BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Agenda

Health Consumer Council

Date: 13 July 2022, 10:30am to 1:00pm
Venue: Via Zoom only

Chair	Lisa Murphy - Tauranga	**Minutes**	
Members	Adrienne von Tunzelmann, Deputy Chair - Tauranga John Powell – Mount Maunganui Rosalie Liddle Crawford – Mount Maunganui	Florence Trout – Tauranga Theresa Ngamoki – Whakatāne Kelly Hohapata - Whakatane	

Item No.	Item	Lead	Page
1	**Karakia timatanga/Welcome**	Theresa	
2	**Presentation:** No presentation this month.		
3	**Health Sector Update**	Debbie	
4	**Apologies** Moved: Seconded:	Chair	
5	**Interests Register**	Chair	
6	**Minutes of Meeting** 8 June 2022 to be confirmed. Closed Meeting topics need added to minutes. Moved: Seconded:	Chair	
7	**Matters Arising** See attached and advise Maria of any updates.	Chair	
8	**Matters for Discussion/Decision** 8.1 Chair's Report – attached. 8.2 Wellington Hui – see attached. 8.3 Mental Health and Addiction Services correspondence. 8.4 Aged Care Services. 8.5 August meeting location to be decided.	Chair Adrienne	
9	**Correspondence** Outwards: Nil. Inwards: Nil.	Chair	
10	**General Business** 10.1 Round Table (5 minutes each) 10.1.1 Clinical Governance Committee (Closed meeting) 10.1.2 Palliative Care 10.1.3 Digital Data Governance Group 10.2 HCC Processes and Planning	Chair Lisa Florence Theresa Rosalie	

Item No.	Item	Lead	Page
	• Streamlining and Delegation • Media Enquiries 10.3 Recruitment Process • Standardised system • Communication Templates	Chair Adrienne Chair	
11	**Reports of participation in other groups - Community Feedback**	Chair	
12	Meeting moved into Council Only time. • May Council Only Time minutes. Moved: Seconded:		
12	**Next Meeting** Wednesday 10 August 2022		
13	**Karakia Whakamutunga**	Theresa	

HEALTH CONSUMER COUNCIL MEMBER ATTENDANCE

2022/23

Member	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Feb	Mar
Rosalie Liddle Crawford	A	●	●								
Theresa Ngamoki	●	●	●								
Lisa Murphy	●	●	●								
John Powell	●	●	●								
Florence Trout	●	●	●								
Adrienne von Tunzelmann	●	●	●								
Kelly Hohapata			●								
Tessa Mackenzie (Resigned 12.04.22)	●	-									
Grant Ngatai (Resigned 11.04.22)	A	-									

- ● Attended.

A Apology received.

- Absent, no apology received.

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Agenda

Health Consumer Council

Date: 8 June 2022, 10:30am to 1:00pm
Venue: Kawakawa Room, Education Centre, Tauranga Hospital
or Via Zoom

Chair	Lisa Murphy - Tauranga	**Minutes**	Maria Moller
Members	Adrienne von Tunzelmann, Deputy Chair - Tauranga Florence Trout – Tauranga Theresa Ngamoki – Whakatāne	John Powell – Mount Maunganui Rosalie Liddle Crawford – Mount Maunganui Kelly Hohapata - Whakatane	
In attendance	Lisa, Adrienne, Florence, John Rosalie, Kelly, Theresa, Kelly, Maria		

Item No.	Item	Lead	Action
1	**Karakia timatanga/Welcome**	Theresa	
2	10.40am Welcome to Kelly – Introductions. 10.50am Prospective new member, Hayley Chapman to introduce herself.	Theresa	
3	**Health Sector Update** New health reform legislation has now been passed, so we should start to see some changes. Staff have been advised that things will remain the same for now. Hospital is seeing winter illness pressure starting. HCC proposal acknowledged but cannot be endorsed due to the imminant change of entity. Advice is to submit through national channels. *Chair has done this*. Matters arising – healthshare systems and it projects – noted as completed. *Why is this noted as completed, no further information came out.*? We will have to wait to see what comes out through the transition. Grand Round – *Can anyone join these sessions*? It is for people in the health sector. Pilot region – *Have any changes occurred*? No, we haven't heard anything yet. *Is there a plan to tell public what is happening with the transition, i.e. changes to healthcare.* Execs have a regular Wednesday catchup about transition. Messaging will go out as things evolve. The EBOP locality stakeholders met at Torere Marae last week for their pohiri. *In response to an issue about poor discharge experience from a council member, I mentioned that in Whakatane we have lost senior leaders and clinical staff. Retirement, resignations from health workforce altogether and*	Debbie	

Item No.	Item	Lead	Action
	returning to UK. Published articles in NZ Herald discuss the hospitals over capacity issues. Grand Round – Pete Chandler spoke about the palliative care crisis in the EBOP. *Runanga – there is a poroporoaki for the Runanga council that has been in partnership with BOPDHB for many years. This entity ends at the same time as the DHBs and the Iwi Maori Partnership Boards will begin from 1 July. 11am next Friday – all welcome.*		
4	**Apologies** None.	Chair	
5	**Interests Register** None.	Chair	
6	**Minutes of Meeting** 9 March 2022 attached to be confirmed. Note: "Council Only Time" minutes need to be distributed to members before minutes can be confirmed. Topics cannot be recalled. Close off. Moved: John Seconded: Adrienne 11 May 2022 attached to be confirmed. Moved: John Seconded: Florence	Chair	Maria
7	**Matters Arising** See attached – to be updated. Rural Engagement – Videos and screenshots have not come through for sharing. Close. Consumer Health Forum – summary to circulated by Adrienne. Adrienne will look into this. March Minutes – Close. Clinical Governance remuneration. Prezzie Card – spent for today's lunch through a local cafe. Close. Jonathan Wallace attendance to meetings. Is he going to attend regularly? Reopen this matter – invite to a future meeting. *When will Execs be attending the meetings again?*	Chair	Maria Adrienne Maria Maria Maria
8	**Matters for Discussion/Decision** 8.1 Chair's Report – attached. Shares these reports with others (e.g. Transition Unit and Jonathan), so will keep updating with operational matters. Add note here as to who you share it with. Attended National Chairs meeting last night - Rob Campbell, Chair of Health NZ, Sharon Shea and Tipa Mahuta, Co-chairs of Maori Health Council also attended. DHBs are sharing all transition information that is provided to them. Main points – Responses	Chair Chair	

Item No.	Item	Lead	Action
	from Councils (3 Questions), they looked at common themes and went through those issues. HNZ and MHA are keen for HCC input. *Who will be accountable? Structures are still being developed. Concern that there will not be experienced staff to consult. Not a lot more healthcare just better use of it. Transition Unit are looking at what is not being done well and what is being done well. If the meeting was recorded then Lisa will send out recording as it was quite an informative meeting.* 8.2 National Consumer Chairs Meeting in Wellington on 15 – 16 June. 8.3 Grand Round meetings. Pete is being very transparent and honest. Shares his thoughts. 8.4 Palliative Care.		Lisa
9	**Correspondence** Inwards: 12.05.22 Email from Health NZ Transition Team. Outwards: 17.05.22 Email to Health NZ Transition Team. 19.05.22 Letter to Board. 20.05.22 Email to Gary Tonkin. 03.06.2022 Letter to Consumer Group, MHAS.	Chair	
10	**General Business** 10.1 Reports of participation in other groups – community feedback. • Clinical Governance will not take place at end of June due to staff illness etc. • Discharge planning from Waikato to here is an issue. • Aged residential care – Check Who? Lack of permanent staff and therefore beds cancelled. This is on the national chair's agenda. Keep this on the agenda.	Chair	
11	**Council Only Time** *Topics?*		
12	**Health Consumer Council Lunch**		
13	**Next Meeting** 13 July 2022		
14	**Final Board Meeting** Wednesday 22 June 2022 Agendas available here just before each meeting: Bay of Plenty District Health Board (BOPDHB) | Bay of Plenty District Health Board | Hauora a Toi | BOPDHB		
15	**Karakia Whakamutunga**	Theresa	

Health Consumer Council Monthly Meeting
Matters Arising 2022/23

Meeting Date	Action required	Who	Action Taken	Completed / in progress
08.06.22	Aged Residential Care – Staffing is an issue.	Sarah Davey??		
13.04.22	Consumer Health Forum Aotearoa – Copy of summary to be circulated.	Adrienne		
09.03.22	Remuneration for Clinical Governance meeting attendances.	Jonathan	10.06.22 Maria has emailed Jonathan.	
09.02.22	Send EOI form to suitable people.	All	On hold.	
09.02.22	Create information pack for prospective new members.	Maria	In progress. Refer prospective members to website for profiles, TOR and past meeting info.	
13.10.21	When will meetings including Execs resume?	Jonathan	10.06.22 Maria has emailed Jonathan.	
13.04.22	Rural Engagement – Interim Health and Maori Health Authority Zoom – slides to be circulated when received.	Lisa	Videos and screenshots did not come through, so close.	Close.
13.04.22	Topics of closed part of March meeting need to be added to March	Lisa	Lisa to follow up with Rosalie. 08.06.22 Cannot find information, therefore close. See minutes of	Close.

Meeting Date	Action required	Who	Action Taken	Completed / in progress
	minutes. March minutes will then need to be confirmed at May meeting.		08.06.22 meeting.	
09.03.22	Two prospective member details to be passed on to another member to make contact.	Tessa/Lisa	Tessa was not comfortable to pass on contact details because of the vaccine mandate, so close.	Close.
09.02.22	Convert prezzy card into $20 cards (or cash) for distribution amongst the members.	Lisa	Will cost too much to purchase individual cards. Hold onto it for now. Lisa arranged Lunch at 08.06.22 meeting.	Close.
13.04.22	Update on Papamoa developments.	Debbie	Updated at 11 May meeting.	Complete.
09.03.22	Healthshare – Systems and IT projects – would like to engage with Council. Will come back with more info.	Debbie	Have not heard anything back, so will close.	Close.
13.04.22	Letter of thanks to go to outgoing Board.	Lisa	19.05.22 Done.	Complete
13.04.22	All members to unanimously agree to appointment of Kelly as new member. Then send out onboarding info to new member.	Lisa Maria	All members agreed except Rosalie who was absent from the meeting. Lisa to follow up. 11.05.22 Done. 20.05.22 Sent.	Complete
13.04.22	Contact Katikati Disability Group re: recruiting possible members.	Lisa	Put on hold until future of HCC known.	Close
13.04.22	Thank you letters to be drafted for resigning members, Tessa and Grant.	Maria/Lisa	Drafted and sent to Lisa 26.04.22. 03.05.22 Sent back to Lisa for sending out.	Complete

Meeting Date	Action required	Who	Action Taken	Completed / in progress
13.04.22	Lisa requested acknowledgement/endorsement of the HCC proposal from Exec/Board.	Debbie	Pete acknowledged receipt at 8 September 2021 meeting. Endorsement from board now not possible with board finishing on 30 June 2022.	Close
13.04.22	Tessa's exit letter to go to Exec Meeting.	Debbie	Taken to Exec Committee 26.04.22.	Complete
09.03.22	DDGG – was a member elected for this group.	Maria	Emailed Richard Li. 08.04.22 Sent a reminder. Awaiting response. Rosalie chosen, Richard to contact her.	Complete.
09.03.22	Response from EY regarding feedback provided by members.	Maria	Emailed Alex from EY. Sent his response out to members 4.4.22.	Complete
09.02.22	Ask Kelly to complete a new EOI.	Theresa	Kelly joined the March meeting and shared her story. New EOI now not required.	Close
09.02.22	Invite Jonathan Wallace to next HCC meeting.	Maria	Done	Complete
08.12.21	Send Housing and Disability Project information to Monique at Zest.	Adrienne	Sent.	Complete
08.12.21	Document sharing options for members? Connex not suitable.	Maria	Connex is the only document sharing system available.	Close
10.11.21	Large queue outside hospital front entrance. What plans are in place if it rains? Upper and lower carparks?	Debbie	Circumstances have moved on from this.	Complete

Health Consumer Council - Chairs Report June 2022

Key Topics:

- Consumer Engagement with DHB
- DHB Update
- Whānau & Consumer-centred Healthcare Council
- Membership recruitment and succession
- National Chairs of Consumer Council meetings

Senior Advisor Governance and Quality provided DHB update.

A Whānau & Consumer-centred Healthcare Council meeting schedule is still to be revisited.

Membership recruitment and succession have been prioritised for discussion and decision at the next HCC meeting in July. It is understood recent candidate approved by members has continued through to the final stages of the recruitment process. A new candidate who had forwarded their EOI attended the HCC June meeting by way of introduction. It was decided unanimously during Council Only time to put new recruitment on hold until after the Chair attended the Face-to-Face Wellington Hui and received some clarity on the future of Health Consumer Councils. In addition, it was determined that membership recruiting must follow a clear and systematic procedure moving forward.

Chair had attended meetings with National Chairs, HQSC Partners In Care team and Interim Health Executives, Consumer engagement and Health reforms and the National Operating Model.

Heath Reform documents were discussed including the National Operating Model, work being done by the MHA, and localities (see links below). Many National Chairs again discussed reduced membership. Recruitment has been put on hold until there is more certainty of what form consumer engagement will take, and whether there will be a move from Consumer Councils to a broader consumer voice.

Chair attended an inaugural Hui of the Chairs for Consumer Councils held in Wellington on 15th and 16th June, hosted by the HQSC Partners in Care Team. BOPHCC Chair is part of the steering group set up to convene, establish and facilitate the framework, and compile information learned and next steps.

In attendance were HQSC Partners In Care team, Gary Tonkin - Programme Manager interim HNZ, Kate Charles - Consumer & Whānau Voice Programme Co-lead, and Interim HNZ Martin Hefford - Strategic Advisor Localities Interim HNZ.

The focus of the Wednesday night was to meet and learn more about each other, as this has been the first opportunity for any of the National Chairs to meet in person. HQSC Partners In Care team also attended dinner providing a relaxed environment and setting the scene for the next day. The Hui steering group met later in the evening to discuss final plans for the next day.

The agenda for Thursday included: a Q & A session with Chairs from three of the pilot Localities; West Coast, Bay of Plenty and Whanganui. The focus was 'Pilot localities: a Consumer Lens'. After this session, questions were formulated to ask later in the day.

WDDHB HCC Chair, coordinated and presented the Terms of Reference work compiled from input from all the Consumer Council Chairs – a generic Terms of Reference combining all the Consumer Council Terms of Reference for New Zealand. This document, along with a set of appendices, one from each Council, will act as a snapshot in time of where Consumer Council are right now and the benefit we bring to our various DHBs. It is envisaged that this work will be available to interested groups and individuals as well as the new Authorities and HQSC. It will be hosted on the HQSC website as a resource once completed. Once this is completed, work will start on Chairs for Consumer Councils NZ Term of Reference.

An hour and a half were allocated to Interim Health NZ and Māori Health Authority leads, Martin Hefford, Kate Charles, and Gary Tonkin. Questions again highlighted areas where there are visible gaps. Notes of the Hui will be forwarded to all Council members by the end of the month.

Following was a panel discussion 'Where are we?' This was chaired by Russ Aiton (West Coast CC, Chair) Panel members were: Kate, Gary, and Helen (Chief Advisor Māori Health Authority) representing the MHA CE.

At the end of the panel discussion, Interim Health executives were asked 'How can we as Consumer Council Chairs help and support you?
The answers given:

- Share and communicate the changes.
- Be proactive within your community/Iwi
- Be champions for this work/mahi
- Hold us to account
- Hold more sessions like this one
- Communicate, keeping it free and open
- QSM- Consumer engagement: ensure that DHBs know that this is still an absolute requirement, and it is likely that this will be strengthened.

Finally, the last session was the 'Review and Next Steps' process.

The locality concept, as it has been explained, will be challenging in many areas given the complexity and density of the population.

Key points:
Localities are community populations of around 20,000-100,000 people.
Localities will be in a locally defined area involving community groups (for example churches), health service providers, Tangata Whenua and Mana Whenua, local government etc. These agencies/organisations will work together to make a difference in the provision of health care services and outcomes.

No one group or person is in charge. The method is to facilitate people with common goals to work together in collective action. However, backbone services are required and HNZ will fund community coordinators and programme managers whose first job will be to develop a Localities Health and Wellbeing plan (this will be wider than just health) that can grow over time.

There is a need to get people in place that can do this as their permanent full-time role. Currently, there are people involved in this transitional/interim work in addition to their usual work responsibilities.

Martin outlined the sequence for developing the localities:

1. Establishing: identifying the common goals, capturing this in a local charter
2. Getting resource to where it is needed: having people on the ground whose job it is to engage in the community. Develop a plan to tap into community insights
3. Develop the formalised Localities Plan

Staff will be putting a rollout plan to the Board for the whole of NZ. There will be a guidance document with pre-requisites for a Locality. Local stakeholders will be defining a boundary that makes sense, defining the common goals, and endorsing a local charter for which some drafts/templates can be provided.

The Pae Ora Bill Martin outlined that there is a quite full description of the Localities and the structure, all indicating more consumer engagement, not less. There will likely be a role in National and Regional work for Consumer Engagement/Councils. Although, how this will look is not yet clear.

HQSC has a strengthened role with the Code of Expectations and reporting against the Code. This will inform the Locality plans and accountability, further widening the scope for consumer engagement.

Advice from the presenters was to be proactive as a Consumer Council and talk to people about Locality Plans. Martin, Kate and Gary have indicated that they can work with Consumer Council Chairs to get Consumer Engagement within the various plan(s).

Comprehensive notes are being compiled from the Hui and will be available to all Council members.

Clinical Governance Committee meeting deferred to 29 June 2022. All Control Documents were reviewed.

Lisa Murphy
BOPHCC Chairperson

National Chairs Network Hui
15/16 June 2022, Wellington

Hosted by HQSC

Session One

Being part of a Locality through the eyes of a consumer
Discussion led by 3 Prototype Localities – West Coast, Bay of Plenty, Whanganui

These notes are a compilation of all three so one comment may be attributed to one or other but not noted as such. Parts are separated into the localities where possible and relating to that Locality only

Whanganui: The aim was to try to give a sense of how engaged or not with their Consumer Council (CC) these areas are.
There is an awareness of the document sent to all DHBs asking a set of questions about setting up as a prototype. Information was collated as a guidance for implementation but what has happened to this? One DHB designed a booklet for the Transition Unit (TU) from which further info was requested but CC did not see this document. Locality is Iwi lead and community driven. Relationships already formed have assisted the CC – CC has requested a presentation to understand what has happened so far.

West Coast: CC Were not engaged in the submission but have seen it. CC was referenced several times but *not involved.* CC Chair new the DHB was putting forward a submission to be a prototype, and CC stated it was not meaningful for CC as they had *not been engaged.* CC tried to get involved and ask what did they need to do/know? DHB did not formally advise CC that they had been selected as a prototype. MSD, Councils, CC, commercial groups, NGO are all together looking at the prototype. CC asks what happens now? What does this mean? There is no clear pathway of what engagement looks like in this regard. Hopes to formulate this and take back to their DHB.

Whanganui: Technical barriers in this area. Iwi led submissions were noted and congratulated. HNZ Director will support Localities, HNZ director will be responsible for national roll-out. Communications team needs to be established, and an engagement plan needs to be established. Iwi partnership boards need to endorse developments, then can be signed off e.g. Taihape does have a detailed plan.

Both West Coast and Whanganui feel their rurality was a factor in their selection. Plans need to be developed to go through the process and noted Pae Ora is very prescriptive. West Coast – is a steering group being set up and developing a 3-year plan but CC is not involved in this process. Both feel all CC needs to assert themselves to being involved.

Who drives Locality meetings? Each locality will have a development advisor appointed (from HNZ). There needs to be wide steering group; DHB->Iwi->community

Bay of Plenty: There has not been any direct advising CC of their selection as a prototype. Are they still working on the structure?? There has not been any mention of CC engagement. Assurance was given that DHBs are sharing information as it becomes available.

Pilots are in early stages of setting up frameworks – taking time as this is as well as "day jobs". BoP want to ensure the recognition of existing local/community relationships (as we all agree) and these must not be lost. BoP is a region with one of the highest rates of population growth – Western BoP has differing needs and demographics from Eastern BoP – need to ensure focus is on best practice, improvements, innovation and excellence in healthcare for all consumers. Devolution, as outlined by CE of Health NZ, must be genuine and clearly understood by all at HNZ and MoH.

Is there a timeline for inviting others to join localities? Nothing that these three know of. The next step is to develop a plan for implementation. Who will sit on the steering groups – it is hoped CC will be involved.

By the end on 2024 whole NZ will have their localities. This 9 will lead the rest – what works, what doesn't. Subsequent tranches should learn from those before. Should be a community relationship person to be the link between ALL in a locality partnership. There is a locality Advisor – but who? How appointed? What is their role? They should be the person who makes sure CC is drawn into Localities. No knowledge + no trust.

This is seen as an opportunity for disruption – it is evolving and unfolding.

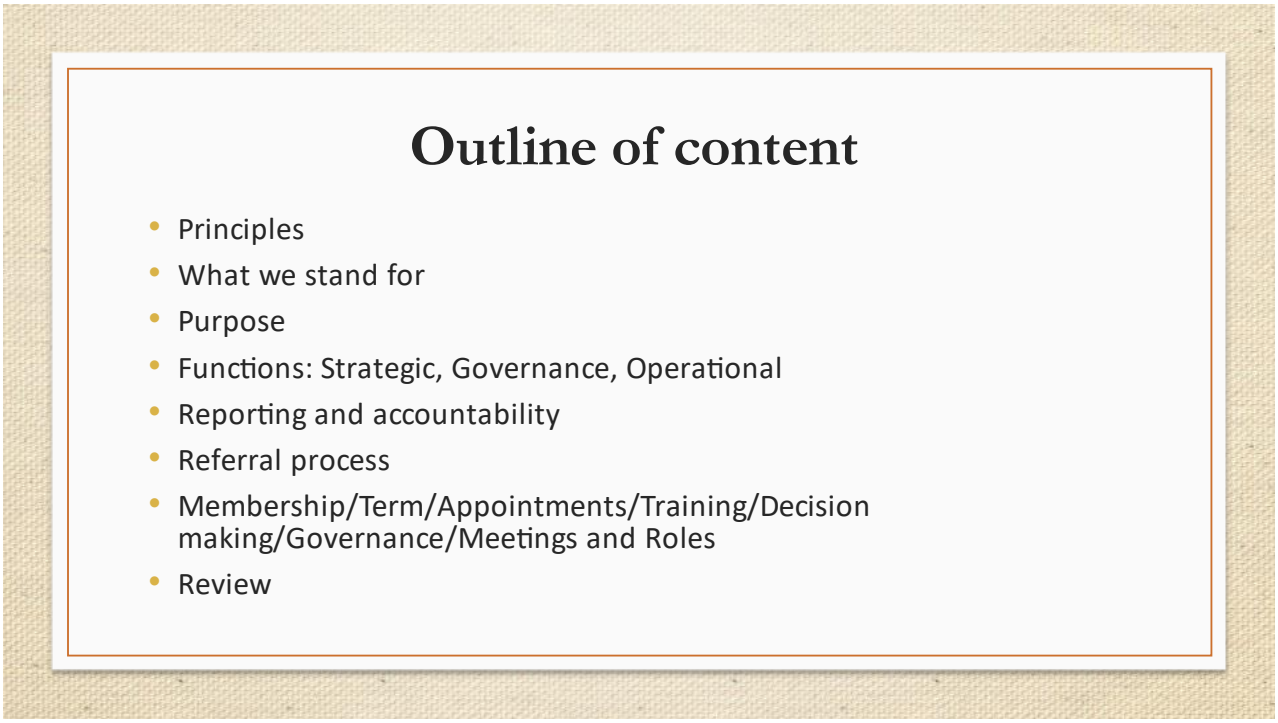
References: Consumer voice framework – Deon, HQSC (to be requested)
Health NZ - Futureofhealth.govt.nz - https://www.futureofhealth.govt.nz/assets/Uploads/Documents/Localities-update-for-the-Health-Sector-April-2022.pdf

Session Two was a breakout into groups and questions formulated for sessions Four and Five

Session Three

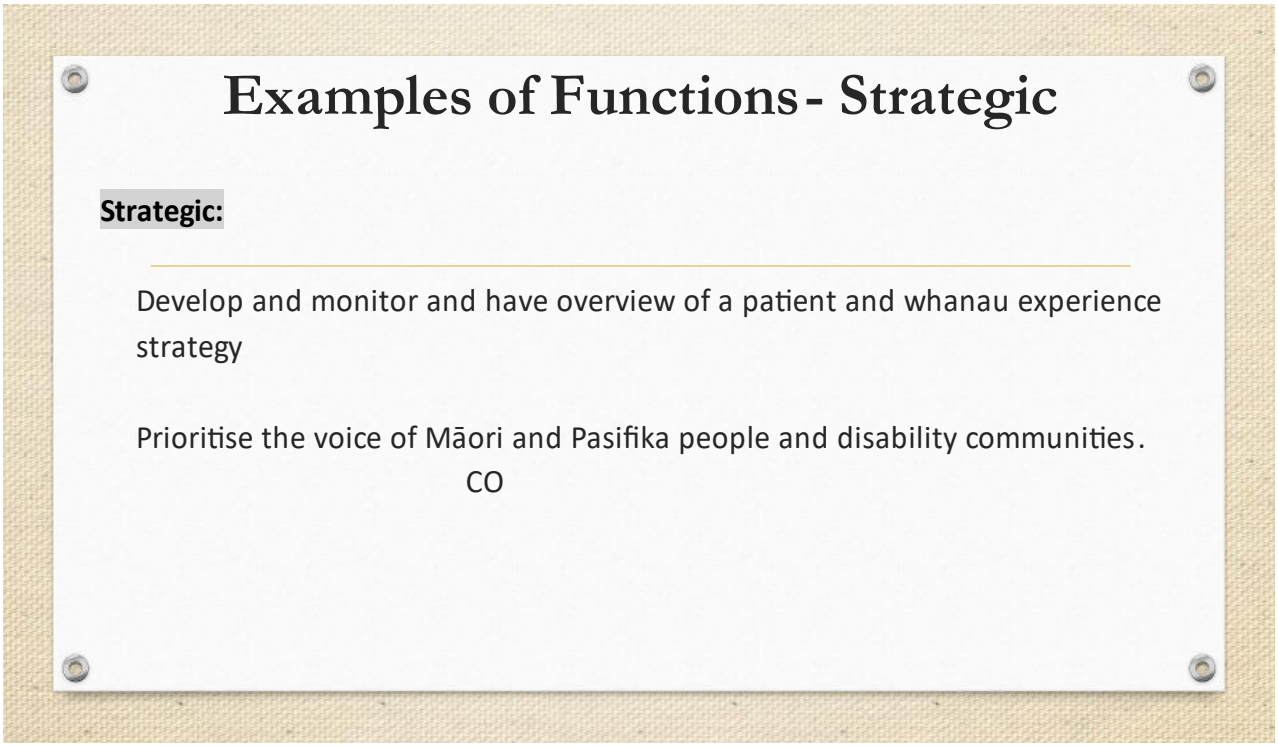
Draft Terms of Reference - intended to go to Health NZ – Consumer and Whānau Voice
Presented by Jane Drumm

Jane thanked everyone who has submitted material to date and explained the intention – to compile a generic ToR and offer to HNZ as a basis for all Consumer Councils or similar going forward.



The first four points of this slide are the important parts, the rest support these points with the how and what functions.

This side illustrates how the ToR are structured to suit our own areas. It is useful to take parts of all our ToR to make a composite, and how by doing this we can identify gaps and use this exercise to ensure the final ToR will be fit for purpose.



Examples of Function : Governance

Governance:

Recognise the Council's commitment to Te Tiriti o Waitangi

o ernance oversight for consumer leadership and engagement within the organisation. Have input into strategic priority projects that benefit from a consumer driven governance overview/perspective.

OVERNANCE

Be the overview/governance entity for the Quality Service Markers Consumer Engagement

OVE NCE

Examples of functions: Operational

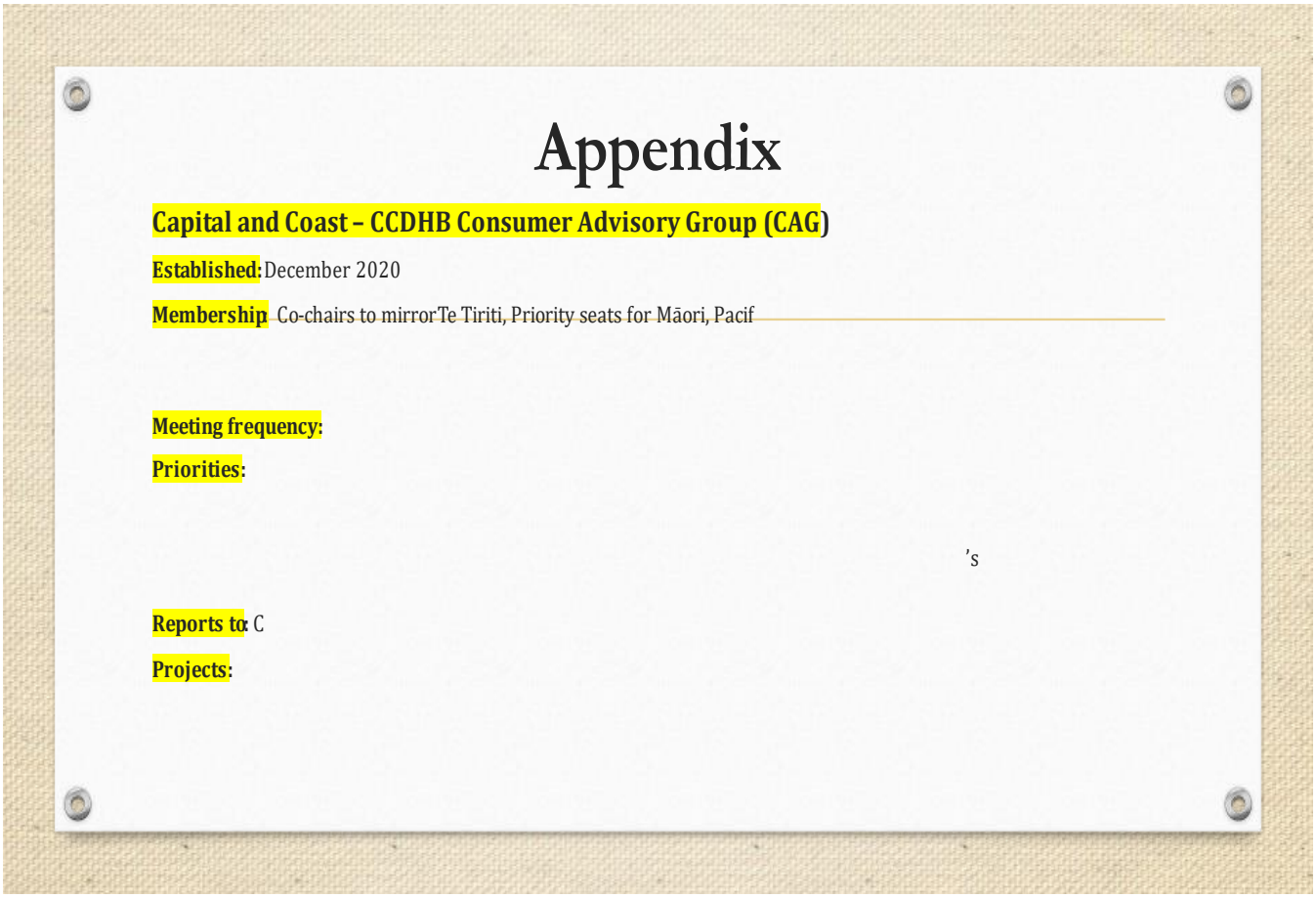
Operati

Provide proactive, timely and well-structured consumer advice to highlight inequities that impact disproportionately on Māori, Pasifika, and other priority and minority groups.

Listen to the consumer voice directly, and through Council networks and special interest groups, and thus convey the voice of consumers to the organisation) directly impacting on communications, education, policy development, strategy formation, implementation, and research.

TWO

These three slides illustrate how a composite ToR can be developed to determine both function and then operational aspects of a single ToR for all consumer engagement in Health NZ.



Appendix

Capital and Coast – CCDHB Consumer Advisory Group (CAG)

Established: December 2020

Membership Co-chairs to mirror Te Tiriti, Priority seats for Māori, Pacif

Meeting frequency:

Priorities:

's

Reports to: C

Projects:

This is an example of the appendix that is requested from ALL consumer councils to be added to the composite ToR. All attendees were asked to note the headings and supply a one pager to Jane ASAP.

Next steps: Gary Tonkin has a copy of the PP. Once completed, our composite will be approved by all and go to Health NZ as well.

It is planned to have a ToR for our own National Chairs group as well, to ensure the group has validity and sustainability. We need to make a statement of what good looks like for consumer engagement. We should include a *Whakataukī*. All invited to submit suggestions directly to Jane so one can be selected. It was suggested that one may be able to be gifted to us – Jane Parker- Bishop will see to this.

Footnote to this session: Chris Walsh, HQSC is happy to promote, publicise anything we produce. HQSC undertakes to support this network by way of continued monthly/6 weekly hui as needed. HQSC will host our material on a tile on the Partners in Care part of the web site. It may be possible for HQSC to host another hui late 2022, and HQSC will also look at any training beyond governance, that will help consumer engagement. This group asked: Could we have a QSM populated page about what QSM excellence is which is useful and accessible to us? Can we embed our statement of excellence into QSM?

Session Four

Localities and Consumer Engagement
Presented by Martin Hefford, Strategic Advisor, iHNZ, Gary Tonkin, Consumer and Whanau Voice Programme Manager, iHNZ, and Kate Charles, Co-Lead Consumer and Whānau Voice Programme, iHNZ

We welcomed Martin Hefford, Kate Charles and Gary Tonkin to our hui.
Martin described the thinking behind the Locality concept. This thinking is around wanting to improve health outcomes and to do that the place that happens becomes important.
Martin explained that environmental, socio economic and behavioural factors along with our health and social care services determine our wellbeing both as a population and as individuals.
Localities will be in a locally defined area involving community groups (for example churches), health service providers, Tangata Whenua and Mana Whenua, local government etc. These agencies/organisations will work together to make a difference in the provision of health care services and outcomes.
Prototypes (called pilots) were selected in April 2022 based on places that had strong "on the ground" relationships, rural, Māori and Pasifika were identified as being of high importance for the prototype sites.
These Prototypes will share their learning and provide insights to allow agile response to what is working and what is not.
What is being established is: What localities will do, who they will hold relationships with and how will they work within the new authorities.
The Locality Prototypes selected are: Ōtara/Papatoetoe, Hauraki, Taupō/Tūrangi, Wairoa, Whanganui, Porirua, West Coast, Eastern Bay of Plenty, Horowhenua.
Each prototype pilot is going at their own speed, this is a collective action (a local alliance of the people who can impact change) and accepts that no one provider can do it all. There will be changes in national contracts and in PHO agreements.

Questions:
Stephen: **Who co-ordinates the "collective action"?**
No one group or person is in charge. The method is to facilitate people with common goals to work together in collective action. However, back bone services are required and HNZ will fund community coordinators and programme managers whose first job will be to develop a localities Health and Wellbeing plan (this will be wider than just health) that can grow over time.

Q Who will review the actions?
There will be independent learning and insights. There will be partners who will provide real time evaluation for responsiveness/modification.

Q How did you start the process?
Went to DHB's, PHO's, local Iwi however, did not want D B's to lead the work. Important to have a change of power and that this came from the community.
The group were interested in how decisions would be lead locally, this question was not addressed in this forum.

Q Who is guiding to change the structure?
There will be lines of authority
Old contracts are not fit for purpose and PHO's have been given notice on their agreement that is outdated and complex. Want to replace the old way with an overarching primary care model and modernize how this operates, with a need to change the funding and accountability model.

Georgie: (statement)
We need direction to help to bring the relationships together more tightly- to ensure a good wrap around service. Communities need support and Iwi providers need to be supported in a meaningful way. If you want to build trust, localities need to be given more clarity and teeth to have a strong relationship that will result in successful outcomes.

Martin explained that Northland, Tairawhiti and Southern were not ready to be prototypes, but the Authorities will collaborate with them to facilitate and provide support so that they can begin to move into the locality "space".

Russ: **Communications plan, or the lack thereof. Communities do not know what is going on. Is there a strategy around informing people? What does that look like?**
Martin responded that there is a need to get people in place that can do this as their "day job". Currently there are many people juggling this work as extra to their usual work responsibilities.

Martin outlined the sequence for developing the localities:

1. Establishing: identifying the common goals, capturing this in a local charter
2. Getting resource to where it is needed: having people on the ground whose job it is to engage in community. Develop a plan to tap into community insights
3. Develop the formalized Localities Plan

Martin emphasized that what matters is that there is agreement.

Frank: **Is there any vision that mental health and addiction will be part of the localities?**
No exclusion. However, change is hard we have to start where we are at and, then move people along the path.

Q Is there an expectation that Consumer Councils will be engaged with?
Once people are employed that should start to happen.

Mary: **In Taupo/Turangi how far down the track are they in getting things together?** I have been speaking with them and they are not sounding too encouraging.
In general, on the whole, we are not as far advanced as we would like. The real need is those people on the ground doing this work as their full-time day job. Mana whenua will have more of a role than currently have as part of the health system.

Ange: **Are there landmarks for achieving things? Are there time frames?**
When the charters are finalized (establishing- who we are, what we want to achieve), and employment is organised then resources to make that happen will be supplied. We talk more around milestones rather than time frames as time frames can be frustrating.

Lorelle: (statement)
Good consumer Engagement starts from the beginning; it is disheartening that we were not involved in the process.

Lynne: **How many "Loc es" will the be?**

In general, the Simpson Report suggested 20,000-100,000 per locality. A locality must have a critical mass to resource to make a difference. If a Locality is too big it will be harder for it to have a sense of identity. In saying this the Wairoa Locality only has a population of 10,000. Potentially the Auckland Localities could run along similar lines as the Local (Council) Boards, as this is something that people already identify with.
Staff will be going to the Boards with suggested process from the bottom up and top down. Important to make sure all the country is covered, Local authorities, Iwi Partnership Boards etc.- while checking out where boundaries should be. Iwi boundaries will not be set as hard boundaries.
Lynne pointed out that we need to know soon where the localities lie so we can be proactive as Consumer Councils, Northland for example could end up with 4-5 localities.

Lisa: **With the development of Locality pilots are they at the same stages of development?**
Are the operational structures progressing at similar rates?
Some are more organised than others. A lot of it comes down to relationships and organization.

Q: **If you are not a prototype Locality what do you need from us?**
Will be putting a roll out plan to the Board for the whole of NZ. There will be a guidance document with pre-requisites (what you need to do). Local stakeholders will be defining a boundary that makes sense, defining the common goals, endorsing a local charter and some drafts/templates can be provided.

Q: **Do we have autonomy to work with other areas to define boundaries?**
Yes, at the moment, but would have to do what makes sense locally to people.

Ange: **In Nelson/Marlborough we have two distinct communities, how do we focus our energy in the right place?**
The 20 DHB's will become Districts with a District Director. There are 4 Regions with 1 Regional Director for each Region, this unit will be in place by the end of Sept/Oct.
For now, things continue as if it is a DHB for the next few months- reporting to a District Director rather than the Board. Communication on this is being sent to the CE's of each DHB.
For Nelson Marlborough these will become separate Localities and, although Golden Bay was also looked at as a potential locality it was decided they may not have the resources required.

And after the four months?
There will be the development of an operating model.

Q: **What are the issues you have faced thus far?**
Wide range and diversity of people (priority is on Māori, Pasifika, Disabled and Youth). Final decisions have yet to be made. In the Pae Ora Bill there is a quite prescriptive description of the Localities and the structure, all indicating more consumer engagement, not less. There will be a role in National and Regional work. HQSC has a strengthened role with the Code of Expectations and reporting against the Code. This will inform the plans and accountability, further widening the scope for consumer engagement. Potentially this means a bigger role for Consumer Councils (or the like).

Q: **How do we build on the strength of the current model?**
Getting the balance right, look for accountability, ask how do we widen the feedback from the Consumer. Asking "what do you need to "walk with us?" The operating model is being developed along with accountability measures. We know there are gaps and we want to work together to identify these.

Q: **How do we know if things are improving?**
There will be potential to develop consumer focused data. There is a budget to look at data collected and this can be used more systematically to improve (Lift and Shift) services. District management structures will be replaced by Regional Management structures as the Operating Model rolls out.

Q: **New system- Greater community input. Consumer Council meetings will continue but will we have representation at the table of the various localities in our district?**
Advice is to be proactive as a Consumer Council, talk to people about Locality Plans. Martin, Kate and Gary can work with us to get Consumer Engagement within the plan(s).

Session Five

Panel- "Where are we?" Questions answered by Deon York, HQSC Partners in Care Programme Manager, Kate Charles, Consumer and Whanau Voice Programme, iHNZ, Helen Wyn, iMHA

Deon took us through where things are at with the HQSC Consumer Voice Framework. The Code of Expectation is almost complete, the Consumer Health Forum Aotearoa is in place and being a Centre of Excellence, being a one stop hub to support health entities, is developing. Deon also spoke of Compliments and Complaints where consistent, streamlined and transparent data will feed into other data and inform service design and development.

Resourcing: Where do you see the budget and how should resources be allocated? It was acknowledged that there is inequity when comparisons are made between Consumer Councils particularly in remuneration and support by staff. Developing the operating model is the current priority. Would like to see a national reimbursement policy and look at a national operating model for consumer Councils so that support and resourcing can be equitable. The Iwi/Māori Partnership Boards are now in legislation and have a recognised role.

How are you ensuring there is widespread Consumer Engagement not a cherry-picking process?
It was acknowledged that this is an issue. Consumer Experience Advisors within the Ministry of Health do tend to shoulder tap the same people and there needs to be another way of doing this. The Consumer Forum may be useful for this. Recruitment can be risky and it is a fine balance between taking risk and having a robust process. The goal is to find the gaps and to do this trust needs to be established and the Consumer needs to know that they will be listened to.

How do we get to hear the voices that are never heard?
By going to where the Consumer is, and to where they live and ensuring that we don't speak on behalf of others.

Mining the information:
We are already connected. There is so much that we already know and we can't deal with what we already have. However, we can respect feedback (in all its forms) and treat it as a taonga.
Relationships:
It is important who we connect with and how we connect. We want and need to use community leaders as gateways to their communities.

Information: As a group we have been meeting for about 18 months and we have provided a lot of feedback, information and data.

How do we ensure that what we have been supplying is getting to the right people?
Kate explained that they have received all the information that our group has sent and this has been used to report to the iHNZ Board. There is no "playbook" at the moment, Gary is working on the operating model. Rob (Chair of iHNZ Board) would have received the information but not in its raw form, it will have been formulated into reports.

How do we develop a model? We don't want to waste our time doing work that is not helpful.
Co-designing something at a local level will be seen as a driver/priority. If what is designed and implemented works then it will stay in place.
Local engagement should be locally designed, giving power to communities to self-determine. This will be a shift to mitigating the risk with local actions and power sharing. The challenge is how do health entities create an environment where this can happen?

Reforms are controversial. Day1 is 1 July 2022 What happens if there is a change in political power?
It is thought that the new system will take around five years to get results from monitoring the outcomes from the reforms. It will be important to demonstrate that the dial is moving over the next 10-12 months. Concerns were expressed that the MHA may be swallowed up but one way of looking at things is to move things that demonstrate that this path will be good for all of us.

There was a question about Regional Directors and Kate will supply a list of these appointments for the group.

A most interesting question came from the floor at the end of the session and that was
How can we help and support you?

- Share and communicate the changes
- Be proactive within communities/Iwi/ this group
- Be champions of this mahi
- Hold HNZ and MHA to account

- Have more sessions like this with open dialogue
- Keep communication open and flowing
- QSM- Consumer Engagement: make sure that B's know that this is still a requirement and it is likely that this will be strengthened.

Session Six

Breakout into regional groups to discuss and report: Reflections and Next Steps – Proposed draft Programme of Work for Consumer Councils

LOCAL/REGIONAL

- Each Council/region to establish what their plan may be (based on this initial discussion and conversations with our individual Consumer Councils)
- Discuss and establish how we can use our existing networks e.g., Waitakere Health Link, to help with the development of the Locality and charter
- Find out who has responsibility for Localities in our various areas and network with them. How do runanga and ropu distribute through Localities?
- CCs should have input into operating models
- Introduce ourselves to the Localities – have a voice both locally and regionally. Let CC have some time with Localities teams
- Write to Pilots and ask for their proposals – what made them successful? (Don't reinvent the wheel
- Develop relationships with local community organisations

NATIONAL

- As a national group do things that will help CCs as they develop as part of a District/Region e.g., get copies of each of the submissions from the current prototype pilots. Look at these and establish what we think good would look like in our District/Region. Ask "how does this relate to individual CCs?" CC must be nimble and flexible
- Complete the national consumer engagement guidance document that consists of the generic ToR, Appendix (for each CC) and the CC Chairs agreed statement around excellence in consumer engagement - what is the gold standard? Such documents must include resourcing (recognition of consumer time, administrative, secretariat, training) and be aspirational
- HQSC have identified that the QSM Consumer Engagement will likely be strengthened and the CC Chairs and Co-Chairs can have input into this mahi
- Have more discussions/open lines of communication; Margie Apa, Martin Hefford, Kate Charles, Gary onkin…
- old biannual Chair's/Co-Chairs hui, with HQSC support
- Build relationships with the two health entities: nationally, regionally and locally. Establish who the Regional CEs are, who the District Directors are and who the Locality Advisors are

GENERAL POINTS AND REFLECTIONS WHICH WILL GUIDE OUR NEXT STEPS

- CC can help drive the Kaupapa – we are already doing this
- CC can help with finding the right people – we know consumer engagement and how consumers can best engage
- Community Health Forum – suggest these be held – maybe quarterly – open to CC and CC can assist with socializing these
- Partner with Local Govt, Trust and other community agencies.
- Advise on succession and retention plans for maintaining solid consumer engagement
- Brand ourselves – this links with our Whakatauki – see below
- Keep chair of HNZ Board – Rob Campbell - well informed. He has entrusted his contact details to us – use them
- Reporting – where/how will we report now no DHB? Establish new reporting lines with District Directors who will report regionally and nationally. Regional face to face Consumer meetings, funded by HNZ, to share resources and establish good connections
- Each Locality formally report back to National Chairs of CC Network on a regular basis – this closes the loop for consumer engagement

It was suggested that the group would benefit from a Whakataukī and Jane (Taranaki) will follow up on this and advise the group. Adrian shared the Canterbury Whakataukī that is shared at each Council meeting, there was positive support for this group to have a Whakataukī.

Questions posted onto charts throughout the day. Note – some of these will have been answered in the various reports in this document, but this is a record of all. Many were duplicated.

- Where will CC "sit" in new structure?
- What is the budget for CCs and consumer engagement? Uniformity? Nationally? Regionally? Locally?
- What entity will "look after" CC from 1 July?
- How many Consumer Managers (Might be called different titles in different areas) are there Nationally?
- What is known about our work submitted to Transition Unit?
- How many Localities are we expecting?
- Will Localities be based on cultural, community and small units rather than topographical borders?
- Will the regional entities support Consumer Councils from 1 July? If not, who?
- What is the timeline for next tranche of Localities roll out?
- What/how will Pilot Localities be evaluated?
- When will the framework be available?
- What is the pathway from us to HNZ/MHA?
- Will there be a contact point for us who will also connect all in Localities and Nationally?
- Should CC be actively recruiting members despite future largely unknown?
- What is the "gold standard" for Localities?
- Why not more densely populated urban areas in first pilots? (Most seem to be small town/rural)
- What will be in place to make sure each Locality maintains its unique role which fits the population base?
- Who is the Locality Development Advisor?
- How will information get from National through to communities and CC?
- ow do Localities' plans feed into a national system?
- How do we ensure CC have a seat at the Locality table? This is a real opportunity for CCs
- How will Localities consider existing structures/relationships?

From: Karen Browne
Sent: Sunday, 5 June 2022 11:14 am
Crisis in Aged Residential Care

Tena Koutou
I was approached firstly by the Director of Nursing; Planning and Funding, Population and Public Health, and then received information from the Health of the Older Persons portfolio manager, about the crisis our region, along with every other region, is facing with lack of registered staffing at these facilities.

It is heartbreaking to read of the harm being caused to the residents and the anger and frustration of their families who helplessly watch.

I offered to bring this to the Chairs Network, as I believe the consumer voice is so strong, it may represent a fresh approach if we are able to collectively present some patient stories, and tell the real truths to the Minister.

The pay disparity is seen as one of the main factors, if not the main factor, and it seems unbelievable that a person with the same qualifications and same level of experience can earn so much more by jumping ship to a DHB or private hospital, than in an Aged Residential Care facility where the RN usually works to a higher level of responsibility than in other hospitals.

Is there an appetite for banding together, to get information from your Portfolio Manager of Health of the Older Persons and allowing me to draft a submission?

Russ – if I could have a few minutes of agenda time on Tuesday, which gives a couple of days for folk to consider this?
Ngā mihi
Karen Browne, Chair
Community Health Council, Southern DHB and WellSouth