

Chair: Rowena Lewis
Members: Frank Bristol, Mary Schnackenberg,
In attendance: Dr Chris Walsh, Deon York, Dez McCormack, Allison Anderson, Tanaya
Shangarpawar, Becky Mitchell (Partners in Care team)
Apology: Muriel Tunoho

The meeting commenced at 10.33am

1. Welcome & karakia

Rowena welcomed the group and Dez opened with a karakia. Muriel apology noted.

2. Whakawhānaungatanga

We had an introduction from new staff members and round table from others.

3.1 Previous minutes

The previous minutes were accepted as true and correct. No action items.
Moved by Mary and Frank seconded.

3.2 Interests register

Frank to email an amendment to Dez. Lived experience partner for the KPI programme.

4. Partners in Care (PIC) report, budget, and deliverables. Progress on health review contract

Deon gave an update for the Partners in Care programme and spoke to the quarterly report to the transition unit. (TU)

The minister has read the code and made one minor change. Code is up online for feedback. Ahuahu Kaunuku planning a series of wananga with Māori re code consultation.

24 Nov will be the first consumer health forum. Two zoom's – morning and afternoon. Numbers may be capped. Will include workshopping on code and what the consumer forums are about. We hope for an in-person workshop in March 2022 with a Parliamentary launch to kick everything off in June 2022 - code and forum with centre of excellence.

Deon spoke of the current underspend due to no travel (because of lockdown). But there are many resources and on-line updates where the budget will be spent.

We are currently looking at the budget bid for the next 2 years to sustain and continue our new work and are being supported by the TU in this bid.

Chris outlined the work we have done and are doing with the DHB consumer council chairs, to pass on their recommendations to the TU on the councils' future of consumer engagement in the new health system including at locality and regional levels. We are trying to influence and guide the TU, through the chairs group, what the locality and regional consumer engagement might look like moving forward.

It was noted that it's a big task to pull together all the various groups to feedback to the TU.

Deon mentioned how we are encouraging council chairs to register for the forums so they can get info and that their voices can be heard thru that arena. Asked CAG members to promote this in their networks and with health NGO's they know. A lot of clinicians have signed up, which is fine, but we do want the consumer voices heard. So, we encourage that.

5. Members environmental scan

Rowena

Rowena seeing clients outside office on pavement. People in Auckland getting very tired and stretched with lock down and being held to ransom by a few. No childcare means stress for families. Money very tight for those that can't work and for some, that makes vaccination less of a priority.

Rowena is double vaccinated.

Mary

Mary spoke about the nervousness and sensitivity around future of consumer councils re their place under new structure. Chris addressed this. Still a big challenge for disabled people to get vaccinated. Different by DHB. Mary asked if a decision was close on whether disability will be placed in the new health system or separate. No advice yet on this.

Still trouble communicating with people not on-line and who may have a mild learning disability. Transport offered to blind people to get vaccinations but each DHB doing this differently.

Mary is double vaccinated.

Frank

Frank talked about discussions in MHA forums (lived experience people) and advisors etc. about where they may fit in the new system. What lobbying can the commission do to the TU to amplify voices from the MHA sector to secure their position in the new system?

Frank to send some names to Dez to set up a hui to discuss this engagement. It's possible that the mental health and addictions groups may be able to leverage off the DHB consumer chairs submission to the TU.

"Access and Choice" programme in MHA for primary care in tranche two. No lessening of demand for acute care. Interventions in primary care should take the pressure off secondary care however secondary care running at record volumes. Specialist services stretched. Therapeutic interventions aren't happening at in-patient units. Appears to be cap on FTE's even though a \$1.9 billion MHA budget was promised.

Vaccination rates for MHA, although increasing slowly, are still low after a very slow start and so looks to be the lowest demographic for vaccination. A significant percentage are Māori & Pacifica. Frank has been called into help with management of the COVID vaccine roll-out and COVID quality work. Frank is fully vaccinated.

6. Feedback from Board hui. Rational for expansion of CAG by four.

Feedback was given on the board request for expanding CAG by four. Board paper required for the Board hui in November.

There is a need to have diversity. Definitely need pacific and youth representation. And could have more Māori.

What's the strategy for recruitment? A rep from the DHB consumer councils? (This would add mana to this group). We could plug into organisations for recommendations. i.e., HDC, Cancer, Te Pou, etc.

Prospective members should have an understanding of governance and have strategic thinking. They also need an understanding of Te Tiriti o Waitangi and of WAI 2575.

It would also be good if new members covered off more than one of the areas we are looking at.

Aged care representation was raised but this may be better addressed on the consumer network from a family member dealing with parents etc. in aged care facilities. Other demographics can also be covered off by appointment to the Network.

We could do a hybrid 'recruitment' to source new members. Both an EOI and contact organisations to seek recommendations and engage with prospective members.

Agreed to focus on extra members being:

Rainbow youth, rural, chair of DHB consumer council and Pacific

The Board paper should include who we looked for, our process, and ask for endorsement for whom we select. Chris and Deon will discuss the recruitment approach with Janice.

7. Board paper feedback

Feedback provided to the authors/managers of each paper follows:

7.1 - Update on mental health and addiction.

CAG passed on that they appreciated this update. Frank particularly noted an emphasis on the importance of collaborating with the Mental Health and Wellbeing Commission. He also wanted to pass on his congratulations on getting the funding extension.

7.2 - Update on education programme

CAG passed on that the group were really impressed with the work on the education programme and genuinely excited about the work going on. Please pass onto all involved.

7.3 - MRC paper outlining the plan for appointments and committee work programmes

CAG noted the large body of work ahead for MRC's and wanted to acknowledge this and wish the best with it.

7.4 - Māori in aged residential care in New Zealand by University of Auckland

CAG found the aged care paper interesting and would like to see the executive summary shared a lot further, particularly with Māori communities.

They particularly liked seeing something with a focus in this sector.

8. Other business. Karakia & close

Deon closed with a Karakia

Next hui: 25 Nov 2021 – In person with board (COVID dependant)

Actions List:

Date	Action	Responsibility
14 Oct	Frank to email update to interests register	Frank
14 Oct	Frank to supply list of names for hui with TU around MHA in the new health reforms	Frank/Dez

DRAFT