
Chair: Russ Aiton
Members: Frank Bristol, Mary Schnackenberg, Delphina Soti, Angie Smith, Jodie Bennett,
Maine Mareko
In attendance: Deon York, DJ Adams, Dez McCormack, Allison Anderson (He Hoa Tiaki |
Partners in Care team)

The meeting commenced at 10:02am

1. Welcome & karakia

Russ welcomed the group. DJ opened with a karakia.

2.1 Standard business - Previous minutes

The minutes were moved as correct and accepted. Angie moved. Jodie seconded.

2.2 Action items

The amendment to the minutes for the joint Te Rōpū / CAG hui on 28 June has been passed back to Ahu Ahu Kaunuku with support from director Stephanie Turner for the amendment. CAG to be sent the amendment.

2.3 Interests register

Russ mentioned updates which he will email to PIC.

Angie has updates and will also advise.

Frank has changes also as he is leaving his GM role at Balance Aotearoa on 15 December.

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

Deon spoke to the written report prepared by Allison:

Update to Te Kāhui Mahi Ngātahi | Consumer Advisory Group

Quarter one this financial year started off in a un unprecedented way with the official establishment of Te Whatu Ora and Te Aka Whai Ora on July 1. The code of expectations was signed then tabled on 9 August, which allowed for an official Parliamentary launch of both the code and the Consumer Health forum Aotearoa on 25 August. Consumer members and stakeholders from across the motu joined the Commission for a celebration of this long-awaited milestone.

As the code of expectations gains momentum, EOI's for consumer participation in various projects across the sector are significantly on the rise. Increased interest in consumer engagement is evidenced by the increasing requests for meetings and engagements with stakeholders. The team are developing a more streamlined process for consumer and whānau recruitment. Socialisation and the implementation guidance for the code are also in development.

Highlights:

- Consumer Health forum event one (Parliamentary launch and dinner), 25 August. A great deal went into planning and orchestrating this event. A big thanks to Dez, Tanaya and Zelda for a stellar effort.
- Most of the team attended Helen Bevan's 2-day workshop entitled 'Creating tomorrow today: principles and actions for large scale change', hosted by the Commission. We all came away with energy and new ideas which can lead to innovative change.
- QSM reference group establishment- integrating the code of expectations into the framework/expectations for compliance. Meet again 17 November
- Te Tiriti advocacy workshop held 28-29 September in Wellington for CAG and CN members who have not attended thus far
- Deon, DJ and Catherine (HQI team) were invited by Taranaki consumer council to meet with council, staff and clinicians. They presented to a large group re: code of expectations, and patient experience data. They saw the new hospital development plans and had a chance to develop new and strengthen existing relationships in the region.
- Code implementation advisory group established, meet again 23 November. Out of this advisory group, PIC will produce an Implementation guide complete by Q4.

Looking forward:

- Continued joint work with AK/ MHA whānau, hapu, marae voices.
- Four new co-design courses in development, video and images, translations etc. these will be available early December. Modules will join the introduction course to form a suite of Co-design e-learning options.
- Continued work with HQI on patient experience data.
- Bula Sautu group established, and first meeting planned for December
- Second Consumer Health Forum event scheduled for 10 November- Te Papa
- CHFA online event for consumer leaders. This will be a workshop, held with Creative HQ for those interested in strategic plan for CHFA.
- Comm's plan to advertise the CHFA and the Let's plan resources via Medi-board in health practices around the country
- Can you recommend someone in your networks who has been involved as a consumer/lived experience, whānau member in a co-design project in the health sector? We are looking to interview a few people who would be willing to share their experience(s). Please get in touch with anyone on the team with any suggestions or questions.

External Engagements of interest

As mentioned before an increase in engagements regarding the code has meant the team have been very busy meeting and making connections. Here is just a snapshot:

- 7 September-PIC team met with ACC's Customer on 7 September to discuss the code and learn about ACC's position on adhering to the code of expectations. We will continue to develop our relationship and share consumer opportunities.
- We continue to meet with the consumer co-leads from Te Aka Whai Ora and Te Whatu Ora on a fortnightly basis to share ideas and ensure no duplication of work is happening

within the consumer voice framework and sharing operating models, programme plans and other collaborative discussions.

- 9 August-Cat and DJ attended the Victoria University Pasifika careers expo. They spoke with many of interested students about advisory roles in the public sector.
- Meetings with regional consumer councils mostly focused on the code of expectations, locality planning and the role of consumer councils under Te Whatu Ora. These groups include Bay of Plenty, Waikato, Tauranga, Nelson-Marlborough, and the Consumer council chairs group.

Deon added the PIC content that is in the CE's report to the board:

Following the parliamentary launch of the code of expectations for health entities' engagement with consumers and whānau and its wide distribution, there has been an increase in interest in the code, including by health entities who are not required to apply it.

The focus is now on developing and providing resources to assist the sector with code implementation. A reference group comprising members of the PIC team, consumer and whānau representatives, Ahuahu Kaunuku, Te Whatu Ora, Te Aka Whai Ora, Manatū Hauora, Pharmac and the New Zealand Blood Service met on 28 September to discuss implementation of the code across the health entities, and Manatū Hauora's role in monitoring the code. Representation from the office of the Health and Disability Commissioner (HDC) was also very useful in learning from HDC about the implementation of a code. A code implementation guide is one of the Commission's SPE deliverables.

Membership to the consumer health forum continues to grow, and a face-to-face forum is planned for 10 November in Wellington.

The Commission is a finalist in the plain language awards in the 'best plain English – public sector' category for the resource *Let's plan for your next health care visit* with the winner expected to be announced shortly.

Angie asked about the Bula Satu group and the background of why this group is being established. Deon explained this history.

Further explanation was provided by Deon on the Code implementation advisory group and processes around the guide and what else is involved with this next phase of socialisation. There is a mixed uptake of response to the code from various areas of Te Whatu Ora. Frank asked about inquiries from Primary care re new code. Deon advised there have been enquiries from primary care as well e.g., Pinnacle Health & WellSouth.

Comments also raised around the time it will take to get the guide out and that districts plans will already be established when the guide is released. Russ raised issues of non-compliance to applying code.

Mary also noted concern re applying code, particularly with the strain the health service is under, and to walk alongside clinicians etc. who do want to support the code.

Frank advised the following in the chat function:

"Communication received yesterday: To date Gary Tonkin and I [Jo Witko] have done some brief engagement to develop some design principles that will guide the [Health] operating model – in the last few months we've been focused on engaging with communities that tend not to be well heard within the health system (Rainbow communities, refugees, disabled people, youth) to further shape these design principles.

Comment that consumers need to be involved in developing the design principles.

4. Members environmental scan

These were provided in writing and distributed prior to this hui for members to note.

These member scans appear as Appendix 1 following these minutes.

All members spoke briefly to their reports.

Frank added verbally that vast majority of GP practices have closed their books to new people. Vaccination boosters have dropped off considerably. Teams being disestablished.

Uncertainty around visibility of peer workforce. Not in workstream documents. No provision for payment to lived experience consumer roles. Expecting pushback from consumers.

5. Top 3-5 collective issues CAG identify to raise with board (on going)

The board requested at their 26 August hui, that the CAG identify the top 3-5 issues from their environmental scans for the board's attention. The board paper will be sent following this hui.

Following discussion and review of the environmental scans provided – the following will be provided for the board paper:

- 1. Pressure on health services:** Three weeks to get into GP, even if services needed are considered urgent. In many areas, new GP registrations are not being taken. There is a lack of doctors, midwives, and staff to serve the public with many opportunities not receiving any applicants. Medical staff are mentioning critical state and voicing concerns for risks to patient safety. Consumers and whānau are afraid to get sick, due to lack of services. Mental health services are also suffering due to an increase in demand proportionate to services available, especially for Māori and Pacific consumers. The community must continue to emphasise the importance of seeking medical attention when unwell.
- 2. Items raise by the district consumer councils:**
Lack of consumers involvement in developing the design principles, including an action plan that Te Whatu Ora are leading. So far there is no obvious consumer input into operational planning. This also applies to Lived Experience NGOs who are also not currently being consulted by Te Whatu Ora.
- 3. Ongoing issues with accessibility to personal digital health information** being provided from health services. All health records need to be joined-up and made accessible to consumers and whānau.
- 4. Social services:** Truancy levels are at an all-time high due to COVID concerns. Family violence on increase. Mental health issues very prevalent in youth communities. Food banks are busy, petrol prices and lack of affordable housing are major barriers to health. This highlights the importance of keeping a focus on the social determinants of health in any health response.

6. Board paper feedback.

There was a high degree of feedback on the four papers CAG reviewed.

CAG would like to pass back congratulations for the significant amount of work contained within these papers.

Comments provided to back to teams is listed under each paper heading below.

6.1 Expanding the patient experience programme (HQI)

Overall comments on the contents of the paper:

- How can it be made clearer that there is qualitative data behind these surveys as well?
- How is mental health outpatient data included/covered, considering the high proportion of mental health care is not inpatient?
- Need to look at holistic responses to mental health needs and how people are accessing and faring with these
- Iwi demographics included. Great to see.
- Ensure that data and recommendations are looping back to iwi
- Talanoa is not synonymous with feedback
- Good to know Te Tiriti o Waitangi is included

Some specific questions and comments:

- Mental Health already has existing survey – Te Pou Survey. Does the Commission link in with this at all?
- Can mental health outpatients be split out from the inpatient survey?
- How were the priorities selected, were consumers involved?
- Who fills (or isn't filling in) these surveys? What are the barriers to collecting the data?
- How to get the right voices through?
- Contextual and cultural consideration needs to be given, it may not be the patient that will give the accurate feedback, as culturally their may be a need to feedback only positively (only putting out positive vibes)
- Do the surveys have a cultural lens across them?

6.2 POMRC surveillance (HQI)

- Consistently bringing transparency of the data to the public
- Agree with the work described in this report, straight forward
- Surveillance is an unfortunate word choice
- Important for whānau when closing the loop
- Not a lot of comment needed from CAG
- Jodie- straightforward. Word 'surveillance' not the best choice, esp. for mental health whānau. Clinically led.

6.3 Commission role in transparency in the new system (HQI)

- Good work on this mahi, great to see improvement, big ups to the Commission
- Concern how the data is made public, how open would the Commission would like the data to be? Māori data sovereignty also a concern, . Pg 55 - tools not considered with Māori in mind a concern.
- Balance between openness and protection of data, different ways to interpret the data, from a specific point of view for a particular reason
- Consider the nature of the language and the method that data is displayed
- Data transparency
- Excellent acknowledgement in paragraph 16. 'We must address this shortcoming in any specifically public-facing design.'
- Include IMPBs to avoid a tickbox activity
- Public health data public-facing to ensure authenticity
- Use of Infometrics and Infographics and avoid spider diagrams
- speaks to the balance between openness and confidentiality. Request that Commission be mindful of nature of language and how information is received. Include language of interpretation along with the transparency.

- Important that public-facing data is prioritised. This is important for consumers who have had negative experiences; this provides some redress.

6.4 PMMRC 15th report and board paper (MRC)

The Consumer Advisory Group (CAG) would again like to congratulate the authors for the significant work evident in the PMMRC's report. CAG welcome the report, but unsurprisingly found the content alarming and were focused on how improvements can be made. A summary of comments is below:

- Report content sensitive and disturbing – some information we've already been told for years. Ongoing lack of midwives: What can we do to turn this around?
- Workforce/ resourcing issues, nothing will happen until these issues are addressed
- How can we support the board to prioritise the recommendations? No significant reduction in perinatal mortality. Report tells us the same thing that has been said before, lack of midwives etc. What can we do today to make a difference for tomorrow? We mustn't delay the support given to mothers, supporting mothers that are getting into difficulties
- Importance of a system/locality- wide approach to wellbeing, a more holistic, all of Government approach is required – example: warm, dry homes improve health outcomes. Localities need to work in partnerships, bigger wider system to support wellbeing of mothers and babies

7. Other business. Karakia & close

No further business. DJ closed with a Karakia.

Next hui: 24 November 22 – in person with Board

Actions List:

Date	Action	Responsibility
4 Oct	Send amendment for Te Rōpū /CAG hui minutes to the CAG. (Already sent to AK)	DJ
4 Oct	Russ, Angie & Frank have changes to the Interests register which they will advise.	Russ, Angie, Frank

(Member reports follow next page)

Appendix A

Russ Aiton – West Coast

Chair - Consumer Council WCDHB
Chair - National Chairs Group (Consumer Councils)
Co-Chair – Consumer Advisory Group (HQSC)
Chair – Cornerstone Family Support Services (Greymouth)

Environmental scan/real time monitoring

Our Pilot Locality steering group continues to be silent on its engagement with consumers and community. Given that Consumer Councils were stated as key to the submission made, we remain unclear as to the processes and planning already undertaken... or not.

Support for the Council is not evident.

Communication and transparency continue to be problematic.

The code of expectations for health entities 'engagement with consumers and whānau as launched 25th August is not seemingly being referenced on what is required when and as to how consumers are positively engaged.

COVID-19 comments.

COVID response team(s) stood down across the coast releasing staff back to operations and support functions. However, there are still COVID cases, as well as seasonal flu cases, coming in via unplanned care and to health centre maintaining the pressure on health of workforce.

Services

(New) Mental Health build at Te Nikau is both welcomed and a focus of concern that no local architect or building services have yet to be engaged. Similar concerns again around communication and involvement of community. Some reach out to stand up a consumer forum, but this is seen very much as a (DHB-esk) tick box exercise.

Mary Schnackenberg (Auckland)

Environmental scan/real time monitoring

The need to market the Code of Expectations for Health Entities Engagement with Consumers and Whānau 2022. This is especially because it aligns with the UN Convention on the Rights of Persons with Disabilities, the New Zealand Disability Strategy 2016-2026, government's Disability Action Plan and more. There is still the challenge to help all involved to grasp the distinction between consumer advice and consumer advocacy.

Paula Tesoriero has been appointed the Chief Executive of Whaikaha – Ministry of Disabled People. In mid-2017 Paula was appointed the Disability Rights Commissioner at the Human Rights Commission. She has the task, in my view, to explain "the why" to government, and the "why not" to the disability community. I am confident that, if anyone can undertake this task successfully, Paula can.

The Accessibility for New Zealanders Bill has had its first reading in Parliament. The Select Committee is taking submissions until 7 November 2022. In my reading of the Bill, I can find no enforcement provisions. There is a Ministerial Advisory Committee to be set up who can give advice to the Minister for Disability Issues who may or may not follow the advice given.

Input / involvement in HQSC meetings/groups

16 August CAG, Zoom.

25 August, Parliamentary launch of Code of Expectations for health entities engagement with consumers and whānau 2022.

26 August, Consumer Network, in person.

5 September, CAG meeting without HQSC staff over Zoom.

Activity (since last report)

Pharmac Consumer Advisory Committee meetings on 12 August and 9 September. This government's restructure of the health system has increased the working together of the various entities. I believe this working together was necessitated by COVID-19 and I am pleased to see this collaboration strengthening. The Consumer Advisory Committee gave input into an interim report to the Minister of Health about Pharmac's plans in response to the review and we will be supporting Pharmac with its final response due at the end of October. Increasingly Pharmac is seeking early advice from the Consumer Advisory Committee about their several work streams and is proactively going into the media about its work.

Auckland Health and Wellness Group: Members with various disabilities supported by the Disability Advisor at the Waitemata DHB have been meeting to have a general catch up raising a variety of individual and systemic concerns. At the 16 August meeting we caught up and then agreed to disband until the consumer advisory framework of the northern region of Health New Zealand becomes clear. The group feels there is a need for disability input into the consumer advisory framework.

The Ombudsman Disability Advisory Panel met over Zoom on 21 September. There was discussion about the Accessibility for New Zealanders Bill when a high level of disappointment was expressed. The burden of the current New Zealand complaints system was aired, and no one could see any lessening of this burden.

Over some 30 years I have participated in group complaints to the Ombudsman, the Health and Disability Commissioner and the Human Rights Commission. In my experience, complainants must be courageous and tenacious and, ideally, have good reading, writing and advocacy skills, including listening to the other side's perspective. That can be a very tiring ask. Yet, over time there have been real wins that are lasting.

Any planned work in the coming quarter.

- The Pharmac Consumer Advisory Committee has monthly meetings scheduled.
- The ADHB Consumer Experiences Council has monthly meetings scheduled.
- The Disability Advisory Panel of the Office of the Ombudsman meets quarterly. The next meeting is planned as face to face on 22 November.

COVID-19 comments

My small business continues to produce audio and braille formats of various government documents. We now have an Alexa Smart Speaker skill called My Information. This adds one more channel to the availability of the audio documents. Marketing the availability of these documents remains a very real challenge.

Services

Ongoing examples of personal health information for individuals required in accessible formats not being attached to specific NHI numbers. For example, it should be possible to look up current prescriptions and dosages in My Health Record the same day the prescription is written.

Jodie Bennett, (Auckland) Changing Minds (Mental Health and Addiction Sector)

Environmental scan/real time monitoring

Meaningful engagement with Lived Experience leadership seems uncertain as transformation planning and workflows are developed locally, regionally and nationally. The Lived Experience community sees a need for effective community engagement sooner rather than later.

We anticipate the Mental Health Repeal and Replace Act draft to come through for review later this year.

There is a sense of hope within the sector regarding privileging Lived Experience, Consumer and Whanau voices through the newly launched Code of Expectations. There are some questions around how it will be implemented, with uncertainty around how meaningful and sustainable engagement can be achieved.

Jodie joined a roundtable of 50+ diverse experts on perinatal and maternal mental health at Parliament last week, as part of the Āhurutia Te Rito | It Takes A Village project led by Associate Fellow Dr Holly Walker, from Mahi a Rongo | The Helen Clark Foundation. The aim of the day was to generate a shared vision for the future of perinatal and whānau wellbeing in Aotearoa NZ and identify concrete next steps for policy change to advance this vision. The roundtable was hosted by Associate Health Minister Ayesha Verrall and saw other Members of Parliament from the National and Greens party also in attendance.

Changing Minds survey – What Does Transformation Look Like? Our health system is currently undergoing a once-in-a-lifetime change, but a lot of what this change looks like is still uncertain. Changing Minds is able to advocate for positive transformation for Tāngata Mātau ā-wheako (people with lived experience of mental distress and/or addiction), and our advocacy is grounded in the views and expertise of our community.

Our goal is to understand the current thoughts, needs and wants of Tāngata Mātau ā-wheako. The survey is open for the next few weeks, and all are encouraged to participate and share their views by taking part in our short survey here: <https://www.surveymonkey.com/r/M7JW7QR>

COVID-19 comments.

Increasing anxiety is being felt as mandatory mask-wearing and restrictions have been lifted. The psychosocial effects of COVID-19 are still being felt across the motu.

Services

Mental Health and Addiction services continue to feel stretched due to illness (flu and COVID) and increasing demand.

Positive/feel good stories

A new proposed mental health building development, E Tū Wairua Hinengaro, has received approval. It will be the first multi-levelled mental health design facility. This replaces four 'leaky' buildings on the Mason Clinic site which were built in the early 90's. \$162.8M has been approved to serve up to 60 patients in what will be a high security building. It has been noted there has been no high security psychiatric unit in Aotearoa since Lake Alice closed in 1999.

Positively, the E Tū Wairua Hinengaro building will be reintegrating a bi-cultural model of care through co-design with mana whenua and Ngāti Whātua. For example, all admissions (whanau, visitors) will enter through a whareniui.

Maine Mareko (Dunedin)

This is a difficult report to compile, as I have been on tangi leave, as there have been multiple deaths in my anau, and community.

Covid is still prevalent, and this continues to be both a stressor and a barrier for people in the community.

The Flu has been particularly nasty and affected a lot of people.

The workforce is tired and have not had a break, regardless of the environment remaining an ever-changing eco-system

It has been a full school term, and the longest one that has been un-interrupted since 2019.

The rate of truancy is high.

With regard to Youth offending, it is getting younger. Generally, it has sat at 14–18-year-olds

We are now becoming increasingly concerned about the 12-24 bracket.

With regard to 8–10-Year-olds, we are experiencing concerns about:

- Anxiety
- Truancy
- Knowledge gaps for the age group
- The transition to High School not being the same, and being more difficult, because of the change in schooling and its effectiveness with the effect of Covid-19
- There are increasing gaps in social skills that young people have missed out on, with school being online and mixed mediums for education
- The community want to be responsive, however this is seeming impossible as the supports that are available are part of a wider system that remains, one that, people struggle to engage with.

We have been able to establish the 'Te Puna Mokopuna table' – This is an interagency group that is working alongside rangatahi that have witnessed or experienced family harm and are starting to replicate some of the learned behaviours. This is run out of the Whangaia Ngaa Paa Harakeke space which is facilitated A3 Kaitiaki.

The foodbank that was established in our office continues to grow and is a service that whānau are continuing to engage with.

The rising cost of petrol continues to be a barrier for access to services and supports

This has also become a barrier for rangatahi accessing school.

We still have whānau in transitional housing (motels) that are still in a gridlock, waiting for social housing through Kainga Ora. This gridlock and the time delay, means that it is making it harder for those whānau to get ahead, or to see a way out of the place they have been in for too long already.

It is also adding to the mounting list of stressors that these whānau are facing.

The rising cost of living and the lack of affordable housing is continuing to be a barrier to overall whānau hauora.

New observations

There is still a lack of access to GP services that are affordable

The wait time to get into a practice or GP is continuing to be a barrier to receiving basic healthcare and needs are not being met

Registering with a GP continues to be an issue as most services are full and are not accepting new patients.

For those that are registered, there is still a 3 week wait for an urgent appointment.

Your activity (since last report)

Again, due to anau bereavements and supporting anau/whānau in the hāpori,

I attended the Parliamentary launch of the Code
Attended Youth Intervention Hui
Te Mokopuna table
Youth Mentoring network training
A lot of networking at the tangi that I have been attending
Te Vaka hosted Cook Island Language week
We had multiple events that we created
We gave access to online and hardcopy resources for Cook Islanders
I have been exploring if there is a Cook Island model of practice that involves coconuts.
This is one that I am keen to explore if there is one that explores all of the uses that the coconut
can be used for, and it is resilient and versatile
Working with Te Vaka to establish Cook Island language and customs programmes.
Promoting the Moana Nui festival
Work and Income advocacy training

COVID-19 comments.

Rising cost of food, rent and petrol continue to present barriers to the community

Services

Concern is rising about the lack of services and the on-flow effect of lack of provision. (GP, Dentist, Mental Health Practitioners) – This is becoming an increasing concern, with the spike of Mental Health due to Covid-19 and the effects it has had on whānau.

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

Cook Island Language week was a great time in Ōtepoti, and it was well received in the community.

Polyfest was a fantastic success in Ōtepoti this year, it has been the first in-person one that has been held post Covid. It is a great highlight of the year, showcasing talent from Kohanga aged tamariki, up to Secondary aged rangatahi. It is a time where all corners of the community converge on the Edgar centre, to celebrate cultural diversity, supporting their loved ones on stage.

The Moana Nui festival was a huge success this year. Last year, it was over-shadowed by Dunedin's biggest market 'Thieves alley' and the Spartans 10 Rugby tournament. This year, it was back in full swing and showcased the diversity of the Pacific peoples that are in Ōtepoti

Delphina Soti (Auckland - General Manager Vinnies)

Environmental scan/real time monitoring

- COVID referrals coming through still on the decline
- Noticing a slight hike in domestic violence incidents being reported
- Helplines noticing more irate callers.
- Increase of uptake of employment through MSD support of providers.
- Food Insecurity and Housing still an issue with low income and vulnerable families
- Effects of Long Covid - Absenteeism from school and work due to mental/stress, personal and sickness (17% above average)

COVID-19 comments.

A big push in Tamaki Makaurau for vaccination by local providers. There is a lot of publicity and incentivisation also the contextualising to Pacific, Māori and other indigenous/ethnic groups

Services

Whānau have expressed concern that they are having to wait longer for surgery and other treatment due to backlog and not enough doctors.

It is also difficult to find therapy practitioners and psychologists/psychotherapists for referrals especially for Pasifika and Māori. There are not enough practitioners.

Positive/feel good stories

Great to see all the different Pasifika and Māori initiatives for youth mental health and well-being in Auckland by the providers. Great feedback on the traction especially for Pasifika and Māori youth engaging mental health/ wellbeing by focussing and informing their work with indigenous health models.

Good to see one particular tertiary institution putting more resources and emphasis on Disability services. Noticed a truck load of gear and furniture for interpreters, special signage and listening pods being set up in classrooms.

Angie Smith (Wairoa)

Member - Consumer Advisory Group

Co-Chair – Adverse Events Policy Review Working Rōpū

Member – Consumer and whānau voice framework advisory group (Sep 2022)

Member - Tihei Wairoa Clinical Governance Group (Sep 2022)

Awaiting confirmation of Hawke's Bay Health Consumer Council re-engagement

Environmental scan - Wairoa locality update

No comms has been approved from the working group.

Informal discussion points, however, note delays in funding and decision-making from Te Whatu Ora to contract a Project Manager – all members of the current working group are voluntary and have full-time jobs; the delays are challenging.

The members have placed a moratorium on all offers of funding from external agencies, while the localities planning is happening. There have been many offers.

Activity (since last report)

Completed and passed the Restorative Foundations and Restorative Responses courses for people working in the Health and Disability sector and facilitated by Jo Wailling and Graham Cameron – final assessment was 24th Aug.

I will be attending a Te Tiriti o Waitangi 2-day workshop, Thu 29 Sept to Fri 30 Sept to refresh on this kaupapa.

Hawke's Bay Health Consumer Council (HHBCC) – Consumer joining forms were emailed out (expressions of interest); deadline 30 Sep 2022.

Tihei Wairoa Clinical Governance Group reactivated after many months' hiatus, on 20 Sep. Agenda - terms of reference, membership and future agenda items. Interesting to note that many members are also part of the Locality working group; of course, Wairoa is a small community.

COVID-19 comments.

QueenSt Practice – Pacific Health Team ran an Education / Vaccination session 24 September 2022 10am–4pm @Wairoa Community Centre, with Kai, Music, Vouchers. The following vaccines were made available: Covid Vaccines, Flu Vaccines, MMR Vaccines, Childhood Vaccines.

Services

Current situation with our one and only medical centre and hospital acute ward is dire!!!

- The Wairoa **QueenSt Practice** is understaffed and overloaded.
- The Wairoa Hospital Acute Ward is understaffed and overloaded.
- At the Tihei Wairoa CCG meeting 20 Sep. the Practice owners joined the Hospital medical staff to strongly voice their concerns of a critical point that will now endanger the safety of patients.
- Beds need to be closed down.
- Not enough nurses.
- New locum doctors cannot handle the pressure of serious medical events occurring often in the ward.
- Their advice to me, was to not get sick because they would not be able to help me.
- They were advised by Hawke's Bay to write a report and follow due process.

Positive/feel good stories - well this story makes me 'feel good'!

Thank you, Deon York, for inviting me and Russ Aiton to speak at the parliamentary launch of the code of expectations, 25 Aug. It was an absolute privilege to represent the consumer and whānau voice, to have the opportunity to thank the HQSC Team who supported us throughout the process of reviewing the Code.