

Agenda
Health Consumer Council

Date: 13 April 2022, 10:30am to 1:00pm
Venue: Via [Zoom](#) Only

Chair	Lisa Murphy - Tauranga	Minutes	Rosalie
Members	Adrienne von Tunzelmann, Deputy Chair - Tauranga Rosalie Liddle Crawford – Mount Maunganui Tessa Mackenzie – Tauranga	Theresa Ngamoki – Whakatāne Grant Ngatai - Tauranga John Powell – Mount Maunganui Florence Trout – Tauranga	
In attendance			

Item No.	Item	Lead	Page
1	Karakia timatanga/Welcome	Grant	
2	Apologies	Chair	
3	Interests Register	Chair	
4	Minutes of Meeting 9 March 2022 to be confirmed. Note: “Council Only Time” minutes need to be distributed to members before minutes can be confirmed. Moved: Seconded:	Chair	
5	Presentation: No presentations.	Chair	
6	Health Sector Update Debbie Brown, Senior Advisor Governance and Quality		
7	Matters Arising See attached.	Chair	
8	Matters for Discussion/Decision 8.1 Chair’s Report – See attached. 8.2 DHB Consumer Councils (15 th) Meeting with HQSC including Interim representatives – See attached presentation slides. 8.3 Consumer Health Forum Aotearoa 8.4 Diabetes Action Plan – Ministry of Health. 8.5 Rural Engagement – Interim Health NZ and Māori Health Authority (presentation slides requested). 8.6 Role of complementary health modalities – various state of DHB service provision.	Chair Chair Tessa	
9	General Business 9.1 HCC Review of 2021. 9.2 Membership and recruitment. 9.3 BOPDHB’s Shared Goals of Care initiative (SGoC): presentation to Grand Round, 29 March. 9.4 Reports of participation in other groups – community feedback. • Rise Up Tauranga Baking 9.5 Council Only Time minutes.	Chair Adrienne Rosalie	

Item No.	Item	Lead	Page
10	Council Only Time		
11	Next Meeting 11 May 2022		
12	Next Board Meeting Wednesday 27 April 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		
13	Karakia Whakamutunga	Grant	

HEALTH CONSUMER COUNCIL MEMBER ATTENDANCE

2021/22

Member	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Feb	Mar
Rosalie Liddle Crawford	●	●	●	●	A	●	●	●	●	●	●
Theresa Ngamoki	A	A	●	A	●	A	●	●	●	●	●
Grant Ngatai	●	A	●	●	●	●	●	●	●	●	A
Tessa Mackenzie	●	●	A	●	●		●	●	●	A	●
Lisa Murphy	●	●	●	●	●	●	●	●	●	●	●
John Powell	●	●	●	●	●	●	●	●	●	●	●
Florence Trout	●	●	●	●	●	●	●	●	●	●	●
Adrienne von Tunzelmann	●	●	●	●	●	●	A	●	●	●	●
Terehia Biddle (Resigned 26/7/21)	-	-	●	-	-						
Sue Horne (Resigned 8/12/21)	●	●	●	●	A	●	●	●	●		

- Attended.
- A Apology received.
- Absent, no apology received.



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Minutes
Health Consumer Council

Date: 9 March 2022, 10:30am to 1:00pm

Venue: Via [Zoom](#) Only

Chair	Lisa Murphy - Tauranga	Minutes	Maria Moller
Members	Adrienne von Tunzelmann, Deputy Chair - Tauranga Rosalie Liddle Crawford – Mount Maunganui Tessa Mackenzie – Tauranga	Theresa Ngamoki – Whakatāne Grant Ngatai - Tauranga John Powell – Mount Maunganui Florence Trout – Tauranga	
In attendance	Lisa, Adrienne, Florence, John, Rosalie, Debbie, Theresa, Tessa.		

Item No.	Item	Lead	Action
1	Karakia timatanga/Welcome	Grant	
2	Apologies Grant Moved: Florence Seconded: John	Chair	
3	Interests Register None.	Chair	
4	Minutes of Meeting 8 February 2022 to be confirmed. Moved: Florence Seconded: Adrienne	Chair	
5	<p>Presentation: 10:50am – 11:20am <u>Jonathan Wallace, Executive Director – Health Quality & Safety</u> The members introduced themselves.</p> <p>Started in Oct. From Waitemata DHB. Health Quality Safety Service (HQSS) – trying to join up key parts. How teams measure quality and risk? Working with improvement and innovation. Would like to hear what he can do for HCC.</p> <p>HDC - Code - Wanting feedback.</p> <p>HQSC – Code of Expectations. Has had lots of feedback.</p> <p><i>What is your scope in terms of innovation? How do you ensure getting a wide range of knowledge and input? Newer/better ways of doing things. Listening to people, perspectives, improving systems.</i></p> <p>Research – Charlie Stratton is involved in research in DHB.</p> <p>Telehealth – new area but a lot of work happening in this area. Sarah Davey of Innovation and Improvement is leading.</p> <p><i>Did you have any input in the consumer engagement QSM report? No, not yet.</i></p>	Chair	

Item No.	Item	Lead	Action
	<p>Consumer Engagement Role – Will start advertising shortly. How do we do patient experience within the DHB? Feel free to send through any suggestions.</p> <p><i>Sometimes HCC is asked for their opinions/feedback on different things. Don't know what happens with feedback. Would like to ensure that HCC receives feedback as to what happens to the feedback or project.</i></p> <p><i>Contracts with private organisations for healthcare services. Making sure that the contractor adheres to our values and our aims. Quality/continuity of care, risk.</i></p> <p>No update as to what is happening with PHO's in July.</p> <p>What would you like from the HCC? Would like regular catch up. Collaboration. <i>Mental Health Consumer Group and Obstetrics – these are separate groups. It is not clear what they do? No collaboration.</i></p>		
6	<p>Health Sector Update 11:20am – 11:35am <u>Debbie Brown, Senior Advisor Governance and Quality</u> Staff are coping really well in present situation.</p> <p>Pete looking at where we need to be before we transition.</p> <p>Engagement session with Te Manawa Taki Consumer Councils – meeting date 7 April 3.30pm – 4.30pm Microsoft Teams – would be good if you could attend.</p> <p>Healthshare – systems and IT projects. Would like consumer voice about the future. Would like to engage with Council. Will come back with more info.</p> <p><i>Extra meeting attendances, e.g. Clinical Governance - remuneration? Each department should reimburse you.</i></p> <p><i>What happened about consumer rep for Digital Data Governance Group (DDGG)? – ask Richard.</i></p> <p><i>EY response to feedback submitted?</i></p> <p><i>Palliative care and renal services in Eastern Bay. Consumers suffering hardship. Travel is a huge issue. Extremely vulnerable communities. Providers are solely focusing on Covid. Can't get services. Renal services are definitely on radar. Goal with transition localities is to cater for these communities.</i></p> <p>EOLC – Has highlighted the bigger picture of how we can die well.</p> <p><i>Unvaccinated members? Not legal. Discrimination. Health has got a very clear stance, all CEO's across all DHB's agreed. The boundaries are now changing. At present, all health workers and group members are required to be vaccinated. At National Consumer Council Chairs' Meeting – 3 chairs said that they do have somebody that hasn't been vaccinated. They can only meet via zoom.</i></p>		<p>All</p> <p>Debbie</p> <p>Jonathan</p> <p>Maria</p> <p>Maria</p>

Item No.	Item	Lead	Action
	Tessa indicated she would be phasing out her membership with HCC owing to her move to Auckland. Thanks given to Tessa for her valuable contribution to the Health Consumer Council.		
7	<u>Kelly Hohapata</u> joined meeting to follow through her interest in becoming a member. Kelly recounted her experience with health services which had let her and her whānau down when her Mum was diagnosed with terminal cancer. She would like to bring that experience to making a difference for other people. Everyone introduced themselves.	Theresa	
8	Matters Arising See attached. Please update Maria with any changes.		All
8	Matters for Discussion/Decision 8.1 Chair's Report – See attached. 8.2 HQSM Consumer Engagement report, see October report attached for review. As the due date for this feedback is now not due until May, will discuss at May's meeting. 8.3 Prezzy Card - Looked into having it split up, it was expensive to do it this way. Will hold onto it for a while to see if we can meet up to use it.	Chair	
9	General Business 9.1 HCC Review of 2021. Will now be deferred to next meeting. <ul style="list-style-type: none"> Will review at April meeting. Should be covered sooner rather than later as it is a guideline for the way forward. 9.2 Membership and recruitment. <ul style="list-style-type: none"> Tessa has two prospective people but the young one is unvaccinated. She will pass the details to another member to make contact. 9.3 The email sent out last night for feedback by the Chair was specifically about residential villages. Respond as appropriate. More feedback will be required. 9.4 The email sent on 3.3.22, HQSC feedback on Code of Expectations in different languages, was difficult to navigate as you had to scan a QR code. <i>Are we collectively to provide feedback?</i> Can contribute to this individually. Can join Consumer Forums – register. Zoom. Open to anyone. 9.3 Reports of participation in other groups – community feedback. <ul style="list-style-type: none"> Clinical Governance report – see attached. Lisa and Florence have still been attending on Clinical Governance meeting. May get another summary report to share with group. Petition to make epilepsy education, training and awareness mandatory in schools. Will close soon. <ul style="list-style-type: none"> https://www.parliament.nz/en/pb/petitions/document/PET_118353/petition-of-erin-murphy-make-epilepsy-education-training?fbclid=IwAR3gay-PM4qm9humE_evAxAQtlxhrDwdv9N_Tre_csaICZf7JIT_w6SoOv0 https://www.sunlive.co.nz/news/287320-erins-mission-epilepsy-education.html?fbclid=IwAR1u86jOn5xWrlLo90t6cndLUp_k6XXOT2AoN36sJV98xZbOLiisSykj_0g 	Chair	Tessa

Item No.	Item	Lead	Action
	<ul style="list-style-type: none"> • Petition to make mobility parking enforceable on all public-use property and increase fines. Has closed, will let you know the outcome. <ul style="list-style-type: none"> ○ https://www.sunlive.co.nz/news/286807-supporting-claires-mobility-parking-petition.html ○ https://www.parliament.nz/en/pb/petitions/document/PET_115643/petition-of-claire-dale-make-mobility-parking-enforceable • Katikati – new food hub similar to good neighbour. Collaboration of food charities. Link available through Katikati Community Centre, Alan Maxwell. <i>How is it funded?</i> Part of community led programme. DIA help fund. Helping community to solve their own issues. 		
10	Council Only Time <i>Topics?</i>		
11	Next Meeting 13 April 2022		
12	Next Board Meeting Wednesday 23 March 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		
13	Karakia Whakamutunga	Grant	

Health Consumer Council Monthly Meeting Matters Arising 2021/22

Meeting Date	Action required	Who	Action Taken	Completed / in progress
09.03.22	Two prospective member details to be passed on to another member to make contact.	Tessa		
09.03.22	DDGG – was a member elected for this group.	Maria	Emailed Richard Li. 08.04.22 Sent a reminder. Awaiting response.	
09.03.22	Remuneration for Clinical Governance meeting attendances.	Jonathan		
09.03.22	Healthshare – Systems and IT projects – would like to engage with Council. Will come back with more info.	Debbie		
09.02.22	Send EOI form to suitable people.	All		
09.02.22	Create information pack for prospective new members.	Maria	In progress.	
09.02.22	Ask Kelly to complete a new EOI.	Theresa	May not be necessary now as Kelly joined the March meeting.	
09.02.22	Convert prezzy card into \$20 cards for distribution amongst the members.	Lisa	Will cost too much to purchase individual cards. Hold onto it for now.	

Meeting Date	Action required	Who	Action Taken	Completed / in progress
13.10.21	When will meetings including Execs resume?	Debbie	Jonathan Wallace to review.	
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
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.	Complete
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
09.02.22	Invite Jonathan Wallace to next HCC meeting.	Maria	Done	Complete
08.12.21	Recruitment – Is there a privacy issue with sharing Expressions of Interest with members.	Debbie	No.	Complete
08.12.21	What training is available for members?	Maria	Maria will send out upcoming courses advertised on OnePlace.	Complete
08.12.21	Review of 2021. Send feedback to Maria to collate.	All/Maria	Collation complete.	Complete.
08.12.21	Deliver Prezzie Card to Lisa.	Maria	Done.	Complete.

Health Consumer Council - Chairs Report March 2022

Key Topics:

- Consumer Engagement with DHB
- DHB Update
- Whānau & Consumer-centred Healthcare Council
- Covid 19 Response
- Membership recruitment and succession
- Community Projects
- National HCC Chairs meeting and TOR

Members met with the new Executive Director - Health Quality & Safety who is keen to work collaboratively with the HCC to support the objective of a strong consumer voice, and sees a need to invest in joining up the 'different parts' of the DHB to this end. Members were asked for suggestions on ways this might be approached. Among the issues highlighted is the challenge of providing services to people distant from health centres and with complex needs.

'Creating a system of Consumer voice' – Consumer Engagement Proposal, sent to the Board Chair and CEO in September, still with the CEO and Board for endorsement.

Members have been actively involved in providing feedback to HQSC regarding Consumer Code of Expectations for consumer/whānau engagement.

Senior Advisor Governance and Quality provided a health sector update, and will follow up on the status on consumer representation EOI for Digital Data Governance Group (DDGG).

Whānau & Consumer-centred Healthcare Council meeting schedule is still to be revisited when time and staffing resources allow.

HCC members attending the Tuesday Grand Round zoom meetings have found them very informative, particularly now that other topics aside from Covid 19 are also highlighted.

Membership recruitment and succession has been a focus for some months. Senior Advisor Governance and Quality provided clarification on the BOPDHBs position

regarding the inclusion of members/candidates that do not hold a current Vaccine Passport. An inaugural member has given notice of their gradual move over the next two months, out of the greater BOPDHB district, with a final date with HCC to be advised. HCC met with an interested candidate. HCC Secretariat will distribute EOI details to members for consideration so the recruitment process can progress.

Rise Up Tauranga initiated a community programme to help show support for staff at Tauranga and Whakatane Hospitals during the seven week period leading up to Easter. Although the community understands that medical staff will have probably been stretched many times during the two year pandemic, it was expected that the coming Omicron wave would place even more pressure on. About 160 home bakers from across the eastern and western Bay of Plenty registered to join in with the effort to either provide fresh home baking once, or to commit to one day a week for the seven weeks. Rise up Tauranga liaised with the BOPDHB to ensure contactless delivery of the baking on Monday, Wednesday and Friday mornings. Bakers were invited to take photos of their baking to share on both the Rise Up Tauranga Facebook page (for Tauranga Hospital) or the Fresh Home Baking for Whakatane Hospital Facebook page.

A combined Terms of Reference and other useful associated documents are being developed in preparation as we move forward with the new Health structure. Chairperson will attend the (15th) National HCC Chairs meeting with HQSC, on 5th April 2022, and Chairs evening meeting on the 5th also.

Clinical Governance Committee meeting was attended by both HCC representatives. All Agenda papers and Control Documents were reviewed and representatives provided feedback.

Lisa Murphy

BOPHCC Chairperson

Interim Health New Zealand and Māori Health Authority

Consumer and Whānau Voice work programme overview

Kate Charles (HNZ) and Ririwai Fox (MHA)

The Context



The vision for our future health system is to deliver a people-and whānau-centred system that reflects the needs and preferences of Māori, Pacific, Disabled, and other priority population groups that have traditionally been underserved by the health system.

- This work programme has identified 5 key focus areas that will contribute to achieving this vision by supporting the health system to prioritise and embed these voices into the planning, design, delivery, and evaluation of health services at a local, regional and national level
- The scope of this work programme and the development of the 5 focus areas has been guided by The Pae Ora Healthy Futures Bill and Cabinet decisions taken in March 2021

Focus Area 1: Operating Model

Our new system needs to:

- Prioritise and embed the voices of consumers and whānau into the planning, design, delivery, and evaluation of health services at a local, regional and national level.
- Prioritise the voices of Māori, Pacific, Disabled, and other priority population groups (including migrants and refugees, rural communities, and the rainbow community) in order to redress the current inequities in the system

We will do this by:

- Development of recommendations and advice to support the embedding of consumer and whānau voices into the operating models of both health NZ and the Māori Health Authority
- Advising on the functions, systems, processes, capabilities, and roles across HNZ and MHA at a national, regional, and local level
- Advise on the transition of DHB Consumer Councils to HNZ and their future role

Focus Area 2: Complaints and Feedback

Our new system needs to:

- Streamline and improve feedback and complaints processes to make it easier for all consumers and whānau to provide feedback on their experience and outcomes of care; and for health entities to utilise this feedback to drive system design and continuous improvement

We will do this by:

- Streamlining complaints across our system so that there is a consistent, transparent, easy to navigate complaints process supported by data and digital infrastructure to enable an holistic view and proactive identification of trends and issues
- Develop complaints and feedback approaches that work better for Māori, Pacific, Disabled, and other priority populations who the current systems doesn't serve well
- Integrate complaints data with other feedback including compliments, patient reported experience, and patient reported outcomes

Health NZ will launch a joint working programme with the Māori Health Authority, HQSC, and HDC to commence work on this.

Focus area 3: Consumer and Whānau Experience

Our new system needs to:

- Capture consumer and whānau feedback on their experience of care and the outcomes of that care
- Ensure that the way in which consumer and whānau feedback is captured works for Māori, Pacific, Disabled and other priority population groups
- Ensure that consumer and whānau feedback is consistently used for system learning and continuous improvement

We will do this by:

- Development of a consumer and whānau experience strategy that includes:
 - Further development of the existing HQSC Patient Reported Experience Measures (PREMS) programme
 - Introduction of Patient Reported Outcome Measures (PROMS)
 - Development of feedback mechanisms and approaches work for Māori, Pacific, Disabled and other priority population groups
 - Further development and implementation of real time consumer and whānau feedback tools and approaches
 - Development of systems that ensure that feedback is utilised to improve consumer and whānau experience
 - Investigate commercial and indigenous customer relations business models and their potential applicability to the health system

Focus area 4: Whānau Voice

Our new system needs to:

- Value and integrate the collective whānau experience to improve the design, delivery, and monitoring of health policies, systems and services

We will do this by:

- Developing a definition and position statement for “Whānau Voice” through engagement with communities
- Utilising this definition and position statement to operationalise the concept through the system, via operating models

Focus Area 5: Supporting National Infrastructure

Our new system needs to:

Recognise that while there is no one way to meaningfully engage consumers and whānau - every engagement needs to be locally owned and designed - there is a need for more consistency, support, and capability building in the approach to consumer and whānau engagement across the health system

We will do this by:

- Partnering with HQSC on the development of the national supporting consumer and whānau voice infrastructure to ensure it is fit for purpose and results in meaningful changes, particularly for priority populations, including:
 - *The Code of Expectations*
 - *The Consumer Forum*
 - *The Centre of Excellence*
- Give regard to the principles set out in the Code of Expectations as we develop our approaches to consumer and whānau engagement and development of the HNZ and MHA operating models

Key Focus Areas summary recap

1. Development of advice and recommendations to support the embedding of consumer and whānau voices into the operating models of each entity
2. Streamline complaints systems, improve complaints processes, and integrate other sources of patient feedback to inform system learning and continuous improvement
3. Development of a consumer and whānau experience strategy
4. Development of a definition and position statement for “whānau voice” in partnership with Māori communities
5. Partner with HQSC on the development of the national supporting infrastructure for consumer and whānau voice to ensure it supports engagement in a meaningful and consistent way to drive continuous improvement
 - *Code of Expectations*
 - *Consumer Forum*
 - *Centre of Excellence*

Programme Approach

- The work programme is being jointly led and delivered by the Māori Health Authority and Health NZ
- The work programme focus areas have been agreed by the Māori Health Authority and Health NZ and we are now working through the detail, including clarification of critical day 1 deliverables vs medium term (1-2 yr) deliverables
- We have begun ad hoc engagement with the sector and will be developing an engagement and communications plan to support the work programme
- Each of the focus areas will have a HNZ and/or MHA workstream lead – we are in the process of appointing to these roles and are looking first to the sector to offer secondment opportunities

Review of 2021 Year of the HCC

Strategy

- I think there has been a positive shift in HCC becoming more strategic in its approach to how we connect to the DHB through the relational model we developed. Having engagement with Tim and Jerome helped us to understand the inner workings of the DHB in order to know where to best place ourselves as a Community Council.
- Some confusion over prioritising the strategy, given DHB staff efforts to contribute to plan for 2020-2027. Strategy seems to be usurped by Covid Response priorities.
- DHB strategy appears to be unchanged though under review during early transition to NZHA/MHA era due July 2022. Hence HCC is in no position to work strategically.
- Working together to structure our statements underpinning "Creating a system of Consumer Voice" through a series of discussions and workshops culminating in a proposal that clarifies our stand on the purpose of consumer engagement, proposals for change and considerations for future engagement.
- Chairperson sharing the proposal with The HQSC and other HCC representatives.
- Positive feedback with the proposal being noted as worthy of consideration for contribution to the ongoing local DHB transformation process.
- Chairperson regularly attending HQSC forums and reporting back on developments from other HCC groups across Aotearoa. This professional relationship is important as the BOPHCC develops understanding and confidence to contribute to the preparation of the quarterly reports for the Health, Quality and Safety Commission. (We noted that for the last report, the HCC did not have active input into its content due to the short timeframe for completion, I believe we are well placed to be involved in the preparation of the report for the next quarter).
- Developing a strategy to provide direction to our work and give meaning to our role as a consumer voice has been one of our most important tasks during 2021 and culminated in the proposal for a more focused and better supported role, we submitted to the Chair of the DHB Board and Chief Executive.
- We have been able to take into account the emphasis on consumer engagement in the health and disability system reforms. Our approach aligns well with the reforms and with HQSC's work on Partners in Care and should see us well positioned to have a continued role at least during the transition into the new system. Beyond then is anyone's guess!
- Set Clear Guidelines and Expectations.
- Encourage open communication, transparency and 'whole person' approach.
- Continue to advocate.
- Support other HCC members in working as a cohesive team to achieve shared objectives.
- Need continued effort to get included and consulted.
- Hope to have a more transparent budget, but there are risks to that.

Achievements

- Development of the relational model and having this acknowledged at DHB CEO and Board level. Ability of some members to attend specific meetings and report back.

- Maintained positive working relationships within council and within DHB management.
 - Chairperson maintained focus of all meetings.
 - Access to education opportunities that arose was relevant and helpful.
 - Used zoom appropriately for some meetings during Alert 3.
 - No meeting was cancelled in 2021, quorums for every meeting.
 - Generous information sharing experienced.
- Completion of our consumer engagement proposal, submitted to the DHB Board Chair and CEO in August. Very well received by the CEO. Awaiting fuller response and endorsement so we can move ahead in 2022. We are poised for take-off!
 - Recognition by DHB leading to series of requests for representation on working groups, committees etc. (We are now much less likely to be overlooked in DHB initiatives where a consumer perspective would be of value.)
 - Streamlining of our agendas, meeting formats etc. Our meetings are productive, efficient and allow us to maintain momentum.
 - Despite reduced membership (resignations and unfilled vacancies), and limited resources, we have covered considerable ground over the year, with a shared commitment to making an impact. Each one of our members has contributed time, energy and expertise to 'getting the mahi done'.
- Further developed the relationship between the HCC and DHB.
 - Consumer involvement is now being actively sought.
 - Development of our Consumer Engagement Proposal.
 - Representatives participating in CGC meetings and reviewing of Control Documents.
 - Strengthening the councils voice through National HCC meetings, HQSC, and Transition Unit representatives.
 - Held 11 meetings for the year all with a quorum, despite Covid Level restrictions. A minimum of 10 meetings are required.
- Good to see a purpose document.
 - We are showing that we are prepared to participate in unpaid activity e.g. Covid updates and Health Reform workshops.
 - Good to have secretarial help.

Purpose

- Our purpose is reasonably clear - to be a consumer voice at the DHB table. but how we achieve it more fully is still a work in progress.
 - Focus on consumer experiences of health care in region.
 - Advocacy for decision making to enhance consumer voice in health care.
- We are yet to determine these. We will be better positioned to do so once we have a go-ahead for our consumer engagement proposal and for the actions we have recommended. Our TOR provide a starting point but need to be built on. See above: our key recommendations.
- TOR Purpose: 'The Bay of Plenty Health Consumer Council ("BOPHCC") is an advisory and advocacy body established to advance the Bay of Plenty District Health Board's ("BOPDHB") vision of "Healthy Thriving Communities – Kia momoho te hapori oranga" for all health services consumers in the Bay of Plenty. The Council exists to promote excellence and equity of health services across the Bay of Plenty community.'

- WEBSITE: 'The Bay of Plenty Health Consumer Council (BOPHCC) works in partnership with the DHB as an advisory body ensuring patient and community perspectives are a core ingredient of how services are developed. BOPHCC aims to enhance consumer experience and service integration across the sector, promote equity and ensure that services are organised around the needs of the people in our communities. It will have input and advise on issues including development of health service priorities, enhancing patient safety and clinical quality and reducing inequities'.

Goals

- To provide diverse community representation on health matters, in equitable relational partnership with the DHB.
- Participation in networks - when possible - to advocate for best consumer experience.
- Enhance benefits of consumer perspectives in everyday work life of DHB management.
- We are yet to determine these. We will be better positioned to do so once we have a go-ahead for our consumer engagement proposal and for the actions we have recommended. Our TOR provide a starting point but need to be built on. See above: our key recommendations.
- Continuity of HCC at local, regional, and national levels.
- Re-establish Whānau and Consumer-centred Health Care Council.
- DHB and HCC partnering in the improvement and development of new and existing policy and initiatives.

Objectives

- working strategically and collaboratively to meet the above goals. That may also mean challenging the DHB on it's self-appointed hierarchical authority of health as a 'one size fits all' model.
- liaison with all other DHB consumer groups.
- Develop profile with DHB management and be informed of DHB realities.
- Send letters when appropriate to express viewpoints.
- We are yet to determine these. We will be better positioned to do so once we have a go-ahead for our consumer engagement proposal and for the actions we have recommended. Our TOR provide a starting point but need to be built on. See above: our key recommendations.
- Excellence in health outcomes for 'all' consumers.

Strengths

- HCC members work well together and have achieved a level of trust and respect to enable honest and frank discussions as well as modelling the CARE values we seek to uphold. Good leadership team willing to put the work in to make a difference.
- Management responded positively to every approach made by HCC.
- Excellent chair leadership, and representation at national and regional forums.
- Participation in CG and the Liaison group maintained.
- Increased awareness of management for consumer views.

- Participation in pharmacy led consumer information updates from Chch when requested.
- Maintaining forward momentum regarding the structuring of our proposal within restricted meeting opportunities and the changing support personnel landscape.
- Maintaining robust discussion opportunities within our meetings to allow members to share and express their viewpoints regarding health and disability future planning and transformation - this ensures diverse consumer voices and experiences are not overlooked by the "majority" in decision making processes.
- Highly committed members contributing time, energy and expertise.
- Perspectives and ideas informed by experience and extensive community networks.
- Well organised meeting schedules and agendas.
- Leadership from the Chair (Lisa).
- Our sterling admin support (Maria).
- A strong team of caring, independent thinking members with a lifetime of experience and varied skill set who work well together.
- Working relationships with colleagues, DHB executives/leads, and community contacts.
- Definite and fair Terms of Reference.
- Having much needed administration support.

Weaknesses

- DHB is an ever-changing environment and it's hard to get a consistent strategic approach or achieve meaningful impact. There is limited cultural, gender, age, or ability diversity within the current membership.
- Insufficient membership, ie no replacement plan when members resign.
- Difficulty recruiting community based Maori members.
- Governance issues when management overlook involvement of consumers in projects.
- Disability advocacy missing in HCC membership.
- We haven't followed through on past prioritising work, hence missed opportunities to directly reflect consumer interests where we could have impact, eg, see below – AREAS OF INTEREST we identified in 2018.
- Loss of members and lessening of diversity both in terms of representativity, breadth of experience, networks etc, and capability to do the mahi.
- We could do more to equip ourselves with the skills needed to provide strategic input, eg via opportunities for all HCC members to serve in representative roles to build our individual and collective 'consumer voice' experience.
- Need to bring membership numbers up to better represent consumers
- Retention of Māori representation
- Need a stronger recruitment, succession, and induction plan
- High turnover of Maori reps disappointing.
- Still struggle with communication with our community.

Barriers

- Adequate financial resourcing for time and expertise.
- covid alerts meant CG meetings were mostly cancelled when not held via zoom.
- difficult to maintain momentum amid staff turnover that impacted on CC.
- chair should be a paid part-time role to be effective in leadership of members.
- Given the 2022 health system development, need to align membership with Maori .
- Mental health has their own consumer activity, not well linked.
- Maternity care has their own consumer activity - not linked to CC.

- COVID restrictions paused the continuation of the planned and approved Whanau and Consumer Healthcare Council meetings beyond the first hui, thus preventing realisation of its functions. Had the Whanau and Consumer Healthcare Council been able to progress its development, the HCC would have been actively engaged within a forum to advise the DHB leadership around healthcare service planning development and re-design.
- Lack of clarity around resources to support the HCC and the changing support personnel landscape, pose challenges to the HCC achieving clear recognition and being able to effectively give advice and make recommendations to the Board, CEO and Executive Committee.
- So many unknowns within the current Health system make it difficult to plan future actions and / or re-imagine the likely functions of the HCC within an environment so dominated by COVID protocols, however, it is heartening to know that current members are committed to performing their functions to the very best of their ability.

- Lack of clarity as regards our mandate from the DHB, particularly in terms of the scope for interaction with our community networks. Eg, can we go out and proactively seek community input on health service issues we want to investigate from a consumer viewpoint; can we invite our community networks into our discussions as and when this might be a way to give us real insight into consumer needs – and to check our own thinking.
- Under-resourcing (except for much appreciated admin), limiting our ability to progress priority actions/issues identified within our TOR.
- DHB staff not following through on feedback/closing the loop and advising us of action.

AREAS OF INTEREST condensed from our 2018 brainstorm:

- Alternative therapies
- Inequities / Fair Go
- Child Health
- Older People
- Māori Mental Health
- Disabilities
- Self-Health Management
- Health Sector
- Pharmaceutical Education
- GP/Hospital
- Health 'Experiences'
- Community Connectedness/Isolation/Knowledge
- Suicide
- Dental care
- Rural.

- The resignation of key DHB executives who were key intermediaries between the HCC and DHB has slowed progress.
- HCC not always seen or utilised as a valuable resource it is.
- Previous lack of closing the loop on projects.
- Lack of resourcing, training opportunities, and remuneration that truly reflects representation, time etc.
- Lack of parking is a barrier for members particularly those with health conditions.

- Lot of uncertainty around role of new health system.
- Judgment still out on rules for zoom engagement and rules of non attendance.