
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, Amanda Stevens, Vishal Rishi, Renee Greaves, Hyejung Kim
Consumer Advisory Group	Angie Smith, Maine Mareko
He Hoa Tiaki PIC Team:	DJ Adams (Chair), Allison Anderson (minutes), LJ Apaipo, Lauagaia (Cat) Jeffries
Apologies:	Deon York, Dez McCormack, Gillian Bohm

The meeting commenced at 09:00am

1. Welcome & karakia

DJ welcomed the group and opened with a karakia. Allison went through housekeeping.

2. Mini whakawhānaungatanga/ welcome back for Renee

Renee, started. Everyone gave a quick introduction and thanked Renee for sharing her story.

3. Standard business - Previous minutes

Mark noted a typo on pg. 5 (date). The minutes were moved and seconded as correct and accepted.

3.1 Interests register

Minutes were approved with Tofilau Bernadette noting two areas for discussion: Programme plan and Centre of Excellence. Will be discussed during the meeting as they appear in the agenda already.

4. Feedback on previous CAG hui

Mary gave report on previous CAG hui:

HQSC 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

In addition, HQSC invites us to provide a consumer voice on other groups it has. One example is the Advance Care Plan Steering Group which I serve on. With the growth of the HQSC Consumer Health Forum Aotearoa, HQSC is advertising opportunities for interested consumers to offer the consumer lens across a number of different health related activities in New Zealand.

Both the Consumer Advisory Group and Te Rōpū Māori are asked for comment about some of the papers that go to the HQSC board, papers that need our consumer lens prior to the Board meeting. We have the opportunity to use our influence because we come from a wide variety of backgrounds and experiences. Sometimes the writers of the Board papers may amend the papers because of feedback the CAG provides. The Chair of CAG, Russ Aiton, attends the HQSC Board meetings as an observer.

On 28 June in the morning, we met with Te Rōpū Māori. These joint meetings allow HQSC to upskill the members of each group as we share perspectives with each other.

CAG met in the afternoon. One Board paper we commented on looked at the strategy for navigating through system change in the health sector. Understandably, there's a lot of uncertainty, even some apprehension. In my opinion, the sector is much better placed to identify, for example, workforce shortages and agree what to do about them, advocating with one voice to government.

CAG met again on 16 August. We warmly congratulated Deon York who has been appointed to lead the Partners in Care team.

We received a presentation about the visual rebranding of HQSC. The new visuals were welcomed as they do reflect engagement and Treaty partnership with Māori.

Another presentation explained the refresh of the Adverse Events policy. In the paper for the Board, an Adverse Event is defined as an incident in which harm resulted to a person receiving health care. Consumers and whānau are now included in the review process of adverse events. There are two new principles: Equity and Restorative Practice. This policy sounds very supportive. It emphasizes that it is ok to say, "I don't understand" or "I don't know" and is more directed towards a supportive and safe adverse event review environment. And, yes, we did ask about the link between this policy and the work by the Health and Disability Commissioner.

I am happy to answer any questions you may have.

A member asked for clarity on the three HQSC groups as would like to see more of a strategic/rural input.

A question was also asked about the process of getting into CAG and the answer was directed to the process outlined in the Terms of Reference of how to make it into group.

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

Since our last meeting on 28 June, the He Hoa Tiaki team has focused on setting our work programme for 2022/23 and getting the code of expectations for health entities' engagement with consumers and whānau signed off. Notably, we farewelled our fearless leader, Dr Chris Walsh, after more than ten years at the Commission. As has been advised, Deon York has been appointed to the director role in He Hoa Tiaki.

Highlights:

- Our 2022-2023 programme plan was delivered to ELT last month. Thank you for your suggestions to help us shape our work plan. Work is already underway, and we believe this financial year is going to be an exciting one with several new groups either forming or being revived, a deeper and more nuanced focus on co-design education and further developments to Ngā Pae Hiranga. An implementation guide for the code of expectations is confirmed as our SPE deliverable for this year.
- The [code of expectations](#) has been approved by the Minister of Health, Hon. Andrew Little. This is welcome and exciting news. Preparations for the Parliamentary launch on 25 August are well underway.

- The co-design e-learning modules have been completed and are now available for anyone who is interested. Link [here](#). A big shout-out goes to all who have contributed to this project. Please share with your networks.
- All Commission staff attended the Wall Walk earlier this month- a workshop designed to raise collective awareness of key events in Aotearoa's history.
- The Northern Coalition of consumer councils invited He Hoa Tiaki to a hui to get some clarity on the code of expectations and implementation plans. Deon and DJ attended and gave a presentation.
- Submissions to the consumer engagement quality and safety marker for May 2022 were reviewed by Chris, Deon, DJ, and Brittany, and feedback has now been sent out to the 17 out of 20 'DHBs' who submitted. The three non-submitters have been approached separately to discuss how the PIC team can support them to ensure submission occurs in November. The new website section for reporting the QSM has been published and can be found [here](#)
- Most of the team attended a 2-day workshop given by Helen Bevan and sponsored by the Commission. The topic was leading improvement through engagement and community. Some great ideas and actions were generated.
- Several consumer councils have taken up an offer for presentations to their groups on the consumer code work. These are underway.
- Deon and DJ met with Tauranga and Waikato consumer councils regarding the code of expectations.
- Tanaya and DJ have met with members of the consumer health forum Aotearoa who wished to discuss their areas of health and how the forum can provide support. Key meetings were with:
 - Jo Millar, Chair of Health for Grey Power regarding health of older people. Jo is a consumer champion based in Dunedin raising concerns about health care for her Grey Power community.
 - Lucy & Steve King. Lucy, with the support of nurse Robyn are champions for ADD and ADHD services in Aotearoa. A new relationship is developing with them to establish support networks and how they may engage with health services about ADD/ADHD care.
- Tanaya met with other organisations that have requested assistance recruiting consumer representatives to their work programmes. These include:
 - Maternity quality and safety team at Te Whatu Ora
 - Middlemore hospital trial for infection prevention
 - Health research through AUT for rehabilitation after injury
 - Safer prescribing programme at HQSC for long term medications
 - Reducing anticoagulant harm programme at HQSC for consumers taking anticoagulants
 - Pharmacy Council consumer representative for professional pharmacy standards review
- Ministry of Health consumer representative for the credentialing committee and panel for Pelvic Floor Reconstructive, Urogynaecological, Mesh Revision and Revision
- The planning day done with CreativeHQ is progressing for forum planning and delivery of the first in person consumer health forum Aotearoa.

6. Discussion on content for new consumer code guide – what's important to be included.

7. Tofilau Bernadette asked if team oversees rolling out implementation of code while DJ responded that yes, the team is and that there is a group being put together to create a comprehensive guide on how to implement code and that we will come to the network to present around implementation plan however, the team needed to wait until the launch before it could progress implementation any further.

Renee asked who will be implementing and how can it be done in a timely manner? Also suggested that we need to make sure to involve councils, staff, entities etc and that there is no segregation with resources. DJ responded with we need to be considerate of time and not rush and having had a delay (due to the launch) in creating an implementation guide has been good cause it gives the MOH time to work on the monitoring aspect.

Tofilau Bernadette raised concern that anything monitored by the state is going to be difficult. And that she thought that HQSC was mandated to be in charge of monitoring.

Edna asked what the function and responsibility HQSC and Te Whatu Ora are, and for us to remember that our role is to influence. The opportunity to influence is coming and we need to go stronger and harder and be constructive with our feedback.

Jennie suggested that it is an opportunity to be involved and asked if Te Whātu Ora and Māori Health Authority are working together. Allison responded with we are working with Te Whātu Ora who has their own consumer group and are looking at creating a road show.

Jennie offered and recommended utilising support in regions by asking the Network and CAG members on who to bring together within their own communities and that we also need to work with medical schools and build the implementation of the code into the curriculum from the get-go.

Mary agreed that it is an opportunity, however, is worried about standing in the way. She also noted that Covid has impacted everything, and that change is full of uncertainty and apprehension but is also full of opportunity.

Renee spoke about the need to clarify individualised patient care and community representation and the need for mentorship which many of the Network agreed with.

8. Reflections on Parliamentary launch last evening

DJ acknowledged the Network and CAG members, for their presence at the launch before seeking members' feedback which was generally positive.

9. Comments/questions on members reports submitted

See Appendix A for members reports that were discussed.

10. Update on QSM – revived reference group

DJ provided an update about the QSM and opened the floor for questions.

Comments were made by the group that the data is still not coordinated and that there is always going to be a gap as there is nothing that binds them or creates buy-in and that there is not necessarily a good translation between the different levels of the organisations.

Jenny suggested the College of GPs should be involved while Mark noted that Primary Care was missed out and Tofilau Bernadette suggested bringing in entities who are responsible.

Amanda made the comment that because she can't see the images she doesn't know if things line up and asked if the words and animations match.

Action - HQSC to send link to the updated QSM website.

11. New co-design modules demo

Allison gave an introduction and demo to the new co-design modules and how to access them online.

Mary asked for kete description for animation. Whilst both Tofilau Bernadette and Zechariah mentioned that co-design is not a new thing for Pacific and that there are plenty of other models that are available that have been used before such as the Tokelauan Inati system that Zechariah gave a recent example of being used in the Porirua Tokelauan community and

flipping the question to how do you engage with us?
Action – Allison to add kete description for animation.

12. Photo of Consumer Network Group Photo

Group convened for photo.

13. Centre of Excellence. Discuss current content. Share illustrations

DJ shared about the naming of the Centre of Excellence and how we reached 'Nga Pae Hiranga – The pathway to excellence' giving the story of the naming and the process with Ahuahu Kaunuku.

DJ showed the Consumer Hub and discussed that there were tiles still to come for the Māori and Pacific hubs and that we are intending to update the site regularly and keep people in touch with some of the work that we are doing as we are constantly working on these to ensure that there is always updated information.

DJ visited the QSM website and shared information about where you can locate the district information. Also noted that when logging in that there is a time delay on the website and to not refresh or exit the page when visiting until information has loaded.

A question was raised about whether there been a process to tell people about the time delay.

Lauagaia gave a presentation on the draft concepts received so far from Huriana Kopeke – Te Aho and described them for Amanda and Mary and how we intend to use them. She noted that once the concepts have been finalised and approved that they will also be used on the website, and in various pieces of our documentation for the team and across the Commission.

Tofilau Bernadette shared that there are different ways that we can show different cultures and their different symbols etc. and suggested using a mat to represent equity instead.

DJ shared that there is also a Pacific Photographer Evotia Tamua who is in the process of delivering some photos for us that we will also be using on the website and in our documentation.

Renee suggested 'tagging' within the website is utilised so that a search yield results without too much effort. Renee suggested that the CHFA should have a different brand to the Commission to set it apart and create recognition with consumers.

14. Proposal for new Youth advisory group – outline

LJ updated the Network on the idea for the proposed youth advisory group and that will be looking to bring together in Quarter Four of the year.

Questions were asked about the proposed structure, number of members, and where youth members will be consulted from. Oliver said that he would like to be a part of the group and bringing it together. Mark suggested that YMCA may want to help and would send us a contact for them, and Amanda suggested using Workbridge for finding a disabled youth.

Jennie brought up the idea of perhaps looking to already established youth groups such as ones that sit on local councils and other local authorities for youth representatives and Marlene also spoke to the potential of having a mentorship programme to support the youth advisors.

Discussion then lead to ideas of ensuring there is sufficient support for youth advisors and to think about the logistics of the group and how it would work i.e time and place for meetings, hours, reimbursement, turn-around times and expectations etc and that everything is co-designed by youth i.e., asking them how they would like to be involved.

Action: Mark to send YMCA contact details

15. Consumer recognition policy discussion – as it applies to localities

Renee and DJ started the discussion around the Consumer recognition policy asking how we get a national standard or create one that is recognised so that there is not a pattern where

people are treated differently all over the country.

Jenny asked if HQSC could support the standardising of a national system, in the implementation guide for the code.

Tofilau Bernadette said that she would prefer a discussion at a regional level as regions are not the same and would need to look at the different entities and as well as the different levels of community and see what works for them

Mary spoke about how the disparity of hourly rates in groups ranging from \$120-\$37/hour and how beneficiaries and students are at a disadvantage. She also spoke about how she would like to see more fairness, consistency, equity and more developing in this system by creating a national policy which allows for consumers to engage without being disadvantaged. Rather than having a cabinet manual that causes disparity and a whole health budget so constrained that consumers are at bottom of pile. Mary reminded all: If you want consumer advice you need to pay for it.

Tofilau Bernadette tabled a motion for HQSC to look further in to making this a national policy. DJ responded by saying that it's a cross-agency issue however, there could be a cross agency working group.

Allison then asked the Network to please review the Commission's policy and see if they anything that needs to be changed as this policy is currently used as a best-practice example.

Action: Tofilau Bernadette would like an update sent to the Network.

16. Wrap of day. Closing comments

Tofilau Bernadette gave best wishes to Deon and believes he is naturally fit for the role. Also asked for more opportunities to provide feedback within the meeting and suggested the idea of having a set chairperson and perhaps subject matter experts on the agenda to make meetings more purposeful.

As the team is rapidly growing the Network asked if it was possible to get a list of the He Hoa Tiaki team with their role and contact details.

Action: Send contact details for PIC team to Network

17. Karakia & close

No further business. DJ closed with a karakia.

Next hui: 16 Nov 2022 – at HQSC

Actions List:

Date	Action	Responsibility
9 September	Action - HQSC to send link to the updated QSM website	HQSC
15 October	Add kete description for animation	Allison
9 September	Tofialu Bernadette would like an update sent to the Network around the consumer recognition policy	DJ
TBC	Send YMCA contact	Mark
9 September	Send contact details for PIC team to Network	HQSC

(Member reports follow next page)

Appendix A

Summary of Consumer Network members Environmental scan reports

Mary Schnackenberg (Auckland)

Environmental scan/real time monitoring

Ongoing generally positive feelings about the health reforms, especially new respect for consumer engagement and the Code of Consumer Expectations

Growing concern about remuneration for consumer advisors. There is a wide range of payment from \$34.60 per hour to \$120.00 per hour

Consumer advisory groups that meet during working hours need to take into account that potential advisors cannot afford to lose income if they have to take time off from their employment to attend consumer advisory meetings

On 1 July Whaikaha Ministry of Disabled People was launched. We wait for the announcement of its first chief executive

The Accessibility for New Zealanders Bill has had its first reading in Parliament. The Select Committee is taking submissions until February 2023

HQSC may wish to consider how to support health providers who are expected to establish consumer advisory councils. Health entities (including service providers at all levels) may need help to listen and reflect on input from the new consumer councils who may be seen as being "inside the tent". Appointing groups may expect these consumers to be more compliant than the consumer advocacy groups "outside the tent". I was recently asked about a potential submission from a council very concerned about the lack of qualified nurses in Aged Residential

Care. Should they bring their stories of concern to the Minister of Health and would other consumer councils join them in this advocacy?

Input / involvement in HQSC meetings/groups

Tuesday, 17 May, HQSC Consumer Advisory Group, Wellington; Wednesday, 25 May, Consumer Network, Wellington; Thursday, 23 June, Advance Care Plan Steering Group; Tuesday, 28 June, Joint Te Ropu/Consumer Advisory group hui over Zoom as I had COVID; Monday, 11 July, one hour meeting of CAG over Zoom without staff;

Activity (since last report)

Auckland DHB Consumer Experiences Council, attended meetings 30 May, 20 June, 1 August. Sorting our Terms of Reference and plan of work as well as recruiting members to replace those who have recently left.

Ombudsman Disability Advisory Panel met in Wellington on 17 June. The Ombudsman reviews places of seclusion in health facilities, among other health-related projects. This is the newest disability consumer panel so it's learning about its role and the needs of a wide range of disabled New Zealanders

Pharmac Consumer Advisory Committee meetings on 10 June and 8 July. The Consumer Advisory Committee has given input into an interim report to the Minister of Health about Pharmac's plans in response to the review. Increasingly Pharmac is seeking early advice from the Consumer Advisory Committee about their several work streams. They are proactively going into the media and receiving positive comments. Their work to improve equity around medicines and medical devices is progressing.

Planned work in the coming quarter

The Pharmac Consumer Advisory Committee has monthly meetings scheduled The ADHB Consumer Experiences Council also has monthly meetings scheduled

The Disability Advisory Panel of the Office of the Ombudsman meets quarterly. Members have been invited to the 60th anniversary celebration of the founding of the Office of the Ombudsman, to be held on 12 October

Health and Wellness Group: members with various disabilities supported by the Disability Advisor at the Waitematā DHB meet to have a general catch up raising a variety of individual and systemic concerns. Their last meeting was in December 2021. For a number of reasons the meetings planned for February and May were cancelled. We will meet again on 16 August. We will discuss expanding the group to have a regional focus on disability services provided by the health system.

COVID-19 comments

My small business continues to produce audio and braille formats of various government documents.

Services

Ongoing examples of personal health information for individuals required in accessible formats not being attached to specific NHI numbers. For example, the Ministry of Health knows who is receiving disability support services. They wrote to everyone in late June a letter of reassurance that there would be no change with the shift of fundholder from the Ministry of Health to Whaikaha Ministry of Disabled People on 1 July. All letters were sent in print!

Positive/feel good stories

I recently visited the Greenlane Eye Clinic for a routine appointment. Two incidents occurred during the visit which I negotiated safely. I brought the incidents to ADHB's attention and real progress is occurring to fix the issues, one relating to the volunteer desk not being manned, and the other being a problem with a lack of information on the appointment letter. Neither issue was COVID related. I am very encouraged by the positive reaction to my concerns.

Jennie Harré Hindmarsh (Gisborne)

Environmental scan

The more collaborative across-sector working relationships (prompted early on in the Covid pandemic) are now visible as business-as-usual and continue to be strengthened between iwi- led & other health providers and education, social service & sports providers in Te Tairāwhiti.

The heightened prevalence, and related impacts, of Covid-19 and 'flu continue to preoccupy community networks, schools, workplaces, and providers of health, aged care & social services.

Regular covid and flu vaccination events (with entertainment, kai & giveaways) have been re-strengthened in the community in response to increased local transmission, hospitalisation and now deaths.

From mid-August these events are starting to offer MMR (as well as covid & flu) vaccinations and also immunisations for childhood and pregnant women.

Increasing numbers of older people are experiencing longer delays in accessing hospital outpatient investigations, operations, or other treatments (some usually considered urgent) due to exacerbated pressures on the health care system, compounded by difficulties in filling local workforce vacancies.

An even greater decrease in primary care doctors available in rural areas also is of increasing concern, especially amongst whānau living along the Coast. For example, between Gisborne city and Te Kaha (distance normally a 5-6-hour drive and currently 6-8-hour drive given volume of flood-damaged roads), in recent months there has only been one permanent GP, occasionally relieved by a flown-in-locum, rather than the four to five permanent GPs earlier in the 2000s.

Input / involvement in HQSC

8 August 2022: Provided brief feedback on Draft Proposed Standards for Anaesthesia. Specific suggestions: cultural competence and cultural safety standards be more clearly defined, along

with the relationship between these elements; and that a standard related to the Code of Expectations for Engagement with Consumers & Whānau be added - with a hyperlink to the full Code which sets out expectations of health entities to work with consumers, whānau and communities in the planning, design, delivery, and evaluation of health services (Pae Ora Healthy Futures Act 2022).

Other relevant activity (since last report)

14 June 2022: Massey University CARE webinar panel discussion about 'He Kaupapa Waka', the Māori Expert Advisory Group (MEAG) Report to MOH <https://carecca.nz/2022/06/15/release-of-maori-expert-advisory-group-meag-report-to-ministry-of-health-he-kaupapa-waka-at-care/> which provides advice on scoping a training programme for primary health care and community providers involved in routine enquiry about family violence, sexual violence, child abuse and neglect which honours voices of Māori and Pasefika whose knowledge and experience informed the report. Key points included the importance of 'trust' in new system to resource iwi/hapu/whānau and hapori to implement their solutions; risk of token regard for 'community voices' by those operating the new system; importance of training for 'screening-to-support.'

22 June 2022: Inspiring Communities 'Locally-Led Matters: Harnessing Power of Collaborative Local Leadership' webinar, a panel discussion about the current Review of Local Governance and related changes in health and education systems.

https://inspiringcommunities.org.nz/ic_webinar/locally-led-matters-harnessing-the-power-of-collaborative-local-leadership/. Key points included to focus on 'the how' by enhancing capacities and capabilities for participatory democracy and active citizenship, rather than on 'the structures.'

1 July 2022: Watched the live-stream launches of Te Ake Whai Ora and Te Whatu Ora. Speeches and video-links are recommended viewing as very informative about background to current health system reforms, and many peoples hopes and intention to pivot to more community-centred services (link to livestream is available via Minister Little's 1 July 2022 post on his Facebook page).

26 July 2022: Te Whatu Ora & Te Ake Whai Ora 'Building the Future of Health' webinar—presentations by the two CEs and Dr Nick Chamberlain (new Director Public Health Agency) about progress and next steps in developing working relationships and implementing the new health system.

COVID-19 comments

Covid infections have been prevalent across all generations with high infection rates in schools during the 2nd semester (closing some for a week or so), increased hospitalisations and now 20 deaths in Tairāwhiti.

Many older persons and those who are immunocompromised remain appropriately cautious given our heightened risks of severe illness and expressed relief when the 2nd booster vaccination became available early July (given it was at least 6-8 months since receiving the 1st booster and overseas studies indicate significantly declined protection in those over 65-70 years after 3-4 months; and the increased rates of local and national transmission, hospitalisations, and deaths).

However, to date only 34.6% of all eligible (and 23.7% Māori, 22.2% Pacific) in Te Tairāwhiti have had their 2nd booster. More people are expressing some hesitancy due to fear of side-effects and/or doubts about booster/vaccination efficacy in the face of the current information void and/or ongoing mis/disinformation.

A re-activated national education campaign is urgent to share evidence about increased protection provided by the booster, especially for older people and others at higher risk. For

example, to share the evidence both from international studies and from MOH's preliminary analysis of COVID attributed deaths to better track risks of dying, referred to by Dr Bloomfield in a media presentation on 27 July:

"This (MOH) preliminary analysis showed convincingly that getting boosted is the best thing you can do to reduce your risk of death from COVID-19. It showed, across the population, people not fully vaccinated against COVID-19, that is have had less than two doses, were six time more likely to die in they catch COVID-19, when compared to someone who has had at least one booster. For people under-60, the risk is even higher, more than 13 times greater than someone who is fully boosted. Many of people who have died under-60 had underlying health conditions and getting boosted is especially vital for them. For those who died between 20 and 60 years of age, nearly half of the deaths could have been avoided if all these people have been boosted. This analysis will be updated and refined as we collect more data. Evidence to date is that getting vaccinated continues to provide a good level of protection against severe disease from the BA.5 subvariant."

(Te Whatu Ora Covid Response & Coordination Team, personal communication 16/08/2022)

Furthermore, many expressed relief when the MOH re-encouraged the wearing of masks late July, along with providing free masks and activating an evidence-based education campaign about the efficacy of correctly worn masks, Consequently, mask wearing is again more common in local venues, including schools.

In addition, making RATs freely available to anyone has been welcomed, and people are more proactively testing themselves after being in or about to participate in high-risk large gatherings, and some iwi are encouraging or requiring people to symptom check and do a RAT test before participating in a hui/tangi.

Hyejung Kim (Auckland)

Activity (since last report)

Attended Korean society & KWWCG meetings - on 13 Jun, 18 Jun, and 11 July
Discussed COVID 19 second booster & Flu Vaccine

Delivered the Cognitive Stimulation Therapy (CST) programme to the Koreans
Mental Health Workshop on 2 June 2022

Topic: Assessment & Management of Perinatal Depression in Asian Women

Cognitive Stimulation Therapy (CST) Workshop on 25 Jun and 6 Aug

& visited Totara club on 22 June - CST Dementia day stay, to learn the program
and attended a couple of training workshops.

Health information Seminars with Harbour Sport, on 1 Aug Topic:
COVID 19

- Vaccine: get booster dose, children age, Novavax available
- Covid-19 test, how to report the RAT result
- Self-isolate and how people should prepare

Planned work in the coming quarter.

- Health information Seminar with Korean Society & KWWCG on 24 Sep
- Topic can be COVID 19 info, support for seniors, diabetes, perinatal depression, and dementia care
- Korean Day on 16 Oct

COVID-19 comments

People didn't report the RAT result when they have positive results, they just self-isolated without reporting and their household are not doing self-isolation.

Many people are still confused about being a Household Contact, if someone else in the household tests positive, they need to restart isolation or not.

Some people complained about Healthline - long waiting time & no interpreting service

Positive/feel good stories

Asian Health Service provides iCare Health Information Line, supports people who face language barriers accessing NZ health services – arrange to send COVID-19 antivirals, report to GP, food parcel etc.

Health New Zealand distributes free medical masks, N95s and RATs for ethnic communities. It was very supportive for the most vulnerable people.

Renee Greaves (Counties Manukau)

Environmental scan

CM District- We are seeing our communities fatigued by the complexities of daily living attributed to the ongoing impacts of Winter illness on whānau- being the amount of time off work and/or juggling work and whānau sickness, COVID, social impacts of feeling like a continued conservative approach to socialising over the winter.

In essence the overwhelming feeling that interacting and socialising could result in more illness, meaning some whānau are not returning to normal activities.

Increased Cost of living is having a high impact on people's wellbeing, mental wellbeing and ability to socialise, participate in community activities. Affected in particular are single parenting families and grandparents really struggling, with all aspects, cost of living, time off work etc.

There seems to be an increase in the need for support around pre-prepared meals rather than food parcels, as hard to manage cooking and all the illnesses in whānau, especially when multiple people in the household are sick simultaneously or in succession.

More requests for support through MSD support with power. Cost of living impacting-sustainability of community programmes.

Impacts for our Disability community - trying to help get our community out mobilising, current issues with many facilities normally available are unavailable due to current COVID orange settings or staffing.

Spinal patients - lack of housing is an issue post rehab, lots of people ending up in rest homes or private hospital. Necessary carers in their homes, unavailability of care support.

General concerns around the current wait time for Ambulances.

Input / involvement in HQSC meetings/groups

- QSM Re-establishment group- National group- Potentially refining the QSM to reflect the Code, and its wider applicability in the sector.

Activity (since last report)

- Any planned work in the coming quarter - Understanding and articulating how we will embed and socialise The Code within our District, and within our Patient Experience priorities at Te Whatu Ora Counties Manukau.

COVID-19 comments

- Impacts and stigmatisation around attending work and Uni whilst still sick with COVID symptoms even though clearly not COVID. Universities haven't adapted enough, meaning students are still required to proportion size of classes on site. Putting pressure on students attending sick.

- Vaccination / Immunisation fatigue - concerns around our vaccination rates for our community in particular our babies - what are we doing to address this issue?

Mark Rogers (Timaru)

Environmental scan

Winter, COVID, snow & floods have made for a challenging time. Numerous motor vehicle accidents, some fatal, would have added to the workload of our ED department. Planned care is reported as close to target.

Input / involvement in HQSC meetings/groups

The STBI Severe Brain Trauma project, where I was appointed to the steering committee, commences in mid-August. A detailed update will be provided for our next Consumer Network meeting.

I've been asked to join the Consumer Engagement Quality Safety Marker team. This revamped group will have their meeting on 17 August.

Activity (since last report)

An update on the Highest Needs Review project; the third and final phase of the review, focusing on developing options and solutions will be completed by 30 September. At the end of October, the final report goes to cabinet. For more information, visit <https://www.education.govt.nz/our-work/changes-in-education/highest-needs-review/>

Both Russ Aiton and myself were panellists on the most recent Consumer Health Forum Australia webinar. This was a follow on from the Consumers in Clinical Governance series where I was a panellist. Even though there is preparation work and a bit of a brief practice run, this type of work is enjoyable.

Discussions included how and where consumers can be involved, how we can influence, what support is required for consumers, the value of feedback and a bit about co-design.

Like the first webinar in March, feedback was very positive and provided good exposure for HQSC. There are similarities between our two countries and joint collaboration can only enhance consumer engagement.

COVID-19 comments

Temporary visitor restrictions were in place for a short period due to COVID infections.

Services

With DHB's now dissolved, there is no reporting other than what can be read on Stuff or heard on the radio. HNZ & MHA will eventually report details on their website.

Local Feelgood Stories

Our local Private Hospital (Bidwill) won the Workplace Wellbeing Award category in the annual Business Excellence awards.

Oliver Taylor (Wellington)

Environmental scan

Youth and student health continues to face barriers to entry for many services, such as reduced access to youth-specific services and subsidised primary care doctors. Mental health is an

ongoing concern. We know that COVID-19 pressures are continuing to disrupt education, overall health, and mental condition. Uncertainty around the Heretaunga Block and Hutt Valley Hospital has caused frustration and angst amongst consumers, especially considering the move to Health New Zealand and District Consumer Networks.

Input / involvement in HQSC meetings/groups

There is a project I have been involved in to capture a youth/student view on declining mental health during COVID-19. This supplemented data providing a background on the situation, reflecting an overall trend that youth mental health has been getting worse, spiked during the COVID-19 lockdown periods, and has continued to get worse moving forward, despite a view that it may reduce over time.

Activity (since last report)

I recently attended the Wellington Hospital Consumer Advisory Group meeting and a Hutt Valley Hospital Consumer Advisory Group meeting. Both meetings expressed concern with the Heretaunga Block and uncertainty that it posed, considering that patients will likely be diverted to Wellington Hospital if services are moved away from the Hutt. Now that Health New Zealand has governance over the building, the decisions are still unclear and yet to be made.

I presented the current status for the Children's CAG and work is ongoing. Terms of Reference drafting is in progress and we are being guided by the Office of the Children's Commissioner.

Planned work will be to make sure that this document and group is being established alongside the opening of the hospital.

COVID-19 comments

COVID-19 is on the rise again in student accommodations, including those living in Halls of Residence and in flats. This has caused ongoing disruption to study, and it is unclear when this will even out. My Hall community recently had their first case in a few months, and it is likely more cases will spring up before the mid-trimester break.

Alongside this, a case of meningitis was observed in another hall. It is incredibly serious for tight communities and the requirement for vaccinations in halls of residence remains our best protection.

Services

The threshold for access to MHAIDS in Wellington is particularly high and means that many who could benefit from access to the service cannot. Access to subsidised and specific youth health services in Wellington continues to be poor and means young people refrain from accessing care that they cannot afford.

Positive/feel good stories

The opening of Te Wao Nui – Wellington Children's Hospital has been moved up to October, which is great for everyone. It also means that services will have more room in Wellington Hospital as departments move into new spaces, creating a 'chain reaction' of change. Improved consumer input should add value to these services as they move into their new locations.

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) There are several whānau still struggling with loss of

income and dealing with the on-going effects of Covid-19.

The bullying that was taking place and affecting the Mental Health of Rangatahi is getting less frequent as schools begin to be more aware. Visiting hours at the hospital have not returned to what was the 'norm' before Covid.

There is still concern in the hāpori about timely access to Mental Health Services for whānau that require them.

Activity (since last report)

Actively supporting whānau Māori in the hāpori to access kai parcels and R.A.T.S and masks.

COVID-19 comments

Finances and resources are still stretched for a lot of whānau in the hāpori.

Services

Concern is rising about the lack of services and the on-flow affect 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

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

Positive/feel good stories

Working with a butcher in Tapanui to explore opportunities, to be able to allow him to process wild game, and support whānau in the Murihiku rohe. MPI are going to be doing some mass culling, and there will be excess meat that can be minced or turned into sausages. If he is able to be certified, then he will be able to process the meat and koha it to whānau that are in need.

I have been delivering training workshops in the hāpori, assisting whānau Māori and anyone interested, to learn the art of traditional Hangi – in the ground. From Hole digging to kai prep, and this has been largely successful there have been several groups, in each rōpu and they all bring their whānau along. It has been good for their Taha Hinengaro and Taha whānau, as well as the taha tinana (with the digging of the hole)

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

Amanda Smith (Nelson)

Activity (since last report)

Attendance in Managing Toxic Behaviours Workshop – applicable across a wide variety of environments. There was a specific focus on NFP's.

Meeting Minister for Disability issues end of August to highlight specific and unique needs of dual sensory impairment.

Energy rising steadily towards Be Seen Be Heard Be Connected Seminar for Deafblind Association NZ January 2023. In order to get funding for interpreters we must apply on the grounds of health rather than enhancing social contribution and dignity. This clings to the notion of D-deafblind being a matter to be "fixed". The pathway to interpreter funding is not clear enough.

Services

An 80-year-old has hearing aids and is registered blind. After nine days in hospital having lost her balance because of hearing impacted by an infection she was sent home with a walking frame. The two critical points here are that she can't see where she is going with the frame and the failure by practitioners to understand the exponential impact of dual sensory loss on orientation and balance when they said her hearing loss has not been bad enough for a referral to an audiologist. How do they know that if she hasn't seen an audiologist! She has been forced to go private. I highlight here that three things are necessary for balance: *sight, hearing, and proprioception*. *Knock out two of those and it is like constantly manoeuvring around the world on a pogo stick!*

Positive/feel good stories

Low Vision NZ have an Emergency Response Plan and are calling clients in flood-stricken areas.

Vishal Rishi (Auckland)

Environmental scan

I am delighted to submit this quarterly report to the HQSC consumer network. The report period covers the months May to August 2022. The below mentioned activities are the key activities for the reporting period.

In last four months, in addition to supporting the whanau impacted with Covid, we did engage with broader health & wellbeing consumers through a number of face to face and virtual interactions. Have collaborated with the Asian health team of the WDHB to organise two virtual psychological wellbeing workshops for migrant women. More than 120 women participated in these two workshops. Majority of the attendees have never ever accessed the mental wellbeing services in the past and now they all are connected to the relevant service providers.

Specifically engaged with the less visible Asian consumers to help them access the Covid support and welfare support services. Three face to face seminars were organised to connect with Burmese, Thai and Korean communities.

Connected with 3000 new households in the last four months and have supported them with welfare support that they have never received access to. Have distributed more than 3500 food parcels. All these new households have been added to our database for future interactions and consultations.

Have translated a number of Government announcements into various Asian languages. These translations were including but not limited to the Covid management related information, booster dose information, flu jab & booster related community clinics, border opening guidelines and much more.

Have supported a number of NGOs, religious places and broader Asian communities in Auckland and Waikato region with the supply of face masks, sanitizers and RAT kits for the various vaccination clinics.

Last but not the least, sharing some of the milestones achieved recently as a result of our collaborations with media, St John New Zealand and WDHB:

- Presented at the 2nd Health Forum on International Collaboration with Asian Countries. This forum was organized by WDHB. Please feel free to view the day2 here: [The 2nd Health Forum on International Collaboration with Asian Countries - YouTube](#)
- A joint video about 'Equity of access' for Asian & ethnic communities has been developed in collaboration with St John New Zealand. We will be sharing this video widely as one of the advocacy collaterals: You can watch the video at this [link](#)

- A recent interview by Stuff News : <https://www.stuff.co.nz/national/128677856/dairy-farm-jobs-small-town-life-behind-south-islands-rapidly-growing-asian-population>
- Another media article focussed on lack of Asian representation at leadership positions. This media article states that almost two months since the new health entity was launched, no Asian names are on the organisation's 51 leadership roles - including interim appointments. According to the 2018 Census, diverse Asians make up 15 percent of the population and are the country's fastest growing ethnic group.
- Recent figures show Asian New Zealanders have the lowest cervical and breast screening rates and are falling behind in engagement with primary healthcare.
- Population and migration researcher Francis Collins said diversity strategies in health systems needed to go beyond cultural competency training, to address structural issues, including representation in leadership and decision making. East Auckland doctor Carlos Lam said he felt Te Whatu Ora failed to canvass Asian communities for leadership candidates.
- Vishal Rishi, who leads Asian Network, said he was disappointed but not surprised at the absence of Asian faces. There was not enough voice given to Asians during the planning for Te Whatu Ora, and calls by his organisation for an Asian Health strategy also appeared to have been ignored, he said. "They need to demonstrate how do they value diversity in leadership... if it is not visible or demonstrated, then they're just talking, that's it probably." For more details, please find the article link mentioned here: <https://www.rnz.co.nz/news/national/473181/questions-on-absence-of-asian-new-zealanders-in-te-whatu-ora-health-s-leadership>

Edna Tu'itupou-Havea (Wellington)

Environmental scan

The Code of Consumer Expectations is one of the highlights of the work that HQSC does, and this is a hot topic in the health sector. Pacific health workforce and community are optimistic but nervous to how the health reform and Te Whatu Ora will contribute to their wellbeing. The formal

Pacific communities in Wellington are feeling the impact of rise in the inflation and housing crisis which inevitability contribute to increase in stress, depression, and mental health issues. The pressure of these economic and social issues is worse for Pacific groups.

Furthermore, those who had the flu reported to have a more intense experience than when they had Covid.

Your input / involvement in HQSC meetings/groups

Consumer Network Hui 25th May

QSM Reference Group 17th August

Your activity (since last report)

Wellington Tongan Leaders' Council – distribute food vouchers as form of omicron support for all Tongan families in the Wellington region.

Pacific Health Plus Whanau Ora Team –ongoing assess and provide Pacific families with identified education, health, finance, and cultural needs. Part of this work is collaboration with Cannon's Creek Pharmacy to provide affordable medication for Pacific families.

Research work (PhD, Victoria University of Wellington) Talanoa A'usia – data collection in progress, talanoa with Tongan individuals who lodged a formal complaint with either CCDHB or Hutt Valley DHB.

COVID-19 comments

The free RATS and mask packages from MOH have been distributed by health services, and community groups to Pacific households. Wearing masks has been re-emphasized in the

community, and gatherings. At Victoria University, a strong message emphasizing wearing mask was clearly emphasized when T2 resumes.

Health services in across Wellington continue to emphasize Covid 19 vaccinations.

Services

As mentioned in my activity since last report above.

Positive/feel good stories

Providing the opportunity for Tongan families to talanoa about their complaints and to feel empower to tell their stories.

Zechariah Reuelu (Wellington)

Environmental scan

This quarterly report gives summaries of the activities within the Porirua Pacific communities the COVID19 framework. Many of the activities had limitations & restrictions to ensure the Pacific organisation complied with the rules. We observe the rules had impacted all their cultural activities with families feeling uneasy and anxious to participate with COVID. The number of families participating was reduced.

The cost of living has grown significantly in Porirua since the beginning of the COVID-19 Pandemic. Through COVID-19, there have been significant impacts on a range area of the cost of living for the Pacific population in Porirua.

A number of Pacific churches and non-profit community groups continue to implement its COVID responsive plan to identify the families, particularly the vulnerable (young people), with vaccination & welfare support information.

Pharmac Gout Pasifika

Pharmac released a report earlier this year, the first of its kind, which revealed alarming statistics around Pacific gout prevalence and lack of access to preventative medicine. Tagata Pasifika worked on a story about the Pharmac report which found that 8700 Pacific need gout preventative treatment. Zechariah gave perspective from Arthritis NZ and highlighted the Porirua community gout work with people on the ground.

Tagata Pasifika gout story released:

<https://tpplus.co.nz/health-lifestyle/dont-be-ashamed-of-it-pasifika-gout-sufferers-urged-toseek-help-early/>

Porirua Locality Health Model

I attended Porirua Pacific Hui to be part of the first community meeting with Mana Whenua of Porirua, Ngāti Toa CEO Helmut Modlik. In 2021, the New Zealand Government announced transformational changes to the health system in Aotearoa. As part of those changes, our community of Porirua has been given a once-in-a-lifetime opportunity to reorganise the way our local health care is provided, to better meet the needs of everyone who lives here.

As mana Whenua of Porirua, Ngāti Toa has the honour and privilege of leading these changes in partnership with Tū Ora Compass Health and the wider health, social and community sectors of Porirua. The CEO Helmut Modlik invitation to the hui was to discuss the work underway to transform our local health system and the important role that we play as a leader and representatives of your community in making our collective efforts a success. It is important to note; that Helmut talked about the holistic mahi approach in collaboration with the Pacific whānau of Porirua.

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 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.

COVID-19

We continued to engage with the Ministry of Pacific Peoples & Ministry of Health with regular zoom fono. The information gathered from the Ministry assist with our regular updates to our families. Generally, the primary issue of concern is and Covid-19. The uncertainties and impacts on health, general wellbeing and the education of Pasifika children.

Atafu Tokelau Porirua Community Group

The Atafu Tokelau Porirua implement its COVID responsive plan to identify the Atafu and Tokelau families, particularly the vulnerable (young people), with vaccination information. During the quarter, it continued to promote the targeted Tokelau and Pasifika vaccination events for families to attend.

Zechariah was part of the komiti that supported families affected by the current Omicron outbreak who are disproportionately affected by COVID-19 with welfare support. The Atafu Tokelau "COVID Responsive komiti" of health & social practitioners plan, coordinate & implement the omicron welfare support. TheOMICRON strain of COVID hit the NZ Pasifika community hard and the government responded accordingly by providing funds to support our communities. We recognised that community services running programs to support our Pasifika people were inundated & overstretched with delivery demands.

Zechariah facilitated and reached out to Pasifika Futures to see whether they could support the Atafu Tokelau community directly. This would hopefully ease some of the pressure on

Marlene Whaanga-Dean (Wairarapa)

Environmental scan

Masterton Te Whatu Ora have increased employment this quarter with Māori Health unit Taku Wahi increasing Māori workforce into Whanau Ora services supporting whānau for Māori and Pacifica in the community and engaging those during hospital stays.

Input / involvement in HQSC meetings/groups.

- Cultural Safety training framework consumer reference group
- Video filming publication for HQSC consumer voice

Activity (since last report)

Attended 2x hui Cultural I Safety training framework consumer reference group with Marnie Carter and Shirley Simmonds a kaupapa Māori evaluations / researchers. The purpose of the framework is to provide the foundation for the development of medical colleges' education and training programmes that support doctors to undertake culturally safe practice in their medical speciality. This project is to shape the cultural safety education training framework for medical colleges in Aotearoa.

Discussions: How can we strengthen mana in this space and influence this kaupapa? Overview of Cultural safety proficiency, culturally safe environment, professionals to acknowledge their own biases, attitudes, assumptions, prejudices, structures that may affect the quality of care provided to patient practically for Māori. To achieve equity within the workforce and working environment. Our Māori perspective was warmly received from the panel. I have been fortunate to have Cultural supervision fortnightly.

Attended with Kāiarahi to support IKURA lead by Lani at our local kura kaupapa Māori.

Attended Puhikura powhiri at Te Rangimarie Marae to promote recruitment / registration for young wahine / tane into Police force.

Evening Smear clinics coming up for over-due Māori wahine at Whaiora, transport included.

COVID-19 comments

Weekend (Sat only) in its third week, this initiative is to increase vaccination numbers flu/covid-19 in our region, no appointment necessary walk-ins welcomed, transport can be arranged for the kaumatua's if required at Tekau ma iwa clinic Whaiora Masterton.

Delivering Whānau Ora Hygiene packs into the community, including local tangihana in this quarter for Whānau pani.

This quarter, steady flow of Maanaki food packs given out for reported positive COVID-19 cases within Wairarapa.

Collective karakia every Wednesday's with most Wairarapa services attending with panui.

Any emerging trends/issues

Masterton Food bank continues to be busy in this space, the requirements (6) parcels for each whānau per year, MSD is available, most have used up their entitlements for food. It has been reported that some whānau are phoning-in and order on a regular basis. Struggles are real with over-crowded homes, struggling with outgoing debts, power, rents continue to climb. Though our services do offer social support, a referral can be made to REAP house for free budgeting service with other available services attached to support. Mobilisation is an issue for those that cannot pick up their food parcels especially for elderly that are raising their grandchildren.

Ngati Kahugunu (iwi) Masterton now have available Whānau ora services. Are services really connected? (feedback from Kāiarahi /kaimahi) is there a level of confusion? competition? are services connecting? Or maybe just a co-ordinated effort of all services. It might be that intersectoral collaboration needs to transpire within our community (consumer).

GP shortage, no waiting list available in our region. This will certainly impact on our ED visits at the hospital.

Cold wet weather has increased sickness flu / pneumonia / bronchial asthma for staff and there whānau particularly tamariki and elderly.

Positive/feel good stories

I had the opportunity to attend with my colleague, kāiarahi whanau ora navigator to our local kura kaupapa Maori (school). A health promotion was held for years 7 to 12 kotiro (girls) with Lani Rotzler-Purewa a kaimahi from Upper Hutt, promoting IKURA, through a Te Ao Māori lens on 'how to take care of yourself and our environment'. One of her topics were menstrual cycles too raise awareness about the waste associated with menstrual products, promoting reusables. Well engaged young taura (students) having a voice, it was great to see more health promotions for rangatahi, regarding looking after the whenua, (environment) they take this information back to the parents and extended whānau.

As a nanny of teenage girls, I have shared this korero with them, they attend a mainstream school, and it was interesting to share this information with them. The kura is great at recycling, there are no rubbish bins on the kura (school) grounds. I found the experience a good way of connecting with our community through our local kura and they were able to access kaupapa maori services that come from other regions to promote.

Tatou tatou – kotahitanga unity all together and our waka will be strong.