



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Agenda
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			

Item No.	Item	Lead	Page
1	Presentation: 5.1 10:30am – 11:00am <u>Sarah Mitchell, Executive Director of Allied Health, Scientific and Technical</u> 5.2 11.05am – 11.30am <u>Marty Emmett, Managing Director of YWAM Ships Aotearoa and Sue Cole, Team Leader</u> Oral Health Crisis in the Bay of Plenty	Chair	3
2	Health Sector Update 11:35am – 11:45am <u>Debbie Brown, Senior Advisor Governance and Quality</u>		
3	Karakia timatanga/Welcome	Grant	
4	Apologies	Chair	11
5	Interests Register	Chair	
6	Minutes of Meeting 8 December 2021 to be confirmed. Moved: Seconded:	Chair	12
7	Matters Arising See attached – to be updated.	Chair	14
8	Matters for Discussion/Decision 8.1 Chair's Report – No report this month. 8.2 Covid 19 Response. 8.3 Informal gathering in lieu of Christmas lunch – decision required.	Chair	
9	General Business 9.1 HCC Review of 2021 (includes HCC Consumer Engagement Proposal). See attached. 9.2 Membership and recruitment (includes EOI). 9.3 Reports of participation in other groups – community feedback.	Chair	17
10	Council Only Time		
11	Next Meeting 9 March 2022		
12	Next Board Meeting Wednesday 23 February 2022		

Item No.	Item	Lead	Page
	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	

Oral Health Crisis in the Bay of Plenty

Speakers details including:

name and title - Marty Emmett, Managing Director of YWAM Ships Aotearoa
Susan Cole, Team Leader of Trinity Koha Dental, an initiative of YWAM Ships Aotearoa

Subject: The YWAM Ships Aotearoa team would like to give a report from 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. Some of the main points would be:

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

Supporting docs: see the attached docs.

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

Marty Emmett | Managing Director
YWAM Ships Aotearoa Ltd.
a. PO Box 9278, Tauranga, 3142, NZ
m.+64.21.402.287
w. www.ywamshipsaotearoa.org.nz

Empowering a healthy Pacific - *Whakapiki te Ora*





Trinity Koha Dental Clinic

A collaborative initiative of YWAM
Ships Aotearoa and Trinity Lands



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.

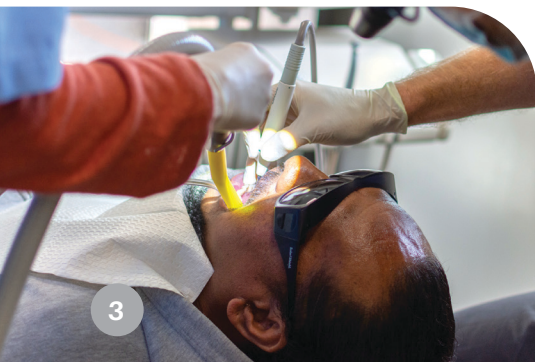
Taking the clinic to the people, hosted by community organisations created a safe and familiar place for our patients. We are thankful to Whaioranga Trust, Bay Gold Limited and Tuwharetoa ki Kawerau Hauora for hosting the clinics.

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

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

– 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



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 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, 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

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.



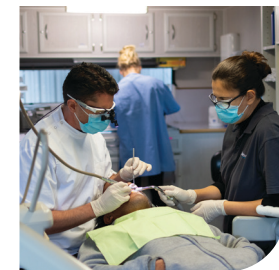
Host Locations



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.





ywamshipsaotearoa.org.nz

[f](#) ywamshipsaotearoa | [@](#) ywamshipsaotearoa

phone: +64 7 282 8957 | **email:** info@ywamships.co.nz

PO Box 9278, Tauranga 3142

IMO Number: 5976661 | **Charity Services:** CC54578

NZBN: 9429045841842

HEALTH CONSUMER COUNCIL MEMBER ATTENDANCE

2021/22

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

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

Health Consumer Council - Annual General Meeting

Date: 8 December 2021, 10:30am to 1:00pm

Venue: Kawakawa Room, Education Centre, Tauranga Hospital

or Via [Zoom](#)

Chair	Lisa Murphy - Tauranga	Minutes	Maria Moller
Members	Grant Ngatai, Deputy Chair - Tauranga Adrienne von Tunzelmann, Deputy Chair - Tauranga Sue Horne – Tauranga John Powell – Mount Maunganui	Florence Trout – Tauranga Rosalie Liddle Crawford – Mount Maunganui Tessa Mackenzie – Tauranga Theresa Ngamoki – Whakatāne	
In attendance	In Person: Lisa, Adrienne, Sue, John, Florence, Theresa, Maria Via Zoom: Grant, Rosalie, Tessa, Debbie Tessa left 11.00am, returned 12.12pm. Grant left 11.55am.		

Item No.	Item	Lead	Action
1	Karakia timatanga/Welcome	Grant	
2	Apologies None.	Chair	
3	Interests Register None	Chair	
4	Minutes of Meeting 10 November 2021 confirmed. Moved: Adrienne Seconded: Florence	Chair	
5	Presentation: <u>10.40–11.05 – Monique Gray, Community Engagement, Zest Consulting – Waiariki Disability Action Plan</u> See slides attached. DHB has engaged Zest Consulting. Running some workshops but Covid is having an impact on the running of these. Email Monique if you would like more information or if you would to be involved. Monique will send an update to the Council periodically – next one will be February <i>Is it structural, operational or procedural?</i> Send through any ideas. Telehealth appointments can be beneficial. Adrienne will send through the information she has on the housing and disability project. The Survey is still online but it has closed.	Chair	All Adrienne
6	Health Sector Update <u>11.10–11.30 - Debbie Brown, Senior Advisor Governance and Quality</u> <ul style="list-style-type: none"> Covid – focusing on how it becomes business as usual. <ul style="list-style-type: none"> Graham Cameron has been seconded to Transition Unit. <i>John – Covid response, what are the overflow plans?</i> Some DHB's looking at motels for overflows. BOP has a good range of providers. <i>Theresa – whanau being contacted by 10 different agencies a day, feeling real anxiety. One lead would be ideal.</i> Toi te Ora have a legislative role. People with additional clinical needs have to be contacted by a Doctor. Process now being streamlined. Publicity about where to source help. Sharon stepping down as chair. 		

Item No.	Item	Lead	Action
	<ul style="list-style-type: none"> Gift cards for lunch have not been distributed yet. Will send when it is available. Budget requirements: <i>What form do you want this in?</i> How many members, how many meetings per year, training, travel, Chair's attendance at other meetings. <i>The proposal sent to Pete and Sharon included resourcing.</i> Other DHB committees need to reimburse members. <i>Florence - At the Australian Consumer Health Forum there was a huge significance put on resourcing.</i> Base budgeting on Board type costs. Put forward a paper when unusual outings or attendances come up. Report released on wellbeing – Sharon spoke about shining a light on consumer voice. Transition unit may have a plan on consumer engagement. Budget – need it back by 17 Dec. Lisa doing up a template for consumer engagement. Some other Councils have a form that needs fill in. Recognition and value. Training – <i>What is there available?</i> Decide on what core training is needed. Te Whariki a Toi. HQSC may also have training. <i>Lisa/Averil course – 2018.</i> Find out current costs of this course from Deon, Dez. What have other Councils done? Thank you so much for all the work that the Council has done this year. Becoming more visible and member involvement sought. 		<p>Maria</p> <p>Maria</p>
7	Matters Arising See attached – to be updated. <ul style="list-style-type: none"> Close off 2020 items and TOR. Connex – clumsy to use and most members don't use it. Document sharing – revisit in Feb. What are some options for members to use? 	Chair	Maria
8	Matters for Discussion/Decision <p>8.1 Chair's Report – attached.</p> <p>8.2 How are we going to get a response on proposal. Request response in February. Invite Pete to Feb meeting.</p> <p>8.2 Find out when Tim's replacement will be appointed. Chair could be part of panel. Attach proposal. Maori representative on panel.</p> <p>8.3 Member Recruitment - Expression of Interest (EOI) – Send acknowledgement to Kelly. Close off date last day of Feb? What is the process? Lisa will contact Julie Genet. What is the protocol for sending out EOI to members – privacy?</p> <p>8.4 Sunlive has a link to BOP places of interest.</p> <p>8.5 Proposal by chair to share tasks around members, delegate. Members agreed, but there needs to be recognition.</p>	Chair	<p>Maria</p> <p>Debbie</p> <p>Maria Lisa Debbie</p>
9	General Business <p>9.1 HCC Terms of Reference. <i>Are we happy to leave as is for now?</i> All agreed - Theresa, Rosalie, John, Florence, Lisa, Sue, Adrienne.</p> <p>9.2 Election of Chairperson and Deputy Chairperson – Lisa was re-elected as Chair and Grant and Adrienne re-elected as Deputy Chairs.</p> <p>9.3 HCC Review of 2021 – Members to send feedback to Maria to collate.</p>	Chair	All
10	Council Only Time		
11	Next Meeting 9 February 2021		
12	Next Board Meeting Wednesday 15 December 2021 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
08.12.21	Document sharing options for members? Connex not suitable.	Maria		
08.12.21	Recruitment – Is there a privacy issue with sharing Expressions of Interest with members.	Debbie		
08.12.21	Send Housing and Disability Project information to Monique at Zest.	Adrienne		
10.11.21	Large queue outside hospital front entrance. What plans are in place if it rains? Upper and lower carparks?	Debbie		
13.10.21	When will meetings including Execs resume?	Debbie	05.11.21 Debbie met with Jonathan Wallace (Jerome's replacement) and Asa. Outcome?	
08.12.21	What training is available for members?	Maria	Maria to send out upcoming courses advertised on OnePlace.	In progress.
08.12.21	Review of 2021. Send feedback to Maria to collate.	All/Maria	Collation complete.	Complete.

Meeting Date	Action required	Who	Action Taken	Completed / in progress
08.12.21	Deliver Prezzy 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
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. <ul style="list-style-type: none"> 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.

Meeting Date	Action required	Who	Action Taken	Completed / in progress
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

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
- Our sterling admin support.
-
- 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 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.