BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Agenda

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			

Item No.	Item	Lead	Page
1	**Karakia timatanga/Welcome**	Grant	
2	**Apologies**	Chair	3
3	**Interests Register**	Chair	
4	**Minutes of Meeting** 8 February 2022 to be confirmed. Moved: Seconded:	Chair	4
5	**Presentation:** 10:50am – 11:20am Jonathan Wallace, Executive Director – Health Quality & Safety	Chair	
6	**Health Sector Update** 11:20am – 11:35am Debbie Brown, Senior Advisor Governance and Quality • Engagement session with Te Manawa Taki Consumer Councils - proposed meeting date 7 April, time to be confirmed.		
7	**Matters Arising** See attached.	Chair	8
8	**Matters for Discussion/Decision** 8.1 Chair's Report – See attached. 8.2 Consumer Engagement QSM report, see October report attached for review. 8.3 Prezzy Card.	Chair	11 29
9	**General Business** 9.1 HCC Review of 2021. 9.2 Membership and recruitment. 9.3 Reports of participation in other groups – community feedback. • Clinical Governance.	Chair	35
10	**Council Only Time**		
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		

Item No.	Item	Lead	Page
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	●	●	●	●	●	●	●	●	
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 February 2022, 10:30am to 1:00pm
Venue: Via Zoom

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

Item No.	Item	Lead	Page
1	**Presentation:** 5.1 10:30am – 11:00am Sarah Mitchell, Executive Director of Allied Health, Scientific and Technical *What happens if a person thought they were going down the surgical route but instead gets physiotherapy?* Physio will have conversations with patient as to what is appropriate for them. Provide management tools for self-help. *Does pathway include nurse practitioners for referring?* At the moment it starts with GP's but hoping to change this. *Are shoulders included in this pathway? How are you monitoring a patients journey to ensure they are provided with support all the way through?* There is always an opportunity for patients to come back into the system if required. *Are you collecting data long term to see what trends emerge?* Yes, will look at doing longitudinal study. *What are private sector doing?* Not aware of what the private sector doing. If you have any further questions, send through to Maria. Will send the slides to Maria. 5.2 11.05am – 11.30am Marty Emmett, Managing Director of YWAM Ships Aotearoa and Sue Cole, Team Leader Oral Health Crisis in the Bay of Plenty Sue is a former dentist, now the dental advisor. Full time Christian organisation who do serving projects, clean water education etc. YWAM ship is based in Tauranga. Have been getting ship ready to travel round the islands to help. Covid has put that on pause. Had a container on the ship equipped for dental services.	Chair	

Item No.	Item	Lead	Page
	Decided to take container off ship in June 2021 to do a pilot of local help. Have partnered with local organisations. Went local – Te Puke, Kawerau etc. Was looking very successful, so decided they couldn't stop. There is such a need. Started with urgent need cases. 822 ($320K services) in 8 weeks. All volunteers. TECT, Acorn, Bay Trust and many others helped with funding. 800 of those experiencing pain, abscesses, broken teeth. Less than 50% regularly visit a dentist. Many children needing extractions. Not being able to sleep, eat, embarrassed, felt they couldn't do anything about it (often other members of their family is in same position), felt they will be judged, are not confident to get a job. Lots of access difficulty. Have partnered with Neighbour who had discretionary funding and could take a patient for further dental treatment. A patient who they treated has now become an advocate. Dispelling the fears and providing connections. Finance is not the only obstacle, pain beliefs also. Significant need but can't wait for central government. Would be great for Dental Association and DHBs to help. Could we eradicate the dental problems in the next five years? Matakana school took on oral health initiative. No sugar, brushing at school. Dental therapist has reported that she has noticed a big difference. *Can you give your criteria i.e. CSC, domicile etc. We in the EBOP heard of Tuwharetoa ki Kawerau receiving your service and want to know future plans. How will ensure sustainability?* Criteria – urgent relief and community service cards, working with community organisations who know the need in the area. W*hat do you need next? How can HCC help?* Committed to carry on doing clinics, recruiting dentists. Will need to grow. Would like all dentists to do a free dental day. Funding is not really an issue. Need more education around oral health. Can create vehicle to deal with urgent needs. How do we break the cycle for the future. *You must see other health issues?* Running parallel health services would be great. Long term it would be great to have nurses to do screening, vaccinations etc. Taking the service to the people in an environment they trust. *What is the youngest person you've treated?* 5 years old. Both father and son had abscesses. *Is the <18 free dental service not being taken up?* Children slip through if they are not around. *How have you connected with the DHB?* Have spoken to Tim Slow and Rudi Johnson. Would like to raise it at an Exec meeting and perhaps invite you to come to our Exec Committee meeting. Will send through information.		

2	**Health Sector Update** 11:35am – 11:45am <u>Debbie Brown, Senior Advisor Governance and Quality</u> • Was contacted last week by consumer council facilitators at Waikato. They asked if our HCC would like to meet together with Waikato (regionally) to meet with the Transition Unit? Advised that you would. • Jonathan Wallace, Executive Director – Health Quality & Safety is keen to meet with HCC, perhaps March. • Owen Wallace is assisting Pete because there is so much work. All staff are trying to contingency plan for other roles. • *What is the progress and timing of new health system?* Could get Sarah Davey to come along to a meeting regarding transition. We haven't seen any impact yet. Roles may be extended. • *How are we tracking for normal patients through the hospital?* Are slightly behind. Looking at ways to prioritise urgent cases. • Could show a dashboard for next meeting – Remind Debbie. • *Confusion with HCC National Chairs meeting as to where the localities will be.* We have not heard anything yet.	Maria Maria	
3	**Karakia timatanga/Welcome**	Grant	
4	**Apologies** Tessa. Florence left at 12.30pm.	Chair	
5	**Interests Register** None	Chair	
6	**Minutes of Meeting** 8 December 2021 confirmed. **Moved:** Adrienne **Seconded:** John	Chair	
7	**Matters Arising** See attached – to be updated.	Chair	
8	**Matters for Discussion/Decision** 8.1 Chair's Report – No report this month. Attending National Chairs meeting on 1 Feb. Claire Bratvedt is being re-deployed. She is the intermediary with the Transition Unit, but will continue to be the contact. Jane from ADHB will draw up a TOR as National chairs don't currently have one. National Chairs had an extra meeting to discuss transition. Work closely with HQSC. HCC National Chairs minutes are not publicly available. Notes are taken, not minutes, not as formal. A lot of information available on the HQSC website. Will provide notes to this meeting. DHBs were invited to be a pilot region or locality. Meeting with HQSC is 15 February. 8.2 <u>Covid 19 Response</u> • Covid Pamphlet – who has a copy of DHB response? • Keeping informed – Subscribe to MOH updates, attend – Grand Round – pandemic planning meetings on Tuesdays, can request a copy of the recording if you miss it. • Spike in Covid predicted to be the last week in March. Hospital spike one week after that. • Is there a Zoom meeting option for non-vaccinated members? 8.3 Informal gathering in lieu of Christmas lunch – decision required. Prezzy Cards – in view of increased risk of covid, could cash it in for $20 each. What do members think? Lisa will try to cash it in and send them out to everyone.	Chair Rosalie Debbie Lisa	

9	**General Business** 9.1 HCC Review of 2021 (includes HCC Consumer Engagement Proposal). See attached. Advise if you any comments, will be discussed at next month's meeting. 9.2 Membership and recruitment (includes EOI). • Kelly to fill out new EOI as the first one may have been a bit rushed. Invite her to next meeting. Let her know the process and requirements e.g. vaccination, police check. • Another person interested in her early 30's. • Also another two interested, one who was a primary care nurse, now retired and working in the community – Will get her to contact Theresa. • A person who is running Merivale Community Group may be able to suggest someone. • Members to think of suitable people and ask them to complete the EOI. Perhaps Grant could ask the Runanga if there are any youths that would be interested. Email Grant with information. 9.3 Reports of participation in other groups – community feedback. • Graham Dingle Youth Awards have been postponed.	Chair Theresa Maria Rosalie All Maria	
10	**Council Only Time** 12.53 pm Present: Rosalie Liddle Crawford, Lisa Murphy (chair), John Powell, Theresa, Adrienne von Tunzelmann Apologies: Grant, Tessa, Florence Theresa/John • Covid 19 tracing and shift to traffic light system red phase three. • Improved information flow between DHB and HCC. Closed at 1.10pm.		
11	**Next Meeting** 9 March 2022		
12	**Next Board Meeting** Wednesday 23 February 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
09.02.22	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		
09.02.22	Convert prezzy card into $20 cards for distribution amongst the members.	Lisa		
08.12.21	Send Housing and Disability Project information to Monique at Zest.	Adrienne		
13.10.21	When will meetings including Execs resume?	Debbie	Jonathan Wallace to review.	
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

Meeting Date	Action required	Who	Action Taken	Completed / in progress
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.
10.11.21	Council budget requirements – send proposal to Debbie by 21.12.21.	All	Done.	Complete 06.01.21
09.06.21	Ask CE and Execs to meet with HCC in future. Examples: Papamoa health needs excluded HCC involvement after the HCC raised the issue with management initially; discussions about future health care does not appear to include consumer voice.	Lisa	Duplicated in Oct meeting, so closed.	Closed 06.01.22
14.10.20	Update groups you attend on Connex.	All	Closed as per minutes of Dec 2021 meeting. Document sharing to be discussed at Feb 2022 meeting.	Closed 06.01.22

Meeting Date	Action required	Who	Action Taken	Completed / in progress
10.11.21	Nominations for a member to join DDGG – due 15 Dec 2021. Next meeting 21 Dec.	All	Maria to send nominations to Richard Li 15.12.21	Complete
10.11.21	HQSM for Consumer Engagement Report – Send member feedback to Asa.	Maria	23.11.21 Emailed Asa feedback. • Debbie will ensure draft report is sent to members early for feedback. • Report quarterly from March 2021, next due end Feb. • Tim Antric's replacement will be in charge of this report.	Complete
10.11.21	Nominations for Chair and Deputy Chair – send to Maria.	All		Complete.
10.11.21	Feedback on EY Clinical Services Plan by 24 Nov.	All	26.11.21 Feedback emailed to EY.	Complete
13.10.21	HQSM for Consumer Engagement Report to be sent to members for feedback to Asa.	Debbie	05.11.21 Sent out to members for feedback.	Complete

Health Consumer Council
Chairs Report
February 2022

Key Topics:

- Consumer Engagement with DHB
- DHB Update
- Whanau & Consumer-centred Healthcare Council
- Community Projects
- Covid 19 Response
- Membership recruitment and succession

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

Executive Director of Allied Health, Scientific and Technical presented an update on the Community Orthopaedic Triage Service (COTS)." COTS is proving its worth in addressing the huge unmet need for pathways that provide patients with 'right place, right time, right people' care and treatment for musculoskeletal-related conditions and the associated disability. Among the positive results are a significant improvement in the rate of referral-to-specialist conversion for patients (fewer patients referred back to their GPs), with physiotherapists undertaking the initial triaging referring only those requiring surgery. The focus on managing care in the community incorporates patient wellbeing, allowing better patient outcomes and greater patient satisfaction. There is growing interest in COTS among other DHBs.

Whanau & Consumer-centred Healthcare Council meeting schedule is still to be revisited once the new Person-Centred Experience Lead has fully stepped into their new role. HCC Members look forward to meeting with the Person-Centred Experience Lead.

Both the Managing Director of YWAM Ships Aotearoa and Leader of Trinity Koha Dental, an initiative of YWAM Ships Aotearoa, gave a presentation – Oral Health Crisis in Bay of Plenty. Managing Director of YWAM Ships Aotearoa has written to BOPDHB CEO and now seeks assistance from the HCC in arranging a meeting with the CEO, either at an upcoming HCC meeting or with HCC Chair and intermediary HCC member, with the plan to form a strategy along with TECT, local councils and other key stakeholders in health and social services. YWAM presenters reported on the 8 weeks of free dental clinics that they conducted throughout the region in 2021. 822 patients received free services, equating to $370,000 in value. The presentation covered:

- current needs, overcoming barriers to access dental treatment,
- pain relief treatment
- steps to empowering dental health in BOP through education, preventative treatment, partnerships, ongoing maintenance treatment

Supporting documents attached:

- 2021 report from YWAM Ships Aotearoa
- Report booklet from the 5 week pilot program for TKCD from June 2021
- Link to a video about the clinics… https://vimeo.com/629658731

HCC members continue to attend Grand Round 'BOPDHB COVID Pandemic Plans', and wish to thank the Chair for extending the invitation.

Membership recruitment and succession is still being followed up. Members are still seeking clarification on the BOPDHBs stance regarding the inclusion of members/candidates that do not hold a current Vaccine Passport. This topic was taken to the National Chairs HCC meeting earlier this month. Feedback had been provided by various HCCs that these members were still able to hold their position with the agreement that they attended meetings solely via Zoom.

Chairperson attended the National HCC Chairs meeting with HQSC and Health NZ Interim and Transition Unit representatives. National HCC Chairs TOR is still in the development stage. Clinical Governance Committee meeting was attended by both HCC representatives having reviewed all Agenda papers and Control Documents. Pou Haumanu, Clinical Director MH P&F acknowledged HCC representatives participation.

Lisa Murphy

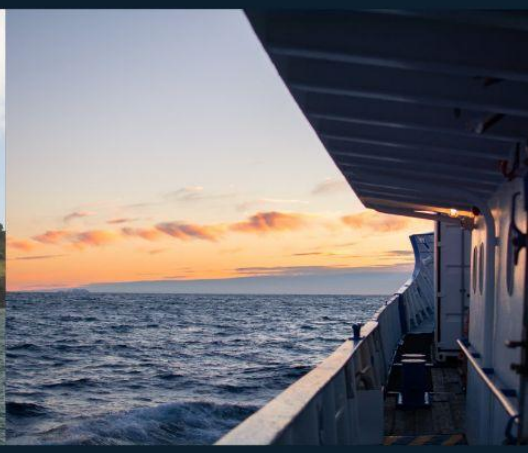
BOP HCC Chairperson

YWAMSHIPS
AOTEAROA

2021 YEAR IN REVIEW

EMPOWERING A HEALTHY FUTURE IN THE PACIFIC

WHAKAPIKI TE ORA



FROM THE DIRECTOR

What began as a year of limitations has become a year of innovations. What appeared to be COVID 19 constrictions turned out to be a catalyst for new possibilities with the ship and our resources. While restrictions mandated what we couldn't do, we began to dream about what was possible. Through that process, we've found ourselves serving in ways we had never considered before.

I have to admit, as I looked at the accomplishments of the last 12 months, I am amazed at what we have achieved together with our partners. The purpose of YWAM Ships Aotearoa (YSA) is to **empower a healthy future for the Pacific**. We did not realize those aspirations would begin in the Bay of Plenty. What we thought would be a "filler" until we could sail to the island nations, has become a core calling of who we are. We are eager to see these initiatives develop, grow and transform lives in our communities.

These accomplishments were made possible through a wide range of individuals and organisations who caught the vision and turned ideas into reality. Without quick action, flexible thinking and the generosity of our partners, none of this would have been possible.

Marty Emmett
YSA Managing Director

FROM THE BOARD

The YSA team started 2021 having completed our strategic planning with a clear purpose and a set of focus areas for us to deliver on this purpose over the next three years. We set **four winning aspirations**;

- To deliver medical aid to isolated Pacific Islands
- To collect insights from these communities so we could better communicate their needs
- To deliver medical services to NZ's Pacific community
- To use our ship to support youth development in NZ

Although clear on our purpose and focus, the reality of our position was not lost on us. We had no money and a ship that needed to go in for its five year service in the first half of the year. As we now reflect on what has been accomplished this year, we are amazed by what has been achieved.

In the book of Mark, we read, *"The kingdom of God is as if a man should scatter seed on the ground, and should sleep by night and rise by day, and the seed should sprout and grow, he himself does not know how"* and this has been our story in 2021.

To everyone who has contributed to this vision we want to thank you for giving this mission your time and energy, and to those who have contributed financially we want to thank you for putting your trust in us to deliver. I particularly want to acknowledge Trinity Lands for coming on as our platinum partner for five years, having their support takes an enormous pressure off the team and enables them to focus on delivering on the mission to positively impact lives.

Dave Turner
YSA Board Member

2021 HIGHLIGHTS

March:
The *YWAM KOHA* completed her five-year full-term survey. This was a major undertaking to make sure the ship is seaworthy. The drydock involved many upgrades and renovations. Stark Brothers Ltd and their crew did an outstanding job on the vessel and worked hard to keep our costs down.

March-May:
The *YWAM KOHA* conducted public tours in the ports of Lyttelton, Nelson, Whanganui and Wellington. The response from tours was all we had hoped for with thousands walking the decks and hearing the vision of bringing hope and help to the Pacific.

June-July:
Using the ship's dental container, the Trinity Koha Dental Clinic pilot programme launched a land-based service to help fulfill our vision to support communities in Aotearoa who currently have little access to oral health services.

October:
We conducted our first *KOHA Experience* sail. Working in partnership with Impact Tauranga, this three-day sail enabled a group of "at-risk" youth to experience a world outside their own. Teaching sessions, games and island adventures enabled these young people to see new alternatives for their future. Leadership training for Aotearoa youth is an area we have been eager to launch and is a program we are looking to repeat.

The second Trinity Koha Dental Clinic delivered in two locations in Tauranga.

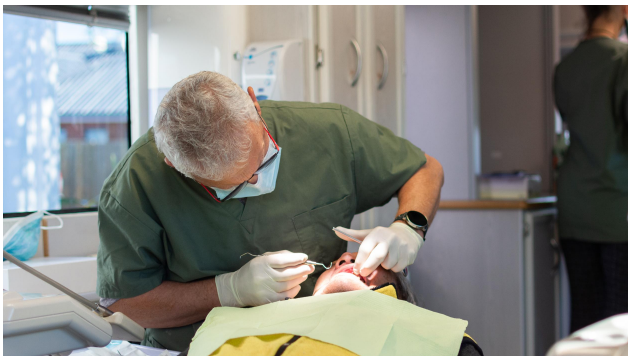
November:
The third Trinity Koha Dental Clinic delivered in Putaruru.

Ongoing:
Through systematic crew training, we are raising up a number of our YWAM staff to be fully qualified deck crew.

Ongoing:
Cabins, bathrooms and showers are being created to accommodate additional crew, a scullery is being built to streamline food preparation and hospitality needs, a chiller room is taking shape to preserve large quantities of food, safety and equipment upgrades are taking place

A LOOK AT THE NUMBERS FOR 2021

- **2,850** individuals boarded the ship for tours or functions
- **5** ports hosted ship tours
- **400** volunteers served on board
- **30,000+** hours of volunteer work was performed
- **125** hours of seamanship training was completed
- **15** crew members earned seamanship qualifications
- **822** - dental patients were served
- **$371,000** - worth of dental work completed
- **5** locations served through TKDC
- **39** - Number of days of dental clinics
- **157** financial donors supported YWAM Ships Aotearoa



LOOKING TO 2022

This past year has sparked our imaginations and determination to see the seeds planted take root and grow. We are eager to enter a new year and build on the momentum of 2021. Aspirationally in 2022, we are plan to:

- Conduct six Trinity Koha Dental Clinics throughout different regions of the North Island.
- Deploy the YWAM KOHA to the outer islands of Fiji to bring help and hope through a medical outreach
- Engage more youth through the KOHA Experience youth development program
- Increase the level of training for the ship's crew
- Complete renovations to maximise the vessel's capacity

THREE-YEAR GOALS

As we all know, it is a challenge to plan long-term with the world in such flux. But as we stay flexible and innovative we believe the challenges will open doors for opportunities. In the next three years we plan to:

- Eradicate urgent oral health needs in the Bay of Plenty in collaboration with many partners and stakeholders.
- Strategize with oral health professionals and DHBs to reach the underserved
- Develop a diagnostic testing laboratory container
- Develop an eye surgical (Ophthalmology) container
- Train youth for life, leadership and seafarer skills
- Increase our partnerships with individuals and organizations
- Serve the oral health and medical needs in the Pacific island nations
- Add an additional ship to our fleet

TRINITY LANDS PLATINUM PARTNERSHIP

This year, Trinity Lands Ltd. came on board as our platinum partner. This is a strategic partnership built on shared purpose, mission and values.

Trinity Lands was established from the merger of three foundational trusts, Lichfield Lands, Longview and Hillview Trusts. The establishment of the founding trusts had a common theme of generosity through personal sacrifice of freely giving time, capital and providing security that at times came with huge personal cost. The Trinity purpose is driven by faith and a shared objective of never tiring of doing good in our community.

From the inception of YWAM Ships Aotearoa, we knew it would take the combined efforts of many individuals and organisations across New Zealand to to take on a project of this magnitude. YWAM Ships Aotearoa is honoured and grateful to Peter McBride (CEO), Stuart Bay (Chair) and the whole team at Trinity Lands for standing with us. Their partnership has already provided financial stability as we have navigated the uncertainty of this year. We look forward to working with Trinity Lands, doing good together both here in Aotearoa and throughout the Pacific.

KEY PARTNERS

YWAM Ships Aotearoa would like to acknowledge the following entities for their generous support and partnership in 2021:

Platinum Supporter

TRINITY LANDS

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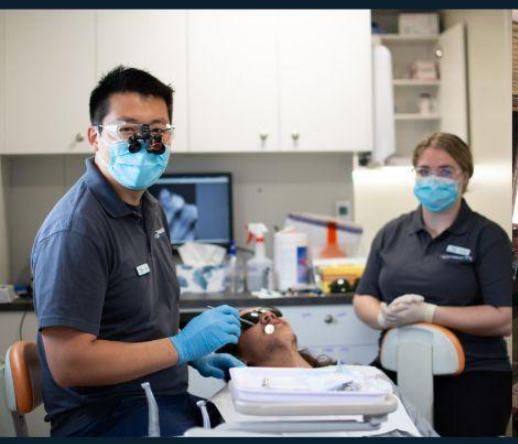

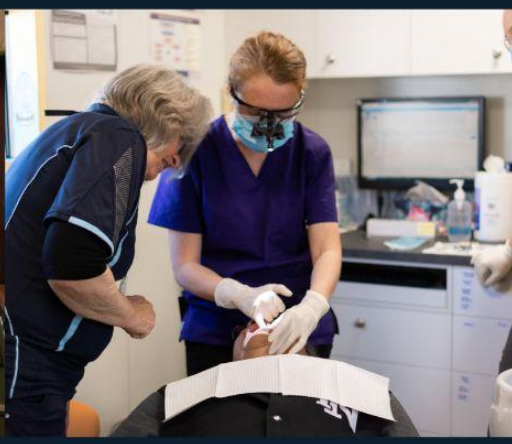

YWAMSHIPS AOTEAROA

WHAKAPIKI TE ORA

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Trinity Koha Dental Clinic

A collaborative initiative of YWAM Ships Aotearoa and Trinity Lands

TRINITY LANDS

TRINITY KOHA DENTAL CLINIC

YWAM SHIPS AOTEAROA

A WORD FROM THE DIRECTOR

YWAM Ships Aotearoa (YSA) exists to empower a healthy future for the Pacific. Our ship, the mv ***YWAM KOHA***, is outfitted to provide dental and medical aid to the isolated communities scattered across the Pacific. Earlier in 2021, it was obvious that due to COVID restrictions the doors to the Pacific islands would not open soon. The ***YWAM KOHA*** and the crew were ready for service but had nowhere to go.

"An idea quickly formed to use the ship's dental container on land"

Instead of focusing on what we could not do, the YWAM Ships Aotearoa Board asked, "What can we do?" Like the question God asked Moses, the board considered, "What do we have in our hand?" An idea quickly formed to use the ship's dental container on land by transporting it to serve New Zealand communities.

The idea became a plan and within four months, the ***Trinity Koha Dental Clinic*** was bringing help and hope to the Bay of Plenty. The response to the clinic has surpassed our expectations.

I want to thank the wide range of individuals and organizations who caught the vision and turned this idea to reality. I especially want to thank Dr. Sue Cole. Her servant heart drove this project and without her insight and oversight this project would not have been possible.

Marty Emmett
YSA Managing Director

The mv YWAM KOHA is a New Zealand-based vessel designed to carry both people and cargo to remote island communities. The 48.8 meter ship can serve as dental, medical, pharmaceutical, or classroom facilities. Koha is a Maori word for "gift." The ship was given as a gift to Youth With A Mission and is prepared to bring the gift of practical hope and healing to the Pacific islands.

The dental container used by the YWAM KOHA was designed and built by Timmark Services from Whanganui. The self-contained unit houses dental equipment, an x-ray unit, an autoclave, fresh water storage, gray water storage, a heat pump and a generator.

SUE COLE – CLINIC COORDINATOR

"Now is the time to work towards improving our nation's oral health"

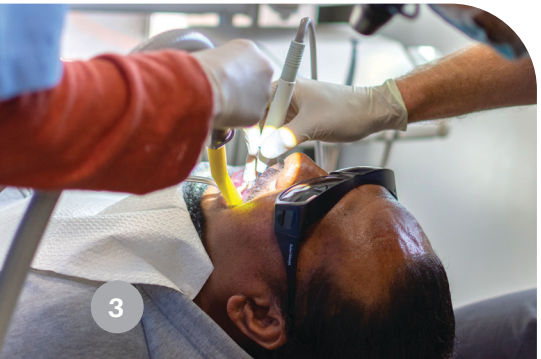
Our work is based on the belief that every person has a right to basic healthcare. After our five-week pilot programme in the Bay of Plenty, the poor oral health in parts of our communities are no longer a statistic. Numbers became individuals requiring urgent dental care. The strained faces of young men who had sought to extract their own teeth, a grandmother in a wheelchair, a father trying to hold down a job, feed his family and endure the embarrassment of blackened and painful teeth, a young woman too embarrassed to smile or apply for a job.

Taking the clinic to the people, hosted by community organisations created a safe and familiar place for our patients. We are thankful to Whaioranga Trust, Bay Gold Limited and Tuwharetoa ki Kawerau Hauora for hosting the clinics.

Our pilot programme exposed a deep need for dental health improvement in our country. But the good news is, there are many who want to be part of the solution. We have discovered others with a passion for oral health who are successfully meeting needs and partnering together. Dental professionals are being stirred to volunteer their services, organisations are giving of their resources, and communities are opening their doors.

I would like to honour the dental professionals who generously volunteered their time and expertise and worked with compassion, professionalism and genuine care. The majority of the 463 patients responded with great joy and gratitude. For our volunteers, this was reward in itself. One dentist said, "This is the most enjoyable day of dentistry I have had in a very long time."

We look forward to what the future holds as we work together with dental professionals, community organisations, volunteers and other partners to make a difference to the oral health of many.



TESTIMONIALS

I had been in pain for a long time. I was up two or three times a night with headaches. At work, I had to suck it up, but at home I was grumpy and took it out on the ones I care about most. I'm so happy I've found relief. I have to be honest, there are a lot of us working folk who don't qualify to get help from the government. We feel like the forgotten ones. We pay taxes but can't afford basic health care. You may think what you're doing is only a small gesture, but what you guys are doing is actually making a big impact on people's livelihoods and wellbeing. It's amazing work. Thank you all so much. God bless you all!

– Ash, patient

I know for RSE workers, looking after themselves is not their number one priority. With the dentists coming here, the workers are able to be treated instead of trying to work while in pain. I want to thank you from the bottom of my heart that you didn't hold on to your blessing, but that you wanted to share it with us. These workers are often looked at as less worthy, but you reached out to them. May you be blessed and be given many more blessings so that this work could carry on.

– Paea, RSE Supervisor/Manager at BayGold, Pukehina

We can't afford to go to the dentist. Thank you for what you are doing. You are an angel!

– Patient

I've been too embarrassed to go to my nephew's rugby games because people don't want to look at rotten teeth. I've found myself rarely going out and I'm not eating much either. I was a bit nervous coming to the dentist, but I've left it so long that I've just had to. I need to sort this out because it could cause other health problems.

– Kevin, Patient

I was in pain from an infection and swelling. I was told it would cost me $2,000 to see a local dentist. Now my mouth is very good. We are very lucky to have the clinic here because you helped us even though we are not residents. We are thankful because it is an opportunity for everyone working here to see a dentist.

– Monty, RSE worker and team leader from Samoa

I had a bad tooth, but it cost too much money to go to the dentist. I pulled it out myself. It took six months for me to get it totally out, but that was the only way I could do it. After being at the clinic, I don't have any more pain. You saved me money I needed for my family. The people behind this clinic have big hearts. Thank you for what you've done for me. There are a lot of other people who are going to be saying the same. You are doing an important service.

– Harley, patent

NUMBERS & FINANCIAL INFORMATION

We are extremely grateful for the volunteers and organizations that made the Trinity Koha Dental Clinic possible. We especially want to thank the many dental professionals who volunteered their time and expertise. They took a good idea and made it a reality. Through this programme, we have all caught a glimpse of the good that can happen by working together. These statistics represent the fruit of our collaboration.

24 Clinic Days

92 Patients assessed

12 Volunteer dentists

370 Patients treated

5 Years - youngest Patient

419 Extractions

90 Years - Oldest Patient

205 Fillings

463 Patients seen

$165,658 Worth of treatment delivered (based on the NZDA fee survey)

Trinity Koha Dental Clinic

Pilot Programme Expenses

Expenses	Amount
Dental Equipment	$33,242.92
Transport & Logistics	$2,676.07
Computer & Software purchases	$4,378.68
Hospitality costs	$3,558.55
Administration costs	$1,150.00
Marketing costs	$4,036.50
Miscellaneous	$3,568.68
Total Expenses	$52,611.41 GST Incl.

Accurate at the time of printing.

The cost of providing oral healthcare through the Trinity Koha Dental Clinic was significantly reduced through the generosity of individuals, organizations and companies. Organizations that contributed included: McLeod Cranes & Hiabs, Capes Medical Supplies, Ivoclar Vivadent, Henry Schein and Waymaker Dental.

PARTNERSHIPS

The Trinity Koha Dental Clinic is a collaborative initiative of YWAM Ships Aotearoa and Trinity Lands. All the services provided by the Trinity Koha Dental Clinic were given freely without charge. This was only possible due to the tremendous support of partnering organizations.

Host Locations

MOVING FORWARD

We knew there was a need for oral health care in New Zealand. We did not know how great the need was. This pilot programme has been an eye opener. Our efforts only scratched the surface and yet what we have seen convinces us that we cannot simply turn away. We can look at the statistics and shake our heads at the staggering numbers. But in the clinics, those numbers took on the faces of people trying to hold down jobs, raise families, put food on the table all the while enduring treatable pain.

The Trinity Koha Dental Clinic is not the long term solution for the ongoing oral health crisis in New Zealand, but it is an answer to those we can reach through the clinic.





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Hauora a Toi Bay of Plenty District Health Board
Consumer Engagement Quality & Safety Marker
Activity Report October 2021

The DHB is required to report on the new Consumer Engagement Quality and Safety Marker (QSM) quarterly from March 2021. This is mandated by the Ministry of Health and the Health Quality and Safety Commission.

Consumer Engagement QSM F

Linked Document 1: Consumer Engagement Quality & Safety Marker

This activity report is submitted to the Health Council prior to the final report being submitted to the Commission.

The report covers whānau and consumer engagement undertaken by the DHB through the provider arm.

Consumer and whānau engagement is the process where consumers of health and disability services and their whānau are encouraged, and actively empowered to participate in decisions around direct care, service delivery, policy and governance. It is most successful when consumers, whānau and staff demonstrate mutual respect, active listening and have confidence to participate in full and frank conversation.

The self-assessment tool from HQSC has been used by the Quality Systems Manager and Senior Advisor Governance and Quality to assess BOPDHB against three quality domains:

Engagement – Te Tūhononga	Creating environments that support community engagement
Responsiveness – Te Noho Urupare	Acting on what consumers and whānau tell us
Experience – Wheako	Understanding consumer and whānau experience

BOPDHB's current performance against these areas has improved since March 2021.

1) Engagement Te Tūhononga

a) Consumer involvement

We have three standing consumer groups – the Health Consumer Council, the Tauranga Community Liaison Group (older people's health) and the Mental Health & Addiction Services Consumer Consultant Group. Consumer representatives also sit on the Clinical Governance Committee and the Maternity Clinical Governance Group. The consumer groups meet regularly.

Te Pare ō Toi has well established engagement with consumers through Te Amorangi Kahui Kaumatua which comprises nominated kaumātua from hapū and iwi throughout Te Moana a Toi. The engagement is tikanga Māori based and held on marae every two months.

Governance engagement with Māori is through Te Rūnanga Hauora Māori o Te Moana a Toi. Te Rūnanga and the DHB Board meet regularly.

Evidence of consumer involvement in direct care takes form of direct involvement in planning the care including informed choice and management plans. These often involve not just the patient but the whole whanau/ family.

There is evidence of patient and whanau engagement in policy making within Maternity. These are discussed in Maternity Clinical Governance meetings and in Maternity Networking meetings – both of which have consumer representatives present.

During resolution of complaints and concerns – a resolution process is encouraged which involves the consumer in service improvements as part of the resolution process.

- BOPDHB rates itself as a 3 for consumer involvement.
  Noting that Te Pare o Toi might be rated 3-4 through its partnership with Māori in all activities to ensure that the DHB meets Te Tiriti o Waitangi obligations and responsibilities.

b) Representation & input

The DHB is currently unable to easily list consumer engagement representatives. The process for recruiting is based on expression of interest. Effort to ensure consumer representatives mirror population is purposeful. However, this process lacks transparency.

The membership of the consumer council has been reviewed against our population, lived experience of our services and our priority populations. The accuracy of this representation is reviewed and considered when a resignation requires recruitment of new members. While consideration of ethnicity, age, disability, and lived experiences, are taken into consideration – the success in matching the population ratio depends on available applicants.

Members of the Council have personal or whānau experience of discrimination across a range of issues: age, being affected by family violence, culture, disability, employment status, ethnicity, gender identity, health, home life, political opinion, pregnancy, and sexual orientation.

Members of the Council have recent personal or whānau experience of a wide range of services: Community Health 4 Kids, Community-based maternity services, Hospital-based maternity services, DHB Māori health services, Disability support services, Emergency Department, Family doctor and related services, Inpatient and Outpatient mental health services, Outpatient clinics, Rural Services, Services for children and young people (as a parent), Services for older people, Surgical services, and Women's health services.

- BOPDHB rates itself as a 3 for representation & input.

c) Understanding of equity

Māori are an identified priority for the DHB. All staff members are required to undertake training around Te Tiriti, Engaging with Māori, and unconscious bias training. The DHB is also strongly encouraging the online workshop Cultural Intelligence run by Mahana in Australia. Many participants from this training have recently commenced on an advanced course called Community of Practice. A supportive community for equity and cultural intelligence in practice. Our iwi health strategy Te Toi Ahorangi guides our approach to achieving Toi Ora. This strategy is gaining strength. Te Pāre o Toi (Māori Health Service) and the Health Quality & Safety Service (HQSS) is now in the process of co-employment of a Kaiwhakarite Haumanu Ake/Quality Coordinator. This position will concentrate on quality issues for our urihaumate.

Te Pare o Toi and HQSS have worked alongside each other to work on an appropriate resolution process for Maori. This work has been named Hohou te Rongopai and has been in conjunction and supported by the Health Quality & Safety Commission. A film has recently been launched explaining our position and learnings. Watch the video here

- BOPDHB rates itself as a 4 for equity & input.

d) Consumer council

The consumer council has been in place for three years. The council is partially resourced – members receive a payment for attendance at meetings, and the council is supported by staff members.

There is currently no effective mechanism for the council to feed into DHB processes. There are, however, examples of using the council as a proxy for consumer involvement in service redesign. There is consumer representatives on the Clinical Governance. The Consumer Council provided a paper to Excecutive Board setting the direction for good engagement as we transition into new world. One of the barriers to engagement, is that there is no clear pathway for recognition/reimbursement in the DHB.

Te Pare ō Toi's relationship with Te Amorangi Kahui Kaumatua is well established as a means of encouraging consumer voice. An evaluation of this is planned for 2022.

- BOPDHB rates itself as a 2 (Consultation Te akoako) for consumer council establishment.
  Noting that Te Pare o Toi might be rated 3-4 regarding the maturity of the relationship with Te Amorangi Kahui Kaumatua.

e) Co-design use

Co-design is a common term around BOPDHB although understanding of this varies. There are pockets of activity labelled co-design. Feedback from consumers has indicated that activity labelled co-design has often been disempowering for communities. There is little evidence of power-sharing in co-design and the practice is often contracted out.

Te Pare ō Toi Māori Health Gains and Development is developing a whakapapa-based approach to mahitahi (which has often been mis-labelled co-design). A BOPDHB approach to co-design is to be developed that draws on this experience.

- BOPDHB rates itself as a 1 (Minimal Te itinga iho) for co-design use.

f) Diverse workforce

The DHB is committed to growing the Māori health workforce across all occupational groups. We support programmes such as Kia Ora Hauora that look to attract tauira into health career pathways and are nurtured and supported through that journey. The DHB encourages the active support and involvement of Te Pare o Toi staff with recruitment panels to reinforce our approach to equity and when attracting new talent. Consumers are rarely involved in recruitment panels.

The BOPDHB Nursing Workforce Strategy 2019-2021 includes establishing baseline ethnicity data and reviewing recruitment strategies. Nursing has a prioritisation approach to recruitment of Māori. We have an Eastern Bay of Plenty Workforce Development Programme, a Māori workforce development coordinator – based in funding and planning and a Māori Nursing Leadership Hui planned for 2021 that will inform the structure and functions of nursing directors in the DHB and community.

- BOPDHB rates itself as a 2 (Consultation Te akoako) for workforce diversity.

BOPDHB rates itself as 3 for Te Tūhononga Engagement

2) Responsiveness Te Noho Urupare

a) Feedback systems

BOPDHB participates in the HQSC national adult inpatient survey. Patient feedback is also gathered directly from the consumer on their initiative. The BOPDHB website offers under Contact us | Bay of Plenty District Health Board | Hauora a Toi | BOPDHB, a variety of opportunities to provide feedback.

- BOPDHB rates itself as a 2 for feedback systems.

b) Community voices

The limited consumer involvement at BOPDHB is noted in the Engagement Te Tūhononga section. There is no evidence of voices being consistently brought to the DHB leadership.

- BOPDHB rates itself as a 1 (Minimal Te itinga iho) for community voices.

c) Improvement capability

Very few staff have the skills required to make sure consumers are involved in the development and implementation of services although there are small pockets of good practice.

- BOPDHB rates itself as a 1 (Minimal Te itinga iho) for improvement capability.

d) Health literacy

BOPDHB has not conducted a health literacy audit. However, improvements in accessible and clear information have been aided by Covid -19. Feedback from patients, visitors, and staff is listened to and changes in the wording of response letters, text messages and clinic letters have been instigated. The changes are done in partnership with Te Pare o Toi whenever possible.

Naming of departments and signage at the hospitals and other sites can be improved to support good health literacy practice.

The DHB website has undergone review to better meet the needs of consumers and whānau, this includes review of purpose, audiences, structure, development of new content and considered use of different media. Including best practice use of social media.

The DHB produces and distributes a huge amount of patient information, the printshop alone produces almost 700 different patient information resources – there is currently no process for assigning ownership, reviewing content, etc.

- BOPDHB rates itself as a 2 for health literacy.

BOPDHB rates itself as 2 for Responsiveness Te Noho Urupare

3) Experience Wheako

a) Metrics monitored

There are no reported metrics in place outside of the Adult Inpatient Survey. Findings from this survey are reported to the Clinical Governance Group, Health Consumer Council and Te Pare ō Toi.

b) Metrics feedback

There are no reported metrics in place outside of the Adult Inpatient Survey. Findings from this survey are reported to the Clinical Governance Group, Health Consumer Council and Te Pare ō Toi.

c) Diverse feedback options

Consumer feedback is largely limited to complaints, options for feedback include the DHB website, paper forms, phone and face-to-face.

Consistent with Te Tiriti o Waitangi principle of options Te Pare o Toi provides kanohi ki te kanohi feedback service in the inpatient setting at Tauranga hospital alongside the routine collection of patient experience of care systems already in place; Pou Kokiri kaimahi in BOPDHB also support whanau and urihaumate to share feedback.

BOPDHB rates itself as 1 for Experience Wheako

Consumer engagement quality and safety marker (QSM) framework

	1 – Minimal | Te itinga iho	2 – Consultation | Te akoako	3 – Involvement | Te whai wāhi	4 – Partnership & shared leadership | Te mahi tahi me te kaiārahitanga ngātahi
Engagement The environment created to support community engagement. **Te Tūhononga** – ko te taiao kua hangaia hei tautoko i te tūhononga hapori.	**What 'minimal' looks like:** • Consumers are involved in one of the following areas of the organisation: direct care, service delivery, policy, and governance. Representation and input does not reflect the population served. • Equity is a little known or discussed principle in the organisation. • The consumer council is newly established, with a lack of resources, systems, and processes. • Co-design is not used or understood by the service. • There is limited evidence that the organisation encourages a diverse workforce.	**What 'consultation' looks like:** • Consumers are involved at some levels of the organisation in at least two of the following areas: direct care, service delivery, policy, and governance. Representation and input is partially reflective of the population served. Representation is not equitable. • Equity is a well understood principle in some parts of the organisation and there is intent to act upon achieving equity for the population served. • The consumer council is newly established, partially resourced, and evaluation has not yet occurred. • Co-design is a method understood by parts of the service. It has not been used to improve processes at this point. • The organisation encourages a diverse workforce through its recruitment strategy, although the broader population served is not reflected.	**What 'involvement' looks like:** • Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. Representation and input is mostly reflective of the population served, and there is a transparent process for recruiting membership at all levels. Representation is not equitable (e.g. a broader understanding of health care and the wider determinants of health is not possible). • Equity is a well understood principle throughout the organisation and there is intent to act upon achieving equity for the population served. • The consumer council is well established, partially resourced, and occasionally evaluated. • Co-design is a method used and applied by parts of the service. This means using co-design to improve the system for staff and consumers. • The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served.	**What 'partnership & shared leadership' looks like:** • Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. The representation and input reflect the broader population served (e.g. clubs and associations, educational institutions, cultural and social groups, churches and marae), and there is a transparent process for recruiting membership at all levels. Representation is equitable and covers a broader understanding of health care and the wider determinants of health. • Equity is a well understood principle throughout the organisation and achieving equity for the population served is acted upon. • The consumer council is well established, resourced, and regularly evaluated. • Co-design is a method used and applied within the service. This means using co-design to improve the system for staff and consumers. • The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served. Consumers are included on interview panels where appropriate. Equity is incorporated as part of the recruitment strategy.
Responsiveness Responding to and acting on what consumers are saying about the service and having the right information at the right time for consumers accessing services. **Te Noho Urupare** – ko te urupare, ko te mahi i ngā kōrero a ngā kiritaki mō te ratonga me te whai i te mōhiohio tika i te wā e tika ana mō ngā kiritaki e uru ana ki ngā ratonga.	**What 'minimal' looks like:** • There is a lack of systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. • Community voices are not brought to the attention of senior leaders • Consumers and staff do not have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science). • It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	**What 'consultation' looks like:** • There are emerging systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. • Community voices are brought to the attention of senior leaders within the organisation but not acted upon. • The input of the consumer council is heard, documented, but seldom acted upon. • Consumers and staff have limited skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science). • It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	**What 'involvement' looks like:** • There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems work well for many who access services. • Community voices are brought to the attention of senior leaders within the organisation and sometimes acted upon (i.e. the loop is closed). • The input of the consumer council is heard, documented, and sufficiently linked to be acted upon. • Some consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science). • Most people can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.	**What 'partnership & shared leadership' looks like:** • There are established systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems involve broad representation, and allow for diverse feedback (e.g. different cultures including Māori and Pacific, younger and older, different socioeconomic groups, LGBTQI+) • Community voices are brought to the attention of senior leaders within the organisation and always acted upon (i.e. the loop is closed). • The input of the consumer council is heard, documented, and sufficiently linked to be acted upon. • Most consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science). • Everyone can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.
Experience The systems in place to capture consumer experience, and act upon the results. **Wheako** – ko ngā pūnaha kua whakaritea hei mau i te wheako kiritaki me te whakatinana i ngā mahi i runga i ngā hua.	**What 'minimal' looks like:** • There is a lack of metrics in place to support the monitoring of patient experience surveys and patient feedback. • These metrics are reported on. • There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). It is not always clear whether feedback is acknowledged.	**What 'consultation' looks like:** • There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback. • These metrics are reported on and shared with relevant stakeholder groups. • There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). Certain forms of feedback are acknowledged and responded to.	**What 'involvement' looks like:** • There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback. • These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. • There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to.	**What 'partnership & shared leadership' looks like:** • There are specific metrics in place to support the monitoring of patient experience surveys and patient feedback. • These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. Reporting is timely, and feedback loops are closed. • There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to.

Review of 2021 Year of the HCC

Strategy

- I think there has been a positive shift in HCC becoming more strategic in it's 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 Heath
- Older People
- Māori Mental Health
- Disabilities
- Self-Health Management
- Health Sector
- Pharmaceutical Education
- GP/Hospital
- Health ‘Experiences’
- Community Connectedness/Isolation/Knowledge
- Suicide
- Dental car
- 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.