

Agenda

Whānau & Consumer-centred Healthcare Council

Venue: Kawakawa Room, Education Centre,
889 Cameron Road, Tauranga or [Zoom](#)

Date: 10 March 2021

10:30am - 11:30am: Health Consumer Council

11.30am – 1.00pm: Whānau & Consumer-centred Healthcare Council

The meeting is in two parts. The first section is for community representatives – this group is known as the Health Consumer Council. The second section involves community representatives and Hauora a Toi BOPDHP leaders – this group is known as the Whānau & Consumer-centred Healthcare Council.

Membership

	Health Consumer Council	DHB Leaders
Co-Chairs	<ul style="list-style-type: none"> • Lisa Murphy 	<ul style="list-style-type: none"> • Bronwyn Anstis, Chief Operating Officer
Members	<ul style="list-style-type: none"> • Grant Ngatai, Deputy Chair • Adrienne von Tunzelmann, Deputy Chair • Sue Horne – Tauranga • John Powell – Mt Maunganui • Florence Trout – Tauranga • Rosalie Little Crawford – Mt Maunganui • Terehia Biddle – Whakatāne • Tessa Mackenzie – Katikati • Theresa Ngamoki – Whakatāne 	<ul style="list-style-type: none"> • Marama Tauranga, Manukura • Julie Robinson, Director of Nursing • Sarah Mitchell, Executive Director – Allied Health, Scientific & Technical; Strategic Architect • Kate Grimwade, Chief Medical Officer • Luke Bradford, Chief Medical Officer
In attendance	Maria Moller, PA to Senior Advisor Governance & Quality Tim Antric, Kaiwhakahaere Takawaenga a Hāpori People-centred Experience Lead	

Health Consumer Council 10.30am-11.30am

Item No.	Item	Lead	Page
1.	Karakia timatanga	Chair	
2.	Welcome		
3.	Presentation – Pete Chandler: Hauora a Toi Our Priorities		
4.	Items for Discussion	Tim	
	a. Proposed amendments to Terms of Reference.		
	b. Do we need two consumer focused councils?		
	c. What is the modus operandi for the HCC and WCHC parts of the meeting, e.g. Protocols, participation etc.		
5.	Reports of participation in other groups	Chair	
6.	Confirmation of previous minutes		
7.	Matters arising - Attached.		
8.	Close		

Whanau & Consumer-centred Healthcare Council 11.30am-1.00pm

Item No.	Item	Lead	Page
1.	Welcome	Chair	
2.	Whakawhanaungatanaga	Chair	
3.	Background to establishing WCHC	Tim	
4.	Update on Te Toi Ahorangi (standing item)	Marama	
5.	Feedback from other consumer groups	Chair	
a.	Tauranga Community Liaison Group	Julie	
b.	Mental Health Consumer Group		
6.	Items for Discussion/Decision	Tim	
	a. Terms of Reference for HCC and WCHC		
	b. Consumer engagement QSM report for HQSC		
	c. Whānau & Consumer-centred Experience Programme		
	d. Meeting format (1 hour HCC:1.5 hours WCHC – any changes?)	Tim	
	e. Update on Work Programme		
7.	Confirmation of previous minutes (none)		
8.	Matters arising (none)		
9.	Karakia Whakamutunga	Chair	



BAY OF PLENTY HEALTH CONSUMER COUNCIL

Terms of Reference

DRAFT Updated February 2021

Purpose:

The Bay of Plenty Health Consumer Council (HCC) is an advisory and advocacy body established to advance Hauora a Toi 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 HCC provides a lived experience of healthcare voice to the Whānau & Consumer-centred Healthcare Council (WCHC). The HCC is a constituent group of the WCHC which is closed to DHB leaders, this space provides for peer support and frank discussion amongst lived experience representatives.

Functions:

The HCC will:

- Provide a whānau and consumer perspective to the WCHC.
- Contribute a consumer perspective to improving health services and delivering equity in the Bay of Plenty across community, primary and secondary care.
- Recognise the BOPDHB's commitment to Te Tiriti o Waitangi as articulated in the Maori Health Strategy, Te Toi Ahorangi.
- Identify and advise on issues requiring consumer and community participation, including input into the development of health service priorities and strategic direction.
- Promote communication and networking with the community and relevant consumer and special interest groups.
- Consider planned services for any omission or disadvantage.

For the avoidance of doubt, the HCC will NOT:

- Provide clinical evaluation of health services
- Be involved in the BOPDHB's contracting processes
- Be held accountable for decisions made by BOPDHB's management and/or governance whether compatible with HCC's views or not
- Discuss or review issues that are (or should be) processed as formal complaints, for which full and robust BOPDHB processes exist
- Represent any specific consumer interest group or organisation nor enter into communication with a clear conflict of interest.

Members must perform their functions in good faith, honestly and impartially, and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest.

Level of Influence:

The BOPHCC has the authority to give advice and make recommendations to the Whanau & Consumer-centred Healthcare Council.

Secretariat:

Secretariat support will be provided by the BOPDHB.

Membership:

The HCC will comprise of:

- Whānau & Consumer Representatives (8)
- Iwi Representatives (2)
- Staff Representative

Members will have diverse lived experience of the Bay of Plenty healthcare system. They should reflect the makeup of the Bay of Plenty population and the priorities of BOPDHB (Māori, young children (i.e., parents or whānau), children and young people, older people, people with long term mental health/addiction issues).

All HCC members will have had personal, household or whānau experience of Bay of Plenty healthcare services within the last five years, and ideally more recently.

Members will be selected to reflect a range of areas of interest and experience in health and health service provision. Although appointed to reflect the consumer voice in a particular area of interest, an individual member will not be regarded as a representative of any specific organisation or community, nor as an “expert” in that field.

Members may be reappointed for no more than three terms. A term is recognised as 2 years.

Māori representation

The BOPDHB Health and Services Profile 2016 identifies that Māori are lower users of services and this relates to poorer health outcomes, ensuring Māori representation on the HCC is therefore a priority for BOPDHB.

The HCC will include two Iwi representatives and additional Māori Whānau & Consumer Representatives that, at least, reflect the proportion of Māori resident in the Bay of Plenty (25% as of 2019 – i.e., at least two Whānau & Consumer Representatives will be Māori).

Responsibility for appointment of Māori members to the HCC sits with Te Amorangi Kahui Kaumatua Council.

Members fluent in te reo me ona tikanga and an understanding of mātauranga Māori, will provide cultural awareness that will enhance the functions of the BOPHCC .

Support for members

Members will be provided with training and support by the BOPDHB to undertake their roles successfully. All members will uphold BOPDHB’s CARE values and the values of Te Toi Ahorangi.

Remuneration shall be paid based on the BOPDHB consumer engagement payment and reimbursement of expenses guidelines (in development).

Conflicts of interest

All Members who reasonably believe they may have an actual or potential conflict of interest will disclose their interest to the Chair immediately they become aware of it. Any conflict in interest will be recorded.

Termination

Membership may be terminated or full dissolution of the HCC may be undertaken by the Chief Executive Officer (CEO) of BOPDHB in consultation with the Chair of the HCC.

Termination will be requested within 3 months from when performance is found to be seriously unacceptable.

Members who fail to attend three consecutive meetings without an apology will be asked by the Chair to step down from the BOPHCC.

Chairperson:

- The Chair shall be elected annually by Council members. The Chair is also Co-Chair of the Whānau & Consumer-centred Healthcare Council.
- The current HCC Chair will invite members to submit nominations for the Chair which may be either self-nominations or nominations by one or more members of another member, to be considered at its last meeting of the year. The elected Chair shall hold office for the forthcoming year and may be nominated for a second one-year term.
- Members may appoint another member to exercise a proxy vote on their behalf if unable to be present at the vote. Proxy votes shall be delivered in writing to the current Secretariat in advance of the meeting at which the election is being held, signed and dated by the appointing member, and naming the member who is to exercise the proxy vote.

Deputy Chairperson:

- The Deputy Chairs shall be elected by Council members.
- The current HCC Chair will invite members to submit nominations for the Deputy Chair which may be either self-nominations or nominations by one or more members of another member, to be considered at its last meeting of the year. The elected Deputy Chair shall hold office for the forthcoming year and may be nominated for a second one-year term.
- Proxy votes are permitted as for the appointment of the Chair.

Meetings:

- A minimum of ten meetings per year will be held February to November. Meetings will be scheduled to precede meetings of the Whānau & Consumer-centred Healthcare Council.
- Should more meeting time be required this will be treated as an 'out-of-session' consultation.
- A quorum will be half the current membership.
- Others may attend as invited persons to facilitate the business on hand by invitation of the Chair.
- Minutes and agendas will be circulated at least a week prior to each meeting, with any reading material attached.
- Meetings will be open to staff and the public. On occasion when there are issues of confidentiality or other risks, meetings may be closed in full or part at the discretion of the Chair.

Reporting:

- The HCC will report to the Whānau and Consumer-centred Healthcare Council Board.
- Minutes of those parts of any meeting held in “public” shall be made available to any member of the public, consumer group, community etc. on request to the Chair.

Terms of Reference Review:

Members will review the Terms of Reference (TOR) biennially and make any recommendations for change to the WCHC.

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Minutes

Health Consumer Council



Venue: Kawakawa Room, Education Centre,
889 Cameron Road, Tauranga or Zoom

Date: 10 February 2021, 10:30am to 1:00pm

Chair	Lisa Murphy	Minutes	Maria Moller
Members	Grant Ngatai, Deputy Chair Adrienne von Tunzelmann, Deputy Chair Sue Horne – Tauranga John Powell – Mount Maunganui	Florence Trout – Tauranga Rosalie Liddle Crawford – Mount Maunganui Terehia Biddle – Whakatāne Tessa Mackenzie – Katikati Theresa Ngamoki – Whakatāne	
In attendance	In Person: Lisa, Sue, Florence, Grant, Adrienne, Tessa, Tim Antric (DHB), Maria Moller (DHB) Via Zoom: John, Theresa		

Item No.	Item	Lead	Page
1.	Karakia timatanga	Chair	
2.	Welcome – Lisa and Florence will leave at 10.45am to attend Clinical Governance Meeting.		
3.	Presentation: No presentation this month.		
4.	Apologies: Debbie. Absent: Rosalie and Terehia.		
5.	Interests Register Accepted: Grant Seconded: Florence	Chair	
6.	Minutes of Meeting: December 2020 (unconfirmed) Accepted: Sue Seconded: Tessa	Chair	
7.	Matters Arising	Chair	
a.	<ul style="list-style-type: none"> Health & safety training – Tim has talked to the Education Manager who advises that members are not DHB employees so do not have to do health and safety training. 	Tim	
b.	<ul style="list-style-type: none"> Clinical Governance Committee – Workshop held last year. Trialling new approach, will be reviewed in 6 months. Is now centralised governance, priorities, operational setting. Five keys areas. Committees are all aligning with the Health and Disability Review. 	Tim	
c.	<ul style="list-style-type: none"> Meeting payments – Members taxed according to code completed on their tax declaration form. 	Debbie/ Maria	
d.	<ul style="list-style-type: none"> Housing shortage – Still a problem. With a Commissioner being appointed to Tauranga City Council, rates will increase which will significantly impact on owners and renters. Will dramatically affect older people on fixed income. Went to end of year TCC meeting, Jodie Robinson. Pete also attended. 	Deputy Chair - AV	

Item No.	Item	Lead	Page
	<p>Plan change 26 includes use of tiny houses, duplexes, intensive housing. Bobby Cornell and Tessa have put in a submission. Currently can only live on private land for 90 days. Have challenged this. TCC need to provide amenities for camper vans, cars, freedom parking. Empty houses asked to be more socially responsible. Health Consumer Council could support submissions to TCC. Off-gridders not taken into account by TCC. EBOP – a lot of people live in substandard housing. Need to look at what those people need. There are plenty of people with expertise. Funding is available but very difficult to access. Tuhoe are taking a lead with housing. To stay on agenda.</p>		
e.	<ul style="list-style-type: none"> • National Trauma Network – Theresa nominated a person to attend but it wasn't accepted. As it happened her niece was successful. Would be good to hear back on what they are achieving. Communication from this group was confusing. Tim to follow-up to see what happened with this group. • Child poverty action group – BOP has launched. Housing priority as a contributor to poverty. Went to last meeting and is on emailing list. Tessa will not attend all meetings but will attend when asked. 	Deputy Chair - AV	
8.	Matters for Discussion/Decision		
a.	<ul style="list-style-type: none"> • Chair's Report – None this month. <ul style="list-style-type: none"> ○ Spoke to Jerome about presenting at one of meetings, he is happy to do so. ○ Remember to scan QR codes. ○ Consumer Health Forum Virtual Summit – Florence, Adrienne and Grant wish to attend. Webinar setting, 2 days, there is a time difference, NSW. Pick which parts you would like to attend. They will send out email links. If you get sent an invoice, ignore it is complimentary. 	Chair Deputy Chair - GN	
b.	<p>Reflecting on 2020</p> <ul style="list-style-type: none"> • COVID – impact on health system, waiting lists, communications from health and political sectors, highlighted weaknesses and inequities, showed the best of our service and working together, continuing impact. • Whaakari – EBOP, culture, economic, housing, stress on services. • Council - Consumer engagement, health equity. • Missed opportunity for transformative health, naturally. • Katikati Community – worked to find a sustainable food supply and development. Maori led the way with self-management. • Health needs of community when communication cut off. • Disharmony in families in lockdown. Mental wellbeing not taken into account. • Meals on wheels – new volunteers. • Empathy and kindness now dropping off. • Council worked well in 2020. TOR finalised. RSA Flats issue resolved. 	Deputy Chair - GN	

Item No.	Item	Lead	Page
	 Reflections of 2020.pdf		
c.	<ul style="list-style-type: none"> • Health and Disability System Review – have not heard when this plan is to be rolled out and what it means for us. Adrienne read a commentary on report – Greg Coster/Tom Creeble. Faster growth in primary and community care. Focus on prevention. No accountability on spending on primary care. Different relationship between patient and professional. Opening up health to a wide range of approaches.  Alternative Care Options.pdf	Chair	
d.	<ul style="list-style-type: none"> • Joining the Dots Meeting – Trying to get DHB to recognise the first points of contact for consumers. Tim has teams looking at why systems don't work. Update Bio's – need to be streamlined. Group to discuss at next meeting. 	Tim	
9.	Correspondence – None.	Chair	
10.	Health Sector Update - Health Sector Update – See below. 25 Feb Taranaki PCL and HCC Chair meeting. Overall picture from DHB at next meeting.	Tim	
11.	Reports of participation in other groups – Lisa and Florence – Clinical Governance. Tessa – Disability Support Group – no support available for them.	Chair	
12.	General Business	Chair	
a.	<ul style="list-style-type: none"> • Transition to Whānau & Consumer-centred Healthcare Council – Slides. Review will drive whānau and consumer engagement. Concentrate on some core projects. 16 members (11 consumers -first part of meeting and 5 DHB staff will join second part). 8 diverse whānau and consumer reps, 2 iwi reps, 1 staff rep, 5 BOPDHB leaders. Will bring in planning and funding arm later. Wide demographic and diversity of members. Group to help guide the consumer engagement framework. No complaints relationship. Driver – bring together consumer voice and DHB leaders. Meetings will need to be well structured. Time slot still the same – first hour for consumer council alone, rest of time with DHB leads. March onwards will be the new format. Maria to invite DHB leaders. • Need to add Te Toi Ahorangi to ongoing agenda. How is this implemented in real life? Marama will attend next meeting so will be able to elaborate on this. Must be across our whole system. Whole structure must change to cater for whānau centred care. How do we hold this to account? Need to also represent those on their own with no whānau. 	Tim	
b.	<ul style="list-style-type: none"> • Member experience audit -Tim handed out to members. Will email out if needed. 	Tim	
13.	Next Meeting Wednesday 10 March 2021. Health Consumer Council 10.30-11.30am. Whānau & Consumer-centred Healthcare Council 11.30am-1pm. Tessa – puts in apology for next meeting. Meeting closed at 1.05pm.	Chair	

Item No.	Item	Lead	Page
14.	Karakia Whakamutunga	Deputy Chair	

UNCONFIRMED

Health Consumer Council Monthly Meeting Matters Arising December 2020

Meeting Date	Action required	Who	Action Taken	Completed / in progress
09.12.20	Health and safety training – who needs to update?	Maria	This will only be relevant to those who are staying on as members. Tim to advise Maria.	Completed: Consumer council members are not DHB employees there is therefore no requirement for health & safety training.
09.12.20	Clinical Governance Meetings – large workload for members who attend. Look at reducing.	Tim	Tim met with the Acting Chief Medical Officer and Debbie Brown regarding policy and protocol consultation. A better and more inclusive system is needed.	The permanent Chief Medical Officers have now been appointed. Jerome will continue to support improvements to the clinical governance system. Members should raise this issue with the committee chair.
09.12.20	Health & Disability System Review – members to read and feedback to DHB about where the consumer council should be involved.	All		
09.12.20	Meeting payments to members – are these correct?	Debbie /Maria		All payments taxed. Rates will depend on what you entered on your Tax Code Declaration when you first started. If you are being taxed incorrectly, it will correct itself in your end of year tax return to IRD. You can check this with IRD if you don't currently file a return.

Meeting Date	Action required	Who	Action Taken	Completed / in progress
09.12.20	National Trauma Network correspondence – circulate to members.	Sue		
09.12.20	Webinar link for sharing with members.	Sue/Tim		
09.12.20	Meeting Summaries – find out if HCC has it's own email address and who monitors it?	Maria	Emailed address, no response. IT advised that Pritika, Averil and Tim have access to this email address. Not sure if anyone is monitoring it.	The email address is Consumer.Council@bopdhb.govt.nz . Relevant emails are forwarded to the chair.
14.10.20	Arrange for a member of the Tauranga Community Liaison Group to attend December meeting.	JP	JP & SH to extend invitation	Completed.
14.10.20	Perspectives sought on Consumer Engagement Quality and Safety marker and Whānau – centred co-design draft paper. Tim to send out zoom meeting invite and slides to discuss further with members.	All	<i>On-going - led by Tim.</i>	Completed. Paper circulated to Council.
14.10.20	Update groups you attend on Connex.	All	<i>Members to check Connex, working area "HCC Community Connections" and add details.</i>	
09.09.20	Housing Shortage - Accessible Housing took over from Housing New Zealand. How is that going?	AV		<i>Ongoing.</i>

Meeting Date	Action required	Who	Action Taken	Completed / in progress
09.09.20	TOR: a) Recruiting Maori consumer members. Contact Marama for guidance. b) Source flowchart to be annexed.	TA TA		
09.12.20	Grand Round Presentation – Jerome Ng. Send video recording link to members for viewing. Members to give feedback once watched.	Maria All	Emailed to members on 22.12.20	Complete
14.10.20	Chair to attend Tauranga Community Liaison Group meeting – last Wednesday of month 4.30pm. Email details.	SH JP	SH attended meeting.	Complete
09.12.20	Send link to Grand Round Presentation by Jerome Ng out to members.	Maria	Emailed link 22 December 2020	Complete
09.12.20	Advise CEO of Chair and Deputy Chair appointments.	Sue	Letter sent to Pete Chandler 22 December 2020.	Complete
14.10.20	Summary of September meeting to go out to community groups for feedback and on website.	All MM		

Meeting Date	Action required	Who	Action Taken	Completed / in progress
09.09.20	Term for Council Members – when do these expire?	TA & SH	14.10.20	Complete
09.09.20	Clinical Governance, Member Participation at Meetings – Clarification of members’ concerns.	TA	11.11.20	Complete
14.10.20	Finalised TOR to be emailed to members then CEO and Chair.	SH	04.11.20	Complete
12.08.20	Summary of feedback to be provided to members from focus group “Papamoia Link” regarding referrals to Whakatane Hospital.	RC	14.10.20	Complete
12.08.20	Promotion of HCC to Community Groups – Some dialogue be extracted from minutes to share with community groups such as TCHT/Ngati Ranganui/Homeless Trust. To be distributed among member’s networks. Some examples to be prepared for consideration.	John	14.08.20	Complete

Meeting Date	Action required	Who	Action Taken	Completed / in progress
12.08.20	Orthopaedic project update. Awaiting response from Dr Mitchell.		19.10.20	Complete
09.09.20	Engaging Effectively with Maori Course – Submit HCC feedback on Course.	TA	09.20	Complete
09.09.20	Communication between Board and Council. a) Enquire with other Consumer Councils to see how they achieve good two-way communication with their DHB's. b) Write letter to CEO/Board enquiring as to how many/who are consumer representatives involved in DHB activities.	SH SH & JP	06.10.20 28.09.20	Complete Complete
12.08.20	RSA Flats – Generic statement to go to TCHT and Homeless Strategy Group showing our interest in the issue.	Sue		Completed.
12.08.20	RSA Flats – Acknowledgement of Interim Chair letter and response asking that if there are any decisions to be made, the	Sue	24.08.20	Completed

Meeting Date	Action required	Who	Action Taken	Completed / in progress
	Council be kept informed, c.c. Interim CEO.			
12.08.20	Letter to be sent to Clinical Auditor with questions around auditing process.	Sue	24.08.20	Completed
12.08.20	Letter to be sent to Chair of Clinical Governance Committee asking for clarification around member input.	Sue	24.08.20	Completed
12.08.20	Letter to be sent to Interim CEO congratulating him on his tenure as Interim CEO.	Sue	25.08.20	Completed

Whānau & Consumer-centred Healthcare Council Initial Briefing: March 2021

The formation of the Whānau & Consumer-centred Healthcare Council [working title] (WCHC) was approved at the Hauora a Toi Bay of Plenty District Health Board's Executive Committee meeting in December 2020.

It has been proposed that WCHC group could be one of three interconnected groups that lead the DHB's clinical governance system. These are the Tikanga Committee (in development), the Clinical Governance Group and the WCHC (See [Appendix One: BOPDHB Clinical Governance Overview](#)).

Purpose

The WCHC is the central body for ensuring BOPDHB is working towards a whānau and consumer-centred system. WCHC provides a forum for people with lived experience of BOPDHB services to advise the DHB leadership around healthcare service planning, development and re-design.

Function

The functions of the WCHC are to:

- Provide leadership and expert advice for whānau, consumer and community engagement and experience activities at the DHB
- Maintain oversight of all whānau and consumer engagement projects across the DHB, and ensure that practice is coordinated, safe and ethical
- Submit quarterly reports to the Health Quality and Safety Commission on the DHB's work to improve consumer engagement.

First meeting

The first meeting of WCHC is 10th March 2021 between 11.30am and 1.00pm. Future meetings will be held on the second Wednesday of each month. There will be at least ten meetings each year.

Membership of the WCHC

The makeup of the Council will be:

Health Consumer Council (HCC)	DHB Leaders
Whānau & Consumer representatives (8)	Chief Operating Officer
Iwi representatives (2)	Chief Medical Officer/s
Staff Representative	Manukura
	Director of Nursing
	Executive Director Allied Health

Health Consumer Council

The Health Consumer Council (HCC) has existed for three years. The existing membership has provided a consumer voice to the DHB however this has not consistently been heard. The formation of the WCHC allows people with lived experience to directly engage with DHB leaders.

The HCC is now a constituent group of the WCHC which is closed to DHB leaders. It provides a space for peer support and frank discussion amongst HCC members. The Whānau and Consumer Representatives, Iwi Representatives and Staff Representative will form the HCC. This is a change to the status quo and a transition period will be needed.

See Appendix Two: Health Consumer Council for a more detailed discussion of membership of the HCC. In brief, the Whānau & Consumer Representatives will reflect the Bay of Plenty population¹ and the DHB's priority groups, the Iwi representatives will be appointed by Te Ahorangi Kahui Kaumatua Council and the Staff representative will be actively working with consumers within the health system.

Terms of Reference

Terms of Reference for the WCHC will be discussed at the initial meeting. A draft is included in Appendix Three: Terms of Reference – Whānau & Consumer-centred Healthcare Council.

The HCC has its own Terms of Reference – these will need to be updated to reflect the change in role and membership.

Understanding Terminology

The HQSC has the following definitions of consumer and consumer engagement:

Consumer:

A person who has accessed or is currently using a health or disability service or is likely to do so in the future.

Consumer engagement:

A process where consumers of health and disability services are empowered to participate in decisions about the treatment, services and care they receive. It is most successful when consumers and clinicians demonstrate mutual respect, active listening and have confidence to participate in full and frank conversation. Systems that support consumer engagement actively seek input from consumers and staff at all levels of an organisation.

BOPDHB preferred terminology:

BOPDHB recognises that consumers of healthcare services experience healthcare as a journey with the involvement of those they care about. Working towards Toi Ora means

¹ Ethnicity: 25% Māori; 2% Pacific; 73% Other (BOPDHB 2018)

[note Asian population of Tauranga is expected to reach 10% by 2028]

Age: 38% under 29 years; 35.9% 30-49 years; 21.2% 50-79 years; 4.9% 80+years (BOPDHB 2018)

Hospital discharges (National for 2017/18): 31% under 29 years; 19% 30-49 years; 37% 50-79 years; 13% 80+years

Residency status: 16% have lived in NZ less than 10 years

Disability: 30.1% live with disability

Education: More than half have NCEA level 3 or less as their highest qualification

District: 57% Tauranga; 15% Whakatāne; 21% Western Bay of Plenty; 3% Kawerau; 4% Ōpōtiki

acknowledging the interconnections between wai ora, mauri ora and whānau ora which contribute to hapū ora and iwi ora. Our models of practice and care are increasingly built on [He Pou Oranga Tangata Whenua](#) embedding the importance of relationships within healthcare. **Our preferred terminology is therefore “Whānau and Consumer”.**

WCHC Work Programme

An early task of the WCHC will be to oversee the development of a whānau and consumer engagement framework, built on Te Toi Ahorangi. This will address the DHB’s use of language, engagement practices and the involvement of people with lived experience of healthcare services in strategy, policy, service improvement, direct care, etc. The framework will also include payments and other forms of compensation for whānau and consumer involvement, training for staff and lived experience reps, and peer support mechanisms.

The WCHC is likely to have oversight with the Clinical Governance Committee of:

- Consumer and Whānau experience measurement and response
- Register of engagement projects
- Whānau & Consumer Care Standards
- Complaint and feedback reporting & resolution
- Health Literacy Committee, including spaces, signage and wayfinding
- Disability Strategy Steering Committee
- End of Life Steering Committee
- Organisational Values & Culture Committee
- Communications.

Finally, reporting on the Consumer Engagement Quality & Safety Marker will sit with the WCHC.

What is the Consumer Engagement Quality & Safety Marker?

The HQSC’s consumer engagement quality & safety marker (QSM) is a framework that allows us to understand the level of maturity of the DHB’s consumer engagement work (see attached report for Q3 2020/21).

The QSM framework will be used as the basis for the DHB’s consumer engagement programme.

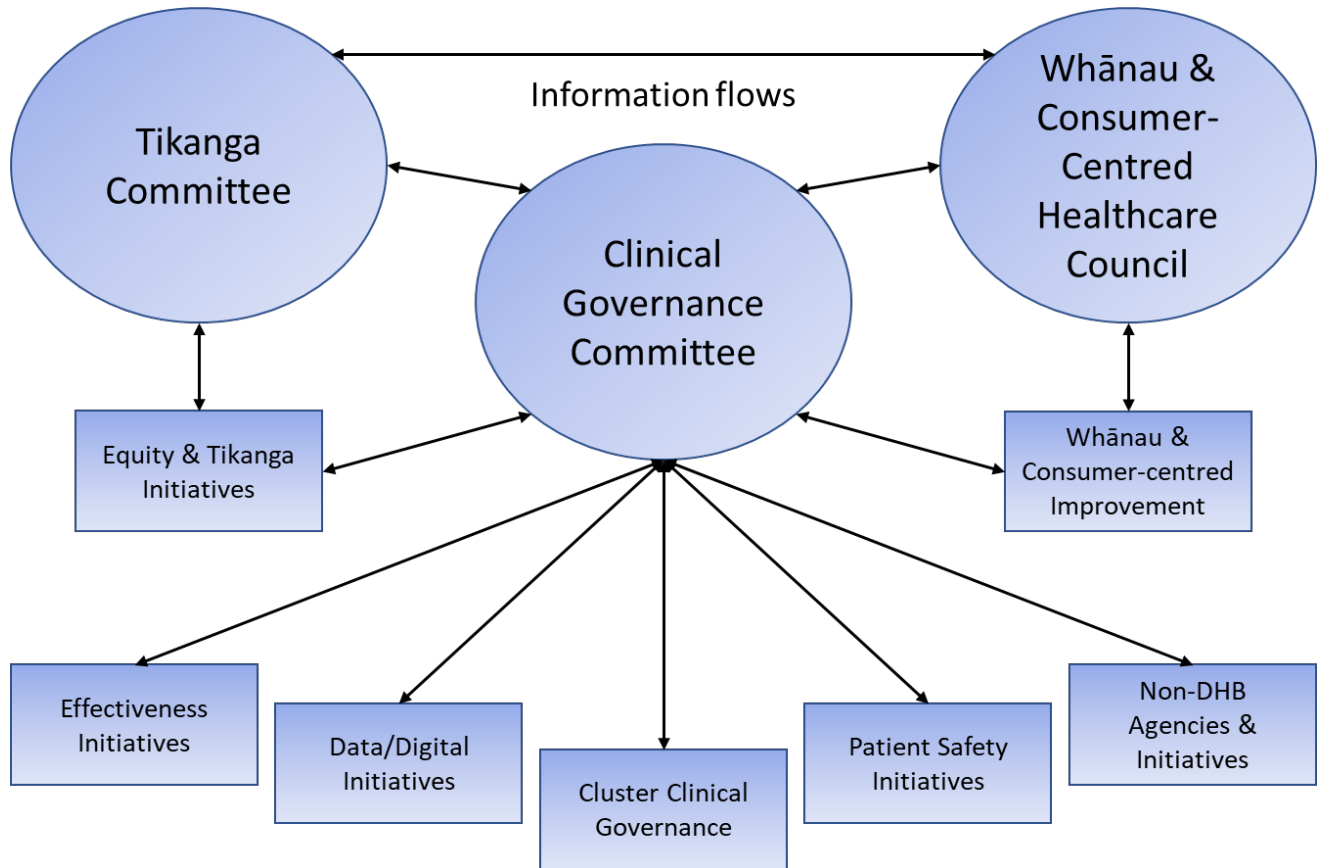
The QSM framework can be downloaded at <https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/QSM/Consumer-engagement-QSM/Consumer-Engagement-QSM-Framework.pdf>. There are three areas of activity:

Engagement Te Tūhononga	Responsiveness Te Noho Urupare	Experience Wheako
<ul style="list-style-type: none"> • The environment created to support community engagement. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • The systems in place to capture consumer experience, and act upon the results.
<ul style="list-style-type: none"> • Ko te taiao kua hangaia hei tautoko i te tūhononga hapori. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Ko ngā pūnaha kua whakaritea hei mau i te wheako kiritaki me te whakatinana i ngā mahi i runga i ngā hua

Appendix One: BOPDHB Clinical Governance Overview

It is proposed that Hauora a Toi Bay of Plenty District Health Board’s clinical governance be led by three interconnected groups. These are the Tikanga Committee (in development), the Clinical Governance Group and the Whānau & Consumer-centred Healthcare Council (launches March 2021). Members of these groups are individually appointed by the Chief Executive Officer, Manukura or Te Amorangi Kāhui Kaumatua Council.

Figure 1: Overview of BOPDHB clinical governance



These groups collectively provide advice to the Chief Executive Officer and the DHB’s Executive Committee. The groups have some members in common to ensure easy flow of information and continuity of discussion.

Group	Purpose
Clinical Governance Committee	Peak body for clinically related matters, including monitoring quality and risks, overseeing clinical quality and monitoring effectiveness of processes
Tikanga Leadership Group	Peak body for tikanga and equity matters, including monitoring BOPDHB’s response to Te Tiriti, improving Tiriti partnerships and monitoring tikanga governance and processes
Whānau & Consumer-centred Healthcare Council	Central body for ensuring BOPDHB is working towards a whānau and consumer-centred system. WCHC provides a forum for people with lived experience of BOPDHB services to advise the DHB leadership around healthcare service planning, development and re-design.

Note,

Appendix Two: Health Consumer Council

The Health Consumer Council (HCC) is a constituent group of the WCHC which is closed to DHB leaders, this space provides for peer support and frank discussion amongst lived experience representatives.

The Terms of Reference for the HCC are currently under review.

Membership of the HCC includes Whānau & Consumer Representatives (8), Iwi Representatives (2) and a staff representative.

Whānau & Consumer Representatives

The Whānau & Consumer Representatives should reflect the makeup of the Bay of Plenty population² and the priorities of BOPDHB (Māori, young children (i.e., parents or whānau), children and young people, older people, people with long term mental health/addiction issues).

The BOPDHB Health and Services Profile 2016 identifies that Māori are lower users of services and this relates to poorer health outcomes.

The makeup of the eight consumer and whānau representatives might ideally include:

- Tangata whenua (at least two of the Whānau & Consumer Representatives should be Māori)
- Asian, Pākehā and other groups
- Under 29s; 30-49 year olds; 50+ year olds
- People who have migrated to NZ in the last 10 years
- People for whom English is a second language
- People living with disability
- Parents of children under 18
- People with experience of mental health and/or addiction issues
- People from the Eastern and Western Bay of Plenty.

All representatives would have had personal or whanau experience of DHB services within the last five years, and ideally more recently.

Discussions will need to be had on the tenure for members and the process for recruiting new members. It is recommended that members are appointed for two years, with half of the members changing each year.

The recruitment of tangata whenua members will follow the process for Iwi representatives. This ensures that tangata whenua are supported appropriately. A general recruitment drive would be used for all other members.

² Ethnicity: 25% Māori; 2% Pacific; 73% Other (BOPDHB 2018)

[note Asian population of Tauranga is expected to reach 10% by 2028]

Age: 38% under 29 years; 35.9% 30-49 years; 21.2% 50-79 years; 4.9% 80+years (BOPDHB 2018)

Hospital discharges (National for 2017/18): 31% under 29 years; 19% 30-49 years; 37% 50-79 years; 13% 80+years

Residency status: 16% have lived in NZ less than 10 years

Disability: 30.1% live with disability

Education: More than half have NCEA level 3 or less as their highest qualification

District: 57% Tauranga; 15% Whakatāne; 21% Western Bay of Plenty; 3% Kawerau; 4% Ōpōtiki

Iwi Representatives

Te Amorangi Kāhui Kaumātua is the DHB's operational advisory group. They provide advice on operational matters including consumer experience. This group could be invited to nominate members for the HCC, both as Iwi and Whānau & Consumer Representatives.

Te Amorangi would be provided with information on the breadth of lived experience needed for the HCC although the choice of nominees remains with Te Amorangi. This approach ensures that tangata whenua representatives have the support of their hapū and/or iwi.

Staff Representative

The unions operating at the DHB will be invited to nominate a representative to the HCC. This representative will hold a role where they actively engage with consumers.

Appendix Three: Terms of Reference – Whānau & Consumer-centred Healthcare Council

DRAFT February 2021

The Whānau & Consumer-centred Healthcare Council [working title] (WCHC) group is one of three interconnected groups that lead the DHB's clinical governance system. These are the Tikanga Committee (in development), the Clinical Governance Group and the WCHC.

Purpose:

The WCHC is the central body for ensuring BOPDHB is working towards a whānau and consumer-centred system. WCHC provides a forum for people with lived experience of BOPDHB services to advise the DHB leadership around healthcare service planning, development and re-design.

Functions:

The functions of the WCHC are to:

- Provide leadership and expert advice for whānau, consumer and community engagement and experience activities at the DHB
- Maintain oversight of all whānau and consumer engagement projects across the DHB, and ensure that practice is coordinated, safe and ethical
- Promote meaningful whānau and consumer participation in direct care, service delivery and improvement, policy, and strategy.
- Champion partnership with whānau in developing and delivering services, in line with Te Toi Ahorangi
- Submit quarterly reports to the Health Quality and Safety Commission on the DHB's work to improve consumer engagement.

Members must perform their functions in good faith, honestly and impartially, and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest.

Level of Influence:

The BOPHCC has the authority to give advice and make recommendations to the Board, CEO and Executive Committee. That advice will be developed in partnership with the Clinical Governance Committee and Tikanga Committee.

Membership:

The BOPHCC will comprise of:

- Health Consumer Council
- Chief Operating Officer
- Chief Medical Officer/s
- Manukura
- Director of Nursing
- Executive Director Allied Health

Co-Chairs:

- The Co-Chairs of the WCHC are the Chief Operating Officer and the Chair of the Health Consumer Council.

Meetings:

- A minimum of ten meetings per year will be held February to November. Meetings will be scheduled to follow meetings of the Health Consumer Council.
- A quorum will be half the membership, including at least five members of the Health Consumer Council.
- Others may attend as invited persons to facilitate the business on hand by invitation of the Chair.
- Minutes and agendas will be circulated at least a week prior to each meeting, with any reading material attached.
- Meetings will be open to staff and the public. On occasion when there are issues of confidentiality or other risks, meetings may be closed in full or part at the discretion of the Chair.

Reporting:

- The WCHC will report to the CEO.
- Minutes of those parts of any meeting held in “public” shall be made available to any member of the public, consumer group, community etc. on request to the Chair.

Terms of Reference Review:

The Terms of Reference (TOR) will be reviewed biennially.