

Chair: Rowena Lewis (via zoom)
Members: Frank Bristol, Mary Schnackenberg, Muriel Tunoho (via zoom)
In attendance: Dr Chris Walsh, Deon York, Dez McCormack (Partners in Care team)
Apology:

The meeting commenced at 9.10am

1. Welcome & karakia

Rowena welcomed the group and Dez opened with a karakia.

6.1 Further discussion re new Health reforms: advice from the group on consultation and feedback of code, fora, and Centre of Excellence

As the previous day's hui with the Health Review Consumer Reference group was top of mind, the hui started with agenda item 6.

There was a wide-ranging discussion of the previous day's work and expansion on that Code, how much detail is required in that and the set-up of the forum and mechanisms for this? The code should underpin consumer work that is done at regional levels (locality wellbeing networks). Needs to be a robust framework and policy for an all of health approach.

Discussed the template DHB's had been sent from the Transition Unit and Frank shared Whanganui's response of this with the group.

Discussed an example of applying the code for diverse health entities and organisations (e.g., Blind Low Vision NZ), if funding is provided by the crown, how can we ensure the code will be/is applied and work in practice, to also include training and evaluation (a QSM) and the consumer voice.

Code must come from a consumer rights aspect and be specific. There is power in a code. A point of concern was the limited time frame in actioning and implementing the requirements of the Transition Unit contract and that sufficient time was allowed for in-community consultation. The washing machine analogy was used to discuss the mix of what we have to do. We have a collective responsibility and great opportunity to get this right. Te Tiriti must be central to the code and "Do no harm" in the process.

We need to discuss barriers and get more people who are willing, able and confident to be consumer voices – at all levels. Service/grass roots, policy, and governance.

2.1.1 Previous minutes

Frank provided one small amendment to add Mental "Act" review. The previous minutes were the accepted as true and correct.

2.1.2 Action items

Action items were discussed. For the on-going attempts to meet with the DPO coalition, we have secured a meeting this afternoon (22/7) which Chris & Deon will attend. Any info/actions from this will be feedback at the next hui.

Re a Te Reo name for the CAG in the terms of reference, it was agreed to adapt the name gifted by the Pou Tikanga of Ahuahu Kaunuku, Huataki Whareaitu. This is Kāhui Mahi Ngātahi. The final changes to the Terms of Reference will be made and a board paper prepared for their approval at the October hui.

The use of Diligent was discussed at the last hui (other business) and that it was difficult to use. This feedback has been passed onto commission staff. Dez added that the commission has a meeting with another supplier of a similar service and further info will be provided as it's received. Mary raised the access for disability users and that a system needs to allow the download of papers to their computers for them to "read". Printing of documents is discriminatory to blind people and a risk for confidentiality. This will also be passed on.

2.1.3 Interests register

No action required

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

An update was discussed at yesterday's hui of where PIC were regarding work on the health review. Deon added:

An update on the number of applicants for positions advertised. There's a lot to do to embed new appointees into our team etc. this can take several months.

Still need to do our core work, i.e., the co-design resource, health literacy resource (in full draft currently, and the ongoing work with the QSM and round of data being submitted by DHB's.

Visualisation of the data is another side project in this QSM work.

Work continues on the plan for the transition unit. Work in progress.

4. Members environmental scan

Rowena

Talked to a lot of people about the draft code and they are interested and await the outcome of this. Mention made of Martine on TV - couldn't access to MIQ due to the robot question on the website.

Mary

Marketing of accessible formats in the many documents getting produced continues to be quite poor. Digitalised speech is limited - particularly for Te Reo.

PDF documents continue to be a problem to translate for blind people's readers. These formats need to be considered from a disability point of view. Hopefully the Accessibility charter will address and correct some of this. Good to see some logos are verbalised to explain for the vision impaired.

Frank

The Mental Health Act new guidelines package include the Treaty and several other areas that have not been adequately addressed previously. Attention being paid to COVID vaccination across the sector and resources going into this. Including a push for those with disability.

5. Board paper feedback

5.1 - Covid-19 patient experience survey – information from disability sector

Feedback was positive on the paper and what it contained especially the promotion and use of the telehealth service.

There was mention of the difficulty in obtaining disability info in an accessible form on the MoH website.

And an interesting article around this is “Making disability rights real in a pandemic” that the Ombudsman’s office had referred to.

It came out from the “Independent monitoring mechanism” and is very good to refer to.

Other observations:

Will there be plain easy to read copy or synthesis for consumers and whanau? A summary like previous reports?

It could be useful to augment this with some feedback or workshop with disabled consumers to get first-hand experiences. Particularly if there is going to be a follow up one.

Info/comment in the Implications for Māori section was good to see and where the future work is planned in further breakdown of data and analysis to look at experience of Māori with disability.

5.2 - Pacific consumers report

The recommendations were noted from the report. A lot of effort was made to produce the consumer report and response. Disappointing that it wasn’t launched in conjunction with the main report. The commission is looking at pacific leadership in the commission. Ahuahu Kaunuku are looking after this vacancy in the commission. We need that pacific representation internally in the commission. PIC will advertise for a Pacifica role in the next few months for their team. A separate Māori role is also to be advertised in PIC.

5.3 - CYMRC 15th report & Board paper

There was no specific feedback on the CYMRC report and board paper.

However, it was noted the stats continue to be tragic and much like previous years.

While CAG note there are no recommendations, as this is a data report, they did ask if there were any plans for future follow-up on the messaging in the proposed media release as mentioned in point 22. of the Board paper.

5.4 - Patient deterioration programme summary

There was no specific feedback on the board paper although it was heartening to see the “implications for consumers” section expanded. Also, good to see something being done in the aged care sector.

CAG requested a discussion with the programme lead re Korero mai at their next hui to further elaborate.

This is now scheduled for the next CAG hui on 2 Sept (11.00 to 11.30am)

7. Other business

Dez gave info on what to invoice for last 2 days. Dez to send template to Muriel.

8. Karakia & close (11.00am)

Dez closed with a Karakia

Next hui: 2 Sept 2021 - Zoom

Actions List:

Date	Action	Responsibility
22 July	Draft board paper for October Board hui with proposed changes to the TOR including the new te reo name for the group.	PIC
22 July	Further discussion on patient deterioration programme – Korero mai	Scheduled for the next CAG hui on 2 Sept (11.00 to 11.30am)