

**Agenda**  
**Health Consumer Council**

**Date: 11 May 2022, 10:30am to 1:00pm**  
**Venue: Kawakawa Meeting Room, Education Centre or Via [Zoom](#)**

<b>Chair</b>	Lisa Murphy - Tauranga	<b>Minutes</b>	Maria Moller
<b>Members</b>	Adrienne von Tunzelmann, Deputy Chair - Tauranga Rosalie Liddle Crawford – Mount Maunganui	Theresa Ngamoki – Whakatāne John Powell – Mount Maunganui Florence Trout – Tauranga	
<b>In attendance</b>			

Item No.	Item	Lead	Page
1	<b>Karakia timatanga/Welcome</b>	Theresa	
2	<b>Apologies</b>	Chair	
3	<b>Interests Register</b>	Chair	
4	<b>Minutes of Meeting</b> 9 March 2022 <u>attached</u> to be confirmed. Note: “Council Only Time” minutes need to be distributed to members before minutes can be confirmed.  13 April 2022 <u>attached</u> to be confirmed.	Chair  Moved: Seconded:  Moved: Seconded:	
5	<b>Health Sector Update</b> Debbie Brown, Senior Advisor Governance and Quality  Palliative Care discussion.	Chair	
6	<b>Matters Arising</b> See <u>attached</u> .	Chair	
7	<b>Matters for Discussion/Decision</b> 7.1 Chair’s Report – See <u>attached</u> .  7.2 Gary Tonkin, Programme Manager, Interim Health New Zealand <ul style="list-style-type: none"> <li>Request BOP profile (see attached);</li> <li>Request for (3) areas of concern.</li> </ul> 7.3 Rob Campbell, Chair of the interim board of Health New Zealand/Hauora Aotearoa meeting with National Chairs <ul style="list-style-type: none"> <li>Request questions and areas of concern re: Consumer Engagement.</li> </ul> 7.4 Recruitment and succession.  7.5 Letter to outgoing Board.	Chair	

Item No.	Item	Lead	Page
	7.6 Consumer Engagement Quality Safety Marker – provide feedback.	Chair	
8	<p><b>Correspondence</b></p> <p>8.1 <b>Inwards:</b></p> <ul style="list-style-type: none"> <li>• 27.04.22 Email from Gary Tonkin, Programme Manager, Interim Health New Zealand requested information about the BOPHCC, see <u>attached</u> email with Lisa’s response.</li> </ul> <p>8.2 <b>Outwards:</b></p> <ul style="list-style-type: none"> <li>• 02.05.22 Email response to Gary Tonkin.</li> <li>• 02.05.22 Thank you letter to Tessa Mackenzie.</li> <li>• 02.05.22 Thank you letter to Grant Ngatai.</li> </ul>		
9	<p><b>General Business</b></p> <p>9.1 Reports of participation in other groups – community feedback.</p> <ul style="list-style-type: none"> <li>• Rise Up Tauranga Baking</li> </ul>	Chair	
10	<b>Council Only Time</b>	Chair	
11	<b>Next Meeting</b> 8 June 2022		
12	<p><b>Next Board Meeting</b> Wednesday 25 May 2022</p> <p>Agendas available here just before each meeting: <a href="#">Bay of Plenty District Health Board (BOPDHB)   Bay of Plenty District Health Board   Hauora a Toi   BOPDHB</a></p>		
13	<b>Karakia Whakamutunga</b>	Theresa	

## HEALTH CONSUMER COUNCIL MEMBER ATTENDANCE

2022/23

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

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



BAY OF PLENTY  
DISTRICT HEALTH BOARD  
HAUORA A TOI

## Minutes

### Health Consumer Council

Date: 13 April 2022, 10:30am to 1:00pm

Venue: Via [Zoom](#) Only

<b>Chair</b>	Lisa Murphy - Tauranga	<b>Minutes</b>	Florence
<b>Members</b>	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	
<b>In attendance</b>	Lisa, Tessa (last meeting), John, Debbie, Florence, Adrienne, Theresa		

Item No.	Item	Lead	Action
1	<b>Karakia timatanga/Welcome</b>	Debbie	
2	<b>Apologies:</b> Grant (resigned), Rosalie	Chair	
3	<b>Interests Register</b> None reported.	Chair	
4	<b>Minutes of Meeting</b> 9 March 2022 to be confirmed. Note: "Council Only Time" minutes from March need to be distributed to members before minutes can be confirmed.  Moved: Seconded:	Chair	Adrienne Rosalie
5	<b>Presentation:</b> No presentations.	Chair	



Item No.	Item	Lead	Action
	8.6 Role of complementary health modalities – various state of DHB service provision. <i>Refer to Tessa’s written exit letter 13th April. Tessa stated her availability on a consulting basis in future.</i>		
<b>9</b>	<b>General Business</b> 9.1 HCC Review of 2021. <i>AT commented on HCC’s achievements to date and some concern expressed for the continuity e.g. Consumer Engagement plus TOR docs going forward, given changes in health care service. The 2021 Review should not be lost. AT to share the Review 2021 with Jonathan? with identifying initials removed.</i> 9.2 Membership and recruitment. <i>Kelly unanimously supported to be invited as a member. <u>Letter from Maria</u> to include changes expected during Transition and our optimism. Katikati disability group may help in recruitment. Taranaki DHB website worth reviewing for communication ideas - <u>add to matters arising.</u></i>  Alan Maxwell 0278092615 Community Led Development Katikati. Link to most of the CLD projects <a href="https://katikaitaiao.org/cld-projects/">https://katikaitaiao.org/cld-projects/</a> Project for people with disabilities to connect as part of the wider community is The Chrome Collective. <a href="https://www.nzherald.co.nz/bay-of-plenty-times/news/katikatis-chrome-collective-community-store-opens-its-door/5BHDPR2ZKQUSIBNAIMDWPP472I/">https://www.nzherald.co.nz/bay-of-plenty-times/news/katikatis-chrome-collective-community-store-opens-its-door/5BHDPR2ZKQUSIBNAIMDWPP472I/</a>  Huge gap in membership acknowledged. Also, volunteering is a wider problem as many people have withdrawn from community engagement.  9.3 BOPDHB’s Shared Goals of Care initiative (SGoC): presentation to Grand Round, 29 March. <i>Refer to copy of slides shared in meeting papers.</i>  9.4 Reports of participation in other groups – community feedback. <ul style="list-style-type: none"> <li>• Rise Up Tauranga Baking  <i>Rosalie unavailable today.</i></li> </ul>	Chair	Adrienne  Maria Lisa All Maria
<b>10</b>	<b>Council Only Time</b> 15 minutes free discussion. Not minuted.		
<b>11</b>	<b>Next Meeting</b> 11 May 2022		
<b>12</b>	<b>Next Board Meeting</b> Wednesday 27 April 2022 Agendas available here just before each meeting: <a href="#">Bay of Plenty District Health Board (BOPDHB)   Bay of Plenty District Health Board   Hauora a Toi   BOPDHB</a>		
<b>13</b>	<b>Karakia Whakamutunga</b>	Chair	



## **HEALTH CONSUMER COUNCIL**

**Meeting – 13 April 2022**

DHB Boards will cease on 1 July. CEO will become Senior Lead for 3 months. All other staff will roll over to new entity.

Covid will become part of business as usual.

Thanks given to the resigning members for their contributions to the Council.

Consumer Health Forum Aotearoa – Transition staff beginning to discuss future of Health Consumer Councils. Council Council's to be a system "enabler" Legislation emphasis on community engagement.

Role of complementary health modalities presentation by resigning member.

Council's review of 2021 analysed and discussed.

Gaps in membership acknowledged. Diverse recruitment a priority. Suggestions of different community groups to approach.

## Health Consumer Council Monthly Meeting Matters Arising 2022/23

Meeting Date	Action required	Who	Action Taken	Completed / in progress
13.04.22	Contact Katikati Disability Group re: recruiting possible members.	Lisa?		
13.04.22	Rural Engagement – Interim Health and Maori Health Authority Zoom – slides to be circulated when received. Contact NZ Rural Women regarding recruitment to Council.	Lisa?  Florence?		
13.04.22	Consumer Health Forum Aotearoa – Copy of summary to be circulated.	Adrienne		
13.04.22	Update on Papamoa developments.	Debbie		
13.04.22	Letter of thanks to go to outgoing Board.	Lisa		
13.04.22	All members to unanimously agree to appointment of Kelly as new member. Then send out onboarding info to new	Lisa  Maria	All members agreed except Rosalie who was absent from the meeting. Lisa to follow up.	In progress



Meeting Date	Action required	Who	Action Taken	Completed / in progress
	member.			
13.04.22	Topics of closed part of March meeting need to be added to March minutes. March minutes will then need to be confirmed at May meeting.	Lisa	Lisa to follow up with Rosalie.	
09.03.22	Two prospective member details to be passed on to another member to make contact.	Tessa/Lisa		
09.03.22	Remuneration for Clinical Governance meeting attendances.	Jonathan		
09.03.22	Healthshare – Systems and IT projects – would like to engage with Council. Will come back with more info.	Debbie		
09.02.22	Send EOI form to suitable people.	All		
09.02.22	Create information pack for prospective new members.	Maria	In progress. Refer prospective members to website for profiles, TOR and past meeting info.	
09.02.22	Convert prezzy card into \$20 cards for distribution amongst the members.	Lisa	Will cost too much to purchase individual cards. Hold onto it for now.	
13.10.21	When will meetings including Execs resume?	Jonathan		
13.04.22	Thank you letters to be drafted for resigning members, Tessa and	Maria/Lisa	Drafted and sent to Lisa 26.04.22. 03.05.22 Sent back to Lisa for sending out.	Complete

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

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

## Health Consumer Council – Chair’s Report April 2022

### **Key Topics:**

- Covid 19 Response
- Consumer Engagement with DHB
- DHB Update
- Whānau & Consumer-centred Healthcare Council
- Membership recruitment and succession
- National Chairs of Consumer Council meetings.

Health Consumer Council members are invited to join Grand Round Zoom meetings on the Tuesday of every week unless otherwise announced. Covid 19 Pandemic Plan updates are provided. There will now be a stronger focus on ‘usual business’ feature topics and presentations going forward. HCC Chair requested CEO to provide clarification on how the Health Reform changes including Localities will impact the council, and as co-design will be the main driver, if that will include consumer input early on. The request has been noted.

The Consumer Engagement proposal that had been sent to the Board for endorsement has yet to have generated a written response. This requires following up if the response will now will come from Bay of Plenty interim executive team during this transitional phase.

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

The Programme Manager of Interim Health New Zealand requested information to get a better understanding of how the Bay of Plenty Health Consumer Council operates. A link to the Council members’ profile page and Consumer Engagement proposal was included in the response for consideration. Both the Senior Advisor Governance and Quality and Executive Director - Health Quality & Safety were copied in on the email (see attached correspondence).

Membership recruitment and succession continue with two EOI. Waiting on last member to approve the candidate members met with to sign off for the next stage in the recruitment process. If this hasn’t been received by the close of the May meeting the decision of the votes already cast will stand. The second, a lead from the Senior Advisor Governance & Quality, has been distributed to members to be reviewed at Council's next monthly meeting. Acceptance of resignation and thanks sent from Chair to two outgoing members.

Chair attended monthly HQSC Zoom meeting. HQSC provided an update on the Consumer Code of Expectations for consumer/whānau engagement feedback. 169 submissions were made from various groups and individuals through forums, in writing and surveys. It is anticipated the Code of Expectations (to be accepted as law for the first time) will be published within the next two months.

National Chairs of Consumer Councils are currently developing Terms of Reference, now at Draft 3 stage. BOPHCC members’ feedback had been forwarded. Chair attended (16th) National HCC Chairs meeting with HQSC on 3rd May 2022, and Chairs’ evening meeting on the 3rd also.

Health Reform documents were discussed including the National Operating Model, work being done by the MHA, and localities (see links below). Membership recruitment was also discussed. Although many other regional Health Consumer Council memberships are also low, recruitment has been put on hold until there is more certainty of what form consumer engagement will take, and whether there will be a move from Consumer Councils to a broader consumer voice.

<https://www.hnz.govt.nz/assets/Uploads/Documents/Operating-Model-Update-1-May-2022/Update-on-the-National-Operating-Model-and-High-Level-Structure.pdf>

<https://www.futureofhealth.govt.nz/assets/Uploads/Documents/Localities-update-for-the-Health-Sector-April-2022.pdf>

<https://www.mha.govt.nz/our-work/>

HQSC has indicated that they would facilitate a face-to-face Hui of National Consumer Chairs in Wellington to coincide with the Ministerial launch of the Consumer Code of Conduct at the Beehive. However, the appropriate dates could not be secured. Arrangements are being made to now meet on 15th and 16th June. HQSC are working on including the following if possible: Ministerial (office) attendance to meet with National Chairs, national group meeting with agencies invited to present, afternoon strategy session (driven by CC and how the National Group can engage MHA/HNZ). The itinerary has yet to be confirmed.

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

**Lisa Murphy**

**BOPHCC Chairperson**

**From:** Gary Tonkin

**Sent:** Wednesday, 27 April 2022 3:51 pm

**To:** Lisa Murphy

**Subject:** Request for info on BOP Health Council

As I think you're aware, the interim Health NZ and Māori Health Authority have work underway to look at the future model of care for consumer and whānau voice in the health system. I'm trying to get a clear picture of what exists currently. I've got the Terms of Reference for the BOP Health Council so have an idea how things work in your DHB area. Are you able to please clarify who in the DHB holds the relationship with the Health Council? I'd also be keen to hear what your main areas of focus are at the moment – is it possible to get a few bullets? If its easier to have a quick chat or teams meeting I'm happy to do so.

Kind regards

Gary

**Gary Tonkin** | Programme Manager  
Interim Health New Zealand

Mobile +64221679686

**From:** Lisa Murphy  
**Sent:** Monday, 2 May 2022 3:36 pm  
**To:** Gary Tonkin  
**Cc:** Debbie Brown <[Debbie.Brown@bopdhb.govt.nz](mailto:Debbie.Brown@bopdhb.govt.nz)>; Jonathan Wallace <[Jonathan.Wallace@bopdhb.govt.nz](mailto:Jonathan.Wallace@bopdhb.govt.nz)>  
**Subject:** Re: Request for info on BOP Health Council

Good afternoon Gary

Thank you for the opportunity to provide details to give your team a better understanding of how the Bay of Plenty Health Consumer Council operates. Below is the information you requested along with the link to the DHB website page which doesn't yet reflect our recently reduced membership. We are currently accepting expressions of interest as the first step in the recruitment process. The council meets monthly for 11 months of the year. The Annual General Meeting is the last of these held in December. The Terms of Reference provide for up to 15 consumer representatives with diverse backgrounds, contacts, knowledge and skills, and reflecting a range of areas of interest and experience in health and health service provision (lived experience).

- Currently 6 members: 1 Māori, 1 Eastern Bay of Plenty.
- Chair and Deputy Chair(s) elected annually by Council membership.
- Provision for 2 Co-Deputy Chair positions

For your interest, I have also attached a copy of the Consumer Engagement proposal that had been sent to the CEO Pete Chandler and the Board for consideration.

### **Who in the DHB holds the relationship with the Health Council?**

Debbie Brown, Senior Advisor Governance and Quality, Bay of Plenty DHB  
Jonathan Wallace, Executive Director – Health Quality & Safety, Bay of Plenty DHB

### **Main areas of focus at the moment:**

- Representation to provide consumer input to specific DHB projects as these arise.
- Representation on interview panels for key clinical appointments to provide a consumer perspective.
- Providing feedback on DHB initiatives presented directly to the Council.
- Conduit for disseminating to HCC members' networks information from DHB's weekly in-depth updates on COVID pandemic plans (the DHB's weekly 'Grand Rounds' which are accessible by all DHB staff and HCC members; each of these weekly sessions also includes detailed presentations on DHB system innovations).
- Consumer input to Clinical Governance Committee (2 Council representatives sit on the Committee)
- Membership recruitment and succession (ongoing).
- The Council has also adopted a process for conducting its own annual review of strategies, achievements, strengths and opportunities. These are carried out at a special Council-only meeting in December.

<https://www.bopdhb.health.nz/about-us/our-board-committees-council-and-partnerships/bay-of-plenty-health-consumer-council-bophcc/>



[Bay of Plenty Health  
Consumer Council  
\(BOPHCC\) | Bay of Plenty  
District Health Board |  
Hauora a Toi - BOPDHB](#)

Adrienne has an extensive public sector background, and has held governance positions at both a community and national level. Adrienne currently sits on the boards of Osteoporosis NZ, Age Concern NZ and Age Concern Tauranga.

[www.bopdhb.health.nz](http://www.bopdhb.health.nz)

I have copied Debbie and Jonathan in on this email so they can see what has already been provided. I am happy to discuss this further either by phone or in a teams meeting, and can be contacted by email or on 027 610 8044.

Kind regards

**Lisa Murphy**  
**BOP Health Consumer Council Chairperson**



## BAY OF PLENTY HEALTH CONSUMER COUNCIL

# CREATING A SYSTEM OF CONSUMER VOICE

**BAY OF PLENTY HEALTH CONSUMER COUNCIL JULY 2021**

### **BACKGROUND**

The Government's planned changes to the health and disability system will impact on the Bay of Plenty Health Consumer Council (HCC) and other consumer bodies within the Bay of Plenty. Considering this, the HCC held two workshops to explore the future for consumer/community voice within the local health system.

The Health Quality & Safety Commission has identified that patient and consumer voices should be understood and valued by health providers. They recommend that consumers are represented in all work programmes and at all levels.

The BOP DHB has various mechanisms in place to bring a consumer voice to the system. These include Te Amorangi Kāhui Kaumatua, the Health Consumer Council, Māori Health Runanga, Tauranga Community Health Liaison Group and the mental health consumer group.

The consumer representatives currently engaged with BOPDHB have direct experience of DHB services. However, they also bring:

- confidence in engaging with health decision makers and public forums
- experience in other consumer forums (government and community)
- perspectives and ideas that are informed by research and evidence
- broader perspectives developed via extensive community involvement
- a focus on solutions and working with the sector to shape health services.

Other mechanisms for consumer feedback include complaints and direct feedback to staff, although it is not clear how these feed into strategic change.

While consumer and community engagement is a key part of the Bay of Plenty health system, there remains significant room for improvement. Existing mechanisms often fail to be effective. There are numerous instances of the Council and other groups being excluded from engagement processes – and further examples of DHB staff failing to close the loop once engagement/consultation moves to action.

Specific barriers the HCC has experienced include an unclear mandate (despite Terms of Reference revised in 2020), lack of resources and support to develop and carry through ideas and initiatives, changes in DHB personnel assigned to assist the HCC carry out its functions, conspicuous examples of the HCC having been overlooked in DHB initiatives where a consumer perspective would be of value and occasions when HCC input has been sought for DHB initiatives but have come to nothing.

Inevitably, shortcomings in engagement with consumers creates the risk that DHB decisions and actions fail in terms of their resonance with and relevance to consumers.

### **THE PURPOSE OF CONSUMER ENGAGEMENT**

Consumers want to have an active role in their own healthcare and the services available to them. The existing system often fails to value consumer knowledge and the insights provided through

lived experience. While equity, diversity and inclusion are frequently used terms within BOPDHB, the reality of people's experience does not match with this. Appropriate tikanga has not been embedded within the system.

Our community wants to see a system that offers everyone a fair deal, that connects with people in their community/locality and empowers consumers.

The HCC identified five key purposes for consumer and community engagement: (1) Identifying Gaps, (2) Empowering communities, (3) Providing advocacy, (4) Sharing power, and (5) Ensuring transparency.



*Figure 1: The Purpose of Consumer & Community Engagement in the Bay of Plenty*

Effective community-led healthcare starts in the community. It values the lived experience of consumers in all their diversity. There is a need to effectively map services, gaps, and introduce systems to ensure the right spokespeople/consumer representatives are engaged.

The consumer voice should be able to disrupt the system – to challenge the status quo, particularly given different models and modalities of healthcare.

The HCC is aware that the health and disability system reforms will mean changes in planning and delivery that will directly affect patients and *whānau*. Issues already identified include *whānau* travelling greater distances to provide support for patients (there are already issues with this which a single national system seems likely to exacerbate), and the lack of services in key localities (examples in the case of the Bay of Plenty: Pāpāmoa, Ōpōtiki).

## **WHAT NEEDS TO BE IN PLACE FOR THE FUTURE**

Consumer and community engagement needs to be valued and supported at all levels of the system locally – from planning to operations. The goal of the system should be healthcare focused on illness prevention, and treatment based maximising return to independence or minimising dependency. This can only be achieved through supporting and empowering consumers to be part of developing and evolving the health system.

The HCC believes this can be achieved through moving to a relationship model of consumer and community engagement (see Figure 2).

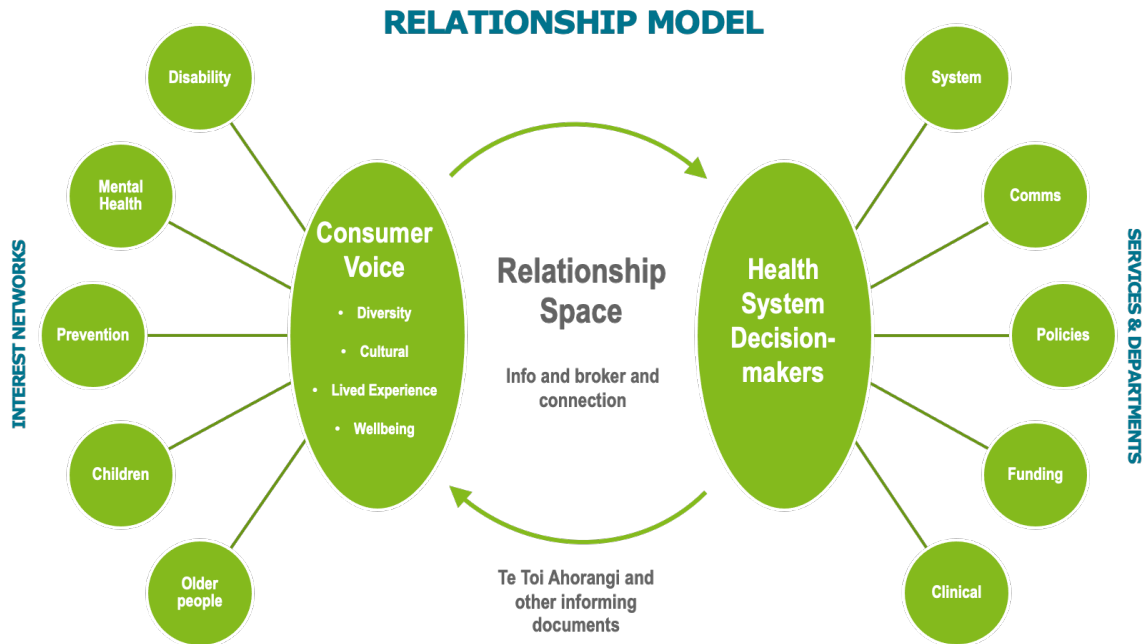


Figure 2 Consumer & System Relationship Model

Our Relationship Model creates opportunities to embed active and engaged community voice within the health system. This requires:

- » A local leadership body for consumer engagement and involvement. This group should be valued and empowered to be part of decision-making structures and processes. The group needs to be a mandated part of the system. Current arrangements appear to be tokenistic.
- » The local health system to establish useful and productive relationships with consumer organisations. It is not sufficient to expect consumer representatives alone to hold those relationships.
- » All consumer engagement to be connected and supported. Consumer representatives need to be provided with the opportunity and support to develop the skills needed to provide strategic and useful input. There needs to be support for contributions from consumer organisations as well as population level input.
- » DHB departments to establish relationships with the community and their consumers. These should be long-term and strategic, informing future service planning and delivery.
- » Diverse consumer voices, particularly by locality. It is likely that separate forums in the Eastern and Western Bay would enable greater diversity and address the variation in experience.

## PROPOSALS FOR CHANGE

The HCC proposes to the DHB that the HCC be re-configured with a greater degree of independence in fulfilling its purpose, and integrated with the DHB's other components of consumer engagement.

Our proposal is represented in the diagram above. The "Consumer Voice" oval would be the HCC. Rather than adding a new layer, the aim of our proposals is to re-configure the existing HCC to remove barriers and make best use of existing avenues for the consumer voice. The "health system decision makers" oval captures the intent behind the *Whānau* and Consumer-centred Health Care Council which has met once. Its inaugural membership was the HCC and senior DHB staff representing DHB departments.

The HCC would provide leadership and guidance on engaging with consumers. Membership would remain as it is currently, but vacancies filled with a view to the strengthened role we propose for the HCC. It would consist of people with lived experience of the health system and with diverse expertise and networks to provide advocacy, support service design and contribute to research projects. The group would have control over its allocated budget and resources.

Support is necessary to allow consumers to engage, be engaged, add value to workstreams, and to provide a representative community voice. In the case of HCC this means policy as well as administrative support, opportunities for training and development for members, and financial resourcing for meeting-by-meeting functioning, recognising the travel/mileage, time and value consumer representatives give to the DHB for HCC meetings and other meetings attended at the request of the DHB, budgeting for HCC to reach out to relevant community groups, work undertaken by members on specific projects etc.

The following diagram represents our preliminary thinking on how we envisage the HCC interfacing with other components of consumer engagement.

<i>Contributors</i>	<i>Functions</i>				
	<b>Identify gaps</b>	<b>Empower communities</b>	<b>Provide advocacy</b>	<b>Share power</b>	<b>Ensure transparency</b>
<b>Consumer leadership body</b>	x	x	x	x	x
<b>Consumer organisations</b>	x	x	x		x
<b>Department consumer reps</b>	x	x		x	x
<b>Locality consumer groups</b>	x	x		x	x
<b>Public meetings</b>	x	x			x

Figure 3: Functions and Contributors

## WHAT WILL THIS ACHIEVE

Developing an integrated and well-resourced relationship approach to consumer engagement will, we believe:

- » Provide a more visible space for the community to engage
- » Demonstrate the Bay of Plenty health system's commitment to consumer voice
- » Ensure that consumer voices are visible and active in policy, strategy, and funding decisions
- » Embed a consumer-centric view within the local health system
- » Enhance the HCC's role in furthering Te Tiriti o Waitangi principles, as provided by our Terms of Reference
- » Create multiple avenues for feedback
- » Ensure greater transparency and accountability
- » Provide for information and data to be shared with the community
- » Increase community trust in the health system.

It is further anticipated that this approach would allow consumer voices to be brought together to influence service delivery across related government agencies.

Finally, we anticipate this approach would sit well within the new health and disability system structures.

It would also align with the direction of HQSC's work on Partners in Care. Among other benefits, our proposal for a stronger consumer leadership group could provide the mechanism for a relationship with the HQSC's planned National Consumer Forum.

## BAY OF PLENTY HEALTH CONSUMER COUNCIL

2 May 2022

Tessa Mackenzie

Dear Tessa

I refer to your email of 12 April 2022 advising of your resignation as a member of the Bay of Plenty Health Consumer Council. Your resignation is accepted.

As an inaugural foundation member since the establishment of the Bay of Plenty Health Consumer Council in April 2018, you have been an integral part of the successes achieved in this time. It has been a pleasure working with you.

Through the efforts of the members, the Council is striving to meet its aims of enhancing consumer experience and service integration across the sector, promoting equity and ensuring that services are organised around the needs of the people in our communities. Although there are changes for the future, with your input the Council is in a strong position as a consumer voice for the upcoming transition.

On behalf of all our members I would like to thank you for your dedication, hard work and commitment during your tenure. We are all sad to see you go and wish you well in your future endeavours and continued work in the community.

Can you please arrange return of your Health Consumer Council ID badge to Maria Moller.

Yours sincerely



Lisa Murphy  
**Chairperson**  
**Bay of Plenty Health Consumer Council**



## BAY OF PLENTY HEALTH CONSUMER COUNCIL

2 May 2022

Mr Grant Ngatai

Email: [grant.ngatai@bopdhb.govt.nz](mailto:grant.ngatai@bopdhb.govt.nz)

Tena koe Grant

I refer to your email of 11 April 2022 advising of your resignation as a member of the Bay of Plenty Health Consumer Council. Your resignation is accepted.

I wish to thank you for your valuable contributions and hard work as a member of the Bay of Plenty Health Consumer Council since December 2019. You have been an integral part of the successes achieved in this time. It has been a pleasure working with you.

Through the efforts of the members, the Council is striving to meet its aims of enhancing consumer experience and service integration across the sector, promoting equity and ensuring that services are organised around the needs of the people in our communities. Although there are changes for the future, with your input the Council is in a strong position as a consumer voice for the upcoming transition.

On behalf of all our members I would like to thank you for your dedication, hard work, commitment, and guidance on cultural matters during your tenure. We are all sad to see you go and wish you well in your future endeavours and continued work in the community.

Can you please arrange return of your Health Consumer Council ID badge to Maria Moller.

Nga mihi nui



Lisa Murphy  
**Chairperson**  
**Bay of Plenty Health Consumer Council**

