



Minutes of the Te Kāhui Mahi Ngātahi | Consumer Advisory Group (CAG) to the Te Tāhū Hauora Health Quality & Safety Commission Board

Co-chairs	Angie Smith & Russ Aiton
Members in attendance	Mary Schnackenberg, Jodie Bennett, Delphina Soti, Maine Johnson, Boyd Broughton, Lisa Lawrence
He Hoa Tiaki in attendance	Deon York, Allison Anderson, DJ Adams (for part), Dez McCormack (minutes), Anne Buckley
Guest	Nikki Grae, Senior Manager, Quality Systems

The hui was held via Zoom on 10 November 2023.

The hui began at 9.30am

1. Welcome and karakia

Angie welcomed everyone to the hui and opened with karakia.

2. Whakawhanaungatanga for Lisa Lawrence

Everyone introduced themselves to Lisa. Lisa shared her pepeha and introduced herself.

3. General business

3.1. The minutes from 7 September were confirmed as true and correct.

Angie raised matters arising – there was to be follow up with the Board around localities and follow up with localities manager. Deon is following this up with Peter Jansen (CE) and it will be raised at the board meeting by one of the co-chairs.

Regarding the minutes from the hui with Te Kāhui Piringa, there have been amendments previously advised to wording around the process of naming this group and correction of this group's name. This has been passed back to Ahuahu Kaunuku along with typos for correction.

Russ took the opportunity to discuss the rapid review Te Whatu Ora is conducting of the consumer councils and the national group of chairs. The response to the review was feedback to Te Whatu Ora. The role of councils in the future may be positioned regionally.

Angie also raised the matter of a consumer sitting on the Board, which had been discussed at the last hui. Deon noted that there is consumer representation on the board, and it is important that this is recognised as we build our relationship with the board. There are new board members that although, not appointed as a consumer, have extensive experience as a consumer representative. Deon reiterated that the Board is appointed by the Minister.

Angie also raised having a board member come to speak to the CAG prior to board meetings, to get their feedback on upcoming agenda items to help CAG focus their discussions. This will also be an action item.

3.2. Action items were discussed:

All actions have been completed.

The action regarding visits to localities re socialisation of the code is on-going and BAU – removed from action list.

3.3 Interests register – any updates advised included in this hui's papers. Some changes from members to be advised to Dez.

4. Feedback from last board hui

Angie attended the last Board hui. She summarised the board papers that were presented and discussed.

There was a conversation around the CAG environmental scans paper and Angie highlighted certain aspects as an example (Delphina's report) and asked what influence the Board may be able to have for localities to report back on what consumer involvement is being included in the localities, as per the code of expectations.

For future board hui, the CAG environmental scan will become a standing agenda item (with dedicated discussion time) instead of a noting paper.

5. He Hoa Tiaki | Partners in Care report

The He Hoa Tiaki Partners in Care report was circulated with the agenda and is included as Appendix 1. Deon spoke to some highlights of the report prepared by Allison.

A question was raised around the responses to the quality and safety marker and Deon advised the responses had been better than expected.

6. Members environmental scans

Full scans are attached as Appendix 2 after these minutes. Reports were taken as read.

Each member had the opportunity to speak to their report and emphasise certain points.

Angie, on behalf of the CAG members, acknowledged the passing of Dr Te Raina Taite-Gunn and her huge contribution to Te Tāhū Hauora, including her research and writing of the Te Ao Māori framework.

Action item for Mary's recommendation – Mary wanted it noted that we need a national database that is accessible by all. However, Te Tāhū Hauora will follow up with Manatū Hauora.

Delphina reiterated with all that is going on in the community as part of cost of living etc it's important not to lose the authenticity of community voices.

Maine will be happy to contact Deon/Dez directly to discuss how their consumer health council can be helped in their set up.

Lisa provided a verbal update. The same issues exist in Nelson/Tasman with the major one being a lack of housing, with no help available from government agencies. She is working quite closely with seasonal workers from Pacific Island countries re health needs. Lisa reported that many specialist secondary health services are being passed over to private providers and the health literature provided is inadequate and the service more complex to navigate than the public sector.

7. Top 3–5 collective issues CAG identify for board paper

The group discussed and chose from the reports the top points for the board paper. The group would welcome inclusion of direct quotes from the environmental scans where this will better reflect the consumer experiences being shared. This was noted by the He Hoa Tiaki team. Angie reported that she had quoted from one of the scans directly when speaking to the previous environmental scans board paper at the board meeting.

The contents of the board paper are attached as Appendix 3.

8. Feedback on board paper – healthcare associated infections point prevalence survey

Nikki Grae attended and received feedback directly from the group.

Questions were raised around what the consumer engagement survey involved. Nikki explained what had been done in this area and that results have led to consumers being on the various advisory groups. There is a further EOI going out to the consumer forum seeking consumers.

Consumers are being included from the very inception of a project.

Re costings, this is being investigated further to see where the highest costs are and therefore where priority should be given to reduce infections.

Nikki was complemented on how well the paper had been written.

9. Discussion with board for 24 November zoom

This item was not covered. A CAG pre-board hui zoom is scheduled for 10am Fri 24 November to discuss overall approach for meeting with the board.

10/11. Other business – Karakia and close

There was no other business. Angie closed with karakia.

Actions list

Date	Action	Responsibility and update
10 November 2023	Consider how representations may best be made on having a consumer appointed as a board member.	Deon The board of Te Tāhū Hauora is appointed by the Minister of Health. The board has always supported the consumer and whānau engagement programme, the formation of Te kāhui mahi ngātahi and the appointment of members, and other consumer networks over time. This link takes you to the biographical information of the board. With a consumer and whānau-focused board working in tandem with Te

		kāhui mahi ngātahi, representation is well covered.
10 Nov 2023	Look at inviting a board member to speak at a CAG hui	Deon The board would expect that items of strategic importance are brought to them through the co-chairs, and that Te kāhui mahi ngātahi has collectively reviewed board papers in advance. This is the formal link. Board members bring consumer and lived-experience expertise and at the same time are governors of Te Tāhū Hauora.
10 Nov 2023	Mary's recommendation re update to national computer system to store personal health information	This action requires follow up.

Next hui – 9 February 2024. In person at Te Tāhū Hauora offices.

Appendix 1

He Hoa Tiaki report for Te Kāhui Mahi Ngātahi | CAG 10 November 2023

Since we last met on 7 September, the team have been busy. The following are some highlights from the past two months.

Consumer health forum Aotearoa

Consumer opportunities

Since the beginning of quarter 1 this financial year (1 July 2023 onwards), we have had more than a dozen consumer opportunities listed via the forum newsletters, social media advertisements and on our website. Some of these opportunities sought to recruit several consumers to participate in projects or advisory groups. As the Consumer health forum Aotearoa gains recognition throughout the sector, these opportunities are expected to increase. Each opportunity that is listed via Ngā Pae Hiranga represents an engagement process between the health entity and He Hoa Tiaki that involves sharing resources, best practice and further information on the code of expectations, co-design and genuine engagement practices. See our current opportunities here: www.hqsc.govt.nz/consumer-hub/consumer-health-forum-aotearoa/consumer-opportunities/.

You can help by sharing these opportunities with your networks as they come through our website and media channels:

Facebook: Te Tāhū Hauora Health Quality & Safety Commission

LinkedIn: Te Tāhū Hauora Health Quality & Safety Commission New Zealand

Instagram: @hqscnz

X (formerly Twitter): @HQSCNZ

Consumer health forum Aotearoa events

- Our Voices: Shaping health care together | Ō mātou reo: He tārai tahi i te tauwhiro hauora. The national event will be held on 15 May in Auckland at Waipuna Hotel and Conference Centre. The programme for the day is being finalised. We will share it as it becomes available.
- We will visit two regions for some smaller consumer leadership and capability hui/workshops. The dates for these events are as follows: Northland March 15 Whangarei and 16 March Kaitaia; Hawkes Bay (Hastings) 23 March 2024. For the Hastings event, we will also partner with the Health and Disability Commissioner's Office to focus on consumer views on the review of the Code of Health and Disability Services Consumers' Rights.

Forum membership stats by ethnicity

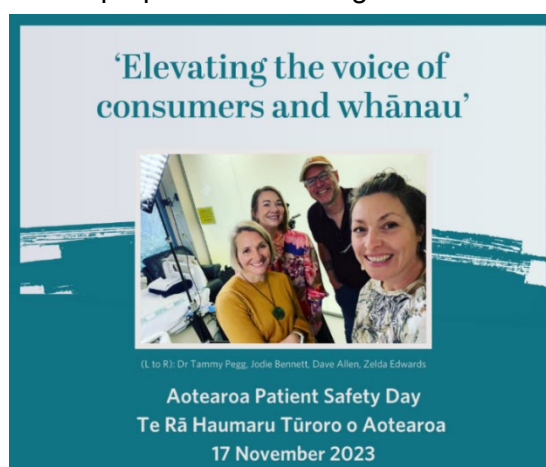
The total number of forum members as of 31 September is 893. The following table is provided to show the breakdown of members by ethnicity from end of quarter 4 2022-2023 to quarter 1 2023-24.

Ethnicity	Quarter 4 2022-23	Quarter 1 2023-24
Māori	Quarter 4 total: 153 (18.4%)	Quarter 1 total: 170 (19.0%)
Pacific	Quarter 4 total: 87 (10.1%)	Quarter 1 total: 91 (10.2%)
Asian	Quarter 4 total: 39 (4.5%)	Quarter 1 total: 42 (4.7%)
Pākehā/Caucasian	Quarter 4 total: 482 (56.0%)	Quarter 1 total: 494 (55.3%)
Middle Eastern/ Latin American/ African	Quarter 4 total: 17 (2.0%)	Quarter 1 total: 18 (2.0%)
Other ethnicity or ethnicity not specified	Quarter 4 total: 77 (9.0%)	Quarter 1 total: 78 (8.7%)
Total	Quarter 4 total: 860	Quarter 1 total: 893

Aotearoa Patient Safety Day Te Rā Haumarū Tūroro o Aotearoa 2023

World Patient Safety Day is a worldwide campaign aimed at creating global awareness and united action for patient safety. This year's theme is 'Engaging patients for safety', therefore it was important that Aotearoa Patient Safety Day mirrors this theme. On 17 November, we will focus on promoting the code of expectations. We have prepared various digital resources, including a promotional video, social media content, and an online quiz, to support consumer and whānau engagement. The communications kit is available. For more information, you can [visit our 2023 campaign webpage](#) or contact Zelda Edwards zelda.edwards@hqsc.govt.nz.

He Hoa Tiaki team have collaborated with the communications team to produce a video highlighting the importance of co-design and collaboration with consumers and whānau in health care services. Filmed in Nelson, the video is about elevating the voice of consumers and whānau by applying the code of expectations and using co-design. It features insights from Dr Tammy Pegg, consultant cardiologist at Te Whatu Ora Nelson Marlborough, and Jodie Bennett, Kaiwhaihua at Changing Minds, and members of our Consumer Advisory Group Te Kāhui Mahi Ngātahi.



Quality and Safety Marker for consumer engagement (QSM)

The latest QSM submission deadline was on the 30 September. Due to staff changes within Te Whatu Ora, some submissions to the QSM have been delayed. The He Hoa Tiaki team have been guiding Te Whatu Ora districts and health entities that are new to the process. We have received eleven out of twenty-four submissions so far, with more expected in the next two weeks. Moderation of the scoring will begin soon, and we will update you when the submissions and scores are published. We are working with Te Whatu Ora (national) and Te Aka Whai Ora to assist with these entities' submissions.

The Quality and Safety Marker for consumer engagement framework can be viewed in PDF or MS word formats on our website [here](#). Work is progressing to add accessibility options and/or functions.

Engagements

For the period of 1 July–31 September, He Hoa Tiaki team attended 198 engagements.

Key aspects of the engagements included:

- presentations on the code of expectations
- helping services to develop opportunities and recruit consumer forum Aotearoa members to projects and
- discussions with Te Whatu Ora districts and with health entity representatives, including the multi-agency Consumer voice reference group.

He Hoa Tiaki engaged widely across the sector at multiple levels. Deon York met with national leads in Te Whatu Ora and Te Aka Whai Ora as well as the new Te Whatu Ora Commissioner and Te Aho o Te Kahu Cancer Control Agency to promote and support consumer and whānau voice. He Hoa Tiaki also participated in Te Whatu Ora 'Rapid review of consumer engagement mechanisms' along with representatives of (former DHB) Consumer Councils.

Some other highlights were:

WHO Global conference (online)

DJ Adams took part in the World Health Organisation worldwide webinar on patient safety. During the virtual networking time DJ shared the work our He Hoa Tiaki programme does to support consumer, whānau and community engagement in the planning, delivery and monitoring of health care services in Aotearoa New Zealand.



Royal Australasian College of Medical Administrators Conference (RACMA)

Te Tāhū Hauora was delighted to take part in the [#RACMA2023](https://racmaconference.com.au/2023-program/) conference in Tāmaki Makaurau last month. Deon York was invited to present alongside Morag McDowell, Health and Disability Commissioner, in the leadership session. Deon spoke about enabling consumer engagement and its implications for health system leadership. Morag presented on leadership and balancing consumer rights and resourcing. To view the full programme, visit: <https://racmaconference.com.au/2023-program/>



Practice Managers & Administrators Association of New Zealand (PMAANZ) conference

Te Tāhū Hauora participated in the annual Practice Managers & Administrators Association of New Zealand (PMAANZ) conference in Ōtautahi Christchurch on 18-19 September. The code of expectations, patient experience data and advance care planning were all topics of interest for the attendees. It was an incredible opportunity to share the work our team is doing and to connect with fellow delegates.

International Society for Quality in Healthcare (ISQua) Conference Seoul, Korea

Deon York attended the conference on behalf of Te Tāhū Hauora and ran a 45-minute workshop session entitled 'Building a culture of Co-design: A National Code of Engagement-Expectations for New Zealand's Health sector. Upon returning, Deon shared his learnings with the team and the wider Commission. Some of these included topics on: Adoption of artificial intelligence for patient safety, Workforce shortages globally, Climate change and its impact on health care, Designing the system with patients, Individualising measurements to create higher resolution portraits of quality-harnessing data and Cultural safety.



Code of expectations and implementation guide update


Since the launch of the implementation guide for the code of expectations for health entities' engagement with consumers and whānau in June 2023, we have been continuing to socialise the guide and the code of expectations. This is a key part of engagements with the




sector including attendance at events and presentations. A Communications Toolkit was provided in July through the Consumer Voice Reference Group (CVRG) which includes the two co-chairs of the CAG as consumer representatives. A slide kit was added to this toolkit in October and distributed through the group. The code of expectations and the implementation guide are also being promoted in a further Communications Kit which was distributed at the end of October. This promotional campaign for Aotearoa Patient Safety Day Te Rā Haumaru Tūrora o Aotearoa will be live from 17 November. Additional promotional campaigns focused on specific parts of the implementation guide are also planned.

The CVRG are currently meeting bi-monthly with a view to recommending any updates to the implementation guide in January 2024. As part of informing the update, CVRG are monitoring website traffic to the Code of expectations and implementation guide webpages.

The table below provides a summary of website traffic to these webpages over the period since the Implementation Guide launch (19 June).

Table 1. Code of expectations and implementation guide

Summary: Website analytics	1 August – 10 October	1 June – 10 August
Code of expectations for health entities' engagement with consumers and whānau Te tikanga mō te mahi tahi a ngā hinonga hauora ki ngā kiritaki me ngā whānau here	Views: 1,649 Users: 959	1,488 views
Code of expectations for health entities' engagement with consumers and whānau here (This page hosts the code translations and accessible formats)	Views: 1,182 Users: 716	952 views
Code of expectations implementation guide Te aratohu tikanga (new landing page here)	Views: 1,163 Users: 632	1,650 views
New code of expectational implementation guide and co-design e-learning suite	Views: 526 Users: 349	Views: 460 Users: 302
 Co-designing with consumers, whānau and communities Hoahoa tahi me ngā kiritaki, ngā whānau me ngā hapori here	Views: 558 Users: 325	622 views

 <p>Using lived experience to improve health services Te whakamahi wheako mātau hei whakapai ake i ngā ratonga hauora here</p>	<p>Views: 290 Users: 177</p>	<p>324 views</p>
 <p>Improving equity through partnership and collaboration Te whakapai ake i te mana taurite mā te mahi tahi here</p>	<p>Views: 172 Users: 111</p>	<p>253 views</p>
 <p>Accessibility and resourcing for consumer, whānau and community engagement Te whai wāhi me te whai rauemi mō te mahi tahi ki te kiritaki, te whānau me te hapori here</p>	<p>Views: 161 Users: 87</p>	<p>254 views</p>

Co-design courses

A reminder of our co-design resources: Co-design in health: Supporting consumers, whānau and communities to contribute to co-design, Engaging Pacific consumers in co-design, Engaging Māori consumers in co-design, and Co-design in health: How you can be involved – a guide for consumers, whānau and communities. You can access the co-design in health modules through the LearnOnline platform. First-time LearnOnline users will need to create a login. For more information, please visit our [webpage](#).



This resource has now been accessed 1277 times compared with 1093 times in Q4 last financial year.

We currently have a completion rate of about 45%. We have begun an awareness campaign to increase completion rates and we will know if this is working towards the end of 2023.

Farewell to Dr Te Raina Taite-Gunn



It is with great sadness that we acknowledge the passing of our dear colleague and friend Dr Te Raina Taite-Gunn.

Te Raina was instrumental in the development and writing of the [Te Anga Ao Māori | Te Ao Māori Framework](#). Many of you knew her and supported her in some of that mahi, in particular the research paper [Ngā Taero a Kupe: Whānau Māori experiences of in-hospital adverse events](#). This was a specific piece of mahi which allowed Te Raina to showcase her strength in research, utilising a matauranga Māori worldview. Through her hard work, commitment and drive to realise improvements for whānau Māori and people in general, Dr Te Raina Taite-Gunn's research, dedication and humble nature has opened doors for Te Tāhū Hauora.

Te Raina was generous, kind and stoic. She was a colleague, a friend and a true advocate for consumer and whānau engagement in health. We will miss her presence, support, quick wit and her smile.

Appendix 2

Summary of Te kāhui mahi ngātahi members environmental scan for 10 November 2023

Angie Smith (Ngāti Kahungunu, Ngāti Ruapani ki Waikaremoana, Ngāi Tūhoe)

Te Matau a Māui Hawke's Bay Region

Kaiwhakarite Māori – mahi kiritaki | Consumer representative, Māori

Co-chair, Te Kāhui Mahi Ngātahi | Consumer advisory group

Co-chair, National Quality Forum

Member, Consumer and whānau voice framework reference group

Environmental scan/real time monitoring

Tihei Wairoa Clinical Governance Group (Tihei Wairoa)

Staff safety & security

Queen Street Practice (QSP) is Wairoa's one and only General Practice; it is on the lower floor of the Wairoa Hospital complex. There have been concerns for staff safety from public aggression where police have been called in; patients got angry quickly; staff have been hit; signage has been put up to advise zero tolerance of violence towards staff.

Both these patients were 'mental health' patients. Our mental health team needs more support; previous leader's clinical knowledge was huge; he has not been replaced.

It is very hard to recruit health practitioners to Wairoa.

There have been incidents of petty theft – staff are not used to that.

Increase in workload

There has been a huge increase in workload.

There is a demand from Hastings to transfer patients out to Wairoa; difficult to respond in a timely manner when you are waiting for a bed to become available.

Services

Aged care facility gone

Glengarry Rest Home is gone, so there is no place for aged care and respite.

Whānau are looking after patients with dementia. Dementia Hawke's Bay is helping with supporting a day programme, but this is not enough. No rest home, no respite.

Houses need fixing.

Trained homecare support is needed; in-home hospital level care is currently being done by whānau.

An advertisement is running in the local newspaper, but it is very hard to recruit health practitioners to Wairoa.

Te Matau a Māui Hawke's Bay Consumer Council

Over 40 expressions of interest were received from our Te Matau a Māui Hawke's Bay region for the re-engagement of our Consumer Council – deadline 20 Aug. The process was put on hold until further notice.

- *Very disappointing that there has been over two years of non-engagement from our region.*

Positive stories and exemplars

Serving Wairoa

Drs Turuki Tahuri and Manaia Campbell-Seymour (also husband & wife) are resident doctors at Queen Street Practice (QSP). Dr Tahuri was brought up in Wairoa, graduated from the University of Auckland with a Bachelor of Medicine and Surgery, worked in Rotorua Hospital for five years, Waikato Hospital for three years and one year in Gisborne's Three Rivers before deciding to return to Wairoa at QSP. It has always been difficult to recruit health practitioners to rural areas such as Wairoa, but we are extremely fortunate to have a local man return to his hometown with his wife (who is also a doctor) and their three young children.

- *The strong message from this story is that rural areas do well when they look to their own community for future recruitment; know who is studying and keep in touch with their career pathways.*

Recommendation to the Board

From my August environmental scan report, a RECOMMENDATION was made, *that there be a progress report (annual) from the Localities' groups, including consumer and whānau engagement membership and activities.* I spoke to this recommendation at the Te Tāhū Hauora Board meeting Fri 22-Sep; there will be a follow-up for progress reports to be made to the Board as the recommendation asked.

- *The strong message here, reinforces our CAG intention to propose a consumer representative be on the Te Tāhū Hauora Board.*

Giving practical effect to Te Tiriti o Waitangi - Health and Disability Commissioner

I accepted an invitation from Morag McDowell Health and Disability Commissioner, along with nine others, to review the Health and Disability Commissioner Act 1994 (the Act) and the Health and Disability Services Consumers' Code of Rights (the Code) focussing on giving practical effect to Te Tiriti o Waitangi. The two workshops focused on describing what it looks like for Māori for Te Toihau Hauora, Hauātanga | Health and Disability Commissioner (HDC) to serve Māori well and reinforce the rights Māori hold under Te Tiriti o Waitangi. This review provides an opportunity to consider how the Act and Code can support equitable outcomes for Māori by recognising and protecting Māori interests and giving practical effect to Te Tiriti o Waitangi.

- *The message from this review opportunity is the strengthening and normalising of Te Tiriti o Waitangi across the health sector and beyond.*

Russ Aiton (West Coast)

Chair - National Chairs Group (Consumer Councils) Co-Chair
– Consumer Advisory Group (HQSC)

Chair – Cornerstone Family Support Services (Greymouth)

Environmental scan/real time monitoring

Takiwā Poutini | West Coast Localities steering group – Some excellent feedback and work in the engagement of communities – link to here <[Community Feedback](#)> . The localities group are working with Te Whatu Ora – West Coast quality team to bridge into the provision of “health services” in the community. The recent election and subsequent change of government will have an impact on the focus but there seems to be a growing confidence to “do it our way, anyway”.

Te Whatu Ora – West Coast have turned a small corner locally in those early networking and engagement activities. The Code of Expectations is a focal point in establishing common denominators. The Consumer council (name change reverted) continue to progress slowly due in part to the unwillingness to plan forward for the ongoing support i.e. funding and % of secretariat input.

COVID-19 comments. 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. This is still providing stress for the workforce and immediate management.

National Consumer (Councils) Group – The group is uncertain about its continued membership as the picture becomes increasingly fractious and individuals with current knowledge move on from the Chair/co-Chair role(s) leaving the IP gap. HQSC support for this group has (abruptly) ceased with an expectation that Te Whatu Ora will now engage and support this governance group. The regional aspects are uncertain with roles still being unfilled due to the consultation and decision processes ongoing.

Te kāhui mahi ngātahi – Consumer Advisory Group – The group farewelled Frank Bristol who has served 6 years on the group and we will miss his contribution and friendship. We welcome new member Lisa Lawrence who brings a wealth of experience in both the consumer and governance space. The group continues to align its activities with that of the Terms of Reference ensuring accountability for consumer feedback to the Board.

Mary Schnackenberg (Tāmaki Makaurau)

Environmental scan/real time monitoring and services

Ongoing delays in gaining access to primary healthcare with long waiting lists.

The blind, deafblind and low vision community I am in touch with are concerned about the high monthly costs of access to continuous blood glucose monitoring that connects to smart phones. These devices allow blind diabetics to stay in touch with glucose levels and manage insulin and diets interactively.

A similar concern relates to the high cost of melatonin, a naturally occurring hormone that manages the 24-hour body clock. Natural melatonin is controlled by light. Some 70% of lifelong blind people experience sleep disorders. Subsidised synthetic melatonin is available in New Zealand but apparently not via GPs for the blind people who genuinely need it to restore normal sleep patterns.

There is no reliable certainty that personal health information can be made available to print disabled healthcare recipients in their preferred formats. This makes it more difficult to get the best outcomes from face-to-face engagements with busy time-constrained clinicians.

In the media is the outcome of an inquiry into IDEA Services who run care homes for people with learning impairments. Report findings show they have generally not managed well any complaints made by residents or their whānau. This is particularly troubling given that learning impaired people are generally more vulnerable than other groups of disabled people.

Positive stories and exemplars

Not this time, other than, when the consumers I know actually reach their clinicians, they generally receive excellent attention.

I have been involved in reviews of reports on the Quality Service Marker in two different groups. Both conversations went well with improvements agreed to in the reports prior to their submission to HQSC.

Recommendations

That HQSC updates CAG on progress of work to have a national computer system to store personal health information with release to the individuals as well as clinicians, subject to standard privacy conditions being applied.

Jodie Bennett, (Tāmaki Makaurau) Changing Minds (Mental Health and Addiction Sector – Northland & Auckland)

Environmental scan/real time monitoring

Election results have created uncertainty within the MH and A sector.

During the election process it was noted the priorities for health, mental health and addiction, social welfare and the role of NGOs and the community sector were stark in comparison to other campaign platforms.

The impact on business-as-usual activities is being felt as workforce pressure is presenting some challenges to service access and how tāngata whai ora can be supported in the community.

Several Te Aka Whai Ora hui are being put on hold until further notice and we acknowledge the uncertainty for our Te Aka whānau at this time.

Mental Health and Addiction Sector

There is a sense of inertia in some parts of the health system due to complex change programmes and the impact of restructuring, new structures and processes being implemented. The process has been long and difficult for staff who have had to live with a great deal of uncertainty for some time.

Overall there is increased demand across the health system, some say at pre-COVID levels - with less workforce than we had then. In addition, the community-based care that curbed the demand for hospital-level care has less availability that would previously have offered alternative options for care.

Te Whatu Ora have been working on a pilot to help fill staff vacancies across the Mental Health and Addiction sector with experienced professionals from overseas, while efforts to train more people continue.

This actions part six of the NZ Health Workforce Plan to boost priority workforce groups. The campaign page can be found here: [Make a difference somewhere different.](#)

Social Housing

Social Housing managers from Kāhui Tū Kaha, a Ngāti Whātua provider of housing and mental health services, are reporting an alarming number of working whānau who are also homeless.

Adding to this pressure are ongoing resource and workforce shortages and added mental distress and addiction concerns for our whānau.

Due to the cost-of-living crisis, homelessness can look like a double-income family living in their car. This is a stark reminder that the cost-of-living crisis has reached a critical stage with urgent interventions required to address the growing need within our community.

Te Hiringa Mahara Lived Experience Reference Group

Te Hiringa Mahara (the Mental Health and Wellbeing Commission) are planning work on their next Mental Health and Addiction Service Monitoring Report which will be focused on service access and options.

The Commission has a mandated function to monitor mental health and addiction services and advocate for improvements to those services, and a role advocating for the collective interests of people with lived experience and whānau.

I have been invited to join the Lived Experience Reference Group, which will be added to the Interests Register this month.

Health and Disability Commission (HDC)

The HDC is in the process of reviewing the Health and Disability Services Consumers' Code of Rights and the Health and Disability Commissioner Act.

The Lived Experience team at Manatū Hauora has been working with them to identify how we can support this important piece of work, and to support the wisdom and expertise of lived experience to inform their process. The Lived Experience Knowledge Network, which Changing Minds is a part of, is recognised as providing valuable insight that can support their initial work.

A hui was held which informed the write up of a consultation document and supporting materials that will form a much broader consultation piece planned to take place between March and July 2024. Jodie attended and contributed to this meeting.

Boyd Broughton (Te Hā Oranga, Tāmaki Makaurau)

Environmental scan/real time monitoring

Whilst the health services, cardiac surgeries, GP wait times, and other parts of the health system remain under pressure, short-term, medium-term, and long-term solutions are being explored.

Stroke Foundation have been travelling parts of the North to offer community blood pressure checks and stroke education.

Minor Health Conditions Service expired on 30 September 2023 and has been extended as the Local Pharmacy Acute Care Service from 01 October 2023 for review in February 2024. Those eligible include Māori and Pacific people, children under 14 years and their whānau with the same condition, community service card holders and dependent children of a community service card holder who is 14 to 17 years of age. Rawene Pharmacy is the only pharmacy not participating due to the workforce. Highest uptake from under 14-year-olds. Most common symptoms presented were pain, fever, and skin conditions (eczema, dermatitis, and others).

Te Taumata Hauora o Te Kahu o Taonui Iwi-Māori Partnership Board met recently with Riana Manuel, CEO Te Aka Whai Ora then Maree Roberts, Deputy Director General, and Allison

Bennett the General Manager for Strategy Policy and Legislation within the Ministry of Health to further the kōrero seeking solutions to workforce pressures in Te Tai Tokerau and Tāmaki. With some suggestions taken on board that the current regulations and regulatory bodies are not providing a viable product for the workforce pressures and solutions in Te Tai Tokerau.

Aware of inter-regional discussions to share clinical resources when workload permits. Unsure if those discussions have permeated further than a national discussion so far.

Early October 2023 saw a measles alert for Northland following a Northlander who flew from Wellington to Auckland being diagnosed with measles. This resulted in seven possible close contacts being isolated while Te Whatu Ora continued the contact tracing of any other possible contacts. This is particularly worrying with low childhood immunisations and vaccination rates, tamariki, whānau, and communities in Northland are potentially very vulnerable.

Initial funding support to offer some relief and resilience in response to the earlier adverse weather events experienced in Auckland and Northland, with \$1.4M investment from Te Whatu Ora spread across the entire Northern Region. It was hoped that all Crown entities would invest simultaneously, however with Health being prepared first they chose not to delay.

Localities have been a contentious issue in Te Tai Tokerau including Tāmaki Mākaurau, however they have been provisionally approved by the Iwi-Māori Partnership Board for escalation to Te Aka Whai Ora to continue progress. Progress should include a discussion and decision regarding funding to enable localities to establish their infrastructure to define whānau priorities, identify gaps, and implement solutions.

Wastewater testing has highlighted Kaitiāia with high rates of illegal drug substance returned in the northern region. There remains a discussion to ensure appropriate resource and funding is allocated on an evidence-based approach. Currently greater investment into addictions services has not been deliberate in the far north.

Services

Continued focus on workforce in the northern region, seeking long-term and short-term solutions to meet the acute needs of the whānau and community.

There were some intended extensions to screening services for Bowel Screening that we have been advised have been put on following the recent elections.

Introduction of self-testing for HPV with an age extension for wahine Māori 25 to 69 years old.

Northland seeking prioritisation for intended Lung Cancer Screening research due to experiencing the highest cancer morbidity rates than any other region. This research is being led by Professor Sue Crengle.

Positive stories and exemplars

An announcement was shared from Southern Cross Healthcare and Northland Orthopaedic Centre who have entered a new joint venture to expand health services in Northland. They are looking at the opportunity to increase the number of staff to provide more care to whānau across the region. While access is restricted to private patients and those referred via ACC and Te Whatu Ora, it is hoped this can provide some relief to other parts of an overwhelmed public health system in the north.

Maine Mareko-Johnson (Ōtepoti)

Environmental scan/real time monitoring

There is apprehension about what the final election results may produce, as things have been put on hold, by Ministers, before the parliamentary recess.

COVID-19 is on the rise in Ōtepoti and it has been taking large number of our hāpori offline. This obviously has flow on affects.

The new Accident Compensation Corporation (ACC) building is well underway. There is hope that this new site will allow better access to hāpori and improved services to those that are utilising the services of ACC. Instead of being across three sites, they will all be in one.

There are still issues with access to Mental Health services, however there has been a small reprieve recently, that will have been welcomed by the frontline. The past few months have seen an injection of students on placement, which meant that there was a period of better access to services that had long been stretched.

There is still one provider that is controlling the monopoly, of services and not delivering here. It is causing pressure on the smaller services that are not funded, yet are having to carry the workload that is not being met. This is affecting whānau. There are services that they need to be able to access in a timely manner, unfortunately they cannot.

ACTIVITY

Otago Polyfest took place in Dunedin. There were over 20,000 performers on stage throughout the week long event. This also included a 'village' where Māori and Pacific providers from the rohe held stalls and provided information. It was a hugely successful event and one of the only times annually Māori and Pacific are celebrated in the community this way. It would have been great to have the advisors from Te Tāhū Hauora present, to share some of the amazing mahi that you do, as well as the wider organisations work – It is an opportunity to be able to fly the flag, in communities that we need to access.

The Consumer Health Council is currently undertaking strategic planning, this has been positive to see and encourage. They are looking at their presence in the community, and how they might be able to engage more in the hāpori and speak with more diverse groups and networks.

POTENTIAL RECCOMENDATIONS FOR THE BOARD

Support for those consumer health councils that are less structures, to have supports in place and acknowledge mana whenua, and cultural practices in hui.

Information to Te Tāhū Hauora consumer groups about any changes a-foot and if meetings will return largely to kanohi ki kanohi. For Māori and Pacific this is the best way to engage us. For those of us in full-time employment, if we are not physically off-site, our teams and communities expect that we are still there to serve them. This makes it difficult, when I am sitting in zooms and kaimahi need things, because I am still physically here. Zoom does not provide the same interaction and engagement.

Delphina Soti (Tāmaki Makaurau) (St Vincent de Paul- General Manager)

Observations currently

At the time of writing this brief update, we are mindful of the human cost and violation of human rights and dignities of the innocent, who have been caught at the crossfire as a result of bombardment of the Gaza by the Israelites. Our prayers and thoughts go out to the families, the children, the vulnerable populations on both sides who have perished and suffered in the past weeks and hope for a ceasefire soon.

Social Issues and Services

With the 2023 Elections over, it is a wait and see moment in our part of the world, where uncertainty, fear and a growing sense of apathy and stress is the order of the day, especially among those working in lower paid jobs, and those on the fringes of our communities.

Cost of living still very high eg: 2km queue of cars to access discount of 9 cents per litre

Food insecurity Foodbanks are still operation at a 50% increase compared to Pre-covid19 times.

Increase in families seeking Budgeting services to access debt management services and kiwisaver.

Increase in working families seeking social support, food, bill payments, petrol costs etc.

Noticeable rise in absenteeism workforce 30%-40% due to sickness, social issues, tangi, leave for wellbeing and annual leave

Domestic violence still elevated

Families combining households to cuts costs, which brings more social complications.

Aspects of Health and wellbeing issues for Tamaki Makaurau

Measurement Tools

In the health space, the challenges of measuring primary care capacity for Counties Manukau district, highlighted the limited information available currently to assess primary care capacity nationally, regionally and locally in Aotearoa New Zealand. Through the Northern Region Clinical Governance Forum (NRCGF), a set of recommendations were

considered to improve both primary care capacity measurement and potential actions that could improve primary care capacity. Two of the key recommendations included: -

1. Strengthening primary care workforce and models of care data collection and data sharing

Workforce data, including non-regulated workforce, needs to be collected in a centralised and uniform way to allow comparisons across disciplines. Data on models of care in use within a district or region should also be collected regularly from organisations across primary care. In the Northern Region, consideration could be given to extending the Northern Region Data Sharing Framework, which has developed tools for patient data collection and analysis, to include primary care workforce and capacity data. National Primary Health Dataset Programme to include this data could be considered.

2. Developing a tool for measuring multiple domains of primary care capacity

That a tool be developed at a national level, but if work is to be commenced at a regional level, the Northern Region Resilience Tool could be adapted to include baseline measures of capacity at a practice level. This could include routine collection of

- Baseline staffing levels (including FTE)
- Model of care in use
- Next available appointment for acute and planned primary care.

Work on a national tool would need to be developed in conjunction with Māori and Pacific primary care leaders, with a focus on sufficient and appropriate capacity to meet Te Tiriti o Waitangi obligations and achieve equitable health outcomes. Suggested measures include culturally congruent workforces, models of care in use, service utilisation and infrastructure. The Primary Care Impact, Performance and Capacity (PC-IMPACT) tool is an example of an international tool which could be considered for adaptation.

IT integration between primary care clinic IT systems, and nationally, would support use of a national tool and allow the generation of real-time reports on capacity across districts, regions and nation-wide.

Sexual Health Care

Noted that there is continuing high rates of syphilis in Tamaki Makaurau (information from Metro Auckland Sexual Health Governance Group (MASHGG). Targets have been set as a response to the increase of syphilis care numbers in Tamaki Makaurau: -

- Elimination of congenital syphilis
- Reduction of syphilis case numbers to below 2014 case numbers
- Elimination of the inequity in syphilis rates between Māori and other ethnicities.

Note that the well-established public health principles of increased testing, case detection, management and contact tracing of syphilis cases are required in order to address rising case numbers in Tamaki Makaurau.

The usage of bundled STI tests via Lab tests e-ordering is an important strategy to increase syphilis testing in primary care.

GP and Primary Care Access

The ongoing issue of not accessing GP and primary care continues to be the number one concern and challenge for the consumers throughout the Tamaki Makaurau region. There are ongoing concerns with people presenting to the ED as a pathway to having a consultation or seeing a medical general practitioner. People would rather wait for 7 hours knowing that they will see a GP instead of waiting 3 weeks for an appointment at primary health care clinics.

150 Auckland City Hospital emergency department nurses' issue warning

More than 150 nurses at Auckland City Hospital have signed a document warning Te Whatu Ora, that dire staffing shortages in its emergency department. Nurses, doctors, health workers within the ED Department have been concerned for safety and quality of care for the public over the past six months, due to chronic staff shortages. This is also a reflection of what is happening in all EDs across the motu

Appendix 3

1. CAG's discussion at the 10 November meeting centred on workforce shortages, cost-of living pressures, and the very real impact felt within communities of these combined pressures. Workforce shortages have been reported by CAG also in several previous environmental scan Board papers.

The following key areas are brought forward from the environmental scans tabled in the 10 November meeting and the discussion about them:

- a. Delays in access to General Practice care and workforce shortages in Mental Health & Addiction services continue to be of significant concern.
 - b. Health practitioner recruitment difficulties and the impact of overseas recruitment with respect to cultural safety/ readiness to deliver care to Māori and others in Aotearoa New Zealand was discussed.
 - c. Decisions about the future of former District Health Boards Consumer Councils as a mechanism for consumer engagement in the health sector are awaited after conclusion of the Te Whatu Ora review process.
 - d. Progress reporting by localities groups on consumer engagement activity specifically remains an important area of interest to the CAG.
2. General practice wait times for consumers were a universal concern amongst CAG members and delays were reported as lengthy across the country. Lack of available appointments was noted to drive some people to more costly after hours care with detrimental effects on their ability to meet other basic costs noted by a member working in the social services sector.

Members were concerned about the level of frustration observed in some consumers triggered by health care delays and the increased risk to frontline staff of violence.

Work from Counties Manukau and through the Northern Region Clinical Governance Forum was shared, focusing on the challenges in measuring primary care capacity and the need for a national tool to be developed that includes primary care workforce and capacity data.

In terms of current solutions for workforce pressures in primary care, the Local Pharmacy Acute Care Service was reported to be well supported by local pharmacies in Tāmaki Makaurau, with the highest uptake being for care provision for the under 14-year-old age group.

Resource and workforce shortages in mental health and addiction services continue to be highlighted and are compounded for some people by the mental distress of housing insecurity and homelessness.

It was reported that Te Whatu Ora are currently working on a pilot project to help fill vacancies across the Mental Health and Addictions sector with experienced health professionals from overseas.

It was reported that Te Taumata Hauora o Te Kahu o Taonui Iwi-Māori Partnership Board have initiated discussions with Te Aka Whai Ora and Manatū Hauora seeking solutions to workforce pressures in Te Tai Tokerau and Tāmaki Makaurau. How well current regulations and regulatory bodies can facilitate potential workforce solutions was queried within the discussions.

3. Overseas recruitment strategies being deployed to bolster workforce capacity were discussed and welcomed by the CAG. A CAG member reported a pilot to recruit more international health professionals to address workforce shortages and there is recognition that other initiatives are also in place. However, queries were raised about the support and structure needed for an 'imported workforce' and how well recent arrivals were prepared to practice in the Aotearoa New Zealand setting in terms of cultural safety, in particular. Some members reported incidents within their communities or from personal experience recently that were considered culturally unsafe or dismissive. The CAG group identified this as an important issue to raise to the Board.

'The incoming workforce need to understand what it actually means to support our whānau and to bring an established cultural competency to their mahi that they continue to develop.'

'Structures must be in place so that when health professionals begin work in Aotearoa New Zealand they have a basic cultural literacy, particularly when it comes to our Māori and Pacific whānau, to reduce inequities and increase ability to improve hauora.'

It was recognised that health regulatory authorities for specific health professionals stipulate the entry requirements regarding cultural safety. It was suggested that the regulatory authorities would welcome feedback on this gap in health practitioners' performance as their specific role is public protection. Specific issues raised in Northland suggest there may be gaps or delays in orientation to working with Māori populations and others in general practice settings.

4. The CAG are awaiting the outcome of the Te Whatu Ora 'Review of Consumer Engagement Mechanisms' concluded recently on the future of former District Health Board consumer councils. A number of members have been involved in the consumer councils and the council Chairs as a national group have contributed to the review. There is recognition of the need for some re-alignment with new Te Whatu Ora structures. Consumer councils are valued by members as a consumer engagement mechanism and it is hoped by the CAG that they continue within new Te Whatu Ora structures (regional and localities based).
5. Localities groups annual reporting including consumer engagement membership and activity updates – the co-Chair of the CAG, Angie Smith, reiterated the importance of consumer engagement at the localities level and the need for updates on progress at the meeting. The group were advised that she spoke to this matter at the previous Board

meeting on 22 September and anticipates that progress reports will be provided to the Board.

Recommendations

That the Board:

- | | | | |
|----|--|----------------------------|----------------------------|
| a) | Note the contents of this paper. | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| b) | Note that the He Hoa Tiaki Partners in Care team engaged with the Te Whatu Ora 'Review of Consumer Engagement Mechanisms' and continues to work collaboratively with Te Whatu Ora and the health sector as a whole to support consumer engagement. | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| c) | Consider whether there are additional levers for Te Tāhū Hauora to use that are appropriate in relation to the views expressed by Te Kāhui Mahi Ngātahi Consumer Advisory group (CAG) about delays in access to primary health care. | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| c) | Consider whether there are appropriate actions for Te Tāhū Hauora in relation to the views expressed by Te Kāhui Mahi Ngātahi Consumer Advisory group (CAG) about the possible lack of preparation of health practitioners recruited overseas to practice in the Aotearoa New Zealand health context. | Y <input type="checkbox"/> | N <input type="checkbox"/> |