānau, Pasifika, and disabled persons); and Health Professionals (including national organisations, hospitals, service managers, Māori NGOs, frontline primary care & ‘non-regulated’ professionals such as kaiawhina). It is proposed to use focus groups, interviews, and a Thought Exchange platform to gather this input during Nov/Dec. (HQSC’s Consumer Networks will probably be invited to contribute via a Thought Exchange platform.) However, this Nov/Dec timeframe could be unrealistically tight and compromised by pre-existing demands on consumers and health professionals in this end-of-year period.

21 Oct 2022: Advised Deon York & DJ Adams via zoom about planning a PIC visit to Gisborne and the East Coast, including to share information about the Code of Expectations, Consumers Forum & Hub, other PIC initiatives & HQSC projects which are part of implementing the Pae Ora Act.

31 Oct 2022: Completed a submission to the National Ethics Advisory Committee on the ‘*Draft Ethical Guidance for a Pandemic*’ https://consult.health.govt.nz/++preview++/ethics/egap/user_uploads/neac-ethical-guidance-for-a-pandemic-july-2022-1.pdf

1 Nov 2022: Emailed to DJ & Deon, suggested edits for 'Consumer engagement operational policy'.

Activity (since last report)

15 Sept: Participated in the *Mātai Medical Imaging Research Institute's* full-day campus planning workshop, along with a wide variety of community members and organisations, to help create a long-term vision which embraces emerging community priorities to guide the Institute's design of its new buildings and grounds in which to base their advanced medical imaging research and community education from 2023.

13 Oct: Participated online in a seminar led by Dr Makarena Dudley (Clinical Neuropsychologist & Senior Lecturer at University of Auckland) on *Improving Mate Wareware (Dementia) services with and for Māori*, which was hosted in Gisborne by the Mātai Institute. Dr Dudley (Te Rarawa, Te Aupōuri, Ngāti Kahu) focused on processes used to involve Māori in improving services, including the recently approved *Dementia Mate Wareware Action Plan* <https://alzheimers.org.nz/explore/dementia-action-plan> for which Government has just allocated \$12million over 2022/26. Trials are now being developed to improve support for all people newly diagnosed with dementia, and to enable innovative respite care - with a focus on prioritising the needs of Māori, Pasifika, and rural communities and those diagnosed with young-onset dementia, all desperately needing better support.

27-28 Oct 2022: Participated online in 3 x half-day wahanga, '*Manako Nui – Preparing for a more equitable Aotearoa*', hosted by Turanga Health with nation-wide input. The wahanga acknowledged, shared, and distilled learnings from the achievements of community-led responses to Covid-19 to date. Threaded throughout were discussions about community expectations of and hopes for the restructured health system, and particularly of Te Whatu Ora and Te Aka Whai Ora. Video-recordings are available on <https://www.manakonui.co.nz/>

31 Oct: Participated in Helen Clark Foundation's webinar on *Preventing the next pandemic: Q&A with Helen Clark*, the focus of which was mainly global.

Services

In response to the current surge in Covid prevalence, Te Whatu Ora Tairāwhiti and community health & social service providers have re-strengthened their collaborative community education and support services, including weekend 'Whānau Vax Days'. These events now include 'Be a superhero' easier-access immunisation 'clinics', hosted outside larger primary care centres to encourage whānau to keep vaccinations up-to-date: especially for MMR, Boostrix & HPV plus Covid.

The new Hospice building, and improved children's playground are welcome additions to facilities in Gisborne Hospital's grounds. Hospital staff and the Ministry of Education collaborated to install QR-code-scannable 'Core boards / Kupu Atua' in the playground as communication tools to make it more inclusive and accessible for children with diverse needs. These are in English and Te Reo and reported to be "game changers" for tamariki with low or no verbal communication.

Te Whatu Ora Tairāwhiti has started to develop a new *Tui Te Ora Long Term Conditions Model of Care*. Given short notice, I was unable to participate in the first hui about this initiative on 31 Oct and understand that further hui are being planned for community input as the project progresses.

Positive stories and exemplars

The *Dementia Mate Wareware Action Plan* (see link above) is an example of how a collaboration between many organisations (Alzheimers NZ, the New Zealand Dementia Foundation, Mate Wareware Advisory Rōpū and Dementia New Zealand) and researchers can effectively engage with over 300 individuals, whānau and community groups to develop an evidence-based national Action Plan to secure significant Government funding for trials of more sustainable and equitable support systems for individuals with dementia and their whānau. They have also developed the Mate Wareware app to provide information for Māori whānau: <https://www.matewareware.co.nz/>

Hyejung Kim (Auckland)

Input / involvement in HQSC meetings/groups.

Consumer health forum Aotearoa hui on 10 November

Activity (since last report)

Attended Korean society & KWWCG meetings on 2 Oct

Discussion on providing Health seminar, counselling service and Delivery of the Cognitive Stimulation Therapy (CST) programme to the Koreans

Additional meetings will be held on 12 and 14 Nov

Health information Seminar with Korean Society & KWWCG on 24 Sep

Topic: Support for seniors, diabetes and dementia care

Korean Day on 16 Oct

Provide free health check – blood pressure, blood sugar level, waist-to-height ratio

HQSC resources materials provided: Advance care planning, Code of expectations

Planned work in the coming quarter.

Health information Seminars with Korean Society & KWWCG

Services

Some elderly people missed some regular or follow up appointment because they hadn't received any letter from Hospital or GP for X-ray after surgery, eye check etc.

The appointment letter should be sent to the patients

Doesn't have enough Korean translated resources

Korean staff not available for smear testing

Positive/feel good stories

He had COVID-19 early September; fortunately, it was very mild – like a cold. During the self-isolation period I could get some support from iCare Health Information Line, they arranged to send groceries

Oliver Taylor (Wellington)

Environmental scan

Consumers continue to be confused about the Te Whatu Ora and Te Aka Whai Ora transition, with many either unaware of what is changing or unable to understand where they fit within the new system. While consumer advice is mentioned and is intended to be prioritised within the new system, ways in which this is meant to happen are being confused. Hospitals continue to hold a monopoly over consumer engagement, with other service-level entities still appearing to lack appropriate consumer engagement, particularly in primary care.

The strain experienced by the clinical workforce shortages is being recognised by our community with supportive and considerate attitudes. However, it is concerning to see significant advertising for health workers to move to Australia, with adverts online, on billboards and on TV. It would be interesting to see if Aotearoa was running similar ad campaigns to entice health workers overseas to move here or if the Government had any other communication plans or incentives relating to recruiting our clinical workforce.

Input / involvement in HQSC meetings/groups.

- 15th September: Consumer Engagement QSM Reference Group meeting. The current group has members from He Hoa Tiaki, some consumer engagement and quality improvement staff from the initial localities pilot areas, including Renee, and two consumers (Edna and myself). This group

has a focus on adapting the current QSM text to the recently released Code of Expectations and for the new health entities approach, as well as general progressive adaptations and learnings from the past QSM experience.

The all-day hui discussed how the current system has been performing, how staff have been implementing and self-reporting their scores, and what tools have been used to include consumers' input, such as data collection methods, advisory group structures and reporting mechanisms. There was discussion on how the framework could change to achieve better reporting, including reducing the amount of text, providing direct written guidance for how the QSM could be used to analyse and report scores better, and the frequency of reporting.

The current implementation of the QSM was also discussed regarding the hospital focus. I asked specifically how the QSM is supposed to be used from a PHO and primary care perspective. The answer was that currently, the QSM was hospital focused and that over time it would be applied to districts as a whole, with PHO reporting being the responsibility of the team at the district hospitals. It was noted that the reference group had no PHO representation.

The verdict was that more than just the text itself, the implementation of the QSM was what needed to be supported and adjusted. Communicating how the QSM is implemented and where was the core concern, with the future work (and implementation hui) needed to ascertain how this will happen. Currently, districts and hospitals still hold some level of confusion around implementation and reporting.

- 29th – 30th September: Te Tiriti o Waitangi workshop. Over two days, the HQSC hosted a Te Tiriti educational workshop for some staff and consumers who registered. The workshop was attended by people with variations in te Tiriti experience, with both Māori and non-Māori attendance. The workshop was facilitated by Groundwork's Victoria Owen, who did a phenomenal job and was universally applauded for their work. Overall, the workshop was successful, and I would recommend it to anyone.
- 10th November: Consumer Forum (in-person) Hui, Te Papa Wellington. Many HQSC consumers will be attending this event and I look forward to what is to come of it. The un-conference style is intriguing.
- 14th December: Rangatahi/Youth Consumer Advisory Structure meeting. I will be meeting with LJ to discuss some options for a future youth-focused group which is exciting! I will bring my research and youth experience to these initial discussions and hope to work with LJ and HQSC on this in the future.

Activity (since last report)

- 13th October: Wellington Hospital Consumer Advisory Group meeting (Capital, Coast). Meeting included a presentation from the Programme Manager for a range of projects in the wider programme for upgrading a range of care services, including the Front of Whare (emergency department) upgrade project and the Heretaunga Building plan. With the completion of Te Wao Nui – Child Health Service building, the movement of services and then upgrade of the ED services will commence, with consumers supporting this project on the steering group and through workshops. There is still uncertainty with Heretaunga Building, consumers reiterating the need for clarity and engagement, considering the region-wide impacts on services. The group holds a good-faith relationship with the programme.
- Child Health Advisory Group meetings, Wellington. There have been ongoing meetings with regional child health leaders and staff on the approach to establishing the new group. Terms of

reference are being developed and a presentation to the Child Clinical Governance Board will be made on 10 November with a focus on building relationships and providing support to our work.

Services

With the cost-of-living crisis, many have found it difficult to access health, especially younger people. Urgent care is a particular area of interest, with the Wellington Accident and Urgent Medical Centre costing adult Wellington registered residents \$110 per consultation and outside Wellington residents more. Many young people have shared their experience of not going to the centre due to cost and instead waiting many hours in ED, then leaving after not being seen. Disincentivising people to attend urgent primary care creates more congestion in ED and means people are responded to later. The way we charge people for urgent care and incentivise ED needs to change. While ED in Wellington will be upgraded over the next 5 years, there remains a narrow, hospital-centric and financial focus on urgent and emergency care.

Positive stories and exemplars

In past months I have contributed to the quality window on COVID-19 part 2. Carl Shuker facilitated my engagement on the mental health of young people throughout the COVID-19 pandemic and I provided my insights on what has contributed to these core issues. I enjoyed working with him and it was a great opportunity for me to be part of something so unique. On behalf of the Commission, Carl sent me a gift for my work which I much appreciated.

I have noticed that health entities in general have been more forthcoming in reaching out to consumers, such as PHARMAC and Te Whatu Ora. This is positive and I look forward to seeing better consumer engagement.

Mark Rogers (Timaru)

Environmental scan

It's harder to find accurate information, although it's widely known that elective surgery procedures are down.

Rest Home staffing is a problem locally, which is impacting our local public and private hospital services. If there are no beds available in public, then surgery lists are affected.

Input / involvement in HQSC meetings/groups.

Participated in the Safer Prescribing and Dispensing Consumer Research project co-ordinated by HQSC. This required being interviewed by zoom by a research company.

Consumer Engagement Quality Safety Marker team. Our revamped group have had 2 meetings (one in person) and we meet again on 17 November in Wellington. The marker now extends to other areas of the public health system.

As a member of HQSC/Major Trauma New Zealand sTBI (Traumatic Brain Injury) team, I presented a session on Consumer Engagement to the hospital clinical teams from 5 different regions. My presentation included the Code of Expectations, co-design, the roles of Consumer Councils, Consumer Network and Partners in Care Team. After 5 more fortnightly sessions, this valuable piece of work will have its final presentations in Wellington on 14 February 2023.

Activity (since last report)

Highest Needs Review project; the third and final phase of the review and outcomes is due out this month.

This Government made a commitment to the Learning Support Action Plan 2019 – 2025 which identifies key priority areas for improvement. Priority 4 is to review supports for children and young

people with the highest levels of need. The engagement included 80 key stakeholders and I was included with the Rare Disorders team. The CEO of Rare Disorders sits on the Advisory Group for this project.

We agreed that change is required to the approach to education our young people with high needs receive. This requires the support of family, whānau, teachers, teacher aides, school leaders, their boards and the ministry.

I have been invited as one of two to represent New Zealand at a UNESCO international event (United Nations Education Scientific & Culture Organisation). The subject for this virtual event on 28 November is education for children with a Rare Disability, Disorder or Disease. To date, an initial meeting with our colleagues in France has taken place and a video has subsequently been recorded.

This project was co-ordinated through Rare Disorders NZ and Rare Diseases International.

I met with Michelle Arrowsmith, the new CEO of Rare Disorders NZ. This opportunity to meet in person was extremely valuable as we seek to achieve better health and education outcomes for our rare community.

Completed all survey's and policy review requests.

COVID-19 comments.

The reported numbers of cases vary a lot, however many are not being loaded into the system as people are just getting on with their everyday lives.

Ricky Ngamoki (Ōtepoti)

Environmental scan

Whānau are still struggling with rising costs of living, with Covid-19 still present in the rohe, it has been difficult.

Rising cost of kai and rent continue to be a stressor, along with the lack of affordable housing. (To rent or purchase)

Housing is a big issue in Otago and Southland. And the lack of healthy homes is an issue for whānau. There are several whānau still struggling with loss of income and dealing with the on-going effects of Covid-19.

Parking around the hospital is an increasing issue for Dunedin Public hospital. There is a lack of accessible parking for disabled, elderly and anyone in general, if they are driving themselves, or being dropped off at the hospital. The City Council is making alterations to the roading plans and are putting cycling lanes, and this is making it more and more difficult for whānau to access services.

Mental Health is on the increase here. There is a lack of skilled workers in the South Island, and it is difficult to get support for whānau when they need it. The services that are operating well, are over-run with waiting lists that they struggle to get through.

Men being released from Prison, have no accommodation, then they get placed into a motel, which is not sustainable. They then get put out on the street and end up in trouble and ultimately back in prison.

Activity (since last report)

Supporting whānau in the hāpori. Had a retreat in Colac Bay (Murihiku). Took Tāngata Whaiora and their whānau. This was a time for them to practice mahika kai activities -Traditional gathering of Toheroa, Flounders, Fishing. A hikoi to Gemstone Beach and had kōrero at Monkey Bay and the Petrified Forest.

Supporting whānau with Tangi, as there have been several of them in the Māori and Pacific community.

Gave a kōrero at the Marae to Otago Polytechnic, to Youth Work Students about the local scene in Ōtepoti.

Naturally there have also been a lot of mate in the hāpori, and I have played a pivotal role in the support of whānau with tangi.

COVID-19 comments.

Finances and resources are still stretched for a lot of whānau in the hāpori
There are still people that are struggling with long Covid-19

Services

Concern is rising about the lack of services and the on-flow effect of lack of provision. (GP, Dentist, Mental Health Practitioners) – This is becoming an increasing concern, with the spike of Mental Health due to Covid-19 and the effects it has had on whānau. This is getting worse
There is a lack of support services for those that are needing to detox from Methamphetamine – There were several services in Dunedin that were providing this, however it appears that service delivery is not the same as it was pre Covid-19

Joanne Neilson (Gisborne)

Environmental scan

The changes to the Traffic Light System have been welcomed in Tairāwhiti however at the hospital it is business as usual. The mask wearing is a necessary evil; according to most people. In Long Term Conditions people are still happy to wear them understanding the importance of keeping themselves safe.

The mood in Te Whatu Ora amongst the staff is one of fatigue and this leads to shorter tempers and frayed nerves. It doesn't help when the Director talks to the newspapers and says the nurses are doing well and the nurses reply they are not. There is a real disconnect still between management and staff. A positive note is we are having meetings about visualising our model of care with the staff at the frontline, co design working well.

Input / involvement in HQSC meetings/groups.

I am currently supporting the work with Jo Tiller from the West Coast who Russ Aiton put me in touch with on LGBTIQ+ and Communities

Activity (since last report) It is a couple of months since Mum's passing and I am still dealing with the aftermath sorting out sale of property etc. The big challenge I think will be the holidays, the first Christmas etc, but I know everyone has to go through these things at one time or another and I am grateful to the supportive whānau I have around me. I am dealing with several health issues at the moment but that is old age (lol). I have a great job that I love and wonderful people I work with so I am happy to come to work each day.

It was a surprise to see my picture in the hospitals newsletter The Waka Weekly following the Launch at Parliament, someone in Communications recognised me and added it. It got a lot of lovely feedback and gave me a chance to talk about the HQSC and the work that is done at the commission.

Over the Pride months I was invited to talk with the IRD and New Zealand Trade and Enterprise. Both talks were very well received, and the feedback was positive. I wasn't aware that the NZTE talk was Zoom around the world until I started seeing the names of the countries online including Canada, Korea, Australia UK etc.

Services

It concerns all of us at the Hauroa the number of DNA (did not attend) and no shows we are experiencing. We are spending a lot of money on locums only to have patients not show up, it means not only a waste of time and resources but appointments that could have been used by others. Not sure how to deal with this issue. I am sure other have seen this in their districts also.

Zechariah Reuelu (Porirua)

Environmental scan

This quarterly report gives summaries of the activities within the Porirua Pacific communities in the COVID-19 framework. Counting down until the festive season, we commend our Pacific communities, church leaders, congregations, elders, youth, and children for staying resilient through the retiring of the COVID-19 Protection Framework and the impact on Pacific communities' vaccination mandate updates and what that means for Pacific peoples. The cost of living has grown significantly and continues to impact Pacific populations in Porirua.

Pasifika Medical Association Conference 2022

Attended the PMA Conference to celebrate 26 years of successful navigation this year and 'Reconnect, Reflect, Reframe, Re-energise' on the 4th to 6th of September 2022 at Te Papa Museum in Wellington.

The key themes are:

RECONNECT: *Mental health innovation and integration*

REFLECT: *Humanitarian assistance and recovery*

REFRAME: *What's new in Climate Change*

RE-ENERGISE: *Moving Pacific horizons towards equity*

The Annual PMA Conference remains the largest meeting of Pacific health workers and professionals in our region.

Key collaboration partners established -

Dr Leinani Aiono-Le-Tagaloa

The only Pacific pain medicine specialist in New Zealand. Dr Leinani is keen to work collaboratively with Arthritis NZ including the webinar "pain management from an indigenous perspective". She is keen to have our input into their Mamaenga roa (chronic pain) model of care.



Dr Luke Karalus –

Osteoarthritis & Joint Replacements amongst Pacific



Wellington DHB over 4 years all elective hip & knee replacements for OA January 2018-December 2021 - 1712 joint replacements with 108 in Pacific patients, 1391 in European subgroup. During 6 months of referrals evaluated showing Pacific had a lower conversion rate to joint replacement. It shows Pacific communities are less likely to have joint replacements in public.

Where to now?

To identify the need in the Pacific community by researching the burden of disease and the level of functional impairment that results

Identify factors that contribute to this discrepancy

The formation of the Pacific Orthopaedic Surgeons Network to address the equity

AMA – Men’s Health Wellbeing Programme

I was invited to share about mental well-being during Mental Health Week. Positively Pacific interviewed me about involvement with the TAMA group.



“Zechariah Reuelu shares his journey to health and well-being. He shares a heartfelt message to other men to get healthy and be there longer for their loved ones.

Zechariah is part of Ai ia ola' - 'Eat to live' Men’s health programme which aims to improve the health and well-being of Pacific men.

<https://www.facebook.com/positivelypacific/videos/620817682853603>

Positively Pacific provides accurate information to our Region’s Pacific communities in the battle to stop the spread of coronavirus. Positively Pacific is a partnership between Pacific Health Service Providers and the 2 DHBs in the Wellington region.

The aim is to help get accurate information to our Region’s Pacific communities in the battle to stop the spread and if possible, to eliminate coronavirus. Positively Pacific will keep our families and our communities safe with up-to-date information, advice and important updates on how to reduce the impact of Covid-19. The information on this website will be available in English and wherever we are able to, also in different Pacific languages. Positively Pacific has web links to important web pages and social media sites so that you have the most up to date information we can provide.

Porirua Community Gout Programme

Arthritis New Zealand is working in partnership with three community pharmacies, Waitangirua, Cannons Creek and Porirua to deliver community-based education options. Arthritis NZ implemented a co-design process to explore the model of care that support people and their whanau/aiga living with long-term gout conditions. The programme was launched in June and facilitated by Zechariah. The largest population within the Capital & Coast District Health Board on allopurinol dosing for referred patients live in Cannons Creek & Waitangirua.

We facilitated collaborative across-sector working relationships (prompted early on in the COVID-19 pandemic) are now visible as business-as-usual and continue to be strengthened between health and social service providers in Porirua. The Tuvalu and Cook Islands community requested a health well-being workshop during their language week to cover diabetes, gout arthritis, and the prevention minimisation of gambling.



A collaboration to provide people living with arthritis gout with the opportunity to:

- Live well with arthritis gout and diabetes
- Health promotion seeks to help support environments that enhance community health and well-being.
- Empower yourself with the knowledge to manage a healthier future.

Positive stories and exemplars

Good Afternoon: I was looking at the Allopurinol dispensing data for the Porirua City area, both in terms of who is receiving in terms of ethnicity and deprivation and what is happening over time.

If you compare the Allopurinol dispensed now compared to the last 6 months of 2017, it has grown by 80% for Pacific people and a little less for others. This compares to an increase in about 25% for all medications for the area. You must be doing something right, well done!

Russell Cooke - Senior System Development Manager; Strategy, Performance and Planning (SPP) | Capital & Coast and Hutt Valley DHB

Pharmac Gout Pasifika

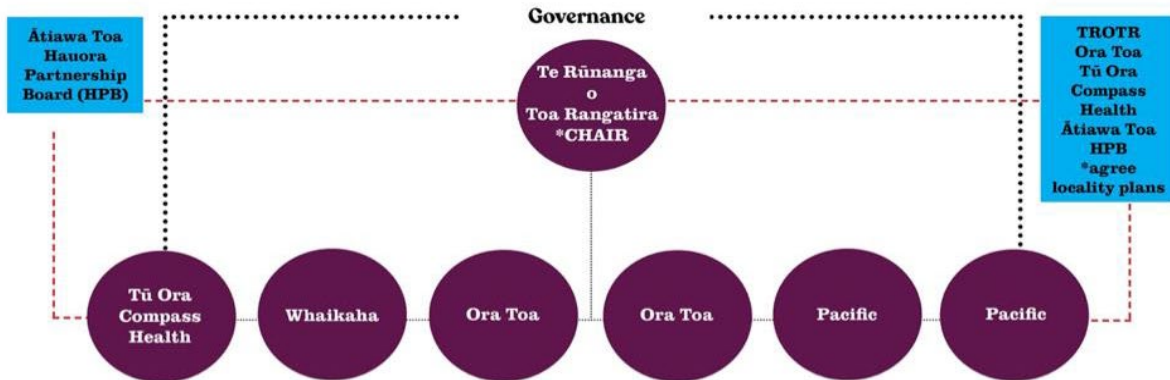
Meet with Lemalu Alexa Masina, Senior Advisor - Pacific Responsiveness at PHARMA. Pharmac released a report earlier this year, the first of its kind, which revealed alarming statistics about Pacific gout prevalence and lack of access to preventative medicine.

In the Interim Government Policy Statement (GPS) on Health, Minister Little released the two-year programme of work the Government expects the health system to deliver and achieve, this also includes health entities. Reviewing the GPS, particularly what it says about Pacific people's health and the outcomes related to Pacific health. We're in discussion with opportunities to activate Pacific health gout equity with Auckland University Gout Research team specific to outcomes for Pacific health.

Porirua Locality Health Model - Feedback from the Porirua Pasifika community

Since the two Pasifika fono we held in August and September, and the additional independent fono amongst Pacific health providers, Te Rūnanga o Toa Rangatira has spent some time carefully considering all feedback and insights gathered. The feedback has helped us to better understand the needs and expectations of the Pacific community in Porirua, as well as provided great assistance to us to refine our thinking.

Porirua Locality Organisational Structure



In consideration of their focus areas and insight, as well as Pasifika input and insights, the governance structure for the Porirua Locality Prototype Programme is as follows:

Ngati Toa believes that the structure above meets our requirement to implement a tight governance group, while also delivering on our commitment to equity and a partnership with the Pacific community of Porirua. The next step is to identify the advisory groups whose job it will be to advise and define the focus areas of our work. A robust and impartial Expressions of Interest process will be held to select the Pacific representatives on the governance group of the Porirua Locality Prototype programme.

Pinikilicious 2022

Launched in 2014, Pinikilicious focuses on the importance of health and well-being for Pacific women and girls in churches, whom they believe are the stronghold within their families, church and community. Members have a personal connection and responsibility to women and girls who have gone before or are recovering from cancer and other illnesses. The group has recently been involved with the Pasifika Proud family violence awareness campaign.

The targeted group are members of the churches who are associated with the Mafutaga Ekalesia So'ofa'tasi Porirua. There are approximately 12 –15 churches that are members and are of different denominations such as EFKS, Presbyterian, Methodist and Catholic.

This year, the organisers of Pinikilicious are extending their invitation to our men who are looking for a space to prioritise and take care of their health too.



Marlene Whaanga-Dean (Wairarapa)

Environmental scan

Te Whatu Ora - Wairarapa Hospital consumer network group. Update there has been no current hui for some time, I have emailed our Chair to confirm our next hui for Dec 2022. Any updates I will report in the next quarter, re: changes within our (WDHB).

Patients Experience of Care Steering Group – I have accepted to be part of the Steering group. Independent advice to Te Whatu Ora and HQSC national patient experience survey programme for adult hospital inpatient experience survey and adult Primary care patient experience survey. Make change.

Invitation to provide feedback on an infographic about surgery and risk in Aotearoa.

Survey: Provided feedback before 31 Oct 2022.

Covered:

- 1, Elective
- 2, Emergency
- 3, Medical Condition
- 4, Planned

Reviewing current status surgery and risk in Aotearoa. It was interesting on the breakdown of data (riskiest surgeries) surgery for younger people opposed to elderly, comparisons with different ethnicities practically for Māori (priorities) and Pacifica.

I found it confronting knowing that all surgery comes with risk factors, from a consumer's perspective, we don't get to look at data pertaining to Perioperative Mortality, however I am not surprised with the data for Māori, Pacifica, Asian falling under the radar of higher rates of death after surgery within 30days.

Due to multiple illness? Age group, urgency and complexity of the surgery.

Activity (since last report)

Trainings /Workshop

Oct 2022: Whaiora Staff Workshop, part of my role is to organise workshops / training

Maramataka – with Te Ataahia Hurihanganui

Organising an introductory to help understand Maramataka and how it can affect you and your environment “Māori Lunar Calendar, the four phases of the moon, the sun and the raising and setting of the stars throughout the two seasons of winter and summer. Past, present and future, traditional Māori healing and seasons to garden. Introducing these learnings into our community with clients, teaching to grow ‘marakai’ gardening in certain seasons and when to grow, it's great for mental health wellbeing. We know as professionals how COVID wave 1 and 2 impacted on tangata, whānau and community, the isolation, losing jobs, low income earners struggling for kai, particularly in our low socio-economic areas and for Māori. Just one way to elevate how best we can co-design with staff to care for themselves their whānau and our community.

My evaluations and feedback from 24 staff (clinical) and Kaimahi / Kaiarahi navigators

- Learn more, need more than 1 workshop
- Created wairuatanga, selfcare
- Understanding 4 phases of the moon – how? it impacts on emotional / feelings, mood, positive change
- Educate clients when appropriate
- Inspirational
- Learn Matariki Waiata Te Tau toru nui o Matariki, learn the nine stars
- Implement change

- Maramataka how it effects mood

Aim is to gather data (evaluations) bringing the teams /staff together to gain new learnings to implement change in our rohe.

Nov 2022: Mana Akiaki Life Keepers, intervention prevention suicide, identifying risk, once again attending these workshops allows me to keep in touch with my community and service providers throughout my region.

Nov 2022: De-colonisation cultural training held for Whaiora our organisation, 2 days on the coast of Riversdale /Homewood at my Marae/hapu/iwi Ngai Tumapuhia-a-Rangi.

COVID-19 comments

Covid – is still present in our community, there have been reports of long-term health issues, on occasions mask wearing (compulsory in our GP practice) and isolation for some.

Emerging trends/issues.

The prevalence of mental health in our rohe is still staggering (and in Aotearoa), partly due to Covid and other issues. I found it imperative to attend most trainings that are available and Manaakiaki was an example on why we need to find ways to push out and promote mental health and the gaps we have in this health system. How can we use intervention, prevention to support whānau and using service such as NGOs, whānau ora, and continuum of Health promotions throughout the motu is part of the long-term plan, introducing mautaranga, education to whānau / tangata. For our region we have 2 promotions running at once.

1, Tane Ora: Te Ara ā Rongo male (single dads) centred kaupapa that focuses on trauma, matauranga Māori, lived experiences, and independence reinforce the health and wellbeing, and the importance of our male pillars within our community.

2, Wahine Toa: A retreat for women's wellness simpler to the Tane.

Wairarapa Shortage of GPs our hospital is under pressure short staff in A&E extra-long waits for whanau and babies to be seen (6-8 hours) extra wait to see a GP at least 2 weeks to get in to see one.

Success stories

Completed Online Co-design e-learning course, I have introduced and shared the link for our organisation to do and with a certificate.

I continue to share information in our Tari, and the most current one that pops up is Advance care Planning or He Waka kakarauri engaging Māori in Advance care Planning. We have a Whānau Ora Kaumatua programme with 30 kaumatua that are enrolled. In conversation with kaiarahi, who runs the program (in working progress) this would be good to get up and running.

Vishal Rishi (Auckland)

Environmental scanscan

The new health reforms are very well received by the mainstream health sector agencies. However, there hasn't been any visibility about engaging with ethnic populations residing in Aotearoa, New Zealand. The Asian, ethnic, and former refugee voices are clearly missing. The EQUITY lens was not applied for all New Zealanders. However, there has been informal acknowledgement of the issues ethnic communities has been facing within health sector and key areas that needs urgent attention are; ACCESS, INFRASTRUCTURE AND MENTAL HEALTH. The ethnic sector hopes to see some positive movement at the locality-based planning stage, as the interim health plan has just been released. Ethnic people constitute more than 20 percent of total New Zealand population.

Input / involvement in HQSC meetings/groups.

The code of expectations for health entities' engagement has been widely disseminated to migrant community and provider networks, specifically the recently translated code in a number of Pacific and Asian languages.

Activity (since last report)

Developed collaborative opportunities and strengthen working relationship with key stakeholders named Allergy NZ and Cancer Society.

Attended Te Whatu Ora CM Health Asian Health & Wellbeing Community Network

Attended to Te Whatu Ora Waitemata Consumer Council meeting

Collaborated with key stakeholders for Health seminars, Health Talk and community engagement project: *Traditional Chinese Medicine Healing Centre, Auckland Council, Northcote Library, Onehunga Library, Te Manawa.*

In addition, organised and participated in other health initiatives mentioned below:

Public transport experience trip for children with disability

Planned a seminar for Japanese parents and children with disabilities.

Delivered the Youth Health Talk for migrant young people.

Supported the National Nutrition Survey – cognitive interviews with migrant groups

Organised a consumer support group Korero on 14th, and 28th October for Chinese seniors.

Services

Increasing anxiety around ongoing living costs

Redundancies are at increase and people are unable to get similar level jobs, in terms of pay/wages

More households are accessing food banks, reflecting that people are still suffering from the aftermaths of the pandemic

Positive stories and exemplars

We have delivered seven health seminars to improve Asian community's access to the health and social services in New Zealand. Five seminars were delivered in Auckland and two in Hamilton.

Consumer engagement is at the forefront for our delivery and we continue to engage with migrant populations on regular basis.

Published quarterly newsletters in three different languages. These can be accessed by clicking on the following link and if any of our network members want to publish anything in there, then please do not hesitate to contact us: <https://www.asiannetwork.org.nz/news/newsletters/>

Tofilau Bernadette Pereira (Auckland)

Environmental scan

Locality – The Otara-Papatoetoe locality has been named Le Afio'aga o Aotearoa. The name has been submitted to the Board of Southsea's Healthcare for their input and confirmation of name. Afioaga is a Samoan term referencing a geographical space, or the 'village'. The Afio'aga o Aotearoa Partners are:

- Ngati Tamaoho
- Ngai Tai ki Tamaki Pou Tangata Community Development Trust
- Grace Foundation Charitable Trust Auckland
- South Seas Healthcare Trust

- Penina Trust
- Vaka Tautua Ltd
- Pasefika Family Health Group
- Greenstone Family Clinic
- VO2 Healthcare Ltd
- ZOOM Pharmacy Ltd
- Taikura Trust
- Pacific Information Advisory Support Service (PIASS)
- Thid Age Health
- Tofa Mamao Collective zNZ
- Te Kahu Pairuri o Totara I Totara Hospice
- Community Law South Auckland
- Otarā Family & Christian Health Centre
- Pacific Homecare Trust

Pacific-led Locality Vision and Values

The Locality has a Charter that stipulates purpose, role and values that are mutually endorsed by the collective. It also defines the working relationships between the providers, and the partnership spirit that underpins the working relationship of all parties concerned.

The Locality Charter is based on the parties' collective values and shared vision for the Pacific-led Locality and demonstrates the parties' close alignment and commitment to the wellbeing of people in the Locality and their whānau.

The vision and values are set out in the Charter to strengthen the Parties working relationship with each other and commitment to their shared communities.

The parties recognise that Ngai Tai ki Tamaki PSGE Ngati Tamaoho Trust as Mana Whenua, in their existing relationship and partnership arrangements with South Seas Health Care Trust and support and share in the vision for holistic care and well-being with whānau/fanau are at the heart of everything.

Work has already begun with the development of the Locality Plan with the appointment of the General Manager. Initial work has focussed on the development of model of Care, operating Model, Locality plan based on three year roll out.

Consumer and Whānau Voice

Work in progress. Through the Director of Partners in Care, and Pacific Advisor, a meeting is being organised for 2023 to follow-up on initial work done in the area of Consumer voice with Southsea's a year prior to COVID, and during Dr Christine's time.

Code of Expectation

I acknowledge the leadership of Deon York, Director of Partners in Care, and LJ Apaipo, Pacific Advisor for supporting the Counties & Waitemata Consumer representatives on the Auckland Metro Clinical Council meeting in providing information and presentation on the Code of Expectation.

Bula Sautu Talanoa 2023 – 9th November 2022

Attended the talanoa around Bula Sautu – window on quality 2021 Pacific Health – Great opportunity to reconnect and to follow up on recommendations made by the Pacific cluster set up by HQSC/Partners in Care. Encouraging to note that the Ministry for Health will monitor the outcomes on health of Pacific people based on the recommendations from Bula Sautu. It was also reassuring to know that for the first time in the history of Aotearoa, the Strategic Plan for Pacific Peoples health is now officially part of the health strategy of the country. Acknowledgement to LJ and HQSC Team for the organisational logistics and hospitality extended to the cluster – Malo faafetai tele lava

Consumer health forum Aotearoa (CHFA)

Attended the above forum at Te Papa 10th November at Te Papa. Another invaluable opportunity to network with other consumers from around the motu. Thanks also to the HQSC Team for enabling our crew's attendance at the forum.

Christmas Cheer

Wishing everyone a well-deserved Christmas holiday with whanau, aiga, kainga. Special thanks to Deon, Dez, LJ, DJ, Lauagaia and rest of HQSC for the work and look forward to 2023 with joy and hope.

Faafetai tele lava ma ia manuia – Blessings

Tofilau Bernadette Pereira (Citizen of the universe)