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

The meeting commenced at 10:02am

1. Welcome & karakia

Russ welcomed the group. DJ opened with a karakia.

2.1 Standard business - Previous minutes

The minutes were moved as correct and accepted. Frank moved. Mary seconded.

2.2 Action items

Locality story re pilot sites is on hold until a more positive story can be told. There are quite a few delays and issues re consumer discussions and involvement. Frank, Angie & Russ all provided comment. Indications are consumer involvement will be forthcoming. We will raise this again when there is more consumer involvement, and we can get a more positive story to publish.

2.3 Interests register

Jodie provided updates prior to hui. Angie will have changes when new consumer council established. No other changes from members.

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

Firstly, the CAG (thru Angie) congratulated Deon formally into his new role as Director, He Hoa Tiaki | Partners in Care.

Deon then spoke to the written report prepared by Allison:

Update to Te Kāhui Mahi Ngātahi | Consumer Advisory Group

Since our last meeting on 28 June, the He Hoa Tiaki team has focused on setting our work programme for 2022/23 and getting the code of expectations for health entities' engagement with consumers and whānau signed off.

Notably, we farewelled our fearless leader, Dr Chris Walsh, after more than ten years at the Commission.

As has been advised, Deon York has been appointed to the director role in He Hoa Tiaki.

Highlights:

The code of expectations for health entities' engagement with consumers and whānau was tabled in Parliament on 9 August and is now available. Under section 59e of the Pae Ora (Healthy Futures) Act 2022 the code is made when the Minister approves it. After it is made, the code must be presented to the House of Representatives and be made publicly available. You can access the code [here](#). The code has been translated into te reo Māori, and is being further

translated into Pacific languages, Chinese and Hindi. It is also being produced in accessible formats. The official launch of the code and consumer health forum Aotearoa will take place on the Grand Hall at Parliament on 25 August and preparations are well underway for this.

A freely available introduction to co-design has been completed. The introductory modules are available [here](#). Further modules are planned to focus specifically on engaging Māori, Pacific, and consumers and whānau more broadly. A big shout-out goes to all who have contributed to this project. Please share with your networks.

Russ Aiton has been confirmed as the chair of the consumer advisory group |Te kāhui mahi ngātahi and will be at this board meeting (26 August).

- Our 2022-2023 programme plan was delivered to ELT last month. Thank you for your suggestions to help us shape our work plan. Work is already underway, and we believe this financial year is going to be an exciting one with several new groups either forming or being revived, a deeper and more nuanced focus on co-design education and further developments to Ngā Pae Hiranga. An implementation guide for the code of expectations is confirmed as our SPE deliverable for this year.
- All Commission staff attended the Wall Walk earlier this month- a workshop designed to raise collective awareness of key events in Aotearoa's history.
- The Northern Coalition of consumer councils invited He Hoa Tiaki to a hui to get some clarity on the code of expectations and implementation plans. Deon and DJ attended and gave a presentation.
- The consumer engagement quality and safety marker (QSM) is included in the 2022-2024 Interim Government Policy Statement on Health. The latest submissions from the districts along with the updated dashboard can be found [here](#). Submissions for May 2022 were reviewed by Chris, Deon, DJ, and Brittany, and feedback has now been sent out to the 17 out of 20 'DHBs' who submitted. The three non-submitters have been approached separately to discuss how the PIC team can support them to ensure submission occurs in November.
- Most of the team attended a 2-day workshop given by Helen Bevan and sponsored by the Commission. The topic was leading improvement through engagement and community. Some great ideas and actions were generated.
- Several consumer councils have taken up an offer for presentations to their groups on the consumer code work. These are underway.
- Deon and DJ met with Tauranga and Waikato consumer councils regarding the code of expectations.
- Tanaya and DJ have met with members of the consumer health forum Aotearoa who wished to discuss their areas of health and how the forum can provide support. Key meetings were with:
 - Jo Millar, Chair of Health for Grey Power regarding health of older people. Jo is a consumer champion based in Dunedin raising concerns about health care for her Grey Power community.
 - Lucy & Steve King. Lucy, with the support of nurse Robyn are champions for ADD and ADHD services in Aotearoa. A new relationship is developing with them to establish support networks and how they may engage with health services about ADD/ADHD care.
- Tanaya has met with other organisations that have requested assistance recruiting consumer representatives to their work programmes. These include:
 - Maternity quality and safety team at Te Whatu Ora
 - Middlemore hospital trial for infection prevention
 - Health research through AUT for rehabilitation after injury
 - Safer prescribing programme at HQSC for long term medications

- Reducing anticoagulant harm programme at HQSC for consumers taking anticoagulants
- Pharmacy Council consumer representative for professional pharmacy standards review
- Ministry of Health consumer representative for the credentialing committee and panel for Pelvic Floor Reconstructive, Urogynaecological, Mesh Revision and Revision
- The planning day done with CreativeHQ is progressing for forum planning and delivery of the first in person consumer health forum Aotearoa.

Deon added: The Launch at Parliament as mentioned is on 25 August, 5 to 7pm. PIC briefly outlined what was happening for the launch. All CAG members can attend.

The CAG thanked He Hoa Tiaki for all their organisation of the launch event. Mary made mention of how far we have come in getting the consumer code into legislation.

The reference group for the guide “consumer voice framework advisory group” is currently being established.

The group thru Angie congratulated Deon on his new role as Director of PIC.

Request from chair for CAG to be copied into the consumer network minutes.

Mary raised the issue of remuneration and the variance of what is paid to consumers. Deon mentioned that we will continue to advocate for a nation policy on payment to consumers - which fall to Te Whatu Ora as the operational body overseeing consumer involvement.

4. Members environmental scan

These were provided in writing for the minutes as the Board noting paper with the scans was required the following day, to meet deadline for board papers.

These member scans appear as Appendix 1 following these minutes.

Mary added comments about consumers “inside the tent” and those outside. Those inside are those appointed to consumer groups, who’s voices are well heard and acted upon. Those outside often don’t clearly have their messages heard. Something to be conscious of when receiving consumer messages.

All members spoke briefly to their reports.

Frank added COVID & flu rampant in Whanganui.

5. Relationship with Te Rōpū moving forward/Co-Chair proposal

The CAG met offline and discussed meeting with Te Rōpū twice a year. The proposal is for joint meetings twice a year with overnight stay, to commence from 2023.

Deon also raised an issue with the minutes from the joint Te Rōpū / CAG hui that were distributed with papers for this hui. There needs to be an amendment/further context provided back to minute writer, around the comment of Muriel feeling a burden to attend both groups hui. At the time there were only four members of the CAG - and two were Māori.

CAG requested this be an action item.

Also, Muriel was appointed to CAG first and then Te Rōpū. Muriel has since resigned from CAG but wishes to remain on Te Rōpū.

Te Rōpū are to discuss a refresh of their group at the 26 Aug board hui. CAG has not seen this paper.

There was a recommendation/request around the proposal for a co-chair arrangement, that CAG would like to increase their membership to ten.

This needs further representation and a board paper seeking approval.

6. Ko wai tātou - The Commission's visual identity. Presenting visuals and discuss board paper

Victoria Evans/Jocasta Whittingham presented and prefaced the discussion and PowerPoint that this proposed change is about repositioning the commission's corporate identity, focused on the commission's view that we are Te Tiriti partnership based organisation.

Points from the PP were:

Commitment to:

- Embed Te Tiriti o Waitangi strongly in our strategy and SOI
- Support mana motuhake
- Make te ao Māori perspectives and views central to our work

We want to create a visual identity that:

- is recognisable and known by the health sector and the whānau, consumers and communities that we connect with
- reflects our desired behaviours and culture as an organisation as articulated in our Statement of Intent 2020–24
- reflects our commitment to being a Te Tiriti partnership organisation
- reflects that we embrace inclusive, holistic, strengths-based hauora.

We want to change the outdated current logo and name and propose the new name Te Tāhū Hauora | Health Quality & Safety Commission.

The thinking and explanation around the various facets of the design of the new logo design and the new name were explained.

The presentation was very well received, and members were impressed with the detail of how this has evolved. The CAG could see where consumers "sat" within the logo.

All feedback was positive.

Thank you to Victoria and Jocasta.

7. Other Board paper feedback

Adverse Events policy update.

Angie is co-chair of the Adverse events programme advisory group and explained a little of the history around this updated policy.

Feedback provided from the CAG was:

- CAG would like to congratulate the team for the update of this policy and particularly appreciate the incorporation of consumers and whānau in the adverse event review process. It was also good to see the two new principles: Equity and restorative practice.
- There was just a note of clarification regarding Appendix two: Is the current policy in alignment with Te Tiriti? Happy to discuss. Angie explained that the next step is to work with Te Raina on this, yes?
- There was interest in the links between this policy and what comes through from HDC. This policy sounds very supportive. This policy emphasizes that it is ok to say, 'I don't understand' or 'I don't know' and is more directed towards a supportive and safe adverse event review environment.
- An update on how a Pacific perspective might be incorporated was raised. Leona has shared a paper with Angie on this. CAG would be interested in seeing this as well.
- Hopes are that the policy can be appropriately resourced at the front line so it can happen.

- CAG is really interested in how the policy will be socialised and would like to keep connected on this.
- In addition to broader CAG congratulations, Angie wanted to pass on a huge congratulations to the entire team involved with this.

The group were very happy with the policy and how far it has developed over time.

8. Other business. Karakia & close

No further business. DJ closed with a Karakia.

Next hui: 4 Oct 2022 – via zoom

Actions List:

Date	Action	Responsibility
16 August 2022	Recommend an amendment to the joint Te Rōpū/ CAG minutes to provide context around comments re Muriel Tunoho.	Deon/DJ

(Member reports follow next page)

Appendix A

Summary of CAG member's environmental scan

Russ Aiton (West Coast)

Chair - Consumer Council Westcoast

Chair - National Chairs Group (Consumer Councils)

Chair – Consumer Advisory Group (HQSC)

Chair – Cornerstone Family Support Services (Greymouth)

Environmental scan/real time monitoring

Pilot localities continue to be a main point of discussion and concern in how the transition to commissioning of health services could affect current practices. Successful engagement appears to be dependent on the specific locality. The communication and engagement are largely contingent on strengths of previous (DHB) relationships.

Consumer Councils are not all equal in receiving either support or communication during the transition with the majority lacking the key (DHB) personnel to plan and engage what the consumer and whanau involvement will be. The notion of “business as usual” is not regionally or nationally focused or resourced.

Some (of the) nine pilot localities are being overtaken in community engagement by localities not in the pilot scheme. This appears to be due largely to the SKILL vs WILL = INTENT of DHB/interim managers to embrace the co-design/co-decision making tenets.

Good reception of the Consumer and Whānau Code of Expectations and the sign off on 25th August. Strong support for this and the “beefing up of” the QSM Consumer Engagement.

COVID-19 comments.

Main concerns are around the shortage of staff at all three health centres and the GP practices. Consumer Council is not being included in any discussions as to how the community will be advised or of any plans to mitigate the risks to patients seeking care.

One of the Locality managers (Buller) advises she is having to limit access to Acute/ED care between 2000hrs and 0700hrs as 42% of workforce are away from work currently either with a COVID variant or stood down

Services

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

Positive/feel good stories

The continued resilience of the West Coast communities continues to shine amid the confusions around transition to the new authorities and they (communities) are largely getting on with getting on.

Mary Schnackenberg (Auckland)

Environmental scan/real time monitoring

- Ongoing generally positive feelings about the health reforms, especially new respect for consumer engagement and the Code of Consumer Expectations
- Growing concern about remuneration for consumer advisors. There is a wide range of payment from \$34.60 per hour to \$120.00 per hour
- Consumer advisory groups that meet during working hours need to take into account that potential advisors cannot afford to lose income if they have to take time off from their employment to attend consumer advisory meetings
- On 1 July Whaikaha Ministry of Disabled People was launched. We wait for the announcement of its first chief executive
- The Accessibility for New Zealanders Bill has had its first reading in Parliament. The Select Committee is taking submissions until February 2023
- HQSC may wish to consider how to support health providers who are expected to establish consumer advisory councils. Health entities (including service providers at all levels) may need help to listen and reflect on input from the new consumer councils who may be seen as being “inside the tent”. Appointing groups may expect these consumers to be more compliant than the consumer advocacy groups “outside the tent”. I was recently asked about a potential submission from a council very concerned about the lack of qualified nurses in Aged Residential Care. Should they bring their stories of concern to the Minister of Health and would other consumer councils join them in this advocacy?

My input / involvement in HQSC meetings/groups

Tuesday, 17 May, HQSC Consumer Advisory Group, Wellington;
Wednesday, 25 May, Consumer Network, Wellington;
Thursday, 23 June, Advance Care Plan Steering Group;
Tuesday, 28 June, Joint Te Ropu/Consumer Advisory group hui over Zoom as I had COVID;
Monday, 11 July, one hour meeting of CAG over Zoom without staff;

My activity (since last report)

- Auckland DHB Consumer Experiences Council, attended meetings 30 May, 20 June, 1 August. Sorting our Terms of Reference and plan of work as well as recruiting members to replace those who have recently left
- Ombudsman Disability Advisory Panel met in Wellington on 17 June. The Ombudsman reviews places of seclusion in health facilities, among other health-related projects. This is the newest disability consumer panel so it's learning about its role and the needs of a wide range of disabled New Zealanders
- Pharmac Consumer Advisory Committee meetings on 10 June and 8 July. The Consumer Advisory Committee has given input into an interim report to the Minister of Health about Pharmac's plans in response to the review. Increasingly Pharmac is seeking early advice from the Consumer Advisory Committee about their several work streams. They are proactively going into the media and receiving positive comments. Their work to improve equity around medicines and medical devices is progressing.

Any planned work in the coming quarter.

- The Pharmac Consumer Advisory Committee has monthly meetings scheduled

- The ADHB Consumer Experiences Council also has monthly meetings scheduled
- The Disability Advisory Panel of the Office of the Ombudsman meets quarterly. Members have been invited to the 60th anniversary celebration of the founding of the Office of the Ombudsman, to be held on 12 October
- Health and Wellness Group: members with various disabilities supported by the Disability Advisor at the Waitematā DHB meet to have a general catch up raising a variety of individual and systemic concerns. Their last meeting was in December 2021. For a number of reasons the meetings planned for February and May were cancelled. We will meet again on 16 August. We will discuss expanding the group to have a regional focus on disability services provided by the health system.

COVID-19 comments

- My small business continues to produce audio and braille formats of various government documents.

Services

- Ongoing examples of personal health information for individuals required in accessible formats not being attached to specific NHI numbers. For example, the Ministry of Health knows who is receiving disability support services. They wrote to everyone in late June a letter of reassurance that there would be no change with the shift of fundholder from the Ministry of Health to Whaikaha Ministry of Disabled People on 1 July. All letters were sent in print!

Positive/feel good stories

- I recently visited the Greenlane Eye Clinic for a routine appointment. Two incidents occurred during the visit which I negotiated safely. I brought the incidents to ADHB's attention and real progress is occurring to fix the issues, one relating to the volunteer desk not being manned, and the other being a problem with a lack of information on the appointment letter. Neither issue was COVID related. I am very encouraged by the positive reaction to my concerns.

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

Environmental scan/real time monitoring

There has been a distinct upturn in cases and hospitalisations evident. This is likely related to the COVID and Influenza variants coming to the fore. It's important to acknowledge that it is still a challenging time in the sector with COVID still impacting tangata whaiora, whanau and workforce at the moment, and the sector is working hard to meet increasing demand on services as staff shortages continue to have an impact. Acute Mental Health services are at capacity and less beds are available as staff are off due to sickness/isolation.

There has been a significant increase in the number of calls and enquiries for Mental Health and Addiction (MH & A) support to Changing Minds.

The disestablishment of DHB's and transition to Te Whatu Ora - Health New Zealand and Te Aka Whai Ora – Māori Health Authority began 1 July. Changing Minds awaits communications from these entities on how the Lived Experience leadership we bring will be woven into planning, to ensure a people-centred approach is taken as transformation commences.

Te Pae Tata, the interim Health Plan sets out the first two years of action for how Te Whatu Ora and Te Aka Whai Ora will deliver health services. It includes a suite of actions to address

variations among districts and builds a platform for greater consistency across healthcare services nationwide. Due to be released soon.

Mental Health and Addiction Lived Experience vaccination rates

- 86% fully vaccinated and 3 partially for 12 years+ with 88 % MH and 81% AOD
- Those eligible for booster 58% received with 40% MH and 49% AOD

Free Flu Vaccinations

We welcomed the recent announcement from Pharmac that people with serious mental health and addiction needs are now eligible for free flu vaccinations. This is fantastic news as it means easier access to the flu vaccine for around 170,000 more people. This is the result of a huge amount of mahi from many people across the sector.

Suicide Prevention Office

Matthew Tukaki has been appointed as the new Director of the Suicide Prevention Office.

He Ara Āwhina

He Ara Āwhina has been launched, which will enable Te Hiringa Mahara (the Mental Health and Wellbeing Commission) to monitor the mental health and addiction system and services from 2023, and to advocate for improvements. He Ara Āwhina describes what an ideal mental health and addiction system looks like, and will be used to assess, monitor, and advocate for improvements to Aotearoa's mental health and addiction system, including services.

Nau Mai te Ao has also been developed to establish and illuminate how Te Hiringa Mahara (the Mental Health and Wellbeing Commission) will 'understand, honour and work with Lived experience' in all of our MHWC Commission work.

Update on \$100 Million funding out of budget 2022

Specialist mental health and addiction services have been under considerable pressure for a long time. This means there are often waiting times for people to access the help they need. The government's investment in primary mental health and addiction services and early intervention is intended to take some pressure off the specialist end of mental health and addiction care.

In the meantime, this funding will start to ease some of the immediate pressures on specialist services, provide better support for people who are experiencing more serious mental health and addiction issues, and allow new models to be trialled to better meet the needs of people. While this is a critical next step in rebuilding our mental health and addiction system, it is important to note that sustained effort and investment will be required to fully address pressures on specialist mental health and addiction services.

The full details have not been announced for all of these, but the areas receiving funding are: community-based mental health crisis services, child and adolescent services, kaupapa Māori services, maternal and infant mental health services, eating disorder services, Te Ara Oranga, and drug checking services. There is further investment in mana ake and workforce development, and enablers to support rolling out the package.

System and Service Framework

Feedback received from over 170 people and organisations, who facilitated or attended over 35 meetings and hui.

All of this valuable information will help to ensure that the core components of a contemporary mental health and addiction system are identified.

The next steps are to analyse all the feedback, identify the key themes, and revise and refine the Framework based on the feedback, working closely with He Whatu Ora and Te Aka Whai Ora to collaboratively shape the Framework.

Te Tauraki Iwi-Māori Partnership Board (IMPB)

7 x Te Tauraki Iwi-Māori Partnership Board (IMPB) members appointed for Ngāi Tahu. This is the only IMPB in the Ngāi Tahu takiwā. Te Tauraki will be responsible for engaging with whānau and hapu within our takiwā about their health needs and communicate these insights to Te Whatu Ora and Te Aka Whai Ora. Te Tauraki will also join the Māori Health Authority's national hui for IMPB members in August to establish locality plans.

Maine Mareko (Dunedin)

COVID is still prevalent in the community.

The Health and social sector are stretched due to staff shortages.

The flu is heavily impacting the community.

Delphina Soti (Auckland - General Manager Vinnies)

Environmental scan/real time monitoring

- Food insecurity is a continual issue for low-income families. There is a slight surge in more families coming in for food support. St Vincent de Paul in Auckland 's numbers are comparative to that of other larger food hubs averaging at around 500+ families per week. Reasons Covid, influenza, Inflation
- Sick leave and bereavement continue to be comparatively higher 15-75% than in previous years in local workplaces
- Petrol prices are still rather steep for families. The Government has introduced cheaper public transport yet being Winter, sickness, COVID etc. the elderly, young families, bigger families struggle to transition to public transport because of the inconvenience. Noticed more families are having to wait till pay day to afford petrol to come to the foodbank, so therefore petrol vouchers are being made available as well
- The Housing crisis still a big problem in Auckland, the cold always exacerbates this issue. There is a waiting list for transitional and emergency housing. Housing providers are also utilising motels and hotels to accommodate the overflow of families needing to be housed
- Colder months are always concerning for more vulnerable communities ie: elderly, solo parents and low income families. Heating is a real issue, there is a high demand for warm blankets, clothing, thermal curtains and heaters

- The cost of Baby formula and baby products needs to be revisited, low-income families constantly seeking assistance to purchase these items.
- Fresh Produce and meat costs are still very high, and low income families opting for carb dense food to supplement
- There is an increase in the uptake of employment amongst youth from low-income families, in the group work with young Pasifika 15- 22yrs there is more pressure to work to help out the family, some juggling 2 jobs with full-time study, others opting out of study. There is a lot of mental stress and distress. Noticing a decline in students attending evening youth groups due to school and job commitments
- Although unemployment is at an all-time low, this does not automatically translate to wellbeing. There are still the pressures of the type of laborious work, the cost of living, Covid19, petrol and not having enough social time
- Due to the increase in incidents of crime involving young people in Auckland, MSD organised a Fono for all Pacific Youth services providers and agencies to revisit the Child and Youth Wellbeing strategy and the general feeling from all who attended is that it was not completely reflective and informed of Pacific values and indigenous cultural practices. There is much work to do, and they are determined to work together on this.

Health Spaces

- Great local creative initiatives for vaccinations and influenza flu jabs. there has been alot of positive feedback on the Mobile Workplace Vaccinations - Corporate Flu Vaccinations. Employees who are time poor and are not able to make it to the clinics are grateful for this service
- Numerous local vaccination drives by local PHOs, this is really visible in the Pacifica spaces as well
- Really good support coming through from MSD Regional commissioner and all its NGO and PHO funded community connectors to get people connected to the right providers more efficiently. ie: medical, mental health, WINZ entitlements, case managers for employment, housing or licensing etc. This is done through a weekly recurring zoom
- There is still a long waiting list to see local GP's. 2-3 days to see a community doctor in some parts of Auckland due to backlog because of Covid and flu, also doctors and medical staff are isolating. Phone and zoom consultations are available for some practices.
- Still a backlog for to see mental health practitioners for therapy/counselling, some practices bringing in group work as a way to engage more people. There simply are not *enough practitioners*.
- We are noticing an increase in local initiatives by Māori and Pacifica indigenous practitioners to train up community leaders to facilitate group talanoa around hauora, wellbeing and violence prevention.

Angie Smith (Wairoa)

Consumer Advisory Group (HQSC)

Co-Chair – Adverse Events Policy Review Working Rōpū

Wairoa Integrated Clinical Governance Group

Environmental scan

Wairoa is a locality site

Wairoa is the smallest of the nine prototype localities, has the highest Māori population, is the only prototype in Hawke's Bay and Tairāwhiti. A key reason Wairoa was chosen as a locality is because of the success of its Community Partnership Group model of community-led, agency enabled approach which comprises iwi, government agencies and service providers and local and community organisations. A working group established by the Community Partnership Group prepared the prototype response and is now working on the detailed plan to implement the approach to describe the response.

The new approach would focus on helping whānau stay well by giving iwi and communities a strong voice in deciding what was needed in their local area and having different health and wellbeing organisations working together to improve people's experiences of healthcare.

Wairoa's selection as a pilot locality is an opportunity for our communities to be innovators and co-design health and wellbeing initiatives in partnership with Te Whatu Ora – Health New Zealand, Te Aka Whai Ora – Māori Health Authority National Localities Team and other agencies.

The initiative is about ensuring the voice of whānau, hapū and communities to determine what is important for their wellbeing and how agencies should support this.

For rural communities, there has been a longstanding challenge to recruit health workers to have services available as close as possible to people. Locality planning offers the opportunity for better coordination between the services currently on offer and a chance to rethink how services are offered, or organised. In the Wairoa locality prototype access will be achieved through a connected ecosystem, the integrated provider network. Whānau will choose their first point of contact, and that contact is connected to a wider integrated network that support whānau in their health and wellness journey. This is a crucial step in addressing health inequities through unbundling the system and making it simpler and more responsive to the needs of whānau - 'by Wairoa, for Wairoa, to Wairoa'.

Ref: The Wairoa Star – Thursday, August 11, 2022, p3

Quotes from:

- *Mayor Craig Little - Wairoa Community Partnership Group chairman,*
- *Lewis Ratapu - Tātau Tātau o Te Wairoa general manager and working group member*
- *Kitea Tipuna - Wairoa District Council chief executive and working group member*

Iwi Partnership

In Wairoa, there are TWO post settlement governance entities (PSGEs) – Tātau Tātau o Te Wairoa and Ngāti Pāhauwera. The purpose of the PSGEs is to hold and manage the settlement redress that is transferred to the claimant groups under their respective Deeds of Settlement. Ngāti Ruapani Mai Waikaremoana will be the third PSGE. They

are the mandated group negotiating the Treaty of Waitangi claim for Waikaremoana directly with the Office of Treaty Settlements. Theirs has been a long journey and they will be attending the formal signing ceremony of the Agreement in Principle (AIP) at Parliament Saturday 27th August 2022. In future they will be included in the iwi-partnership discussions and decision-making for the Wairoa region.

Input / involvement in HQSC meetings/groups

- **Adverse Events Policy Catchup**

I continue to meet regularly with HQSC staff to help in planning for the next Adverse Event Rōpū hui; I remain very thankful for their skills and expertise ((Gillian Allen, Corry Joseph, Matt Coulson, Glen Mitchell, Leona Dann, Caroline Tilah) – 20-Jun, 30-Jun, 4-Jul, 12-Jul, 15-Aug (two-weekly).

- **Adverse Events Policy Review Rōpū (20-Jul)**

I continue to Co-Chair with Caroline Tilah and have appreciated the extent of consultation that is being done across the Health & Disabilities sector to draw in the expertise and knowledge of those participating in the policy review. Their participation is fully informing the review and the result is a policy that is capturing all their feedback. Our gratitude for their contribution cannot be acknowledged enough!

- **Consumer Network:**

- Prebrief with DJ Adams (HQSC) re:zoom hui with Te Ahuahu Kaunuku - 7-Jul
- Te Ahuahu Kaunuku zoom hui - Te reo naming of the centre of excellence - 7-Jul

- **Consumer Advisory Group (CAG) zoom hui (members monthly informal catch-up) - 11-Jul, 8-Aug**

- **CAG meeting (bi-monthly) - 16-Aug**

Activity (since last report)

- As a result of the first policy review hui (28-Apr), it became very apparent very quickly that I needed to understand a restorative and hohou te rongopai approach to harm.
I have been attending the Restorative Foundations and Restorative Responses courses for people working in the Health and Disability sector and facilitated by Jo Wailing and Graham Cameron – mainly online resources and self-managed learning. The final hui was face to face in Christchurch (11th August) and the final assessment is due 24th August.
- I will be attending a Te Tiriti o Waitangi 2-day workshop, Thu 29 Sept to Fri 30 Sept to refresh on this kaupapa. More and more I am seeing the importance of how Te Tiriti must underpin all the policies and work that is being done in the health sector today, if we are to achieve equity for all.
- Our Hawke's Bay Health Consumer Council 'closed' on the 30th June 2022, as all remaining members' contracts ended. The next step will be to wait for the call for new expressions of interest to re-set up a CC with a slightly different focus, and different terms of reference going forward. An enquiry, as to when that process will start, has been sent to the Chief Nursing Officer responsible for setting up the new CC.
- There has been a lot of movement from the National Chairs' Group and they are wanting TWO reps from the HBHCC – once that is re-set up, this representation can be confirmed.
- The new Wairoa Hospital and Health Centre manager, Robbie Walker, has yet to reactivate the Wairoa Integrated Clinical Governance Group. This bi-monthly

meeting was an important information-sharing and gathering forum, so I will follow up on this enquiry directly to him.

COVID-19 comments.

- **QueenSt Practice** continues to advertise Vaccination Drive Thru clinics from 9am-4:30pm in the Wairoa Hospital Car Park on defined days. The following vaccines are made available. Covid, Flu, MMR, and childhood vaccines

Services

Current situation with our one and only medical centre:

- **QueenSt Practice:** As COVID cases are rising, and reaching new peaks, we are asking ALL patients to **R.A.T test** on arrival at the Queen St Practice. This is to protect not only our patients, but our health services team as well. If for whatever reason people cannot RAT test, OR you are experiencing COVID like symptoms, different arrangements can be made.
- The Wairoa **QueenSt Practice phone service** is understaffed and overloaded. There are long waiting times and no other means of booking appointments, except by physically driving to the hospital to do it face to face, even for ordering a new script!
- This has been an ongoing problem for the last two-three years and has often been tabled at the Wairoa Integrated **Clinical Governance Group** meetings which are attended by the Practice owners.

Positive/feel good stories

The vision for the Wairoa locality is: “All whānau across the Wairoa district are thriving.” I know all the individuals on the working group, they are all hard-working and committed to a thriving Wairoa - ‘by Wairoa, for Wairoa, to Wairoa’.

Frank Bristol (Whanganui – Balance Aotearoa)

The Central Region Te Whatu Ora has set up a Regional Clinical Board which meets monthly and is in the process of appointing a Lived Experience (LE)/Consumer rep with a backup.

Central Regional Mental Health & Addiction Leadership Group is appointing 2 LE/Consumer representatives.