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**Present:** Chris Walsh (Chair), Deon York, Bernadette Pereira (zoom), Marlene Whaanga-Dean (zoom), Amanda Stevens, Mark Rogers, Hyejung Kim (zoom), LJ Apaipo, Joanne Neilson, Russ Aiton (zoom), Vishal Rishi (zoom), Edna Tu'itupou-Havea (zoom), DJ (zoom)

**Apologies:** Renee Greaves, Dez McCormack, Gillian Bohm

**Guests:** Martine Abel-Williamson (via zoom), Josh Dahlberg (videographer)

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The meeting commenced at 9.05am

## **1. Opening and welcome**

Chris welcomed everyone to the meeting. LJ opened with a karakia. Apologies (as above) were mentioned and noted.

## **2. Minutes of the meeting held 9 September 2020**

One amendment from Amanda – change Disability charter to Accessibility charter. The minutes of 9 September were then confirmed as a true and accurate record.

### **2.1 Actions update**

The actions list was considered and updated. Some actions are ongoing.

### **2.2 Interests register**

The interests register was reviewed. Amendments noted from Bernadette, Marlene, Mark, Amanda, and LJ.

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

Deon gave the Partners in Care report.

## **Quarterly report from Partners in Care team for the Health Quality & Safety Commission's Consumer Network**

### **March 2021**

Although most of us met during the Te Tiriti o Waitangi training on 10 to 11 November, we did not run a consumer network meeting. This brief update therefore looks back from 9 September 2020, the last time you met as a consumer network.

We continue to focus on our overarching priorities of measuring progress and responding to the consumer experience of the health care system, promoting consumer/provider partnerships and the consumer voice in the health and disability sector, and building consumer leadership and capability. Included at the end is a list of planned activities for 2020/21 which will help for our discussion on priorities for 2021/22.

## **Brief summary of activities since 9 September 2020:**

- The primary care co-design projects have almost been completed and will be due for submission in the last quarter of this financial year. Some teams have had to drop out due to the demands on primary care at this time. Despite this, we will still have case studies to share with the sector and the teams who did have to withdraw were still able to receive an introduction to co-design.
- The consumer engagement quality and safety marker (QSM) data are due at the end of March 2021. Between September 2020 to now, we have continued to socialise the QSM with District Health Boards (DHBs). This, along with a process for assessing the data we do receive has taken more of our time than first expected but has been very rewarding.
- We are now engaging with Health Literacy NZ to revise a resource about health literacy and communication aimed at health professionals. We had originally thought about expanding the focus to be for consumers and health professionals, but still observe that a focus on health professionals is needed.
- We have had early discussions about an online co-design resource for the health and disability sector with production of it occurring in 2021/22.
- Internally we have been supporting a range of Commission programmes to ensure that the voice and input of patients, consumers, families and whānau remains key to what programmes focus on. With a number of personnel changes at the Commission, we want to ensure that one of our strategic priorities (i.e. improving experiences for consumers and whānau) does not slip.
- Mid-March is the inaugural Australian and New Zealand Consumer Experience and Leadership in Healthcare Virtual Summit – Shifting Gears - which will take place (mostly pre-recorded) from 17 to 19 March 2021. We have been involved with developing content (as have some of you) for this event. Minister Andrew Little will be welcoming participants to the forum along with his Australian counterpart Minister Greg Hunt (pre-recorded). Dr Ashley Bloomfield will also be delivering a keynote address. Information previously went around about free registrations.
- It has now been confirmed that in March 2022 the Health Quality & Safety Commission in partnership with the Ministry of Health will host a rainbow health forum in Wellington. It will be a face-to-face meeting with the possibility to go fully virtual if required. Although it will be a Commission-wide event, it is likely that our team will be quite involved with developing the content.

## **Brief summary of key meetings since 9 September 2020:**

- 11 September: MidCentral consumer council (regarding QSM)
- 15 - 17 September (and weeks of 15 and 22 February 2021: Face-to-face co-design workshops
- 1 October: Meetings with COVID-19 response team at the Ministry of Health, and workshop related to Commission's commitment to Accessibility Charter
- 13-15 Oct Dunedin, Hokitika, and Timaru (regarding QSM)
- 21 October – Stroke Foundation (advice on involving consumers)
- 5 November – Commission's Consumer Advisory Group
- 10 and 11 November Te Tiriti o Waitangi training
- 17 November - New Plymouth (regarding QSM)
- 3 December - NZ Telehealth leadership group meeting
- 16 December - Whanganui DHB (regarding QSM)
- 17 December - adverse events and disability discussion (how will the Commission include adverse events related to disability and in-home care for example?)
- 4 Feb 2021 – Commission's Consumer Advisory Group
- 17 February 2021 – Rotorua (regarding QSM)

## **Summary of planned activities (1 July 2020 to 30 June 2021)**

Program activities 20/21*	Program process measures
*Number indicates PIC work stream	
<ol style="list-style-type: none"> <li>1. <b>Capture stories of the patient experience of COVID-19. (1)</b></li> <li>2. <b>Support regions to implement the consumer engagement quality and safety marker (QSM). (1)</b></li> <li>3. <b>Analyse primary care survey data response. (1)</b></li> <li>4. <b>Respond to consumer requests and sponsorship opportunities. (3)</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Stories of supporting communities and accessing health care remotely captured by 30 June 2021.</li> <li>2. Revised guidance on contributing to the consumer engagement quality and safety marker completed by August 2020. Four regional workshops completed by February 2021, focusing on the implementation of the consumer engagement QSM.</li> <li>3. In-house qualitative analysis of the primary care survey data completed, focusing on improvement opportunities by 30 June 2021.</li> <li>4. Consumer network identified priorities are responded to and projects are developed.</li> </ol>
<ol style="list-style-type: none"> <li>1. <b>Update 'Let's Plan'. (1)</b></li> <li>2. <b>Support education and training on Te Tiriti o Waitangi for the consumer network and consumer advisory group (3)</b></li> <li>3. <b>Capture stories of the patient experience of COVID-19 (1)</b></li> </ol>	<ol style="list-style-type: none"> <li>1. A revised Let's Plan is completed by 30 June 2021.</li> <li>2. All consumer advisory group and consumer network members have completed the foundation training for Te Tiriti by 30 June 2021.</li> <li>3. Stories of the patient experience of COVID-19 reflect te ao Māori and diverse perspectives from our community.</li> </ol>
<ol style="list-style-type: none"> <li>1. <b>Deliver a primary care co-design programme nationally with reducing inequity in healthcare as a key improvement factor (2)</b></li> <li>2. <b>Promote examples of effective consumer leadership within the Commission and in the wider health and disability environment (3)</b></li> </ol>	<ol style="list-style-type: none"> <li>1. At least 4 primary care teams have completed a co-design project by 30 June 2021, with a focus on achieving health equity.</li> <li>2. Examples of effective leadership will be promoted on an ongoing basis, primarily through the Commission's communication channels.</li> </ol>
<ol style="list-style-type: none"> <li>1. <b>Continue to support consumer councils and consumer representation at primary care level (2)</b></li> <li>2. <b>Develop a health literacy and communication resource (1)</b></li> <li>3. <b>Evaluate the impact of co-design (2)</b></li> <li>4. <b>Facilitate opportunities for Commission consumer representatives to meet and learn from one another (2)</b></li> <li>5. <b>Continue to promote the guide to consumer engagement with an emphasis on primary and community settings (3)</b></li> <li>6. <b>Facilitate opportunities to promote consumer engagement in primary care in partnership with the primary care team (3)</b></li> <li>7. <b>Plan for a learning module on co-design (3)</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Team responds to requests for support from the sector in person or via Zoom, with South Island prioritised from November 2020.</li> <li>2. Health literacy and communication resource published by 30 June 2021.</li> <li>3. Follow-up interviews completed with past co-design participants by March 2021.</li> <li>4. Zoom or face-to-face workshop with Commission consumer representatives completed by 30 June 2021.</li> <li>5. Ongoing promotion of strengthening consumer engagement in primary care.</li> <li>6. Scope online co-design learning module.</li> </ol>

#### 4. Feedback on Last Board and Consumer Advisory Group (CAG) hui.

Chris gave an update on the Board meeting. Spoke of Health review and Steve McKernan attending. Feedback from Board was they wanted consumer input and up front in recommendations and so we expect the ministry will be working closely with the commission on consumer engagement.

We expect the ministry to come to us to look at scoping out what work needs to be done in this area. Unsure of any additional funding to support any changes. There is also talk of a national consumer group and how this might look and operate. We expect the commission to be very involved in many aspects of the health review.

The Pacific Window paper was discussed. It's in draft currently. There is a lot of academic input, but the board asked where the consumer input is? CAG have a hui tomorrow to provide feedback to the author of the paper.

Also mentioned here, it would be a good for CAG to have a joint hui with the network and we will look at 2 June - the next network hui date.

Mark raised a question re budget and if board is looking at more consumer work how it will be funded. There is a need to establish a fixed framework nationally for the sector to resource consumers who provide input and are part of the policy making. This makes it fair and a level playing field for everyone. It also values consumers. We will include this in any paper to Ministry.

Bernadette raised about the drip feeding and lack of information out to communities and that the money set aside for the roll out is not getting out to the communities. Can we advocate for this?

There was further conversation around lack of info and the roll out of vaccinations and when that will happen. Language difficulties. There is nervousness around when people will get the vaccination. There's also a number of other vaccinations, measles, mumps, etc. that need to be administered and there's a lack of coordination between these.

## **5. Martine's farewell**

Many members passed on their congratulations on Martine's new role with the Human Rights commission. They spoke of her passion and inspiration in promoting the work and needs of the disabled community.

## **6. Consumer Network members written reports.**

### **Marlene Whaanga-Dean**

**14/12/20:** commenced new role CDL at Whaiora

Involves Change and Development to Lead (CDL) supporting kaiarahi (outreach staff) Measuring outcomes and positive change for whānau (Whānau Ora way) improving co-design opportunities at a local level, encompassing whānau aspiration, capturing data.

Still in development stage, creating a programme to support our kaumatua (elderly) in our area (Wairarapa). The impact of COVID-19 has been extremely difficult for everyone (Aotearoa), LOVE AND LIGHT, be kind. As a collective impact we have a few programs (1) Whare Ora' Healthy safe homes for kaumatua. Kaimahi (staff) will support, advocate, provide free training to teach IT for elderly. An example mobile phone usage, zoom, learn face time with whānau, just keeping connected, warm home, planning doctors' visits, medications and so forth, (2) Nga Tini Whetu Kaimahi working with high needs, Social Oranga Tamariki, ACC "Whanau Ora way" busy space.

**11/02/20:** Advertising for new members (2) for our Wairarapa DHB (WDHB) consumer group, someone that can represent consumer voice in Youth Health, Pacifica people's health. This will be presented at our next hui 25/03/21 for WDHB.

**15/02/2021:** Activities/Training. Attended Clinical Governance Workshop.

Learning the six elements for effectiveness certainly shaped my thoughts of how this structure works in that space to identify risk management and what it looks like. And how important the consumer voice is at that level. AUDIT your practice, confidence, and competence, and checking hospital credential's when hiring. The scenario that we had to work together as a team (on zoom) really showcase the incident and negligence where junior staff were involved. They should've been supported better in terms of patient safety and care process in hospital, cultural competence and with senior clinical staff too slow to act. Also a story of a patient dying. Use the 5 WAYS - define, measure, analyse, improve, control. Ishikawa Fishbone framework a good exercise.

**01/03/21:** Advance care plan trainer with Sean Thompson (paramedic background, Karyn, RN held at Hospice Masterton, Keri Kaa Video was played.

**03/03/21:** PRE-SHEARS CANCELLED covid-19

**18/19 March:** Summit Shifting Gear is coming up (2 days) I look forward to this event. Discussed with WDHB consumer members who will also attend.

Facilitated hui at Whaiora for commission with Whakakotahi Tiriti O Waitangi framework. Not present due to training in my new role.

Thank you to the commission for the opportunity for the trainings.

### **Amanda Stevens**

The last meeting of the Disability Support Services (DSS) consumer Consortium was physically held in Wellington November 2019. The April 2020 meeting was cancelled due to Covid-19 restrictions and not rescheduled as the Disability Directorate were supporting the work on Covid-19. Organisations and members were offered a link to the disability feedback process.

<https://www.health.govt.nz/your-health/services-and-support/disability-services/disability-support-complaints-and-feedback>

No contact was made by Allen and Clarke, Disability Secretariat for the usually scheduled November meeting, nor anything for 2021. On querying this with MoH the following response was offered,

"The Consortium has met twice a year for several years and the Ministry very much values the feedback and the input that members of the Consumer Consortium provided during those meetings. Collectively, members' input helped to develop the Disability directorate's strategy and planning over that period. However, the Ministry wants to further develop a two-way communication process that doesn't rely on waiting until those formal meetings occur.

Therefore, the Ministry has asked Allen and Clarke to work with us to develop an engagement plan that means that the voices of disabled people and family members are more present in our day to day work. This will have the benefit of getting real-time input and feedback on important topical issues.

At this stage the process of reviewing how we communicate between the ministry and disabled people and their Whānau is yet to be determined.

We are in process of developing the guidelines around consultation, codesign and communication with the disability sector and face-to-face communications are part of this brief.

At this stage there are no other decisions yet made and your email will help influence these decisions. We will however, continue to update the sector on the progress of our engagement via our monthly newsletter as progress continues. There will be a chance to provide feedback into this process. “

As the Consumer Consortium’s representative I would ask that Partners in Care support the Consortium in this critical phase of designing the mechanism for how disabled people *Consult with, hold power equity within codesign, and communicate with Ministry of Health Disability Support Services to benefit the people it exists for.*

Chris offered to contact the disability directorate at the Ministry to advise of this feedback and the concern at lack of contact for the disability consortium. We can offer if there is any way we can help facilitate that engagement.

- Be Seen Be Heard Be Connected Deafblind Association NZ Seminar 2021 is being held for the first time this year, Auckland.
- Audiology Society NZ have asked Deafblind Association NZ to present at the 2021 Conference, indicating that the needs of deafblind New Zealanders are now being recognised outside of the previous silo of either sight or hearing loss.

### **Hyejung Kim**

Activities from 9 September 2020

**Meeting:** Korean Society Committee meeting

**Date:** 6 Oct, 3 Nov, 1 Dec 2020, 12 Jan 2021, and 2 Feb

**Role:** Attended as a committee member

#### **Comments**

Discussion on preparation of First Aid/Health check, COVID 19 safety on the K-festival (scheduled on 14 Nov 2020 and 20 Feb 2021)

I attended meetings several times for K-festival preparation, however this event was postponed twice due to COVID-19), and still waiting rescheduled date.

**Meeting: Korean Women’s Wellness Community Group**

**Date:** 21 Nov 2020

**Role:** Attended as a member

#### **Comments**

Discussion on providing Health information on K-festival – COVID 19 Health and safety issues and election result - End of Life Choice Act effects

**Event: Meeting for publishing Korean Guidebook 2021 – once a month from 1 Dec 2020**

Discussing the health relating topics.

- NZ Health System: GP, A&M, Emergency Hospital, Ambulance service
- Eligibility for publicly funded health services and PHO enrol
- Immunisation
- Services and support for children

- Mental health
- Dementia (prevention & care)
- Domestic violence
- COVID 19 issues & safety rules

\*\*\* Korean Guidebook is published every two years for Korean migrants, and it covers essential NZ information on public service, education, career, health, law, finance, regional attractions business.

**Event:** Recording Radio session

**Date:** 2 Dec 2020(KCR) and 22 Dec 2020 (Asian Family Service)

**Role:** Guest Speaker

**Comments**

Explain HQSC & provide Health related information especially COVID 19 issues/rules and Election result - End of Life Choice Act

\*\*\* I contacted Samuel Cho at the Asian Network Inc. (TANI), we discussed running a workshop or event to provide information on NZ health services, 2 – 3 times a year at least if the funds are available.

**Bernadette Pereira**

Worked closely with the Board of Southseas Healthcare Trust to ensure that the operations of the Trust were consolidated in response to both lockdowns in 2020

The Board's focus was on the safety and wellbeing of the 70 plus staff and 30 volunteers pre and post pandemic time

Board approved the establishment of the Southseas Talanoa Consumer Group November 2020

Worked directly with the CEO of South Seas Health HealthCare on getting the process of Talanoa Consumer Group developed, as well as working in close contact with the Team in Wellington (Chris, Deon and Dez) to confirm a time to meet with the players of Southseas in Auckland

Volunteered for January and February serving dinner for Wāhine who are homeless, suffer addictions within the Auckland CBD fortnightly under the umbrella of St de Paul Young Vinnies

Attended two meetings of Paramedic Council - the group is currently working on registration for its membership - 2/02/21 & 19/02/21

Attended Counties Manukau District Health Board Consumer first meeting of year - Sorted priorities for year

Appointed Consumer Rep or CMDHB on Metro Auckland Clinical Governance Forum 25th February first meeting

Attended co-design on Patient engagement with Lynne Maher 18/02/21

A lot of confusion in the community around the COVID-19 vaccination roll-out.

**Mark Rogers**

Activities from 9 September 2020

Hosted Chris Walsh and Deon York as part of their South Island tour to Consumer Councils explaining the QSM Consumer Engagement project.

Participated in the webinar for Health Care Homes.

Completed the survey circulated by Martine regarding the regulation of Home and Community Support Services (HCSS). This is an area of interest of mine, acknowledging the variability of support services.

Participated in one on one zooms for the National Health Information Platform. This MoH project targeted certain users with the goal of improving the sharing of health information appropriately nationwide.

Contributed to the Consumer Engagement Governance survey (NZ/Aust).

Participated in the Quality Improvement Scientific Symposium (QISS), Who's in the Room' offered by the commission. There were a number of guest speakers representing DHB Governance, Consumers, and various Advisors.

Rare Diseases/Disorders Day. In conjunction with Falyn Cranston (commission comms) we did a zoom interview about 22Q 11.2 Deletion Syndrome and the challenges for people with this disorder and their families. Details to be included in a commission e-digest.

### **Joanne Neilson**

Activities for the last quarter since 9 Sept 2020:

**Meetings:** Trans Health Care group for Pegasus  
2 x Zoom Meetings regarding Trans Symposium  
Southern Government Women's Network  
Pride Meetings Monthly  
Pride Meeting Monthly  
Pegasus Meeting 3 monthly

**Role:** Chair of Trans Health Care  
Pride Attended

**Comments:** Trans Health Care meeting was a catch up to see where to from here

Meeting with Professional Association for Transgender Health Aotearoa (PATHA), Medical Professionals and Trans Care Team to coordinate a 3 day Symposium in Otatutahi 24-26 September

Feb 17<sup>th</sup> Southern Government Women's Network speech about Inclusivity and Diversity

Pride starts 5<sup>th</sup> March this year an action-packed program

### **LJ Apaipo**

I have continued to attend meetings for the new hospital build and the Senior Leadership Team for the Pro-operative Leadership group. Progress continues to be made.

Plans for the mortuary are coming along, multiple suggestions have been listened to and considered albeit with the area shrinking from the initial size that was presented.



Unfortunately due to a whānau emergency I was not able to attend the Australasian Institute of Clinical Governance (AICG) conference via Zoom.

There is concern in the community that there is not enough information about COVID-19. There is confusion at the information that is being shared, as some is considered misinformation. There is a lack of fast, factual information for families to make informed decisions. There are so many that are high risk.

The Pacifica Executive that I am part of, were successful in obtaining some of the Provider capability and resilience funding, so we are meeting to put together a plan for future development. Very exciting news in this space.

Health issues and poor access to health services are being highlighted in the role that I have as a trustee for the Dunedin Night Shelter Trust Board. This is a growing concern. Again, misinformation and lack of good information from reliable sources in an efficient timeframe.

### **Russ Aiton**

West Coast DHB (WCDHB) has convened the QSM Steering/Governance group as of 01/02/21 and I have been asked to Chair this group. We are considering our Terms of reference (ToR) and looking at other DHB/Consumer Council groups for any direction on what to add by way of value.

A Risk to this group is the relatively small group of (operational) managers who seemingly always get involved in committees such as this and the energy in finding resources needed becomes diluted somewhat.

The locality consumer groups are well on their way to establishing community dialogue on DHB/National projects including, Early Years, Rural Generalist and National Bowel Screening Project. The QSM – Consumer Engagement again is a great leveller in all discussions around Consumer engagement and the challenge now is to look at what data to capture and how, for the MoH required upload.

### **Meetings:**

Philip Wheble, General Manager:

Monthly meetings to discuss Consumer issues and how communication is managed to communities

Continuing to develop action plans outlining the HQSC QSM Consumer Engagement and top view of opportunities to assess WCDHB current standing against the framework

Brittany Jenkins, Director Nursing - Clinical Advisory Group:

Weekly meetings - Consumer Council representative to the group, specifically to provide the consumer lens in proposed transition and potential changes to health services provision

Mental Health IPU Planning:

Commission projects finished and looking at business as usual from lessons learnt during implementation for PDSA's (Plan-Do-Study-Act)

Commission Projects - Zero Seclusion/Connecting Care Weekly meeting/updates:

Ongoing work around PDSA's and focus on Consumer journey and whānau involvement  
Governance Group: ToR development

Continuing with the DHB Chair/co-chair meetings – some fall-off of membership?!

## **DJ Adams**

I want to start with the Te Tiriti o Waitangi workshop as this was my first opportunity to meet you and work with the consumer network. The workshop was amazing, and it was a great opportunity to put my new knowledge to use and populate the “Te Tiriti o Waitangi and the consumer engagement QSM framework”.

It was really good to be back at Level 1 after three days at Level 3 in Tāmaki Makaurau. Unfortunately, we find ourselves back at Level 3 in Tamaki for 7 days from Sunday 18th February. I recently had to ask a colleague to call Healthline or see their GP as they showed up to work with flu symptoms. We now reiterate to our team – If you are sick, stay home and if you have flu symptoms call Healthline. I was surprised by the need to do this, but we need to, so we do it.

The QSM is a focus for me with the first submissions from the DHBs due end of this month. I’ve attended the QSM reference group and DHB consumer council zui. I participated in the second QSM Webinar 7th October with a short-pre-recorded video and Q&A.

### **WDHB Consumer Council.**

The QSM continues to be a focus point for the consumer council and is a regular agenda item. The council will review for approval, the WDHB’s submission prior to it being uploaded.

The WDHB consumer council held their 2021 Strategic Planning session in January. As well as the QSM we have to address gaps in representation. With plans in action to partner with two local secondary schools fulfil the first and then second happened when the council and our annual plan.

There is a lot of anti vax chatter on social media and the consumer council needs to work with the DHB to counteract this.

### **Other Activities**

Participation in surveys: *Considerations for future telehealth*

*Engaging with Consumers at Governance*

*Consumers Telehealth Experience*

Attendance QIS Symposium virtual February sessions – Who’s in the room?

Communications with member of HBDHB Consumer Council and whanaunga – Angie Smith

Communications with Peter Ruka (a close friend) – Education Programmer at Te Whanau o Waipereira recently seconded to CBAC site in South Auckland and recipient of the Pfizer vaccine.

## **Vishal Rishi**

What an inspiring experience I am having being part of the commission’s consumer network. Endless learning that can be applied to communities we work with and serve i.e. pan-Asian communities residing in Aotearoa, New Zealand. A few of the highlights that have direct consumer engagement activities are mentioned below:

Formed a special translating team to translate COVID-19 related information in a number of Asian languages, included but not limited to, Simplified Chinese, Korean, Khmer, Hindi, Tamil,

Punjabi, Filipino, Japanese, Vietnamese, Sinhalese, Urdu, Gujarati, Malay and so on. The translated materials not only ensured to meet the linguistic needs of a certain population, but also contributed to the equitable access to the very important health information.

Submitted the survey outcomes as cultural feedback on COVID-19 summer campaign named "Make Summer Unstoppable" led by the Dept. Prime Minister and Cabinet.

Participated in and contributed to Counties Manukau DHB's Asian Health Action and Advisory group meeting.

Worked closely with the Auckland Council and encouraged the advisors to develop an inclusive wellbeing strategy.

Organised and coordinated a regional network meeting that was attended by more than 75 participants comprised of health consumers, community leaders, DHB staff and academia. There is still anxiety in the community around the process of how vaccine made/tested. etc. hoping for a good update of vaccination. We invited The Immunisation Advisory Centre (IMAC) who shared useful information on COVID-19 vaccination and the vaccination process, specifically focusing on the vaccination development process, so that consumers can make informed decisions when vaccine roll-out is enabled for the wider communities.

Developed working partnership with local Iwi and organised a guided cultural tour to Maungawhau. The group had 35 Asian migrants who learnt about the importance of the maunga and its real significance for Maori. This tour really enhanced the cultural knowledge for both, Māori & Asian. Tour ended with Māori kai at the Whau café, a Māori social enterprise.

Continued outreach to consumers via social media channels and through a number of community events.

### **Edna Tu'itupou-Havea**

I gave a presentation at the commissions weekly staff hui about her consumer experience in childbirth and the subsequent complaint to the Health & Disability commissioner after losing my baby. This led to study toward my PHD.

## **7. Te reo name for Consumer network and Consumer Advisory group**

Chris gave the history around getting a Te reo name for both groups. After discussion, Marlene suggested the following for each group. Marlene had consulted a fluent friends who is a Tuhoë native speaker and digital context manager for Māori TV

### Consumer Network

Kōtuinga (network) Kiritaki (consumer). The meaning is weaving everything together.

### Consumer Advisory group

Kapa (team) tohutohu (advisory) Kiritaki (consumer)

DJ and LJ have other people that they have/can contact people and will feed this back. Continue discussion at next hui.

## **8. How you would like the commission to meet our treaty obligations?**

Adopting karakia as “business as usual” across all hui. This is partly achieved by DHB consumer councils. Also a specific multi-cultural group would go toward encompassing and meeting Treaty needs. This practice is automatic at the commission.

People introducing themselves with a pepeha/mihi in Te Reo could be adopted for our Consumer network meetings. Some may need help in developing this. This helps with a sense of identity for some and supports and embeds a universal Māori approach. It also cements relationships. (Perhaps the Māori members of the network could help pakeha etc. to write their pepeha)

We can bring Te Tiriti into our practice more by dismantling the effects of assimilation. It's respectful to share a part of you in Te reo through your pepeha. Anything you can give of yourself you are inclined to get back in an even richer way.

## **9. Video recording**

All those attending in person were videoed for the upcoming consumer health forum (CHF) next week. The recording will form part of Chris & Deon's presentation. LJ was filmed for the opening and closing karakia.

## **10. Programme Plan for 21/22**

Focus suggestions for 21/22 – Educating the team of 5 million and how they know what is available and how to best access the health system. This education should start with Primary care.

Youth and Rangitahi should be bought in and encouraged so youth are involved in education and have input into systems. How can we better “entice” their involvement?

Keep same three priority areas as per website but re-focus some of that on education. What has been achieved under the headings so far? The QSM and co-design are some of the measurements of success.

Partners in Care (PIC) are looking at one SPE (statement of performance expectation) which is producing a resource in co-design next year which would in part meet the suggested educational needs. Be interesting to do co-design thru the schools or rest homes.

Suggestion of regional road shows involving members of the consumer network to focus on promoting consumer involvement at the DHB level. Specific communities don't really know what is going on - Asian, Pacifica etc. So many specific groups (AKLD) have their own agendas/programmes that don't connect together. And it's a logistical nightmare to address this.

What is the value of this group and how far can we influence at a grass roots level? Community groups are very limited in feeding into DHB's and they need to be on DHB groups/boards. PIC as a national team are limited in getting to grass roots. Locally, network members could get together to drive things, network and share info to complement one another - with the support of PIC. The Auckland members undertook to get together to share.

Deon showed a PowerPoint of the PIC programme plan. Outlining our SPE and other priorities. It is reassuring that PIC's thinking and the Networks thoughts as above are in the same waka.

In addressing inequalities/inequities, all commission programmes have to focus on equity. Are services set up in the correct way for access etc. They will have to show case studies of how this is being achieved. Equity has to be at the front of our minds in all the work we do. We don't want equity to become just another "buzz" word! Need to make safe environments for Whānau so they don't feel vulnerable and then the communication will be better.

## 11. Discuss submitted topics

There was a brief conversation around the attrition of medical staff especially in rural areas or with smaller DHB's. Chris mentioned the Medical council had been conducting a survey over a number of years to assess where the country was at. Initial comments were there are plenty of people graduating but then leaving NZ and how we may best retain these newly qualified people.

## 12. Other business including feedback on previous hui

Dynamics for this hui changed with some in lockdown and the filming that was being done for the CHF. Discussion at lunch time about the importance of reports. If these were supplied to PIC say two weeks in advance, they could be distributed to the group to read so that any questions about members could be addressed.

Next hui is in person on 2 June.

## 13. Karakia and close

Chris then closed with a Karakia.

### Actions list

<b>Date</b>	<b>Item</b>	<b>Action</b>	<b>Responsibility</b>	<b>Outcome</b>
9 Sept 2020	5	Summary of consumers reports for commission e-digest.	Dez	on-going
9 Sept 2020	9	The group will be invited to provide previous hui feedback and/or a topic for discussion at future hui	Dez	on-going
3 March 2021	4	Invite CAG to join the next in-person hui with the network	Dez	actioned
3 March 2021	6	In reference to Amanda's report – contact disability directorate about lack of contact and how we might be able to assist in engagement	Chris	contact MoH
3 March 2021	7	Continue discussion around Māori name for CAG and the Network. LJ & DJ to feed in their suggestions	LJ and DJ	Suggestions for names after consultation with contacts.
3 March 2021	12	Request member reports be submitted 2 weeks prior to the next hui so they can be distributed to members for any questions.	Dez/all	Reports be requested and submitted 2 weeks prior to hui. Then distributed.

