

**Present:** Mary Schnackenberg, Angie Smith, Mark Rogers, Hyejung Kim, Vishal Rishi  
Joanne Neilson, Bernadette Pereira, Ricky Ngamoki, Amanda Stevens, Jennie Harre-Hindmarsh  
Zechariah Reuelu, Oliver Taylor

**Apologies:** Renee Greaves, Edna Tu'itupou-Havea, Marlene Whaanga-Dean, Shaun McNeil

**HQSC staff:** Chris Walsh (Chair), Deon York, Dez McCormack, Allison Anderson,  
Tanaya Shangarpawar, DJ Adams, LJ Apaipo, Lauagaia Jeffries, Gillian Bohm

The meeting commenced at 10.32am

### **1. Opening and welcome**

Chris welcomed everyone to the meeting, noting the five new members attending. DJ opened with a karakia. Chris thanked Russ Aiton for his contribution to the network had advised he is now on the Consumer Advisory group to the board (CAG).

Apologies were noted and that Renee is still on parental leave.

Chris thanked members for their reports and spoke of how useful they are, that they are summarised and forwarded to ELT and the senior leadership team and published on our website. They are important in hearing what is happening at the grass roots in members communities.

### **2. Whakawhānaungatanga with new members**

A Whakawhānaungatanga was completed by everyone for new members.

### **3. Minutes of the meeting held 10 November 2021, action items and Interests register.**

Previous minutes accepted. (Bernadette moved).

Action items were discussed, and information given on the translation of documents into Te Reo & Pacifica languages. No outstanding actions. The one pagers on the code will be forwarded to members for distribution to their networks once received.

Interests register: Dez gave some information for new members on what the register is for and as a result some additions have been received and included in the register.

Amanda raised the QR codes on the 1 pager code documents and questioned if they were fully accessible. Amanda and Mary should be getting these to check accessibility.

### **4. Feedback on previous Board hui.**

Chris spoke about the PIC paper that went to the board as an update on the new consumer code and consumer voices work. The board talked about having a clear interface between the HDC code and consumer code. It is still to be discussed how the code will tie into the work of the commission and what “teeth” it may have overall.

Mary gave an update on the Consumer Advisory group hui held prior to the board hui which had the opportunity to feed into this paper. Also spoke of the need to strive for continued collaborative consultation.

There was a discussion around how the current structures for consumer voices at a district and regional level will be maintained in the new system. We have a had reassurances that existing

structures will not only be maintained but strengthened in the new system within Health NZ and the Māori Health Authority, with the support and advice of the commission.

There was a feeling that the consumer voice is being lost and not included at the planning stage of decisions. The commission is facilitating and connecting various consumer groups to the Transition Unit, particularly the DHB Consumer council Chairs who have a strong voice at that higher level. We are hopeful that will all filter down to the new localities.

## **5. Partners in Care (PIC) report**

Deon briefly expanded on the written report below for the benefit of new members.

### **Quarterly report from Partners in Care team for the Health Quality & Safety Commission's kōtuinga kiritaki | consumer network**

**24 February 2022**

This summary covers team activities since your last meeting on 10 November 2021.

We have been continuing to focus on our contract deliverables for the Health Transition Unit, based in the Department of the Prime Minister and Cabinet, since we last met, growing our team to meet health reform expectations of Partners in Care (PIC), and the Commission more broadly, and progressing our usual work programme.

#### **Summary of activities since 10 November 2021:**

- We have employed a data coordinator for the team. This role will include providing support to the consumer engagement quality and safety marker (QSM), as well as coordinating data sets within the Commission relevant to consumer and whānau engagement. In time, it is hoped that patient reported outcome measures (PROMS) can be developed alongside this role. This is the final recruitment to the team, and we now sit at 9.8FTE.
- A mihi whakatau was held on 1 December to welcome the new consumer engagement advisors. The mihi was attended by the He Hoa Tiaki |PIC team, our chief executive Dr Janice Wilson and other Commission staff. The advisors whānau were invited to attend to tautoko. A brief mihi was conducted, followed by a circle of whakawhanaungatanga and concluded with kai and entertainment from our kapahaka rōpū.
- We held our first consumer health forum on 24 November. We had 108 attendees. Consumers received a short report about the code of expectations before Christmas, and the full report was released on 1 Feb to 628 consumer health forum subscribers.
- Consultation on the draft code of expectations was held on 17 February for a health provider representative audience. This session was held in response to an increasing number of professional colleges and societies, clinicians and health sector workers who indicated interest in the draft code of expectations.
- We are well into our work with Dr Lynne Maher, other Commission staff, and Kineo, a company with experience in delivering online training and education. As a reminder, we are developing an online training course whereby consumers and healthcare staff can be accredited in co-design methods. The course design is on track, and we are currently in the scripting and refining of curriculum phase. This project should be complete by May and ready to be hosted on a learning platform in June.

- Communications work for PIC includes further logo/icon consultation and the development of community radio advertisements as an alternate engagement activity due to the pandemic restrictions for in-person events. A one-page digital poster entitled 'Have your say' has been translated into English, Te reo Māori, Cook Island Māori, Fijian, Kiribati, Niuean, Rotuman, Samoan, Tokelauan, Tongan, and Tuvaluan for use with online engagement events.
- The Commission's complete overhaul of its website with a new appearance (and better functionality) is now live. The health literacy resource, Let's PLAN, and other resources have been updated and are currently being published into English, Te Reo Māori, Samoan, Tongan, Hindi, Chinese and seven additional Pacific languages as above. We are exploring options for making these resources as easy to access as possible via a printing and mail distribution service.
- Expansion of the Te kāhui mahi ngātahi | the consumer advisory group is now complete. We welcomed our new members: Jodie Bennett, Delphina Soti, Maine Johnson and Russ Aiton on 10 Feb at our regular meeting. Unfortunately, an in-person meeting and orientation was not possible due to the pandemic environment.
- We continue to progress the consumer engagement centre of excellence. Deon and Allison met with Kristie Saumure, Senior Reference Librarian at Ministry of Health re: online repository options. We envision that the new consumer hub, (as part of the Commission's new website and branding refresh) will be the place where consumers go to access the latest research papers, journal articles and case studies on consumer engagement. PIC staff are currently working on refining a draft purpose statement.

## **6. Comments/questions on members reports**

Consumer network members written reports are recorded below these minutes. As usual, these will also be sent to the Executive and Senior Leadership Teams.

Members who submitted reports were given the opportunity to expand/discuss their report.

## **7. Summary of forum feedback on new consumer code**

Allison conducted a brief session on feedback on the initial consumer forum last year. The re-occurring themes were highlighted and the report on this feedback has been published and the link forwarded to members. There has been very positive feedback from consumers as this code is a first for what they can expect when seeking health treatment.

## **8. Centre of Excellence (COE). What does this look like?**

Chris/Deon gave an intro to what the Centre of excellence (COE) is all about. Accessing good quality information, providing research, training aids

Comment was it needs a new name. excellence doesn't leave room for improvement.

Suggestions were perhaps a Te Reo name that encompassed the spirit of what 'excellence' is.

Another view was that excellence meant we have high aims for achievement. Excellence is a challenging name, but we are up for the challenge.

There will be a strong education component on the website for this COE. Consumer perspectives and input are going to have an impact on the quality of information that goes in this hub.

Consumers lived experience will have to be a big part of the information and how their experience ties into the information contained on the site.

## **9. Summary of day. Closing comments**

Comments from new members: the expertise at this table helps to inform how new people see their role in advocacy at a local level and how to use this knowledge gained to be more effective.

There is a web of pathways to navigate thru in understanding where consumer experiences fit into the health system and what effect these experiences can make for positive change in the system.

A further question was raised about the future of consumer councils and how they are coping with the current changes. There is a lot of positive proactive work being done locally and the commission is seeing this in the regular meetings they host for the consumer council chairs group.

There is still a big unknown as to how the new health system will look in the future, but the group was committed to make the consumer voice heard.

Vishal asked to be e-connected with the Waikato consumer council.

## 11. Karakia and close

DJ closed with a Karakia

Next Consumer network hui – 25 May 2022 (hopefully in person)

### Action's list

<i>Date</i>	<i>Item</i>	<i>Action</i>	<i>Responsibility</i>	<i>Outcome</i>
10 Nov 2021	3	An e-introduction for Vishal to the Waikato DHB consumer council chair	Dez	Actioned

### Members written reports follow:

#### Summary of consumer member reports for 24 February 2022

##### **Joanne Neilson**

Since the last hui, I have joined the Gisborne Pride committee called Tairāwhiti Rainbow Collective and have attended meeting and helped with the opening which sadly was cancelled with the new COVID outbreak. There are a small but passionate group and I look forward to more events with them.

I attended a Christchurch Pride Emergency Meeting in which we agreed to postpone Pride2022 and look at celebrating in June during World Pride. There is a lot of work that will go unrealised and a lot of communities that will not be able to connect with each other

I have taken a contract with Hauroa Tairāwhiti as an Administrator. It is giving me an insight of the hospital systems

COVID fatigue is real and exhausting. In the hospital setting we are seeing more and more aggression from the public. It continues to disrupt life and people's sense of loss and despair

At the Hospital, in my department, we celebrated Valentine's Day and I organised a shared Morning Tea. Ironically, we couldn't share together but it was lovely to see group of Nurses and Clinicians that worked together stop and take time to enjoy a few moments. It was wonderful to hear the laughter and receive a lot of positive feedback.

### **Mary Schnackenberg**

Generally positive feelings about the health reforms, especially new respect for consumer engagement.

There is frustration with ongoing issues about access to health information especially for those with a print disability.

Discussions about inequity of health services and health outcomes for Māori and Pasifika take place at each meeting I attend.

HQSC meetings attended:

10 November, Consumer network hui

24 November, Inaugural Consumer Forum

25 November, Consumer Advisory Group

10 February 2022, Consumer Advisory Group

17 February, Advance Care Plan steering group

Other meetings attended:

Auckland DHB (ADHB) Consumer Experiences Council workshops in November and December about its Consumer Engagement and Involvement Strategy.

ADHB Consumer Experiences Council November, December, and January meetings to induct new members (including staff) and finalise annual plan calendar of work.

ADHB Consumer Experiences Council, 13 December workshop on Hospital Administration Replacement Project (HARP).

12 November, Pharmac Consumer Advisory Committee: discussion of decision-making processes for approving new medicines.

10 December, Pharmac Consumer Advisory Committee: discussion of draft Treaty policy. Initial discussion of interim report of the Review of Pharmac.

11 February 2022, Pharmac Consumer Advisory Committee: discussion with Deon York about the HQSC Code of Consumer Expectations.

14 December, Health, and Wellness Group: members with various disabilities supported by the Disability Advisor at the Waitemātā DHB. General catch up raising a variety of individual and systemic concerns.

ADHB Consumer Experiences Council will again provide input into next Quality Safety Markers report.

Pharmac Consumer Advisory Committee will continue to raise concerns about specific medicines and underserved populations. The final report from the review team will also be discussed.

The COVID-19 Vaccination Programme run by the Northern Region Health Coordination Centre continues to email me notices. However, most of their material is in largely inaccessible PDF files. The COVID-19 website is much more accessible, and we look there for the source of news to share with our offline community.

Blind Citizens NZ is regularly emailing news items. In December they put together five COVID-19 pamphlets and distributed them in audio and braille to the circulation list that receives their quarterly magazine.

Mask wearing can be a real challenge. The Deaf community lose access to lip reading. Some in the blind community find their mobility hearing is negatively affected.

The mask exemption process was not set up properly in the first place and difficulties continue for those who genuinely need exemptions from the mask mandate.

Information about the right masks to obtain and where to get them from is also a challenge.

Anyone who can't see the visual demonstrations of how to fit masks correctly must rely on asking friends, family/whānau or caregivers to assist.

Locations of interest are now available over the phone. Accessible Information and Communications Ltd, a two-person company specialising in accessible format production, makes available locations of interest over its phone service. Using synthetic speech to read aloud the information on the website, the service is refreshed each evening. To listen phone 0800 835563 to find your local free calling number. When TellMe answers, select Menu 2 then 7 then 3. TellMe listeners may not have visited any location of interest, but they may be able to help friends who may not be checking the website.

My December personal clinical adventures at the Greenlane Eye Clinic have been totally positive, compared with my experiences during 2011-2012. I can discuss with my colleagues on the ADHB Consumer Experiences Council some systemic issues which I observed a decade ago and which still have not been resolved. With planning and resources, I am confident my systemic concerns can be resolved within the next five years.

### **Mark Rogers**

Of concern is COVID testing for young people who have certain disorders, ADHD, Down Syndrome et al. Some of these people who get tested may never wish to repeat the process, especially when the experience is adverse.

I've been appointed to the 'Severe Traumatic Brain Injury Steering Committee' for 2022. There have been no confirmed meetings/projects.

The Ministry of Education 'Highest Needs Review' for the support for young people with the highest level of learning support needs is ongoing. The online portal for interested parties to provide input is now online. This has also been circulated among our HQSC Consumer Advisory group and Consumer Network.

The desired outcome is to develop a range of solutions to reduce the barriers to education that our young people with high health needs presently experience. The minister is to report back to Cabinet in October 2022.

I have been assisting Rare Disorders NZ with my contributions given the experiences our Whanau had with the education system. We have our next zoom with Highest Needs Review Team in early March.

Our area continues to have very good vaccination rates. Access to vaccinations is easy and wait times are not long.

Our South Canterbury DHB Consumer Council presented a Health Literacy Book to the Board. This was approved for further distribution.

### **Jennie Harré Hindmarsh**

The importance of COVID-19 preparedness continues to dominate community networks and health services, and more so since the first-ever cases of undetected local community transmission in Tairāwhiti started to emerge in the last few weeks.

More effective collaborations between Iwi, iwi-led and other health providers, education & social service providers (including Whānau Ora), the DHB, District Council and Emergency Management Services are becoming evident – an important strength which builds on high levels of local community-connectedness and fosters an assurance of support and protection for communities.

15/02/2022 via video, observed Tairāwhiti DHB Board's (Hauora Tairāwhiti) Hiwa i Te Rangi Advisory Committee meeting's public-included agenda item which focused on COVID pandemic response updates. (This Board Advisory Committee was formed in 2020 by combining the previous Community and Public Health, Hospital, and Disability Services Committees).

Starting to inform local networks (including the Chair of the new DHB Consumer Council which was being set up late 2021) of my recent appointment as a member of HQSC's Consumer Network, its purpose, and functions. I will continue this process over the next quarter.

Thanks to the determined, time-intensive effort of nurses and kaiāwhina from the DHB, Ngāti Porou Hauora and Turanga Health (supported by other NGOs, and community health providers), Tairāwhiti recently reached the 90% double vaccinated target. Good progress also is being made on booster vaccinations – in particular amongst the pakeke/elderly who were also early adopters of the initial two doses (e.g., 95% of predominantly Māori over 65yrs were double-vaccinated on the Coast by June/July 2021). The vaccination rollout for 5–11-year-olds, direct to whānau and through schools (especially on the Coast), is now starting to gain some momentum.

Recent examples of effective local 'MaxVax' initiatives:

- Tū Mai Tairāwhiti ('Stand Up Tairāwhiti'), a community-led kaupapa to support and protect each other (#awhimai #awhiatu), was launched in December. Young local artists and digital experts co-designed the local communication tools, with a distinctive Tairāwhiti 'look & feel' included. <https://www.tumaitairawhiti.com/> <https://www.facebook.com/tumaitairawhiti>
- Te Puni Kokiri provided camper vans for two iwi providers, Ngāti Porou Hauora (NPH) and Turanga Health, to offer vaccination opportunities for all living and/or working in remote areas.
- The Takatū Hub (meaning 'to prepare/get ready') was launched to coordinate care in the community, underpinned by a manaakitanga approach, and about 60 additional contact tracers/community care coordinators have been recruited and trained by the DHB and NPH:  
<https://www.hauoratairawhiti.org.nz/news-and-events/news/covid-19-care-in-the-community-coordination-hub-opens/>
- Marae/hapū & community-led vaccination and COVID preparedness events along the Coast to communicate accurate information, provide tools and support to whānau and hapū 'To Make a Plan' for community-based-care during the impending pandemic resurgence.
- School based vaccination information sessions followed by vaccination clinics,
- Six camper vans have been hired by the DHB as self-isolation/quarantine units.

Health Services (Communities concerns/issue requiring solutions)

Whilst the sudden injection of additional resources to mobilise around COVID is appreciated, chronic under-funding for local health services remains a key concern, along with ongoing difficulties in attracting and retaining doctors - especially for the smallest and most remote PHO

(NPH) which serves a predominantly Māori and widely dispersed rural population which has the worst health statistics in Aotearoa.

The community is already looking for signs that the impending transition from DHBs to the new Health NZ and Te Mana Hauora Māori structure will provide opportunities for co-creating more effective solutions to these and related issues.

There are signs that the experience of working collaboratively - across providers and sectors – to co-design and deliver urgent COVID-related services in the Tairāwhiti community (which is almost 53% Māori) could transform how services work together to more effectively co-address health issues going forward. Of note, is that these collaborative Tairāwhiti responses are underpinned by four 'Te Tiriti o Waitangi Framework' principles: Tino Rangatiratanga, Partnership, Active protection, and Options.

### **Hyejung Kim**

Involved in the PIC mapping exercise: Consumer network contacts for code consultation, 23 Nov 2021 – 3 Dec 2021

Attended the Consumer health forum Aotearoa, 24 Nov 2021

COVID-19 Care in the Community (CCC). Stories (sent to DJ), 13 Dec 2021– 16 Dec 2021

Attended Korean society & KWWCG meetings - Zoom & face to face on 28 Dec 2021, 22 Jan 2022, 29 Jan 2022, 14 Feb 2022

Discussed COVID 19 Vaccine, Traffic light settings

Seminar – 4 Dec 2021 & 25 Jan 2022

Topic: COVID 19 Vaccine– changes to interval to get booster dose, children age etc, and Traffic Light settings

Northern Regional Leaders Omicron Information Session

This hui to discuss Omicron in more detail & topics are:

- The Red traffic light setting and what it means in practice
- Having to self-isolate and how people should prepare
- Care in the community and how people with Omicron will be supported

Radio:

Provided COVID 19 Vaccine & Traffic light setting information on Korean media

There is a Health information Seminar with Korean Society & KWWCG on 26 Feb, and in March (not yet confirmed)

Topic; COVID 19 Vaccine, plan for isolation, support for seniors, diabetes

Some people are confused about the booster dose availability dates – especially changed from 6 months to 4 months and now 3

Some are worried about getting the booster dose – they have heard some people have had bad experience of side effects.

One Korean woman experienced COVID symptoms – sore throat, fever, runny nose – at night on a public holiday, she went to local after-hour clinic. The medical staff didn't want to offer the test & explained she needed to see a GP for the test, and she will need to pay for the consultation. When she accepted to pay, the staff told she must wait more than 3 hours to see a GP & suggested to go home. The following day she got a R.A.T at a pharmacy by claiming she was travelling out of town and was unvaccinated.

People who can't speak English very well, when they got a positive result, they were not able to communicate with the health-line people.

A Korean nurse who is working in a medical centre, needed to handle more phone questions from Korean patients, because they can't get information in Korean.



She thinks there needs to be more service for migrants such as interpreters or bilingual nurses.

### **Vishal Rishi**

COVID has impacted all New Zealanders and all communities. However, the vulnerable communities have become more vulnerable, including but not limited to migrant, refugee, and other less visible communities.

We did experience considerable delays in getting the translated materials in relation to COVID information. I am glad to share that we managed to get some short-term support (until end of June 2022) from MOH to respond to this need. With this support we were able to recruit six very part-time community engagement co-ordinators that belong to different Asian sub-groups and caters six different Asian languages.

Because of this we were able to reach out to less visible Asian communities. These co-ordinators are now able to translate and publish any Government announcement within 24 hours in their respective languages.

We came across many less visible and vulnerable families including elder peoples' groups and people with disabilities, who did not have any access to food/grocery bags that were distributed by several organisations in Auckland. From 15 Dec 2021 to 10 Jan 2022, our team delivered 1200 food parcels at various locations in Auckland.

There is raised awareness about dementia among Asian people in New Zealand. Dementia cases within Asian communities are expected to grow at a much faster rate. According to a recent report on the [economic impact of dementia for New Zealand](#), the proportion of [people living with dementia](#) who are [Māori](#), Pacific and Asian is expected to triple by 2050, compared to a 76 per cent increase in Europeans, with Asian Kiwis projected to see the largest increase in the proportion of cases. The report also showed Asian Kiwis received the least social care dollars per person with dementia among ethnic groups and carry the highest burden of unpaid care – about 21 per cent higher than Pākehā.

Age Concern CEO, Kevin Lamb said, “One symptom of early onset of dementia is people forget the English they have learned and revert to speaking Mandarin or Cantonese, which they spoke when they were young,”

Stigma, lack of awareness and lack of culturally appropriate resources and care adds to a list of barriers in accessing the existing services. Please refer to this media story for more details:

<https://www.stuff.co.nz/national/127379506/dementia-services-for-asian-kiwi-lacking-huge-increase-in-cases-expected>

I interacted with more than 85 Asian participants/consumers at our last Chinese health seminar for 2021 that was held in the month of December.

An E-copy of quarterly health & wellbeing newsletter was published in English, Mandarin, and Korean languages. This newsletter goes out nationally and directly reaches more than 5000 organisations and individuals.

I participated in Waitakere Health Link Board meeting and met with a few local Boards of Auckland Council to plan & respond to the immediate community needs of migrant/ethnic populations.

I welcome any detail or questions on this report.

### **Amanda Stevens**

Our deafblind community continued to seek information about hearing aid technology. In particular, where hearing aids are linked to apple products, individuals do not have the knowledge to reset their hearing aids when IOS updates fail to match the technology. Individuals are not feeling empowered to make repeat visits and calls to their audiologist, particularly as the phone cuts in and out on the calls.

Covid 19 is impacting on funding applications, making it a lengthier process. It continues to be very difficult for the deafblind community to meet for peer support or service delivery.

Our community continue to be disgruntled by funding offered by Ministry of Health to people with dual sensory loss that will only cover basic models of hearing aids that do not meet individual needs. Ministry of Health website shows no update since 2016, and we continue to advocate. Blind Low Vision NZ advise that the Ministry of Health no longer fund long white canes for mobility.

Pacific Summit Disability - This feeds into the Global Disability Summit however accessibility issues impeded input from Deafblind Association. (This was similar to the Patient Consumer Zui last year. In that instance we were asked to click on the pink bubble for help. This has now become a euphemism for inaccessibility.)

Planned gatherings continue to be cancelled as settings change and Omicron becomes endemic across communities.

A senior deafblind person reports that despite sitting with his wife while she is in hospital, the Doctor refuses to share information with him. He is deeply distressed.

Deafblind person in hospital for at least 3 months has staff not telling her who they are, even during personal cares such as bed baths, and moving her things and not replacing them.

Deafblind person advised by their audiologist that the audiologist is not conversant with iPhones, even though they have advised the trial of this technology with hearing aids.

### **Marlene Whaanga-Dean**

10 Feb – Wairarapa DHB (WDHB) Consumer Council, face to face hui. A low workforce within the hospital. A&E has been busier than usual. There is more recruitment happening here. It has been tabled in terms of hospital COVID plan preparedness. Our chair discussed feedback 'swot' (strengths, weakness, opportunities, threats) format analysis, consumer council in the new HNZ/MHA space, consumer representation and advice in regions and localities under the reform system. There were challenging questions from the members. This council would like to achieve improvement for consumer outcomes, regarding experiences from Māori / Pacifica patients due to re-admission rates. What is their experience of discharge process within the hospital? What is their experience through follow ups re: GPs, ED etc (collective support services internal and external).

Chair reported of a young Māori girl 15ys old coming into ED having a miscarriage, no whānau support (on her own). As much as ED gets busy there needs to be a process to support these matters, of strong networks within the hospital available to consumers. For example, we have Hokai Tahī supporting with pregnancies and SANDS.

16/02/22 Frontline Improvers Advisory Group

Deployment within Whaiora (if required)

- Helping with swabbing team (collecting information tablet)
- Supporting Outreach immunisation nurse. Our tamariki still need to be immunised. A home visit immunising a 15month old (not me, the nurse chatting with mum) she now home schools her 3 children. Her decision came from the impact of COVID. Very isolated, but very caring for her tamariki.
- Low rates of child vaccinations for tamariki especially Māori / Pacifica population.

The Ministry of Health are asking healthcare professionals to take an opportunity to immunise to improve measles immunity for 15–30-year-olds with a focus on Māori and Pacifica. To reduce the risk of future measles outbreaks. DHBs to target 15–30-year-olds who missed their measles, mumps, and rubella (MMR) vaccines as children. This age group have the lowest immunity in Aotearoa. We need WDHB or community initiatives to increase vaccinations, I will put on the table at our next Consumer Council, what has been done in this space.

- 2 Feb 2022 – Workshop Māori suicide intervention prevention with Dr Keri Lawson Te Aho. Held at Whaiora

Increase anxiousness / stress impacts on our most vulnerable during COVID times. We have continued with delivering hygiene packs (Whanau Ora) to households working collaboratively with iwi Rangitane. Working closely with food banks throughout the Wairarapa. Whanau are encouraged to visit our Whaiora Face Book page for updates.

COVID has taken preference with increased positive cases coming into our area, resulting in school shutdowns. Our testing drive through has had high numbers of swabbing over the last 2 weeks. Tekau ma iwa vaccination clinic is running steady. Work as normal with outreach teams working with whānau in our community (with guidelines). Masks are mandatory, on home visits (kaimahi screen whānau before visits) most whānau prefer to stay in their bubbles. Whānau are given information on preparedness plans, these are really good resources. Ngaī Tahu and Taranaki iwi have great resources to provide during this pandemic with COVID-19 Whanau Guide resources. With all that's going on in our community with COVID -19 its evident that Whakawhanaungatanga is losing its place in our community.

Those that are vaccinated keep in their household bubbles, not visiting other whānau (non-vaccinated) for cups of tea or the normal get together for catch ups. That just doesn't exist much these days. Not everyone can afford to top up their phones to talk to whānau or even zoom with whānau members

No concerns from consumers at this stage to report re the Health System.