



## **Minutes of the Te Kāhui Mahi Ngātahi | Consumer Advisory Group (CAG) to the Te Tāhū Hauora Board**

<b>Co-chairs</b>	Angie Smith & Russ Aiton
<b>Members in attendance</b>	Lisa Lawrence, Mary Schnackenberg, Jodie Bennett, Boyd Broughton, Delphina Soti
<b>He Hoa Tiaki in attendance</b>	DJ Adams, Dez McCormack (minutes)
<b>Apologies</b>	Maine Johnson

The hui was held via Zoom on 20 September 2024.

The hui began at 9.30am

### **Welcome and karakia.**

Russ welcomed everyone to the hui and Angie opened with karakia.

### **1. General business**

- 1.1. The minutes from 25 July 2024 were confirmed as true and correct.
- 1.2. Action items were completed. Nothing outstanding.
- 1.3. Interests register - one update from Mary for next hui.

### **2. De-brief on board hui 9 August 2024**

Angie gave the update.

Angie made special mention of the staff who had left and acknowledged for their contribution to consumer engagement and support for CAG.

Angie spoke to the environmental scans paper. All points were acknowledged by the board, and they were very interested. Also expanded on the feedback loop missing in the new Regional Consumer Council structure.

Some points raised in the scan will be put on the Boards risks register.

A request to invite Richard to join a CAG hui to give an update on new forms of data available and what is produced from the new data. Action: Invite Richard to the next CAG hui on 12 Nov.

All members commented on the importance of the environmental scans and the appreciation that the consumer and whānau voice is being listened to by the board and acted upon.

Lisa spoke of the groups solidarity and also has forwarded a cabinet paper, and the group discussed requesting comment from Peter.

Boyd noted that rather than act upon major concerns of staff shortages, there are continuous staff and service cuts. Comparison made to quick response to farmer's mental health years ago

– the reverse is happening now regarding responses to whānau needs. 20% of whānau Māori in the northern region are unenrolled in health practices. Staff continue to work really hard under the pressures in the health system. It's incumbent on us all to keep saying what is wrong.

Lisa tabled and spoke to Cabinet Office Circular CO (24) 5 – Needs based Service Provision on not using ethnicity to prioritise health service. Comment on the paper will be sought from Peter.

Link to paper: <https://www.dpmc.govt.nz/publications/co-24-5-needs-based-service-provision>

### 3. CE update

Peter joined and gave an update on recent hui with Commissioner Levy and Minister Reti including a hui with Dale Bramley. He spoke of the turbulent times in health and that Te Whatu Ora are still processing and managing an organisational reset.

Spoke of the Insights report to Minister Reti and the importance of consumers contribution into this report.

Peter mentioned the NHS Darzi report and similarities to our system. A link to that report will be sent.

Annual report has been finalised and SPE objectives have been met.

The Quality Improvement program has been successfully handed over to Te Whatu Ora with a large increase in staff applying for the quality improvement course.

Good news with a reduction in numbers of seclusion in mental health and addictions.

Peter opened to take questions.

Jodie thanked Peter for leadership on actively promoting the consumer voice.

Angie brought up differences between HDC Code of Rights and the Consumer Code of Expectations. Peter explained where each of those sit in the mahi we do.

Russ asked about the scans CAG provide and should they change. Peter: they are highly valued and impactful. Just keep saying it as it is at the local level. Recommendations are not necessarily required. The board will act on comments when needed.

Everyone was pleased with the focus of consumer involvement by Te Tāhū Hauora.

### 4. Environmental Scans

Members reports were taken as read. Full reports are tabled as a summary in Appendix 1

Following is a brief addition to members comments.

**Russ** said not a lot had changed. Mention made again about the flow of information locally is not feeding to the regional council. Advocating is not fully happening in the consumer space.

**Angie** – Spoke of the Kōrero Mai program that operates in some hospitals but not others. This should be reinvigorated, alongside with the code of expectations

**Mary** – talked about resilience and that some people are tired of hearing that term to deal with issues. Also, with cost of doctors' visits, if you can get one, is getting beyond so many peoples financial means. For older people who only have the pension, it's not possible.

**Jodie** – Spoke of her father's recent passing and his associated addictions and that support wasn't available for him. Addiction doesn't discriminate. It's across all ages.

Consultation on the draft suicide prevention plan is currently open till November and Changing Minds is providing input here.

Shortage of ADHD medication and Pharmac hasn't messaged this well.

Mental Health awareness week is next week. Theme is “community is what we create together”.

**Lisa** – There is so much to say and be done on behalf of our whānau and consumers. Cuts in lunch funding for schools and funding for other social services has had a major effect, both educational and health wise with malnutrition rates raising. Same for hapū wāhine not eating properly with the economic crisis. Finance is put before health – this comes from those governing the country.

RSE worker populations need support as well as they don't qualify for public funded health care in Aotearoa.

**Delphina** – also mentioned the food cuts with lunches and less pūtea from MSD for social service providers for food, for those in need.

With \$3.00 being offered for a lunch, no one can do it for that amount and make even a minuscule profit to pay staff etc. Lines of people for food parcels is ever increasing and with more people crammed into houses, health and wellbeing for people is taking a massive hit. An awful situation all round.

**Boyd** – Challenges are national. It hurts that Te Reo Māori is removed from documents due to politics.

Telehealth needs more consideration and push to fill the gaps. Rather than repeating the same info in these reports, we need to demand that the system produce some solutions and tailor them to where they are needed.

## **5. Board paper feedback on learning improving and healing from Harm**

Caroline gave some background on the paper and spoke to some of the data.

Discussion included noting there was more harm reporting from primary care which is a positive in that people feel safe to advise of adverse events and therefore we can put systems in place to reduce in future.

Pressure injuries recorded an increase in reporting along with health care associated infections. Harm also refers to cultural, spiritual and psychological harm.

Feedback included mention of consumers, but the consumer voice/lens is not specifically included. Could the Consumer code of expectations be referenced as being a guide in the development of the paper?

Percentages don't seem to reflect the full population numbers of Māori and Pacific peoples. Perhaps an explanation of this can be added.

Caroline thanked members for their input and the group appreciated the mahi undertaken.

## **6. Discuss approach to the Aotearoa New Zealand System Strategy**

Caroline presented a PowerPoint to outline the strategy, and the process involved to get the final product.

The selection of consumers so far selected for the advisory group was via an earlier EOI process to the CHFA.

An invite was extended to members for someone to join the strategy rōpū.

Lisa mentioned the overhaul of the health practitioner competency assurance act (health regulation) being undertaken and how the two might be tied in together along with the Clinical Governance strategy framework also awaiting signoff. What intersection/feedback loop will exist between all three.

The group liked the approach to the strategy and look forward to its development.

## 7. Content for Boards scan papers

Agreed with content. Suggestion that we add comment about Jodie's comment around lack of support for older people with Mental health and addictions.

## 8. Māori Health and Consumer update

Time did not permit for the update. A written update dated 22 August will be shared with the group. Mention was made of the invitation to the mihi whakatau for Carlton Irving, Director Māori Health & Consumer on 7 October.

A zoom for the group to meet Carlton on zoom on 21 October has been sent.

## 9. Karakia and close

Angie closed with karakia.

### Actions list

Date	Action	Responsibility
20 Sept	Invite Richard Hamblin (HQI) attend to give an update on new data available	Dez
20 Sept	Send link to NHS Darzi report	Dez (actioned with these minutes)
20 Sept	Seek comment from Peter Jansen on the cabinet paper tabled	Dez (actioned and response with these minutes)
20 Sept	Send written update for Māori Health & Consumer team	DJ (actioned)

Next hui – 12 November 2024 – zoom

## Appendix 1

### Summary of Te kāhui mahi ngātahi members' environmental scan – 20 September 2024

**Angie Smith** (Ngāti Kahungunu, Ngāti Ruapani ki Waikaremoana, Ngāi Tūhoe)  
Te Matau a Māui Hawke's Bay Region

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Kaiwhakarite Māori – mahi kiritaki | Consumer representative, Māori  
Co-chair - Te Kāhui Mahi Ngātahi | Consumer advisory group  
Co-chair - National Quality Forum  
Member - Te Whatu Ora regional consumer council – central  
Member - Consumer voice framework reference group  
Member - Tihei Wairoa clinical governance group

#### Acknowledgements

With deepest respect let us acknowledge those of our whānau, of our communities, who have passed since our last meeting.

Kiingi Tuheitia Pootatau Te Wherowhero VII (1955-2024)

E te Kīngi, okioki atu rā ki ō tātou Mātua Tīpuna, takoto mai ki te poho o te Atua, moe mai, moe mai, moe mai rā

To those of us who remain, we honour their memory through our continued efforts and our commitment to what is held dear. In that vein, let us celebrate:

E Te Arikinui Kuini Nga wai hono i te po Pootatau Te Wherowhero VIII, noho ake rā me te aroha nui o tō iwi Māori, otirā o te ao katoa, nāu kua hihiri, nāu kua hiamō.

He mihi hoki ki a Carlton Irving, ki a ia o Whakatōhea o Ūpokotere hoki mō te whiwhi i te tūranga Tumu Whakarae.

#### Environmental scan/real time monitoring

- **Te Whatu Ora regional consumer councils were in place by 1-Jul-2024**  
Following on from the interview process, the successful candidates were notified and congratulated. There has been no date set for the first meeting.
- **Consumer Voice Framework Reference Group (29-Aug) - bimonthly zoom meeting**  
In a meeting of the Consumer Voice Framework Reference Group, Russ and I enquired of Te Whatu Ora on the progress of the Regional Consumer Councils. Time is needed to plan the operating model following the appointments of Deputy CEOs for the four regions; two deputies started last week and the remaining two will start in the next couple of weeks. The regional leadership team will be familiarised with the Code. Reporting will be on a regional rather than a district structure. Mid-September will see a wave of change.
- **Primary and Community Health Aotearoa (PCHA) – Consumer Representative**  
Russ and I agreed that I continue with this opportunity to have reach into the primary and community health sector, to be informed of issues directly impacting on this area that is one of Te Tāhū Hauora's strategic priorities for 2024/2025.

Beyond my initial interview I met with two board members to discuss my potential co-option onto the Board as the Consumer representative. I was advised that there were many organisations in the federation that say they have consumer feedback, but they are very

much focused on their organisation's agenda. I was very clear that the Code of Expectations states what must be provided by health entities for consumer, whānau and community engagement - co-design, lived experience, resources provided, leadership at all levels etc. That would be my focus and enquiry to each organisation when and where appropriate. My concern is how aware the Board and membership are of the Code.

I have been invited to join the next board meeting to see and hear what is discussed (24-Sep).

- **National Quality Forum (28-Aug)**

- System Safety Strategy & Reporting
- Prioritisation Framework
- Update on Maternity Mortality
- Update on National Medicine Steering Group
- Report on ED Discharge Deaths
- Minutes from NQF meeting have been approved to share with our CAG members (29-May)

- **Consumer and whānau engagement quality and safety marker (QSM) – by 11-Sep Heidi Cannell**

Russ and I have responded to the QSM as co-chairs of NQF; reporting NQF's progress in implementing the code of expectations. Given that it has already been reported previously that there is a consumer co-chair at the National Quality Forum, this time was about seeking our insights about how well this is tracking for each of us in this role.

The insights have been very interesting.

- **Family/whānau experience of avoidable mortality (6-Sep) – Pauline Gulliver**

Four 1-hour sessions over two months.

Working group - Jackie Burrows, Jennie Harre-Hindmarsh, Denis Grennell, Angie Smith  
Officials: Jim Wiki, DJ Adams, Pauline Gulliver

In the National Mortality Review Committee's strategic plan, there is a workstream that focuses on the impact of avoidable mortality on families, whānau, 'aiga and other collective groups, including communities. The Committee's vision is, "to prevent people dying before their time, and to help everyone have the best opportunity to thrive". Therefore, it is as much about whānau wellbeing as it is about reducing avoidable mortality.

Te Kāhui Mahi Ngātahi was invited to be involved to ensure that there is a consumer perspective built into the design and development. By exploring family experiences of avoidable mortality, it may be possible to formulate advice for how health and social support systems can work more effectively with families to prevent avoidable mortality.

- **Te Tāhū Hauora insights report (10-Sep) – Peter Jansen**

I accepted the invite from Peter Jansen to join the expert panel for the insights report that the Minister of Health has asked Te Tāhū Hauora to provide; to gather insights and intelligence from the sector and consumers each month; to combine this with the quality and safety data Te Tāhū Hauora and Health New Zealand collect regularly through various channels.

The expert panel will interpret the data collected to form a view on quality and safety in the system each month. This will be formed into a report which will be provided to the Minister of Health and copied to Health New Zealand and the Ministry of Health.

## Russ Aiton (West Coast)

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

### Real time monitoring

The notion of an environmental scan has previously been indicated from the transactional end of consumer engagement, what is happening “out there” to the consumer, whanau and community.

It has on occasion, included the workforce and system safety concerns that are observed, giving the reader a sense of lived experience(s) from the grass roots. What ails them and what is being done to address those issues of health and well-being “Out-there” is the often mantra of such Board Reports.

I would like to observe that these last few months has, for the most part, not just been about living the consumer life of my own health issues and the impact of those around me, but instead it's been about the processes, systems pauses and resultant confusion in those entities that serve the consumer, whanau and community.

The mental and well-being resilience required to prioritise what gets done for you and your whanau against the backdrop of ever shifting goals and priorities of those health services still regrouping around the last round of organisational changes, is really being drawn thin. It is vulnerable to the slightest deviation and shift in funding priorities and workforce issues.

I cannot as Co-Chair | Consumer Advisory Group | te kāhui mahi ngātahi – Te Tāhū Hauora put my hand on heart and provide another repetitive report to the Board as to what's happening in my consumer purview. I would provide instead an observation that this pattern of lack of consumer engagement due to inadequacies and in operable mechanisms of health entities, namely Health NZ for the Consumer to provide feedback is beginning to weaken the bond and expectation of equitable service provision further.

- **National Consumer (Councils) Group**

The group is still active and is a “the lights are still on” focus each month for the disenfranchised Consumer Council chairs/Co-chairs. It still supports and encourages its members to find the collateral flow of engagement pathways and shares points and nibbles of information that we can glean.

The Regional Consumer Councils are still in limbo having been stood up on 1<sup>st</sup> July and as yet 6<sup>th</sup> September, none have formally met or engaged their local consumer groups (formally). We remain positive and already cross regional support from members is eventuating.

## Mary Schnackenberg (Tāmaki Makaurau)

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- **Environmental scan/real time monitoring and services**

The need for all of us to remain healthy is not adequately supported by the current stressed health system.

In particular, very few of us are able to get into our GPs when we need to with waiting times increasing to first enrol with a GP then have an appointment with a GP. Pharmacists are reporting much more demand for their advice because of the shortage of GPs.

Accessible information is not generally available in preferred formats. This is about the language of the health system for print disabled people and others who do not have English as their first language as well as the formats of the documents to be read. I have given examples in previous reports.

Provision of aged care services is also in crisis. There are insufficient beds and staff to provide these services. Because of insufficient government funding, rest homes are prioritising elderly with sufficient financial means to pay for their services. This is placing the elderly poor at growing risk of isolation and poor healthcare.

## **Services**

It is pleasing to see that the review of the Health and Disability Commissioner Act is raising the profile of the National Advocacy Service which is under HDC's umbrella. Unfortunately, demand for support is increasing from their advocates.

## **Positive stories and exemplars**

My small business continues to produce government documents in the health and disability sector in audio and braille formats. However, the marketing of the availability of these documents is still not adequate.

## **Recommendations**

Continue to prioritise networking and collaboration and take time to praise good clinical research and implementation of results which are keys to improving quality services.

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

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### **Emerging Trends/Issues/ Services:**

- **GP Practices Under Pressure**

GP clinics across Tāmaki Makaurau, particularly in South Auckland, are facing increasing strain due to declining numbers of doctors, rising patient demand, and difficulties recruiting staff. Patients are often queuing as early as 6.30am for hours before clinics open, especially at Very Low-Cost Access (VLCA) clinics like those in Ōtara, which charge as little as \$19.50 per visit. Similarly, this is occurring across Tāmaki Makaurau. Other practices, which can charge over \$60 per appointment, are out of reach for many low-income families, making these affordable clinics crucial. However, the overwhelming demand is leading to long wait times and service delays, exacerbating healthcare inequities amongst Māori and Pacifica whanau.

- **Equity and Access Challenges**

The rising cost of living is impacting whānau across the region, with more working families seeking support for essentials such as food, debt management, and mental health services. Job losses have further contributed to the growing reliance on social services.

The reintroduction of the Ministry of Social Development's (MSD) Traffic Light system with its sanctions is increasing anxiety among vulnerable families. Social workers and mental health practitioners are feeling the strain, while nurses report an increase in referrals for additional social support. The compounding demand for these services, coupled with funding cuts, is leaving many agencies struggling to meet the needs of their communities.



- **Emergency Departments in Survival Mode**

Emergency departments (EDs) are in survival mode, prioritising only the most critical cases. Patients with less serious conditions often face wait times of up to 9 hours, some waiting up to 30. A lack of hospital beds means patients are often placed in corridors while waiting to be seen. Despite these immense pressures, ED staff continue to work tirelessly, earning significant respect from the community.

- **Mental Health**

Alot of noise about the 2019 Wellbeing Budget.

- **Consumer Council**

The establishment of Regional Consumer Councils has started, with the Northern Region Council officially launched in July. However, there are concerns about the integration of the Code of Expectations and the councils' functionality. Key issues include the incomplete implementation of Section 2.1, which focuses on co-design with consumers, whānau, and communities.

The councils are struggling with a confusing hybrid of regional and district structures, which, combined with staffing shortages and fragmented infrastructure, has hindered their effectiveness. The loss of engagement staff has been particularly detrimental, as these roles are crucial for facilitating community input and guiding policy decisions. Although administrative resources are available, the lack of skilled personnel for community engagement complicates the transition and raises questions about how the hybrid model will be fully operationalised for effective outcomes. They are needing clarity the how and what.

### **Positive Stories and Exemplars**

- **Code of Expectations**

During my elderly mother's recent admission to Waitematā and Waitakere Hospitals for a serious cardiac and respiratory issue, we experienced care that reflected the **Code of Expectations**. Despite the evident strain on staff due to workforce shortages, the hospital team, including nurses, doctors, and support staff, were consistently accommodating. We were particularly impressed by the medical staff and their attention to what my mother wanted in terms of family being around. A family was permitted to stay with my mother throughout her hospital stay. All requests around explaining in detail medical notes and access to specialists were accommodated. There was also the presence of a Pacific social worker, who visited us early on and ensured our cultural needs were met.

We noticed **Code of Expectations** posters in the wards and received flyers that explained patient rights. Clear communication from the medical team kept us informed about her treatment, and the hospital supported us by offering discounted parking. Even under pressure, the staff-maintained professionalism, compassion, and a commitment to providing respectful, culturally sensitive care.

- **Telehealth Filling the Gaps**

With GP shortages and long wait times, telehealth services have become a crucial alternative, offering patients faster access to care. This has been particularly beneficial for those in rural or low-income areas, where GP access is limited. Expanding telehealth further could help ease pressure on physical clinics.

- **Community-Based Care Models**

In areas like Waitakere and Waitemātā, community care models have allowed elderly people to receive care at home, reducing hospital admissions and improving patient outcomes. These programmes provide a more personalised care experience, though they face challenges in sustaining an adequate workforce and funding support.

Te Whatu Ora had announced the addition of a **20-bed facility for Stroke patients**, Monday 9th September 2024 at Middlemore hospital. Stroke has been identified as one of the leading causes of deaths among Māori and Pacific populations in the Counties Manukau region.

### Key Recommendations

- **Urgently Address GP and Social Services Access**

Immediate steps are needed to support GP recruitment and retention, especially in high-need areas like South Auckland and Northlands.

Alongside this, more funding for social services is crucial, as an increasing number of working families are seeking help for necessities and mental health support. The strain on healthcare and social workers highlights the need for additional resources to manage the growing demand.

## Boyd Broughton (Te Hā Oranga, Tāmaki Makaurau and Te Tai Tokerau)

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### Environmental scan/real time monitoring

- **Te Ao Māori**

The passing of Kiingi Tuheitia Pootatau Te Wherowhero Te Tuawhiti marks a significant loss for te ao Māori, although this is softened by the joy surrounding his daughter, Nga wai hono i te po, stepping into the role of Arikinui, ensuring the continuity of the Kiingitanga movement.

- **Low Immunisation Rates**

Immunisation rates for pēpē (infants) and tamariki (children) remain critically low. This is a shared priority for the Minister, Te Whatu Ora, Whānau Ora, PHOs, and other providers who are seeking to stimulate collective action across the health sector.

- **Strategic Commissioning by IMPB**

The IMPB is preparing for strategic commissioning and monitoring processes to commence in 2025.

- **Nurse Graduate Frustration**

Concerns are rising as many local nurse graduates face missing out on hospital placements due to an oversupply of Internationally Qualified Nurses (IQNs). This imbalance could create future workforce shortages if the IQNs leave the country or take international placements, leading to increased wait times for whānau and community, and additional pressure on the remaining workforce.

- **New Regional DCE for Te Whatu Ora**

Mark Shephard has been appointed as the new Regional DCE for Te Whatu Ora under the Commissioner. It is understood managing the regional health system and future regional investment will be delegated to the DCE.

- **Regional Engagements**

IMPB has completed several regional engagements starting in Kaitiaki facilitated by Taikorihi (one of the 12 operating 'Localities'), then Ngāwhā, and Tāmaki. There is strong agreement across the region on key IMPB priorities including Housing, Māmā and Pēpē health, access to services, and access to mental health and addictions services.

- **Whānau Voice Mechanism**

Discussions in these regional engagements included a focus on mechanisms and frequency to maintain an updated awareness of 'Whānau Voice' priorities. Options considered include continuous online surveys, IMPB presence at events with technology to capture whānau insights.

## Services

- **Closed Books Continuation**

Whānau continue to experience difficulty accessing healthcare services due to the continuation of "closed books," where health providers are not accepting new patients.

- **Delays in 'Earn as You Learn' Nursing Program**

The 'Earn as You Learn' Bachelor of Nursing Māori workforce solution is facing delays, and officials are unable to confirm February 2025 as the program's official start date.

- **Extended GP Wait Times**

Some whānau have reported extended wait times of up to three weeks to see a General Practitioner (GP), contributing to growing concerns over access to timely healthcare.

## Positive stories and exemplars

- **Taikorihi Locality Evaluation:**

Taikorihi, the prototype Locality in Te Tai Tokerau, has begun collective activities within the community alongside the initiation of its evaluation process. This evaluation aims to assess whether the devolution of decision-making and investment at the local level leads to positive outcomes for the whānau and community.

## Recommendations

- **HQSC NZ Monitoring of Workforce Decisions**

The Health Quality & Safety Commission New Zealand (HQSC NZ) monitor and challenge workforce decisions related to the recruitment and placement of Internationally Qualified Nurses (IQNs). There is growing concern about the ongoing impact these decisions are having on local nursing graduates, particularly in terms of job placements and long-term workforce sustainability.

- **Upcoming Treaty Referendum**

There are concerns that the upcoming Treaty Referendum proposal could lead to systemic and interpersonal racism affecting whānau and communities. Racism has been identified as a key detrimental determinant of health and wellbeing, especially for indigenous populations. It is recommended that the Health Quality & Safety Commission New Zealand (HQSC NZ) voice strong opposition to the referendum proposal, particularly given the lack of transparency around those providing the advice on which the proposal is based.

## General Comments

- **Health Sector Challenges**

**The health sector is currently facing significant challenges**, including infrastructure, capability, and workforce issues. These challenges are having an acute impact on whānau and communities. Despite these obstacles, the majority of whānau and communities remain resilient, managing their health and wellbeing despite the systemic difficulties imposed by central policy decisions.

## Maine Mareko-Johnson (Ōtepoti)

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### Acknowledgements of legends

I wish to acknowledge the team members whom I have been supported by who are sadly, no longer employees of Te Tāhū Hauora. Although their work here has ended, the significant and profound impact of their contributions to Te Tāhū Hauora and the Consumer Engagement Programme, provide many with wonderful memories. They were colleagues who supported and cared for us at all times. Deon, Anne, LJ, Lauagaia, Robbie, Allison and Zelda.

I wish to thank Dr Chris Walsh and Deon for the time that they allowed LJ to be able to support me, in my journey with Te Kāhui Mahi Ngātahi.

Though they are no longer part of the team, the outstanding efforts that they provided are missed and I will ever be grateful. The work that was achieved because of that magic mix Chris and Deon created will always be something that I am proud to share.

### Environmental scan/real time monitoring

- **ED waiting times at Dunedin Hospital**

The waiting times at Dunedin hospital are still horrendous. Though the staff are professional, humble and kind, there are not enough of them to meet the supply and demand of the community.

Sadly, this has not been something that has been given the much-needed improvement required.

There have been a number of big events in Dunedin which is great for the city, however with international guests and inter-regional travel, there continues, what seems to be, a never-ending cycle of new flu strands coming to the city, and likely, new strands of COVID-19 which is contributing to the lack of reasonable access to community health services. And then begins the flow-on effect, to the public health system. That which, is already struggling. Critical care is delayed, and this is impacting patients and their whānau.

- **Mental health service challenges**

As I am sure Ricky will also be sharing at the Kōtuinga kiritaki table, there continues to be stressors for patients of services and for the service providers alike. There is a large, short-fall of clinicians in Dunedin and this is also having a large impact on the community when there are waiting lists in almost all services. Those that are already receiving services struggle to get appointments when they are in dire need of support.

This is having a detrimental impact on community service providers, as they are continuing to support and work with clients that are presenting with more concerns than they can cater to. They are often not funded, because they have neither the contracts for those services or provision of the appropriate staff.

Resources in this space continue to be sparse and it appears that the need is continuing to grow at an alarming rate. Patients and their whānau are experiencing frustration and anxiety because of the long wait times.

There have been tragic deaths of two high-profile young people in the community, and this has impacted all intersectionality's of the entire City of Dunedin. The profound sadness and loss that people are experiencing as a result of these two deaths, has led to an increase in demand for mental health and addiction services. The sad reality is that the supply for demand, is not able to be met. This again is impacting on Community service providers that are desperate to assist the whānau that they are already working with, however, there is little that they can do to allay the anxiety of those that are seeking help, yet not able to receive it.

Given the close connection that I had to both young people, I am witnessing the affect that it is having on other social service organisations, their staff and clients. As well as the impact it has had on me personally.

- **Local job market**

The local job market has recently had an influx, due to the significant job-losses across the country in public, private and NGO sectors, as a direct result of the Government cuts. Many families are making their way south, and to Dunedin, for the easier pace of a smaller city, and taking whatever jobs they can get. Some roles in small organisations are attracting as many as 150+ applicants. This is providing a challenge in a local sense, as entry level roles for school leavers and young people that have undertaken training, are being filled by skilled people who have re-located to Dunedin for whatever work they can get.

Unskilled roles as part of the new hospital build are fast being filled, alongside the reality that the new hospital has been changed so many times that when completed, it will in-fact be smaller than the hospital we currently have, that hasn't functioned well for many years and still has growing waitlists.

- **Impact of Government funding cuts**

Several social sector service providers have been impacted by the significant budget cuts in the social sector. It is affecting the front line, and with mental health and addiction services lacking, ED services stretched and not coping, there is genuine fear for what the landscape will be in the coming months.

- **Cook Island Language week 2024**

This year was a wonderful celebration for the Cook Island Community in Dunedin. Throughout the week we had a large programme of events, some of these included:

- Cook Island language classes
- Ura Fit classes (Cultural dance)
- Drive in movies in the Cook Island language – Short films, across three venues
- Ei Katu making sessions (Traditional Headdress)
- Social Evening with Live Cook Island Music.

There were also picture books handed out at these events throughout the week.

As a proud Cook Islander and a member of the organising committee, it was fantastic to see the events that the committee of five Cook Island Community leaders put together. These were well attended by the Cook Island Community and many community members that were interested in learning more about the Cook Island culture, as well as members of other Pacific communities that we have supported in their language weeks.

- **Tongan Language week**

Tongan language week held a host of events and occasions that were well attended and supported by the community here in Dunedin.

- **Otago Polyfest**

Otago Polyfest is being planned, and this is the highlight of many Pacific communities and young people alike and will include Kapa Haka and pacific performances in Dunedin. The event itself has grown so much over the past 31 years and this year registrations have reached the highest they have ever been with 160 performances scheduled to take the stage.

The event will be run over 5 days at the Edgar Centre and will feature over 6000 performers. The beauty of this event for our community is that it is not a competitive Polyfest. It is run entirely by volunteers and has performances from children of all ages, from Early Childhood Education Centres, all the way through to High School. It also features showcases of previous kapa haka and pacific performers that are now leaders in their respective professional fields, who perform and are passionate about our community.

There is also a village setup, where we can share Māori and Pacific Arts & crafts as well as the addition of stalls where communities are able to meet with services and partake in free health checks and education of what services can be provided. There is also a market style setup where communities prepare their traditional dishes, to share with all that attend.  
(Performers and spectators)

My organisation is proud to support this Kaupapa. Our staff and taiohi (young people) are all going to be there volunteering throughout the week. Our service will also have a stall in the village, to share our mahi with the community.\

### **Lisa Lawrence (Te Tau Ihu a Waka a Maui)**

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Kaiwhakahaere – Motueka Family Service Centre

Komiti Mema – Te Tumu Whakaora, Nelson Bays Primary Health

Board member – Q Youth Nelson

Lead Agent – Safe Families Motueka

### **Environmental scan/real time monitoring**

Whānau and patients are hesitating to engage with the primary health system in a much more overt manner than previously observed and reported on. The community has named the reasons as:

- GP, nursing and pharmacy costs have increased
- Wait times are sensed to be longer both to get an appointment, and clinics historically run late and whānau can't get back to work on time.
- Clinics appear to have more limited hours
- Regular staff have been replaced with locums that have no relationship with whānau.

Hunger, due to lack of access to food and the consequent impact on physical and mental development is now apparent as a factor in tamariki attending and engaging in early childhood and primary school. The withdrawal of lunches in schools and cutting of funding to the ECE sector have been named by teachers and whānau as causing this noticeable change in both attendance, participation and in the health of tamariki.

## **Services**

Rural practices being bought out by franchises and bringing in business practices that make whānau feel unwelcome in the clinic setting. Due to the limited choice for rural people, there are no further options locally.

Rural midwifery services are stretched beyond the level of need, and this is most impacting those who already have a poor relationship with health services.