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**Present:** Rowena Lewis, Muriel Tunoho, Frank Bristol, Mary Schnackenberg (both groups) Bernadette Pereira, Mark Rogers, Hyejung Kim, LJ Apaipo, Russ Aiton, Vishal Rishi, Edna Tu'itupou-Havea, DJ Adams

**Apologies:** Renee Greaves, Marlene Whaanga-Dean, Joanne Neilson, Amanda Stevens

**HQSC staff:** Chris Walsh (Chair), Deon York, Dez McCormack, Gillian Bohm, Shelley Hanifan, Shaun McNeil

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The meeting commenced at 9.03am

### **1. Opening and welcome**

Chris welcomed everyone to the meeting. LJ opened with a karakia.

**2.** Chris introduced Mary Schnackenberg as the new member for both CAG & the Network.

There was a brief Mihimihi and Whakawhānaungatanga for everyone.

Apologies (as above) were mentioned and noted.

### **3. Minutes of the meeting held 3 March 2021 and action items**

Minutes accepted. Action items updated.

Consumer network members written reports are recorded after the action items below.

### **4. Report from CAG chair**

Rowena spoke about the changes at Board level with new members etc.

### **5. Partners in Care (PIC) report**

Deon gave the Partners in Care report. Written report:

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

Since we last met, we have been focusing on completing our programme's deliverables as we near the end of the financial year and the implications for our team and the Commission in responding to the health and disability system review.

#### **Summary of activities since 3 March 2021:**

- The primary care co-design projects are now completed. Case studies are being edited and a brief report is being written on people's understanding of co-design pre and post taking part in the series of workshops.
- Baseline data for the consumer engagement quality and safety marker (QSM) is in. 19 out of 20 District Health Boards (DHB's) made a submission. With the help of DJ (focusing on the Te Tiriti aspect of the submission), we have been reviewing the hundreds of examples along with the scores provided.

- We have gone back to DHBs to confirm all examples uploaded will be shared publicly and that the DHB does not have any privacy concerns with the examples submitted.
- We will also go back to DHBs with individualised feedback and to confirm that a governance or oversight group of staff and consumers were involved in scoring and making the submission. From the submission alone this is not apparent.
- The inaugural Australian and New Zealand Consumer Experience and Leadership in Healthcare Virtual Summit took place from 17 to 19 March 2021. Minister Andrew Little welcomed participants to the forum along with his Australian counterpart Minister Greg Hunt. Dr Ashley Bloomfield delivered a keynote address. Russ, Mark, Joanne, DJ, and Amanda all appeared on our behalf along with Chris and Deon. You will recall at your last meeting that recording was taking place for this event.
- Health Literacy NZ have completed the first draft of a revised health literacy resource for health professionals. We are reviewing this.
- We last reported that a rainbow health forum would take place in March 2022 in partnership with the Ministry of Health. This will now need to be re-imagined or postponed due to a range of competing priorities.
- In April, Chris and Russ accompanied a group of internal and external speakers to Wellington, Auckland, and Christchurch to participate in each of the three Systems Leadership for Quality and Safety workshops. They spoke about consumer engagement and leadership to over 100 attendees across the country.
- The Commission is undergoing a complete overhaul of its website to bring it up to date with a new look and feel (and better functionality). The Health Literacy resource, Let's PLAN, and our other resources will all (over time) need to reflect this. Any updates to content will therefore be paused until the middle of the next financial year.
- Stated at your last meeting, but still relevant today: internally we have been supporting a range of Commission programmes to ensure that the voice and input of patients, consumers, families and whānau remains key to what programmes focus on. With a number of personnel changes at the Commission, we want to ensure that one of our strategic priorities (i.e. improving experiences for consumers and whānau) does not slip.
- Since the proactive release of the Cabinet paper detailing a proposed direction for the health and disability system, we have had meetings with the Transition Unit (who advise government on the implementation of the health and disability system review) about this direction and our programme's role in implementing aspects of this direction. We will be discussing this at today's meeting.

### **Summary of key meetings since 3 March 2021:**

Below is a summary of some of the meetings our team has been involved with since we last met. We can discuss any outcomes from these meetings you are interested in.

- 4 March – The Consumer Advisory Group to the board met one day after your meeting.
- 16 March – Workshop with Health Literacy NZ and ahuahu kaunuku (new name for the Māori health outcomes team) to progress publication of the revised resource.
- 17 March and May – Semi-regular catch up with DHB consumer council chairs and deputy chairs.
- 18-19 March - The Australian and New Zealand Consumer Experience and Leadership in Healthcare Virtual Summit.
- 30 March – Deon presented at the Commission's major trauma programme's learning session.

- 31 March – Chris and Deon met with PHARMAC to discuss its consumer engagement.
- 1 April – Chris and Deon attended the Telehealth Leadership Group meeting.
- 7 April and 5 May – meeting with South Seas Health to discuss and workshop with staff the establishment of a consumer group to inform the practice.
- 8 May – Meeting with Lynne Maher to discuss lessons from previous co-design programme and new resource in 2021/22.
- 27 May – Talanoa with Pacific consumers to discuss Bula Sautu, the Commission's 'window on quality' focusing on Pacific people.

## 6. Presentation on the Health review.

Deon presented a PowerPoint summary on the health review and what changes/responsibilities the commission may have in future. Also discussed the work done to date and what we have ahead of us.

## 7. Group work on Recommendation 1:

Chris and Deon both spoke to this recommendation and posed the question to the group - **What might a code/standard of consumer and whānau engagement look like?** Three groups broke away and below is a summary of each groups feedback. Each group presented their thoughts/feedback to the entire group.

Overall the group of consumers and whanau are very hopeful of the new system.

### Group 1 feedback- code

Needs to include the private system. Code or standard should have Te Tiriti up front and be embedded. There should be a way of ensuring the standard can be measured against equity. Standards are minimum. Code of compliance at the highest level, standard next level, then code of practice.

Needs to be more than a guideline.

Services should aspire to exceed the minimum standard. Be a will do, not should do.

Budget needs to match the requirements being asked for.

Will stakeholders be open to this idea?

Co-design it with everyone.

Reflect the current and future diversity of the population.

What's the level of engagement? Needs to be at all levels. Equalise power imbalances for full engagement and consumer /whānau engagement.

Must meet the Accessibility charter requirements.

Electronic patient record fully accessible by patient. Standardisation of ID systems for ease of safely sharing info.

Succession management for upskilling consumers/whānau.

## Group 2 feedback - code

Language – codes and standards. Will the Commission be resourced to audit and maintain standards? Will the Commission have the mandate? Could it be a charter? Safety, inclusiveness, culture.

Consumer Commission stand alone to the HQSC etc. Like in Australia.

How monitored? Do we enforce and audit?

Need for wider partnerships

Aim to empower patients and consumers to be involved in their own care – professionals struggle with this.

Advocates do not take individual cases and neither does the forum.

Design a system which enables people to give feedback.

Funding consumer involvement not mentioned in review

QSM – means the same thing to anyone who reads it regardless of which group you are in.

Talked about service responsibility – holding the service accountable so they are responsible for engaging with consumers. (Legislative solution)

Danger that potential consumers and whānau may be locked out because they simply cannot access or know about this. It needs to be flexible and transparent.

Complaint's service disproportionate – service delivered vs complaint don't sometimes match.

## Group 3 feedback – code

Prefer standard over expectation. Don't want it to just sit on the shelf.

Te Tiriti embedded. Consumer voice also embedded.

Importance of having people with lived experience at the centre. It leads to improvement in care.

Principles – needs four pillars/pou. **Partnerships, equity, whānau, transparency/accountability**. Definitions for all of these (this could be the 'how to' guide)

Whānau and community involved throughout. Hopoori is wider partnering.

Clarity around relationships and procurement systems between new entities and remuneration for consumer's time.

Easy to read and understand.

Ottawa Charter, United Nations Rights for Disabled People.

Dotted line between Māori Health Authority and Health NZ?

The best codes are easy and simple to understand.

Need to work with providers as well, what are they looking for when they seek engagement with consumers and whānau?

## 8. Group work on recommendation 2

Chris and Deon spoke to this recommendation and posed the question to the group: **What might a fora for consumers and whānau look like?**

Three groups broke away and below is a summary of each groups feedback. Each group presented their thoughts/feedback to the entire group.

### **Group 1 feedback – consumer health forum**

Suggested four regional hubs feed into a nation body. In regional hubs are the Interest groups for example:

Primary care, youth, mental health and addictions, disability, Maori, Pacific, rare disorders, heart, cancer, LGBTQI+, consumer councils etc.

What funds are needed at a local level?

Local level fora – how does the locality planning work for the communities of interest to design their own solutions?

Training and supervision for members.

Brian Coffey – MSD director for disability issues? Asked to nominate themselves? Check out how they do their database. (HQSC will follow this up).

### **Group 2 feedback – consumer health forum**

Roadshow. Interactive. Developing an App? Accessibility at all levels.

Ability to engage in a way that is appropriate.

Understanding the different interests/commitments people have.

Websites for visually impaired are not all accessible.

Being available – timing of meetings. Out of regular hours. Flexible work force – doesn't just happen in core hours.

Interactions not just happening through an email or online.

Nothing about us without us, face to face. (kanohi kit e kanohi). Create safe spaces. Ahurutanga.

Building respectful relationships.

Outcomes and goals. Manaakitanga hosting and looking after, people need to feel valued and respected. Va'a. Meetings at Marae/community spaces – not at DHB's.

No barriers – access to service, cost of transport, consistency, fees.

Talking to people. Explain in a way that can be understood. Remove medical jargon.

Ako – you sharing what you know, people sharing what they know.

### **Group 3 feedback – consumer health forum**

Privacy. Numbers we invite to join? And vetting for members. Understanding the role, the value of lived experience. Explaining what the purpose is.

Don't like a database in its natural forum – it should be interactive and more of a social media platform?

A lot of training and education for anyone who joins. Te Tiriti workshops.

Continuous feedback and invitations – lots of communication. Using knowledge of the group.

Moderated platform. Phone app?

On the ground recruitment/koha. Reimbursement for time.

Isolation, rural communities, technological isolation. Digital divide.

Need to have the grass roots directly linked

Have champions/ambassadors engaging providers. Linked with code.

Recruitment drives. Road show.

## 9. Summary of day & next steps

There was a general discussion around the complexities and amount of work that would be required to get to a “consumer centre of excellence”. Deon will prepare a board paper to keep the board informed of this work and a high-level summary of the thoughts provided.

## 10. Summary of day & feedback

Everyone was asked to comment. The feedback from everyone was very positive and the feeling was one of optimism for what can be achieved in the future for consumers and representation of their voices.

## 11. Karakia and close

LJ closed with a Karakia.

### Action's list

<b>Date</b>	<b>Item</b>	<b>Action</b>	<b>Responsibility</b>	<b>Outcome</b>
3 March 2021	7	Continue discussion around Māori name for CAG and the Network. LJ & DJ to feed in their suggestions	LJ and DJ	Suggestions for names after consultation with contacts. <b>2 June.</b> Need a commission wide response to process for tikanga in getting Te Reo names. Agenda item for next SELT. Dez actioned.

Next CAG hui – combined with Te Rōpū – 10 June

Next Consumer network hui – 8 Sept.

**Members written reports follow:**

## **Bernadette Pereira**

1. Priority for the South Auckland Pacific community since the rollout of the Covid-19 vaccination in April has largely been around getting the correct information out to the Pacific communities that the vaccine was safe and encouraging their aiga and whanau to be vaccinated.

I had worked with three Auckland-based Pacific women groups discussing the pros and cons of whether to vaccinate and why it was important to vaccinate. The percentage of those already vaccinated continues to increase and the conversations around the vaccine continue to dominate the communities through churches, youth groups, the elderly communities, and through Pacific Health clinical practices and providers.

Pacific Consumer Talanoa (Engagement) 5/05/21

2. Supported the development of a consumer's voice within the Southseas Health care in Otago in support of Dr Chris Walsh and Deon York from the Partners in Care Team in Wellington. The workshop with key social services staff of Southsea's was conducted and facilitated by Chris and Deon - 5 May 2021, Southsea's Centre, Otago Auckland.



3. Attended Metro Auckland Clinical Governance Forum April 22nd representing Counties Manukau District Health Board Consumer Council. Key point of discussion was the new NZ Health structure which will be implemented in July 2022. It's government's response to re-hauling the health system of the nation. This will have impacts on current staff of the three key DHB in the wider Auckland region. However, the majority view were in favour of the changes.

4. Attended monthly CMDHB Consumer Council's May meeting at the Middlemore hospital. Discussed consumer input into the various documents in the patient's space and car parking design for the CDHB. Meeting held 20th May 2021.

5. Primary HealthCare 2021

This was the second annual New Zealand Primary Healthcare Awards/ Tohu Mauri Ora showcasing innovation collaboration and superlative outcomes in the primary healthcare sector. Southseas Healthcare won the GENPRO GENERAL PRACTICE OF THE YEAR! Great to witness this major milestone for a community primary healthcare provider - Congratulations Southseas Healthcare - Faamalo le fai o le faiva

## **DJ Adams**

Te Reo Maori

I asked my cousin if she would give a translation, she suggested that I try the Ōkupu app that was created by her friend Paraone Gloyne.

Consumer Network: Tūhononga Kiritaki  
Consumer Advisory Group: Rōpū Kiritaki Whakatūpato

## QSM

At the end of March the submissions window ended with 19 of 20 DHB's uploading their scores and supporting documents.

Consumer Councils and DHB's anticipate the feedback and the dashboard going live.

## Waitemata DHB Consumer Council

Since our March meeting our Chair – David Lui was appointed by the minister to the Waitematā Board and at our May meeting I was confirmed by the CC as Chair. I'm grateful to have a consumer-oriented board member with whom I've had the pleasure of working with on the Consumer Council for almost 2 years. A real opportunity to increase the consumer voice.

Attended Lived Experience Advisory Council (LEAC) March meeting. Goal is to develop relationship and support the mahi this council undertakes.

## Consumer Council Meeting March 17

Welcomed Henderson High School Year 13 Student to our Council.

Mothers in Lockdown – Stories of Childbirth during March 2020 Level 4 lockdown.

Older Adults Service – Review of core values, Kaeti and I will redesign of the service.

## Consumer Council – special convened meetings 23/25 March

Consumer Engagement Quality & Safety Marker

Reviewed evidence and endorsed the submissions for upload to the framework.

## Consumer Council Meeting May 5

Welcome Westlake Boys High School Year 12 Student to our Council.

Covid-19 Vaccination programme update

Waitakere Hospital Master Site Planning

Lung Cancer Update to CC

Health Sector Reform – Presentation from Dale Bramley - WDHB CE

## Consumer Health Forum Summit 2021 March 18/19

Presentation: A consumer eye view - Being a member on a national group to develop a Quality Safety Marker which incorporates Te Tiriti

## Health Research Council of New Zealand

Assessing Committee Member 24 March

Other Activities/ events attended:

Tōtara Haumarū 'turning of the sod'



## **Hyejung Kim**

Activities from 3 March 2021

Meeting: Korean Society Committee meeting

Date: 6 Apr and 4 May

Role: Attended as a committee member

Discussion:

Helpline for Korean and providing Food & essential items for people

Providing information on COVID-19 vaccine & rollout plan to Koreans

Meeting for publishing Korean Guidebook 2021 – once a month from 1 Dec 2020 and completed late April

Health related information contained in the guidebook.

NZ Health System: GP enrolment, A&M, Emergency Hospital, Ambulance service

Eligibility for publicly funded health services and PHO enrol

Immunisation

Services and support for children

Mental health

Dementia (prevention & care)

Screening – cervical, bowel and breast cancer

Domestic violence

COVID 19 issues & safety rules

The guidebook will be distributed in June and will be available on Korean Society website

Meeting: Korean Women's Wellness Community Group

Dates: 22 March and 28 May

Role: Attended as a member

Discussion on providing information for COVID 19 Health and safety issues, vaccine rollout plan, and care for older people, cervical and breast cancer

Event: National Strategy & Action Plans workshop for older people

Date: 1 June – I will attend this event

Organised by Office for Seniors in collaboration with The Asian Network Inc. (TANI)

“The hui is to hear the voices of those who have been involved in ethnic & migrant communities and learn from their wisdom to contribute to the National Strategy and Action Plans that will support Kaumatua/older people to enjoy their life without any family harm in Aotearoa New Zealand.” (TANI invitation letter)

## **Joanne Neilson**

Activities for the last quarter (since last hui):

Meetings: Trans Health Care group for Pegasus

Pride Meetings Monthly

Speaking Engagement in Invercargill

Patha (zoom meeting)

Role: Attended

Trans Health Care is currently working with Patha on upcoming National Conference in Christchurch in September which we are co-hosting.

Pride is still recovering from the biggest pride week (10 Days) we have even had now working with the Christchurch Foundation and the City Council. We are working on becoming a charitable trust.

Speaking Engagement is for the KIND Women network, I am discussing my life and work as a Trans Advocate.

### **Mark Rogers**

Activities for the period:

Meeting: HQSC Consumer Network

Date: 3 June 2021

Role: HQSC Consumer Network member. SCDHB Consumer Council Member

1. Participated on a Health Research Council (HRC) assessment panel. Required a reasonable time commitment to go through all the proposals, however the team was good to work with and the support from HRC NZ was very good.
2. Health Care Home Collaborative. Several Consumer Engagement Seminars have been offered to Consumer Network members. A variety of interesting speakers sharing their expertise and experience.
3. Discussed Consumer Engagement QSM at our most recent Consumer Council (CC) meeting. Somewhat disappointing that there's been nominal engagement with our consumer representatives. Acknowledging some DHB's have given this project to their Clinical Boards/Councils, it keeps Consumer Council's at arms lengths, which shouldn't have occurred. I have encouraged our DHB to involve its consumer representatives with this QSM. I am happy to talk to this item.
4. My time as a Consumer Council member has ended. Four of our longest standing members terms have completed their time, however due to an early recruitment process, our DHB CC has a team of 8.
5. I've agreed to continue assisting MoH in their research into the NHIP (National Health Information Platform). The HIRA report has been circulated to Consumer Network members.

The facilitators of this project were great to work with, kept me up to date and acknowledged the contributions made by the 25 participants.

### **Russ Aiton**

West Coast DHB Consumer Council Chair

The main challenge for this quarter has been the collating of data for the DHB upload of QSM Consumer Engagement. Primarily the onboarding of WCDHB operational departments to engage in providing data and support to Consumer Council for a moderating process and

secondly, the Operational Leadership Group capacity to facilitate local socialisation.

Consumer Council has provided leadership and support to the Quality and Patient Safety Manager in ensuring data was presented, moderated, and uploaded within the HQSC timeframe.

The QSM Steering Group has waned and will struggle to provide oversight of the next 6 months and ~~engage~~ of process.

The locality consumer groups continue to establish themselves and are recruiting as required to reflect their communities and needs. This has proven to be somewhat of a challenge for DHB and realization that Consumer Council will proceed with the pathway from consultation to implementation.

An opportunity for Te Tiriti Treaty awareness has been led by Tatu Pounamu in initiating dialogue with the Consumer Council chair to partnership a process of support and recognising mutual (community) interests.

I have also (personally) enjoyed the opportunity afforded me in presenting a “Consumer” view at three HQSC Strategic Leadership workshops with the Partners in Care team. I have been able to take reflections back to Consumer Council.

### Meetings undertaken

<p><b>General Manager</b> Philip Wheble Monthly Meeting</p>	<ul style="list-style-type: none"> <li>● Monthly meetings to discuss Consumer issues and how communication is managed to communities.</li> </ul>
<p><b>Clinical Advisory Group</b> Brittany Jenkins - Director Nursing Weekly Meeting</p>	<ul style="list-style-type: none"> <li>● Weekly meeting - Consumer Council representative to the group, specifically to provide the consumer lens in proposed transition and potential changes to health services provision.</li> </ul>
<p><b>HQSC Projects</b> Zero Seclusion/Connecting Care Weekly meeting/updates</p>	<ul style="list-style-type: none"> <li>● Ongoing work around PDSAs and focus on Consumer journey and whānau involvement</li> <li>● Continuing with the DHB Chair/Co-Chair meetings – some fall-off of membership?! But the QSM data upload has provided opportunity for further support nationwide.</li> </ul>

### Vishal Rishi:

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

- Organised and co-ordinated a dedicated consumer consultation survey of 60 South Asian mums for the use of foetal heart monitor during pregnancy and at the time of childbirth.

This consultation work was contracted by ACC to one of the consulting firms and that consulting firm approached us to organise this consumer consultation. The learnings from the information collected through this consultation shall be used to train the health workforce and professionals, specifically around cultural worldview about South Asian mums about the use of foetal heart monitor.

- Another culturally appropriate quarterly Chinese Health Seminar was successfully delivered to the west Auckland communities.
- Developed collaborative opportunities and strengthen working relationship with key stakeholders:
  - Joined the Waitakere Hospital 20 Year Vision Consumer Engagement Workshop.
  - Represented at Asian Mental Health & Addiction Workstream Network meeting to provide an update on the Asian health space and community engagement initiatives
  - Attended the Metro Auckland Asian & MELAA Primary Care Service Improvement Group meeting. These meetings are convened by WDHB.
  - Participated and contributed to the Asian dementia stakeholder workshop.
  - Collaborated with Takapuna Community Link, local rest home service provider, and Te Manawa Library to deliver a culturally appropriate Health Seminar specifically designed for the Chinese communities.
  - Collaborated with the mental health team from WDHB to plan and organise a health talk for the Asian community.
  - Had a meeting with Breast Screening Auckland Central Service and explored further collaboration, specifically how we can help BS Auckland to connect with the Asian communities.
  - Attended the Asian Caucus half yearly meeting organised by the Public Health Agency (PHA).
  - Participated in the qualitative survey about NZ health service utilisation by the Japanese communities residing in Aotearoa.
  - Joined the Ethnic Communities Mental Wellbeing Hui.
  - Participated in the focus group of Palliative care service providers and discuss in detail about the broader community needs with reference to Asian specific needs.
- Organised and coordinated a regional network meeting that was attended by more than 65 participants comprised of health consumers, community leaders, DHB staff and academia. We invited Burns Unit, NZ Police and NZ Fire Services to demonstrate the importance of taking special safety measures during winter season. This was a good refresher and a gentle reminder for the community leaders and present service providers on the day.
- Continued outreaching the consumers via social media channels and through a number of community events.

## **Amanda Stevens**

### **Meeting: *DSS Consumer Consortium***

- Be Seen, Be Heard, Be Connected Deafblind Association NZ Seminar 2021 Auckland. This offered the deafblind community a platform for connecting face to face to discuss issues critical to them. A telling comment from one person was that they felt their dual sensory loss was normalised because everyone in the room was understood and the right supports were in place for all. Peer to peer support groups have been inspired to form

and will create platforms for discussion around the Health and Disability System Transition and what it might mean for the deafblind community.

- The Australian and New Zealand Consumer and Leadership Experience Virtual Healthcare Summit was promoted across our network. Feedback indicated that the web programme was difficult to access and the summit itself difficult to navigate in terms of the needs of deafblind. Instructions to “click on the pink bubble for help” put several people outside the summit entirely. The link to the recordings on behalf of the HQSC were circulated later.

## **LJ Apaipo**

Acknowledgements to those that we have loved and lost.

Honour paid to those that cannot be with us today but are present with us aa wairua (In spirit) Marlene, Amanda, and Joanne.

Acknowledgments to whānau, the ones back home, keeping the fires burning and taking care of our whare, while those of us that can, have gathered.

Since our last meeting have been present involved in several kaupapa

-I am still involved at a consumer level with the rebuild of the SDHB's New hospital. This has been a frustrating process. There have been several project teams, that have changed consistently for the past 4 years. The current one is working well, and there has been progress. It is difficult to measure all the success, though one of the biggest things that has added value to the over-all process, has been having the talanoa and korero from patience and their whānau. This provides us with a perspective that practitioners cannot comment on, as they see the entire process differently to the Patient and their whānau.

I have recently become a Trustee of the THETA trust Board.

THETA – Theatre in Health Trust, under this, we deliver the national 'Sexwise' tour. Every year there are schools and community groups that pull out at the last minute. If you have contacts in your roohe that we may be able to keep in touch with/network with, please have them get in touch with us so that we can keep an active database and ensure that any spaces that become available can be filled. This is a great programme and it really is an opportunity to good to pass up.

For more information about THETA and to checkout snippets of the Sexwise show, please visit the websites:

THETA - <https://www.theta.org.nz/>

Sexwise - <https://sexwise.nz/>

This is a performance group that many of my whānau have been a part of performing with, and a kaupapa that is so important for our rangatahi in Aotearoa. It covers many issues from Stigma of Mental Health to sexual health and de-mystifies things for rangatahi, assisting them to feel more comfortable sharing korero about the 'birds and the bees', they also have a general show, and then a Māori and Pacific specific one, that looks at these topics through cultural lenses.

I was recently on a pacific panel that reviewed the Bula Sautu paper that was released by the HQSC. This was held in wellington, with a good cross section of the pacific communities, and experience.

This fono was an eye opener for some of those in attendance, and was another sigh, for those of us that are aware of how negative the effects are reflected, when comparing the healthcare

issues that Pacific face vs middle class white New Zealanders. There are a lot of stats that will not capture the reality of how bleak and dire things are for highly impoverished Māori and Pacific families living in overcrowded properties, without access to reasonable health care that they can afford. There are also those that have not the means to travel to an appointment, let alone pay for the appointment too.

There is a lot of mahi to be done in this space, and not just for Pacific. There are issues that need to be sorted and rectified for Māori, if it works for Māori, it can be adapted and will work for anyone else.

This day was a very special day, and one that brought a number of us in the room closer. From beginning the day as strangers and then getting mixed up and working together in smaller focus groups throughout the day, it was great to see the diversity and traversing of ages and mindsets.

Big love to all that were present and humble thanks to the HQSC for making it all possible. Janice came and shared time and space with us, and Dr Christine Walsh, Dez McCormack and Deon York hosted like there was no tomorrow. It was great to catch up with Bernadette at the Fono and bask in the va of the day, it was truly magical.

Thank you all for the mahi that you undertake in your roohe and many thanks also, to those that give us all updates about what is happening in your world, and things that we may want to look at or be involved with.

Mihi to Dr Chris, Dez, Deon and Gillian for their manaakitanga of us during our time kanohi ki te kanohi. It is really important to those of us that travel at ridiculous hours of the morning that we feel welcomed and comfortable during our time here. This team provides an experience second to none and we are all grateful.