

Consumer Council

Wednesday

7 December 2022

2:00pm – 4:00pm

**Waitematā Room, Level 2, Whenua Pupuke Building
North Shore Hospital Campus**

In person attendance with Zoom option available

CONSUMER COUNCIL

7 December 2022

Venue: Waitematā Room, Level 2, Whenua Pupuke Building North Shore Hospital Campus
Time: 2:00pm – 4:00pm

<p><u>Consumer Council Members</u></p> <p>Lorelle George (Consumer Council Chair) Ngozi Penson (Consumer Council Deputy Chair) Neli Alo Samuel Cho Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua) Rose Cosgrove (Te Whānau o Waipareira) Insik Kim Ian Ramos Ravi Reddy Kaeti Rigarlford Vivien Verheijen Eden Li (Student Representative)</p>	<p><u>Ex-officio - Waitematā DHB staff members</u></p> <p>Samantha Dalwood – Disability Advisor Tim Wood – Acting Executive Director Commissioning and Community Services</p> <p><u>Other Te Whatu Ora Health New Zealand Waitematā Staff members</u></p> <p>Dr Andrew Brant – Interim Regional Director Ravina Patel – Manager, Patient Experience Grace Ryu – Operations Manager, Asian Health Services</p>
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APOLOGIES:

Dr Andrew Brant – Interim Regional Director

AGENDA

Disclosure of Interests (see guidance)

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

WELCOME

KARAKIA

	1. AGENDA ORDER AND TIMING
	2. Welcome / Karakia / Introduction
	3. CONFIRMATION OF MINUTES
2.05pm	3.1 Confirmation of the Minutes of Meeting (26/10/22) 3.2 Actions Arising from Previous Meeting
	4. DISCUSSIONS
2.15pm	4.1 Patient Experience Report – Ravina Patel
	5. INFORMATION ITEMS
2.25pm	5.1 Reset and Restore Planned Care report and Te Pae Tata – Interim health plan released Update – Tim Wood
2.45pm	5.2 COVID-19: Reflections of the year report from Tamzin Brott
2.50pm	Working Break -----
3.00pm	5.3 Asian Maternal Mental Health: Healthy Mother Healthy Future – Grace Ryu
3.20pm	5.4 Terms of Reference and Membership of the Consumer Council 2023 onwards - Lorelle George, Chair
	6. ANY OTHER BUSINESS
3:50pm	6.1 Community Concerns 6.2 Area of interest for future meeting 6.3 Meeting evaluation

**Waitematā District Health Board
Consumer Council
Member Attendance Schedule 2022**

NAME	Feb 2022	Mar 2022	May 2022	June 2022
Lorelle George (Chair)	✓	✓	✓	✓
Ngozi Penson (Deputy Chair)	✓	✓	✓	✓
Alexa Forrest-Pain	✓	✓	✓	✓
Neli Alo	✓	✓	✓	✓
Maria Halligan	✓	✓	✓	✓
Insik Kim	✓	✓	✓	✓
Samuel Cho	✓	✓	✓	✓
Ian Ramos	✓	✓	✓	✓
Ravi Reddy	✓	✓	x	✓
Kaeti Rigarfsford	✓	✓	✓	✓
Vivien Verheijen	✓	✓	✓	✓
+Dale Bramley	✓	✓	x	x
+Samantha Dalwood	✓	✓	x	✓
Eden Li (Student representative)	✓	✓	✓	✓

**Te Whatu Ora Health New Zealand - Waitematā
Consumer Council
Member Attendance Schedule 2022**

NAME	August 2022	Sept 2022	Oct 2022	Dec 2022
Lorelle George (Chair)	x	✓	✓	
Ngozi Penson (Deputy Chair)	✓	✓	✓	
Alexa Forrest-Pain	✓	✓	x	
Neli Alo	✓	✓	✓	
Rose Cosgrove (Te Whānau o Waipareira)	✓	x	✓	
Insik Kim	✓	✓	✓	
Samuel Cho	✓	✓	✓	
Ian Ramos	✓	✓	✓	
Ravi Reddy	x	✓	✓	
Kaeti Rigarfsford	✓	✓	✓	
Vivien Verheijen	✓	✓	✓	
+Andrew Brant	x	x	x	
+Tim Wood	x	✓	x	
+Samantha Dalwood	✓	✓	✓	
Eden Li (Student representative)	✓	✓	✓	

- ✓ *attended*
- x *apologies*
- * *attended part of the meeting only*
- ^ *leave of absence*
- + *ex-officio member*

**TE WHATU ORA HEALTH NEW ZEALAND - WAITEMATĀ
CONSUMER COUNCIL**

REGISTER OF INTERESTS

Committee Member	Involvements with other organisations	Last Updated
Neli Alo	nil	24/09/19
Samuel Cho	Committee Member, Waitakere Health Link Member, Metro Auckland Asian and MELAA Primary Care Service Improvement Group (Auckland DHB and Waitematā DHB) Member, Asian Health Action and Advisory Group (Counties Manukau Health)	28/07/22
Alexa Forrest-Pain	Member, Auckland Council Youth Advisory Panel	09/08/22
Lorelle George (Chair)	Consumer Advocate – Harbour Hospice, Clinical Governance Committee	10/10/22
Rose Cosgrove	Daughter has a fixed term contract with Te Whatu Ora Health New Zealand – Waitematā	11/08/22
Insik Kim	No declared interest	03/07/19
Ngozi Penson (Deputy Chair)	Member, Metro Auckland Clinical Governance Forum Member, Ethnic Advisory Group (EAG), English Language Partners Northern Region Laboratory Network Point of Care Testing (POCT) Network Group, Co-Founder - Middle Eastern, Latin American, African (MELAA) Advisory group (MAG)	26/10/22
Ian Ramos	nil	03/08/22
Ravi Reddy	Board Member – Hospice West Auckland Senior Lecturer – Massey University Honorary Academic – University of Auckland	19/02/20
Kaeti Rigarlsford	nil	03/07/19
Vivien Verheijen	Member, Consumer Advisory Committee - PHARMAC Board member, Companionship & Morning Activities for Seniors (CMA) Lay member of General Standards Committee, NZ Law Society	27/07/22
Eden Li (Student Representative)	nil	14/09/22

Conflicts of Interest Quick Reference Guide

Any Consumer Council member who has or may have an interest in a transaction or issue under discussion by the Consumer Council must declare the interest in writing to the Interim Director Waitematā. The declaration must include sufficient information that the nature of the interest and the potential for it to conflict with the interests of Te Whatu Ora Health New Zealand is clear.

A Consumer Council member may be interested in a transaction or issue if they are:

- a party to, or will derive a financial benefit from, the transaction; or
- has a financial interest in another party to the transaction; or
- is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is (i) the Crown; or (ii) a publicly-owned health and disability organisation; or (iii) a body that is wholly owned by one or more publicly-owned health and disability organisations; or
- is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
- is otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Consumer Council member in carrying out their responsibilities, then he or she may not be “interested in the transaction”. The decision as to whether someone is “interested in the transaction” must be made by the Interim Director Waitematā.

A Consumer Council member who makes a disclosure as outlined above must not:

- take part in any deliberation or decision of the Consumer Council relating to the transaction or issue; or
- be included in the quorum required for any such deliberation or decision; or
- sign any document relating to the entry into a transaction or issue or the initiation of the transaction or issue.

The disclosure must be recorded in the minutes of the next meeting and entered into the interest register.

The Consumer Council member can take part in deliberations (but not any decision) of the Consumer Council in relation to the transaction if a majority of other members of the Consumer Council permit the member to do so. If this occurs, the minutes of the meeting must record the permission given and the majority’s reasons for doing so, along with what the member said during any deliberation of the Consumer Council Committee relating to the transaction concerned.

Consumer Council members are expected to avoid using their positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Consumer Council Committee’s integrity.

IMPORTANT

Note that the best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair of the Consumer Council who will determine an appropriate course of action.

Ensure the nature of the interest is disclosed, not just the existence of the interest.

Note: This sheet provides summary information only.

2. WELCOME AND INTRODUCTION

3. CONFIRMATION OF MINUTES

3.1 Confirmation of the Minutes of Meeting 26/10/22

3.2 Actions Arising from Previous Meeting

3.1 Confirmation of the Minutes of Meeting 26/10/22

Draft Minutes of the meeting of the Consumer Council of Te Whatu Ora Health New Zealand - Waitematā

Wednesday, 26 October 2022

Āwhina Waitākere Simulation Centre, Ground Floor, Waitākere Hospital and
by video conference commencing at 2.00pm

CONSUMER COUNCIL MEMBERS PRESENT:

Lorelle George (Chair)
Ngozi Penson (Deputy Chair)
Neli Alo
Samuel Cho
Rose Cosgrove (Te Whānau o Waipareira)
Insik Kim
Ian Ramos
Kaeti Rigarlsford
Vivien Verheijen
Ravi Reddy
Eden Li (Student Representative)

ALSO PRESENT:

Samantha Dalwood - Disability Advisor
Ravina Patel - Manager, Patient Experience
Dr Karen Bartholomew – Director Health Outcomes
Michelle Lambert – Research Fellow, Ngāi Tahu Māori Health Research Unit – University of
Otago
Emma Farmer – Director of Midwifery

KARAKIA

Rose Cosgrove led the Karakia.

APOLOGIES:

Alexa Forrest-Pain
Tim Wood

WELCOME:

Lorelle George, Consumer Council Chair welcomed everyone to the meeting.

DISCLOSURE OF INTERESTS

There were no updates or additions to the interest register.
There were no interests declared that might involve a conflict of interest with an item on the
agenda.

1 AGENDA ORDER AND TIMING

Agenda items were discussed in a slightly different order to the one initially listed.

3 CONFIRMATION OF MINUTES

3.1 Confirmation of Minutes of the Consumer Council Meeting held on 26 October 2022

The Minutes of the Consumer Council Meeting held on 14 September 2022 were received and approved.

3.2 Actions arising from the previous meeting

There were no actions arising from the previous meeting.

4 DISCUSSIONS

4.1 Patient Experience Report (Verbal)

Ravina Patel (Manager, Patient Experience) joined the meeting by Zoom for this item and provided a verbal update.

Matters covered in the discussion and response to questions included:

- Patient Experience measures
 - Measures of our net promoter score dropped in September from 80% in previous months to 75%. This measure will be followed up to ensure service improvement.
 - Māori and Pacific group measures scored highly in all our measures including decision making, patients feeling that they are being listened to, and being treated with compassion
- Team projects
 - Māori patients' experience lead is currently working on gathering feedback from patients to assess patients' needs and areas of improvement. Currently organising cultural competency training sessions for staff members to enhance tikanga practice, and also working on culturally appropriate questionnaires to ensure that interview and survey questions are culture appropriate and accurately capture what is important to Māori and Pacifica patients and their whanau.
- Dialysis Unit
 - Previous feedback from patients highlighted the need for visual art to be added to the space to make the dialysis procedure more pleasant. A photographer was hired and took a collection of scenic pictures of local beaches. Feedback was collected from patients, whanau and staff members regarding the artwork to be placed in the dialysis unit and based on consensus a piece of art was chosen and enlarged to be displayed for patients to look at while having dialysis.
- Volunteers' update
 - A pilot programme is currently being trialled for 4-5 weeks for volunteers to assist patients to attend outpatient appointments using the newly arrived supply of wheelchairs. Initially this programme involves 10 volunteers for 4-5 weeks, but after the pilot period the additional assistance from volunteers such as moving and handling will be considered. Once the outcome of the trial period has been assessed the programme will be extended to the rest of the volunteers.

The Consumer Council thanked Ravina Patel for her work.

5 INFORMATION ITEMS

5.1 Feedback for the Cardiac Angiogram Consent Form

The Consumer Council members provided feedback to Samantha Dalwood for further improvement on the Angiogram Consent form. This feedback has been given to Julia Reynolds and Guy Armstrong to make additional improvements.

5.2 National Science Challenge Healthier Lives Study (Agenda pages 16-17)

Dr Karen Bartholomew (Director Health Outcomes) and Michelle Lambert (Research Fellow, Ngāi Tahu Māori Health Research Unit, University of Otago) joined this meeting by Zoom and spoke to a presentation. The paper was taken as read.

Matters covered in the discussion:

- The research project is funded by Healthier Lives. The research of the project is led by Professor Sue Crengle in collaboration with Dr Karen Bartholomew and Michelle Lambert with the purpose to reduce inequity within health care. The project targets healthcare inequities in Māori and Pacific groups, but the model also aims to address inequities in other groups that may also experience poor health outcomes due to disadvantages.
- The project is about implementation science and equity readiness as a method used to address health inequity to achieve equal intervention and outcomes in healthcare.
- The research project has two phases. The aim is to provide an assessment tool to evaluate the readiness of the service with equity focused intervention in a Lung Cancer Screening program.
 - Phase 1 is almost complete: the consultation process involved literature review, interviews with key stakeholders and researchers within health care to evaluate experience with equity readiness tools and equity interventions. This process involved a workshop with the Kāhui, as well as input from the Consumer Advisor groups and members of the Waiemata Consumer Council. This phase has two outputs: the equity-focused implementation framework and the equity readiness assessment tool. Work was also done in theory of change for organisations.
 - Phase 2 involves the testing of the equity-focused implementation framework and the equity readiness assessment tool working alongside another research team that is implementing a trial of Lung Cancer Screening in Auckland and Northland.
 - The tools that have been developed will be used by the teams that are implementing the Lung Screening in Primary Care: radiology, oncology, and respiratory teams with the aim to assess equity implementation readiness before applying the equity intervention.
- Phase 1 output:
 - Equity-focused implementation framework: the proposed model is an international framework that has been adapted to suit the New Zealand context and centred on whanau to be used in New Zealand's health care system. The model includes the journey of the equity implementation process from beginning to end.

- Equity readiness assessment tool: this model has been developed for everybody in healthcare to be able to apply the framework when devising equity intervention implementation. It comprises of a two-page questionnaire for team members to complete and discuss ideas in relation to motivation, intervention and organisation capacity of equity intervention. This model encourages reflection on current processes for the team to share individual and teamwork perspectives on equity intervention implementation. This tool will be tested in the Lung Cancer Screening program by radiologists, respiratory teams and primary care teams involved in the pathway for the lung screening, and training will be provided to the relevant teams.
- Feedback was provided in relation to the language used in the paper and there was a suggestion to change the language used to something less academic or less technical and more accessible to optimise the Consumer Council's input. Additional comments were provided in relation to the Whanau Ora framework and that perhaps this model could be embedded in the proposed model to better reflect the Māori voice.
- The Kāhui and Consumer Advisory groups meet every two months and it was suggested that it would be beneficial if five or six members of the Consumer Council could perhaps join these meetings to further refine the design of the equity tools to be implemented.
- Council members were asked to email Fabiana or to Michelle Lambert with Expressions of interest.

The Consumer Council acknowledged Dr Karen Bartholomew and Michelle Lambert and thanked them for their time.

3.10pm to 3.20pm – the meeting adjourned for a short break.

5.3 Waitākere Primary Birthing Unit Update (Verbal) (Agenda pages 18-24)

Emma Farmer (Director of Midwifery) provided a verbal update and spoke to her presentation.

Matters covered in the discussion and response to questions included:

- The project started in 2015 and it has very clear aims and objectives:
 - Improve maternity services for Māori, Pacific and teenage parents, and reduce perinatal mortality. Families that do not engage well with primary care have higher perinatal mortality rates. Community consultation highlighted the need for a facility that felt more like home where families could also access medical and clinical care.
 - There was a need for a primary birthing unit in the Waitākere region as there was a lack of a facility that could service the metro urban areas.
 - Provide a facility with a dedicated space for pregnancy and parenting education for Māori, Pacific and teenage parents.
 - Increase breastfeeding by creating a donor breastmilk bank.
- Public consultation in 2017 was quite a thorough process and involved integrating the feedback of over a thousand submissions from members of the community.
 - 87% of the feedback received was in support of the new facility. Some of the entities showing support were the Women's Health Action, DHB Maternity Services and Waitākere Health Link
 - The codesign process involved input from Māori consumers and Māori midwives

- The location site is at the back of the Waitākere hospital, which was deemed to be the perfect location due to its strategic point of access to the hospital, native plants in the grounds and separate access to the facility.
- The layout of the building has two parts, one for the birthing units and the other for the communal areas. The individual birthing units are modelled and equipped as a motel room, each with their own en-suite bathrooms containing a birthing pool, and an outside area with an outdoor deck and garden to resemble a home environment; and the facilities include free carpark.
- The business case for this project was approved by WDHB Board in August 2021, and the Regional Capital Investment Group in September 2021. The project required ministerial approval for the build due to the value of the project. The developed design phase has been completed, but ministerial approval is still pending due to the transition to Te Whatu Ora Health New Zealand.

The Consumer Council acknowledged Emma Farmer's detailed update on this project and thanked her for her time.

5.4 Chair's Update (Verbal)

The Chair provided a brief overview of points discussed at the two recent Consumer Council Chairs' meetings she attended. The Chair will send this information to members by email.

6 ANY OTHER BUSINESS

6.1 Community Concerns

No community concerns were raised.

6.2 Area of interest for future meeting

No comments or issues were raised.

6.3 Meeting evaluation

The Chair encouraged the Council members to provide feedback and the comments provided were very positive. There was general consensus on the importance of having face to face meetings whenever possible for greater engagement.

The Chair thanked the members and attendees for their time.

The meeting closed at 4.00pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF TE WHATU ORA HEALTH NEW ZEALAND - WAITEMATĀ – CONSUMER COUNCIL MEETING HELD ON 26 OCTOBER 2022.

_____CHAIR

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE
CONSUMER COUNCIL AS AT 16 NOVEMBER 2022**

Meeting Date/ Minutes ref.	Topic	Action / Status
26/10/22	Feedback on the pilot programme for Volunteers to give assistance with patient wheelchairs.	Ravina to provide an update at the meeting on 7 December 2022

4. DISCUSSION ITEMS

4.1 Patient Experience Report

Patient Experience Feedback

1.0 National Inpatient Survey

The next survey will go live on 15th November 2022. The sample who receive the survey is a selection of patients who visited the hospital during the two-week period from 24th October to 6th November 2022.

Participants have until the 6th December 2022 to complete the survey by email and until 5th January 2023 by paper. The results will be made available around 11th January 2023.

2.0 Friends and Family Test

2.1 Friends & Family Test Overall Results – Adult Survey

In October 2022 the Net Promoter Score (NPS) was 75 with feedback from 751 people. The NPS is on a par with the previous month and the number of responses is up from 628 last month to 751 this month. The overall NPS continues to score above the target of 70, however the measure ‘involved in decision making’ scores slightly below target again this month.

2.2 Friends & Family Test Overall Results

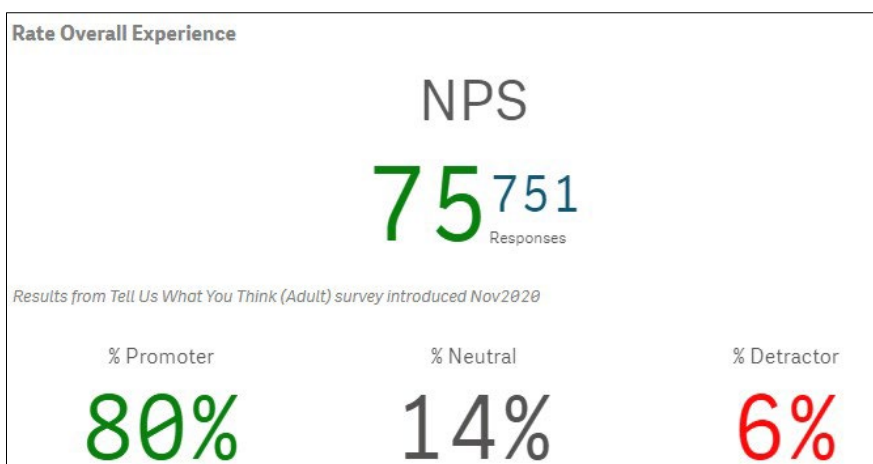
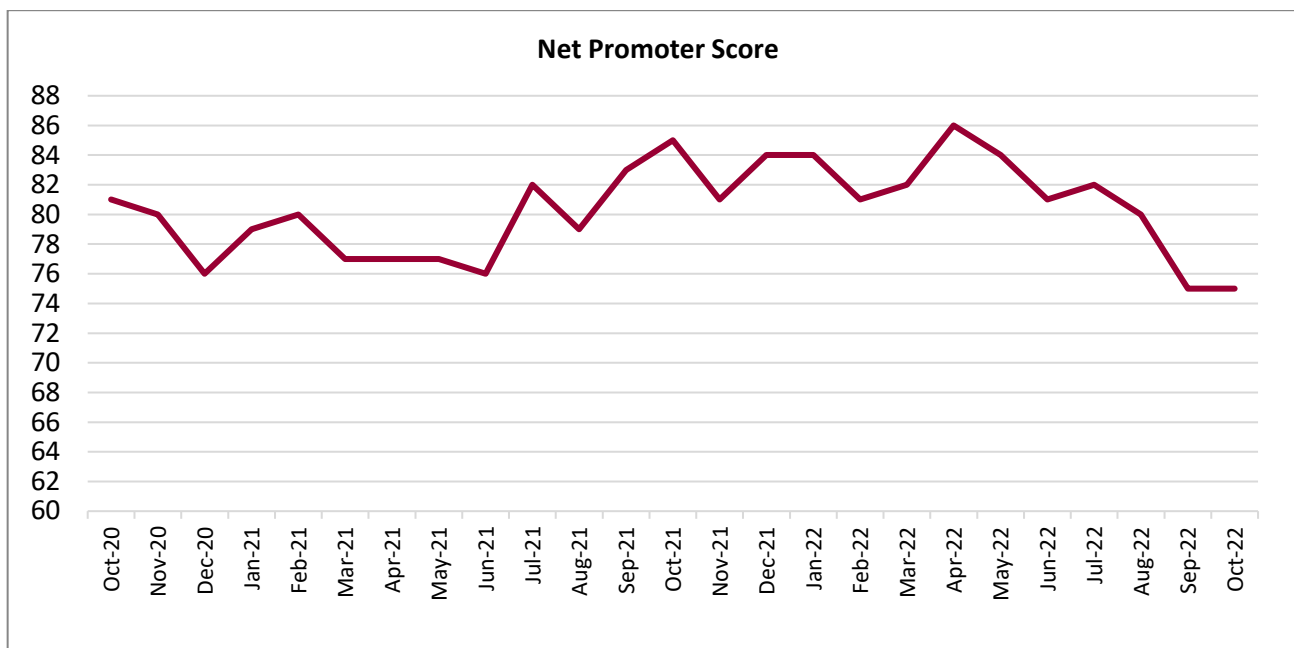


Figure 1: Waitematā DHB overall NPS

Pt Experience by Service (Adult and Maternity)								
Month & Year	Surveys	Rate Overall Experience	Welcoming and Friendly	Listened To	Treated with Compassion	Involved in Decision Making	Explained in a Way I Understood	
Totals	751	75	84	78	81	67	78	
Oct-2022	751	75	84	78	81	67	78	

Table 1: Waitematā DHB overall FFT results

Patient Experience Report (November 2022)



Graph 1: Waitemata DHB Net Promoter Score over time

2.3 Total Responses and NPS to Friends and Family Test by ethnicity

October 2022	NZ European	Māori	Asian	Pacific	Other/ European
Responses	462	29*	56	27*	177
NPS	74	76	79	78	73

*Low base size, interpret with care

Table 2: NPS by ethnicity

In October, all ethnicities met the Waitemata DHB NPS target and scored above 70.

October 2022	NZ European	Māori	Asian	Pacific	Other/ European
Staff were welcoming and friendly	86	83	82	79	81
I was listened to	80	80	80	57	77
I was treated with compassion	84	87	78	59	78
I was involved in decision making	65	52	70	67	74
My condition/treatment was explained in a way that I understood	80	70	80	68	77

Table 3: NPS for all questions by ethnicity

This month, most measures score at or above the DHB target, however there are some exceptions. ‘Involved in decision making’ has scored below our target score for three of our ethnic groups. Pacific has also scored below target for all measures with the exception of ‘welcoming and friendly’. Unfortunately, no feedback was provided by patients about the reason for their low scores.

2.4 Patient Experience Highlights

➤ **Patient Surveys**

In October we have continued the patient and staff reviews of the Korero Mai – Talk to Me programme, and surveys with patients using the Phlebotomy and Renal Services. Soon the team will start interviewing patients for the discharge

Patient Experience Report (November 2022)

project also. Feedback has been insightful, and results will be shared once the projects conclude and an evaluation of the findings will be completed.

➤ Patient Feedback

Patient Feedback in October has once again been positive with patients reporting staff as kind, helpful, compassionate and friendly. Staff were efficient and offered wonderful care.

“The nurses just treated me with such kindness and ensured I was OK, safe and included me in how to manage my pain and were just so lovely and treated me holistically.” (Hine Ora Ward, NSH)

“The dentist had a warm & comforting manner that made my daughter feel safe & happy for her teeth to be checked.” (ARDS, Silverdale)

“I appreciate the nurses/doctors and everything they do to me. I couldn’t thank them enough. They made me comfortable and happy. Sad to say goodbye to everyone.” (Muriwai Ward, WTH)

3.0 Māori Patient and Whānau Experience

Equity for Māori

Cultural Training for staff:

Hohourongo (process of reconciliation and peace making)

The Hohourongo process was implemented following an incident at Waitakere Hospital. The patient and their whānau requested a meeting with the nurses concerned. The nurses, Charge Nurse Manager and Clinical Nurse Director, He Kamaka Waiora Māori Health Team, the Māori Patient and Whānau Experience Lead and the patient and whānau met and participated in the Hohourongo that was led by our Kaumatua Matua Fraser Toi. The Hohourongo process was very new for some of us, and the learnings gained from it were very positive and for all concerned.

4.0 Volunteers

4.1 Volunteer Recruitment Statistics

Volunteer numbers are down one on the previous month with some movement between categories.

Green Coats Volunteers (Front of House) (A)	Other allocated Volunteers (B)	Volunteers on boarded awaiting allocation (C)	Total volunteers available (D) (A) + (B) + (C) =(D)
45	119	2	166

Table 4: Volunteers Recruitment

The Patient Experience team started a targeted recruitment towards the end of September to fill current gaps. Recruitment is progressing and volunteers are moving through the process. In addition, the team is collaborating with other organisations such as Kidney Society to recruit for specific roles like Dialysis Unit volunteers.

The Patient Experience team has been also consulting regionally with Auckland and counties Manukau to put in place a regional approach for recruitment.

4.2 Volunteer Highlights

➤ Volunteer hours

All Waitemata volunteers have been trained to use Better Impact which allows volunteers to sign in and out of their shift. This has been useful to understand volunteer hours and generating data. For the period of July-September 2022, 70 volunteers logged their hours and donated 1,589 hours to support the organisation. The team is now looking to expand the use of Better Impact to other partner organisations such as Justice of Peace and Hospital auxiliary.

Patient Experience Report (November 2022)

➤ **Hospital Auxiliary**

Hospital Auxiliary volunteers donated just about 1,000 items to both Waitakere and North Shore hospitals this month. Both teams have started preparing gifts and packs for Christmas.

➤ **Christmas celebrations**

The Christmas celebrations will take place on To be held on Wednesday 7th December at Waitakere Hospital and Thursday 8th December at North Shore hospital.

➤ **Waitakere Hospital Volunteer Shop**

The Waitakere Hospital Shop continues to bring in goods from the West Auxiliary team as well as some donated goods from some churches in the area. The month of October has made \$1046 in sales. The volunteers continue to work hard to make the shop look appealing and meet the needs of the community.

5.0 Consumer Council Update

The Consumer Council met on 26 October 2022. They discussed the following agenda items at their most recent meeting:

- Patient Experience Report – Ravina Patel, Patient Experience Manager presented her report and work that the team has been doing.
- Update on coronary angiogram consent form – Julia Reynolds – Clinical Nurse Specialist, Cardiology (NSH) at the August Consumer Council meeting, feedback given by the Council has been incorporated into an updated version of the document. The Council gave some robust feedback on the new document, including the lack of consistency in the images and the gaps of information. This has been feedback to Julia Reynolds since the meeting.
- National Science Challenge Healthier Lives Study – Dr Karen Bartholomew, Director, Health Outcomes and Michelle Lambert, Research Fellow, Ngāi Tahu Māori told the meeting that they have been funded, by the Healthier Lives, National Science Challenge, to undertake a two phase “implementation science” piece of research, which aims to identify the facilitators and barriers to the equitable implementation of health interventions in Aotearoa NZ.
- This piece of work is being conducted using an implementation science framework and equity readiness assessment tool developed in Phase 1 of this research project, with the aim of developing an implementation pathway for evidence-based interventions in an area of strategic importance for the NZ health sector. Lung Cancer Screening is the intervention being utilised in this second phase of work to test the equity readiness assessment tool.
- Karen and Michelle discussed with the Consumer Council about the opportunity, in this second phase of work, for the creation of a new subgroup of the Council to work with the Kāhui as this programme is tested alongside the Lung Cancer Screening Project. We seek input which, it is envisaged, will directly influence decision making, project direction and activities – in this phase more directly about the applicability of the tool in practice and in wider health sector settings.
- Waitākere Primary Birthing Unit Update – Emma Farmer, Director of Midwifery. Emma presented an overview of the new primary birthing unit that is planned for Waitakere Hospital. She outlined the planned facilities, including a birthing pool, kitchenette, double bed and outdoor space for each of the six units. The design is a result of lots of community consultation. Feedback was that the community wanted a separate unit, but one that is close to the hospital, if needed. The unit is on the site of Waitakere Hospital, but will be approached by a separate entrance to the hospital. The Council were very supportive of the design.
- Chair’s update – community concerns, meeting feedback, update on future of consumer councils. Lorelle George, the Chair, is waiting for confirmation of what the future Consumer Councils will look like. In the meantime, the current Consumer Council will carry on as it is at the start of 2023.

5. INFORMATION ITEMS

- 5.1 Reset and Restore Planned Care report and Te Pae Tata – Interim health plan released Update
- 5.2 COVID-19: Reflections of the year (Report only)
- 5.3 Asian Maternal Mental Health: Healthy Mother Healthy Future
- 5.4 Terms of Reference and Membership of the Consumer Council 2023 onwards

PRIMARY AND COMMUNITY PARTNERS PĀNUI

Tēnā koutou katoa

Thank you, for holding onto the vision laid out in the Pae Ora legislation, while we chart the new course for this hauora journey.

As you will know, the reforms bring together multiple funding bodies to form a single system that will reshape the primary and community health environment. Through the reform we will respond to and measure success based on what matters to people, rather than what's the matter with people.



I welcome your views, your expertise and your participation in forming the path ahead. This will take time, but you can expect that the commissioning team will be including you as we step through this reform path together.

Over the next 12-18 months we will work with you to develop future models of care and funding arrangements in critical sectors like primary care, community pharmacy, and aged care, to name just a few. This includes developing the frameworks, processes and mechanisms that may replace national agreements such as the PHO Services Agreement. In the meantime, these existing agreements continue to be in place to guide processes and discussions on funding to primary and community care.

Within Te Whatu Ora, I'll also be proposing new team structures to bring about the whānau and community-led system that is promised in the legislation. I'll be proposing a move away from traditional hierarchical organisational structures and moving decision making and autonomy as close to your communities as possible.

One of my first priorities is to work closely with Te Aka Whai Ora to co-commission services and connect with Iwi across the motu. We know that investment in capacity and capability of Māori providers is a key component to addressing the Wai2575 findings and upholding the promise in the Pae Ora legislation.

I'm also very interested in our locality prototypes. These 12 first localities will help us understand how we can respond to the needs and aspirations of whānau and communities, while at the same time achieving the benefits of national consistency where appropriate.

Finally, I want to acknowledge that supporting whānau and communities to achieve pae ora during times of change is not easy. It is challenging work with an over-stretched workforce, and I recognise that you are still performing this important mahi often without the clear answers that you need from us on the path ahead. So I want to say thank you! Thank you for your mahi and your patience as we figure out those clear answers and communicate them with you.

While some things are yet to be certain, I want you to know that you are valued. It is clear to me that we come to work with a united purpose, to support whānau and communities to achieve pae ora. I appreciate your continued service delivery as we work together to chart the new course.



Abbe Anderson (she/her)

National Director Commissioning

In this edition:

- [Introduction to Abbe Anderson, National Director – Commissioning](#)
- [Workforce initiatives: Supporting Community Based Attachments in general practice](#)
- [Localities update: Naming of Taikorihī Locality](#)
- [Te Pae Tata: Early actions programme invitation](#)
- [Recruitment: Regional Wayfinders](#)
- [Heads up: Rural Health; Summer Messaging](#)
- [Missed it? Ola Manuia launch; Antimicrobial Awareness Week 2022](#)

Introduction to Abbe Anderson

Abbe Anderson is no stranger to New Zealand having spent her formative years volunteering for the medical aid organisation Mercy Ships before returning to the United States to become a medical assistant in general practice.

Abbe then returned to complete her MBA at Otago University and going on to working with the Southland District Hospital Board, as it was known at the time, on projects in Invercargill, Queenstown and Gore.

More recently, Abbe has been the CEO of Brisbane North Division of General Practice, Medicare Local and Primary Health Network where she lead the organisation through two government reforms including establishing the first Medicare Local commissioning body of its kind in Australia.

- [Watch: A short 5 minute introductory video from Abbe Anderson](#)
- [Read: A short bio from Abbe Anderson's bio and other executive members from Te Whatu Ora](#)

Workforce Initiatives:

Increasing numbers of Community Based Attachments in General Practice, including in rural, high Māori and Pacific population and high deprivation areas

To help with increasing the number of registrars choosing general practice as a valuable vocation, funding is available from January 2023 to general practices to support them to take Post Graduate year 1 and 2 doctors (PGY1 and 2) for rotational placements.

Te Whatu Ora placement units will work hard to encourage and support PGY 1 and 2 doctors to choose general practice as a rotational placement choice. Community-based placements in rural, high Māori and Pacific population and high deprivation areas will also

be encouraged. The placements will provide PGY 1 and 2 doctors with valuable experience working in primary care and more closely with whānau and community. Experience working for underserved communities in general practice can lead to registrars choosing general practice as a valuable vocation. These outcomes may also contribute to the reduction in numbers of people needing hospital care and to our goal of improving equity across Aotearoa.

- [Read: The October announcement which identifies funding for general practice](#)
- Become a host: Talk to your local Resident Medical Officer training unit about supporting a community based attachment
- Get in touch: Primary.Care@health.govt.nz

Localities update: Naming of Taikorihī Locality

Earlier this month Whakawhiti Ora Pai, our most northern Māori health provider, hosted some of our kaimahi, Te Whatu Ora Board Chair, Rob Campbell and Te Taumata Hauora o Te Kahu o Taonui. The Muriwhenua locality working group revealed and received a blessing on their new name, Taikorihī Locality.



The name Taikorihī was gifted to this locality and speaks to the environmental surroundings that shapes and acts as a metaphor for the changes in our health system; working towards better health outcomes for the people of this region.

The working group includes many health, iwi and community services who worked together during the response to COVID-19: Whakawhiti Ora Pai, Te Hiku Hauora, Broadway Health, Hauora Hokianga, Ngāti Kahu Social Services, Aupōuri Ngāti Kahu Te Rarawa Trust (ANT), Te Runanga o Te Rarawa social services, Te Hiku Iwi Development Trust, NorthAble Matapuna Hauora, Healthy Families NZ, Te Mana Oranga, Te Whatu Ora - Tai Tokerau and public health teams, Te Tai Ora, Mahitahi PHE and other iwi and health agencies.

- [Watch: Te Karere newsclip of the Taikorihī locality](#)

A localities approach

In the reformed health system, the people that live in a community will have a strong voice in identifying what's needed in their area to live full and rich lives. Iwi, mana whenua and hāpori Māori will guide the health system and its partners to deliver services and solutions to meet community needs and aspirations for Māori.

A localities approach is not new. There are already a number of initiatives working in this way in Aotearoa and internationally. What is new is that the Pae Ora (Healthy Futures) Act has now mandated this will be the way health and social services will be designed and delivered across Aotearoa.

In Aotearoa we currently have 12 prototype localities. By 2024, every person in Aotearoa will belong to a locality. We are constantly learning from these prototypes as they develop to ensure that and that all New Zealanders have access to a consistent range of services,

organised, designed and delivered at a local community level. Our northern most region with a locality prototype is Te Hiku o Te Ika.

Te Pae Tata:

Primary, Community and Rural Early Actions Programme virtual hui invitation

Come along to find out what's happening to drive some of the early benefits described in Te Pate Tata as we work together to build a sustainable, unified health system to deliver on the promise in the Pae Ora legislation.

In this online webinar we will introduce the Primary, Community and Rural Early Actions programme. As well as discussing key priorities within the programme and the work that is currently underway, the hui looks to engage with you on how you can participate and inform the work over the coming months.

- [Read: About the programme](#)
- Date: Monday 28 November
- Time: 6.00pm - 7.00pm
- Link: [Join Meeting Here](#)

Recruitment: Regional Wayfinders

Te Whatu Ora is seeking four experienced individuals to join the Commissioning Team. The work of the Commissioning Team is fundamental to achieving the vision of Pae Ora. The Commissioning function is directly responsible for planning and funding community-based public services and is heavily involved in the planning and shaping of all public health services across the motu. The Commissioning Team is responsible for building, maintaining and continuously improving robust planning and decision-making processes that give voice to communities and whānau and enable the health system to deliver what matters to communities and whānau across the motu.



- [Read: Find out more and apply by Monday 28 November](#)

Heads-up: Rural Health

A rural health team is being established within national commissioning in Te Whatu Ora to deliver on key priorities for rural health. A work programme for rural health is in development based on actions in Te Pae Tata, and priorities identified by Te Aka Whai Ora, Manatu-Hauora, and the rural health sector. This is a heads-up that there will be opportunity for people to express interest and participate in specific rural health initiatives.

New Zealanders urged to 'Have a safe-as summer'

Like a number of holiday hotspots across Aotearoa, the Coromandel community plays host to over treble its population in visitors over the holiday season. In 2021, with Omicron on the doorstep, the community drew upon strong relationships between the then District Health Board, Māori Hauora Providers, Primary Health Organisation, Pharmacies, community providers, and others throughout the Waikato, to plan for any increase in cases. A special meeting with the Thames / Coromandel community including local councils, saw plans for testing, welfare, hospital preparedness, health service preparedness and communications.

This year, to support Te Whatu Ora regional stakeholders, national and regional messages are being created for them to use to support communities and whānau to 'have a safe-as summer'. With fewer COVID-19 restrictions in place and a holiday season of travel, tourists and events, summer deserves to be celebrated, safely. The content emphasises to people that they need to plan ahead, be ready with face masks and RATS and prescription medications and prepare to test and isolate in case they get COVID-19 while they are away.

- [Note: The National messages and any supporting promotional material will be shared in the next edition.](#)

Missed it? Ola Manuia launch

On 11 November, Associate Health Minister Hon. Aupito William Sio officially launched Ola Manuia interim Pacific Health Plan July 2022-June 2024 (Ola Manuia) at an event in Auckland. He was joined by Markerita Poutasi, Te Whatu Ora National Director Pacific Health and others from the Pacific health sector and community to celebrate the new plan.



Ola Manuia provides a detailed guide for our Pacific Health work programme over the next two years with commissioning identified as one of six key enablers to build critical Pacific health foundations..

It is a companion document to Te Pae Tata - interim New Zealand Health Plan, providing more detail on Te Whatu Ora's approach for strengthening Pacific Health enablers and taking action on seven Critical Pacific Health priorities; Mothers and babies, Children and youth, Older people, Tagata sa'ilimalo | disabled people, Mental health and wellbeing, Long-term conditions, including cancer, diabetes, and gout, and Pandemic response, including addressing gaps and missed care over the last two years

- [Read: Ola Manuia Interim Pacific Health Plan](#)

Antimicrobial Awareness Week 2022

Community pharmacy teams across New Zealand have supported the call to raise public awareness of



antimicrobial resistance and wise use of antibiotics, this week, joining in the Antibiotic Amnesty campaign.

Top picture: Kirsten, Maryann, Patrick and Cullum from Unichem Springlands, in Marlborough said the campaign raised good awareness for the issue and that the pharmacy was now involved with frequent antibiotic reviews at a local rest home which was helping with the circulation of unnecessary antibiotics in the community.

Left picture: Brian Powell from Poswillos Pharmacy had posted to the local Marlborough Facebook group 'Cool Cat Chat' on behalf of the pharmacy, which resulted in people making pledges online to bring unused antibiotics back to the pharmacy. And Sharon from Wairau Community Clinic said education about the significance of the issue is key to making change and a difference.

Right picture: Debbie and Mo from Community Care Pharmacy noted that awareness that the best thing for people to do is to bring antibiotics back to a pharmacy was crucial to the campaign.

- [Read: A local cover story on the Marlborough community pharmacy approach](#)
- [Read: A frequently asked questions sheet on antibiotic amnesty](#)

[This newsletter has been produced by the Communications and Engagement team at Te Whatu Ora. If you you like to recommend content, topics or have any questions about the newsletter, please reach out to Natasha Hoskins, Strategic Lead – Commissioning, Communications and Engagement: \[Natasha.Hoskins@health.govt.nz\]\(mailto:Natasha.Hoskins@health.govt.nz\)](#)

COVID-19: Reflections of the year and Current Update. Report for Te Whatu Ora Waitematā Consumer Council

Contact for telephone discussion (if required)

Name	Position	Telephone	Suggested first contact
Tamzin Brott	COVID-19 Executive Lead and Chief Allied Health Scientific and Technical Professions Officer	██████████	✓
Graham Zinsli	Incident Controller – COVID-19 Incident Management Team	██████████	

Please find a brief summary below outlining the past year (2022) and our COVID-19 response, modelling for summer and our current numbers.

CURRENT STATE (as at 0800hrs 24 November 2022):

- Patient numbers – 47 inpatients across the district (wards - 45, Emergency Department (ED)/Assessment and Diagnostic Unit (ADU) - 1, High Dependency Unit (HDU) - 1 – surgical outlier, not admitted due to COVID-19 reasons).
- COVID Care at Home (CC@H) - 10, Hospital in The Home (HiTH) - 24, Total = 34
- Staff numbers – 134 positive in the last seven days (averaging 20 per day)
 - Staff vaccination rate 99.3% (two primary and a booster)

COVID-19 RATES IN THE NORTHERN REGION (Update 22 November 2022):

- Positive notified cases slowly rising past 1400 per day over the last week for the Northern Region (range 900 – 2,000 per day) - perhaps a peak might be expected in December
- Averaging around 32 COVID-19 positive hospitalisations a day across the Northern Region, but varying from 27 to 41 a day
- Expecting rates to continue to rise this week
- Active COVID-19 patients in Northern Region hospitals climbed to 155 on any one day
- Case rates continue to slowly rise. Rates per 1,000 population in Waitematā District (0.78) above Auckland (0.73) and Counties Manukau (0.70), with Northland (0.63) the lowest. Case rates changes appear reasonably consistent with hospitalisation trends.
- Admissions per day rising for Waitematā to about 15 per day, small rise for Auckland and Counties Manukau from five to seven (5 - 7) per day each, Northland steady around three (3).

YEAR IN REVIEW:

Numbers:

(1 January – 24 November 2022 – data retrieved from the [Regional COVID dashboard](#))

1. Total number of COVID-19 inpatient – 6,393 (includes all mental health inpatient units, Hospital in the Home (HiTH) and COVID Care at Home (CC@H))
2. Number of COVID-19 presentations managed in our emergency departments (ED) – 5,455 (includes patients discharged from ED and ED patients admitted to wards)
3. Waitematā district:
 1. Number of Confirmed cases - 135,697
 2. Number of Probable cases - 86,726
4. Number of Waitematā staff who contracted COVID-19 (1 February – 24 November 2022) – 5,521 (61.8%). Data from our Staff Contact Tracing Team who have contacted and scoped all staff notified to them. This number may not be complete if staff have not reported their positive result in the My COVID App, or informed their manager or Staff Contact Tracing of their positive result.

Services:

Incident Management Team (IMT):

The IMT provided a 24 hour, seven-day service throughout the year until 14 October 2022 when the weekend roster was stood down with the executive on call picking up any notifications or issues over the weekend period. A shadow IMT remains in place (Incident Controller, administration and executive lead) and can be expanded if need be.

Infection Prevention and Control (IP&C):

The role of IP&C team during the pandemic surges has been to assist with early identification of inpatients that are COVID-19 positive and facilitate moving them to one of our specially built wards, with enhanced airflow engineering, so they can be cared for in the right environment by highly skilled staff familiar with the needs of COVID-19 positive patients. The team also carefully review any patients who may have shared a room with a patient who became positive after being admitted, in a similar way to contact tracing for household contacts. We call this an exposure event and assist the wards to move these patients into the correct isolation and testing pattern to prevent onward spread.

During the winter period our IP&C teams also oversee patients who have Influenza and Respiratory syncytial virus (RSV) as well as our patients who have a multi-drug resistant issue to ensure that transmission of any virus or organism is kept to a minimum.

As at 24 November 2022 IP&C have managed 375 exposure events, an average of 34 per month with July 2022 being the busiest month with 77 events. Since May 2022 we have been collecting data on whether the patients who become COVID-19 positive while in our care have been incubating the virus while in the community (75.7%) or developed it during their hospital stay (24.3%) predominantly from visitor exposure.

Staff Contact Tracing (SCT):

Our staff contact tracing team contact all staff who become COVID-19 positive, notified to them, to understand any transmission issues and to support them with care and return to work advice while they in their infectious period.

- Since 1 February 2022 5,521 staff have been scoped, with the initial peak in March 2022 and a second peak in July 2022
- On 10 October 2022, with reducing COVID-19 numbers, SCT were able to reduce the team from a seven-day working model to a Monday to Friday service
- No WorkSafe notifiable patient to staff exposure events have been reported to date
- 102 staff have been recorded as having COVID-19 twice

COVID-19 Vaccination:

- Both the Orewa and the North Shore Events Centre Vaccination Site and rapid antigen test (RAT) collection centres had to close following storm damage on 23 March 2022
- The Albany vaccination centre closed on 29 April 2022
- With the number of vaccinations declining considerably the last day of operation of the ROVING COVID-19 Vaccination Team was 29 May 2022
- Inpatient vaccination – As required, outreach vaccination teams are brought in to vaccinate our high-risk inpatient groups i.e., Mason Clinic, Renal Dialysis Units
- Staff vaccination rates - 99.3% of all eligible staff have received primary course of two primary vaccinations and one booster

Procurement and Supply Chain:

Procurement and Supply Chain has continued to maintain a close watch on our supply chain over 2022 with lockdowns locally and globally impacting on critical deliveries, disruption due to staff shortages, COVID-19 restrictions and increased clinical supply demands across the country and globe. Based on the learnings of past three years we have good processes, plans and stocks of all pandemic related supplies (i.e., PPE and RATs) to cover any future surges. Both local and national supply chain and procurement teams have been working with suppliers for higher stock holdings in New Zealand to ensure there is some cover for unforeseen disruptive incidents in future.

Patient Surveillance Swabbing:

As we came out of the initial 2022 surge and the volume of COVID-19 presentations reduced in August 2022, the Waitematā surveillance swabbing team was stood down with the last day of operation on Sunday 30 October 2022. With the current new rise in community cases, and following a couple of ward exposure events, we reintroduced surveillance swabbing for admissions to the inpatient wards on 23 October 2022. Mental Health and maternity continue to have a robust preadmission process in place and there is no need to change current screening process at this time.

Oranga Coordinators:

The Oranga Coordinators are a small team of Māori women who work closely with Māori patients to provide culturally appropriate support. This can range from showing kindness when speaking with patients

about their concerns and worries at the bedside, to advocating for patients and following-up with them after discharge. Many times, the person in hospital has been worried about members of their entire household who have also tested positive and needed to isolate at home. Help can come in the form of checking in on people in need of support in hospital or at home, delivering food, welfare support and RAT tests to homes for whānau if needed.

In the last 12 months our COVID-19 Oranga Coordinators have worked with more than 1115 individual patients and their whānau /families, including 1,013 discharged patients, 465 staff welfare deliveries and 390 patient welfare deliveries.

In September 2022 our COVID-19 Oranga Coordinator Service celebrated the milestone of supporting over 1,000 patients and staff who have had COVID-19.

Welfare

This year our Welfare response has been dominated by supporting our staff and COVID Care at Home (CC@H) patients. The team has worked closely with our Staff Contact Tracing Team, Oranga Coordinators, Pasifika Welfare Team, Asian Health, Patient Experience team and our food services kitchen staff. Our response included availability of food parcels and Information packs for COVID-19 positive patients to take home on discharge while liaising closely with our regional welfare teams.

Over the year the team has connected with 434 people with COVID-19. The majority being staff, with a smaller number of CC@H patients, supporting them with groceries, medicines, rapid antigen tests (RATs) tests and Information over seven days a week.

With the changes to isolation rules on 13 September 2022, with household members no longer required to isolate, the need for support of our staff and patients in this way became considerably less. Support for patients has now returned to the pre-COVID-19 processes via the hospital and community social work teams.

COVID Care at Home (CC@H) and Hospital in the Home (HiTH):

COVID Care at Home and Hospital in the Home were set up to support care in the community following discharge with COVID-19 or for other medical and surgical events where a little bit more support at home post discharge is required.

The COVID Care at Home Program has supported 813 discharges between 1 January 2022 and 24 November 2022.

Visiting:

The Northern Region has been working together to ensure alignment of hospital visiting over the past two years. The Kaitiaki and Visiting Policy is reviewed and updated regularly in response to changes of COVID-19 prevalence in the community. The last update occurred on 26 October 2022 with key changes being:

- Each general hospital and maternity ward patient can have two visitors at any one time between the hours of 8am and 8pm

- Any requests for exceptions to the rule will be considered on compassionate grounds, with specific approval required
- Arrangements to accommodate children visiting can be discussed and made in advance with the Charge nurse/Midwife manager

We need to remain vigilant that we don't create potential opportunities for the further spread of COVID-19 and therefore, visitors are required to wear an appropriate surgical/ procedural face mask at all times and maintain physical distancing of at least one metre wherever possible. The Regional policy is currently under review with update anticipated next week.

Readiness and Modelling for Summer 2022/23:

- COVID-19 Readiness Plan in place and can be activated at any time
- COVID-19 ready facilities. Engineering works across the organisation to ensure COVID-19 areas for all COVID-19 patients. Current designated areas are:
 - North Shore hospital (Ward 2, Ward 11, Ward 10, ICU, Hine Ora)
 - Waitakere hospital (Wainamu, Huia, Rangatira (Paediatrics))
 - Manage in Specialties as required (Birthing, Maternity, Cardiology, Renal)
 - Mental Health (He Puna Gold Wing, Waiatarau, Mason Clinic COVID-19 Ready Unit)
- Oranga Coordinators across sites
- Fit Testing – ongoing
- Staff Contact Tracing Team (M-F)
- Masking required in clinical areas and communal areas where patients or whānau present
 - Staff can choose to wear a mask if they want to outside of these areas
- Visiting as per regional policy (two people at a time between 8am and 8pm)
- Supply Chain in place (enough PPE and RATs)
- COVID Care at Home and Hospital in the Home stood up and can be expanded
- Shadow Incident Management Team in place (incident controller, administration and executive lead) and can be expanded
- Active management of any ward-based outbreaks to mitigate onward spread
- Vaccination - Outreach vaccination teams as required

Healthy Mother Healthy Future (HMHF)

Asian Perinatal Mental Health Wellbeing Project

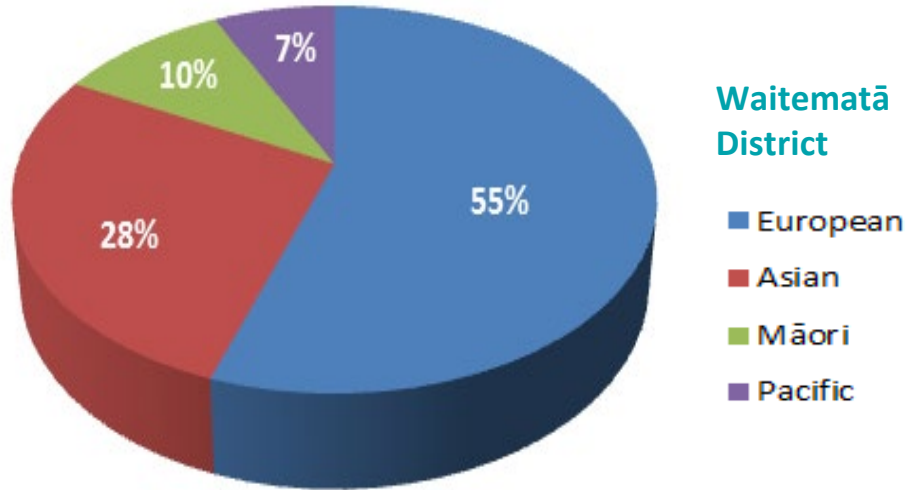
Presented by Grace Ryu

Te Whatu Ora Waitematā

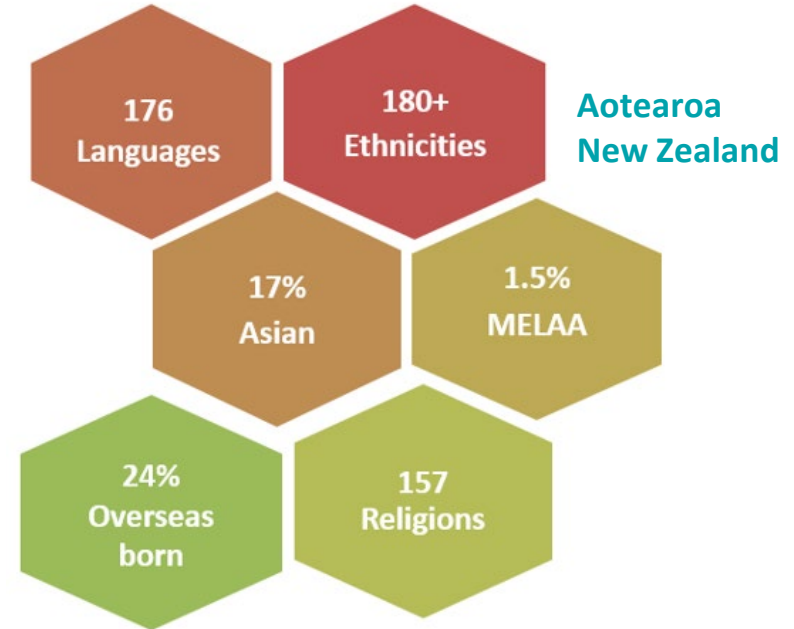
Contents

- Population Diversity
- Asian Perinatal Mental Health Needs
- Overview on Healthy Mother Healthy Future Project
- Progress and Outcomes

Population Diversity

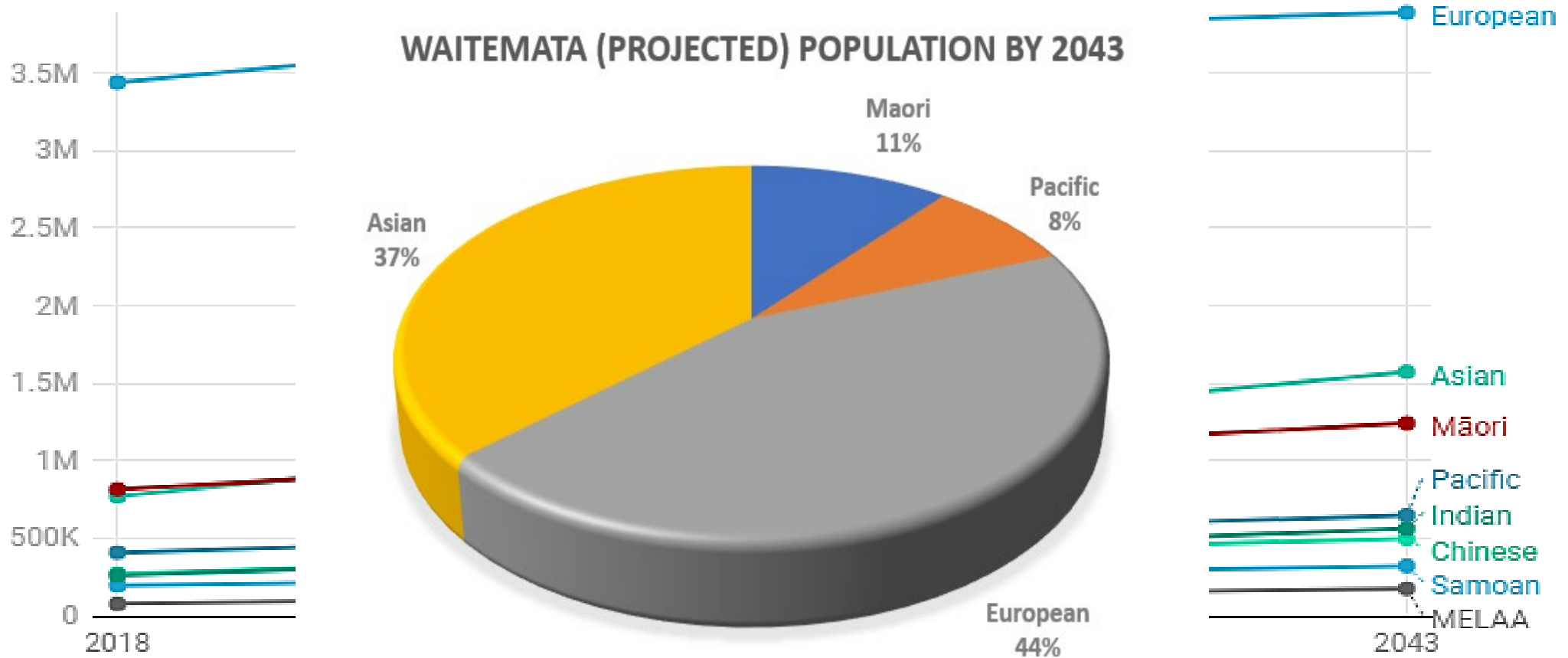


Projected Population (2021/22) – Statistic NZ & MoH



DHB of Domicile	Maori	Pacific	Asian	Other	Grand Total
Auckland	41,720	56,210	176,320	223,860	498,110
Counties Manukau	99,990	135,790	177,880	190,290	603,950
Waitemata	66,320	47,820	176,900	349,690	640,730
Grand Total	208,030	239,820	531,100	763,840	1,742,790

Populations in Aotearoa



1. <https://www.stats.govt.nz/inform>

2. Patel M, Jaung R, Winnard D, Papaconstantinou D, Ameratunga S (2022) Demography of Asian Communities living in the rohe of the Northern Region District Health Boards.

Current Status of Mental Health Service for Asian & Ethnic Populations

- Asians were the fastest growing ethnic group.
- Very diverse in language, culture, health & digital literacy, faith, settlement history and health needs.
- Lower rates of Mental Health and Addiction (MH & A) service access
- NOT enough culturally and linguistically appropriate MH & A services

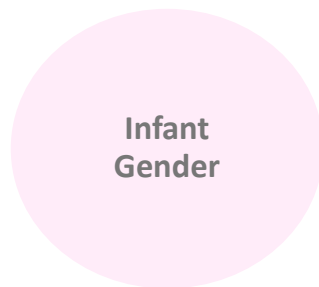
Perinatal Mental & Emotional Issues Impact Asian & Ethnic Families

Mother Suffering, lack of joy in child, lack of confidence in parenting ability, missed work, social withdrawal, somatic (physical) symptoms, guilt, suicidality, Family violence etc.

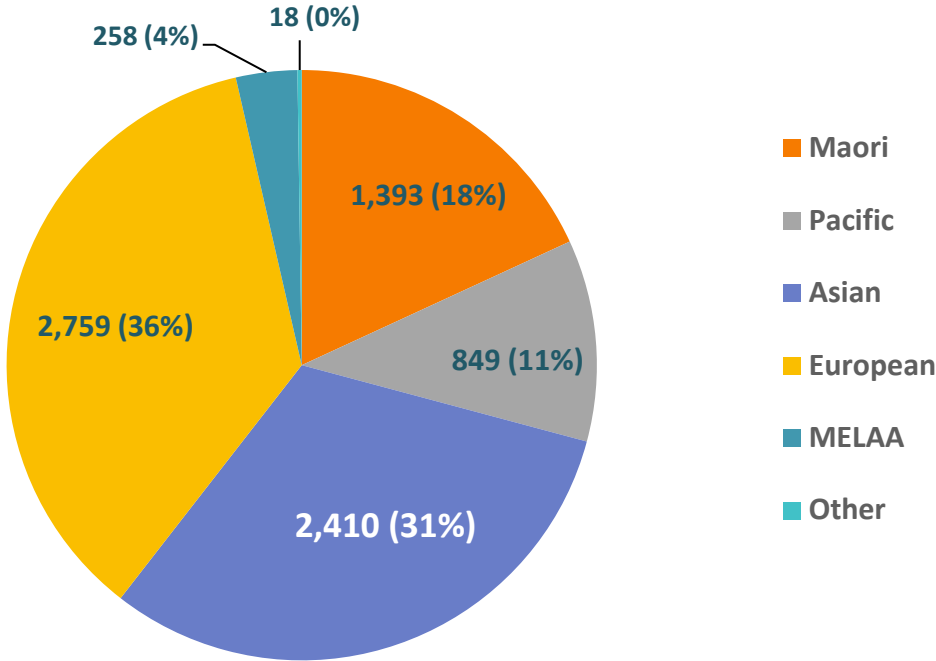
Father Increased anger/conflict with others, increased use of alcohol/drugs & misuse of medicines, isolated from family, feeling discouraged

Children Paternal depression has shown a strong link to future mental health problems in children. Infants display more sleeping problems which further exacerbates mother's difficulties

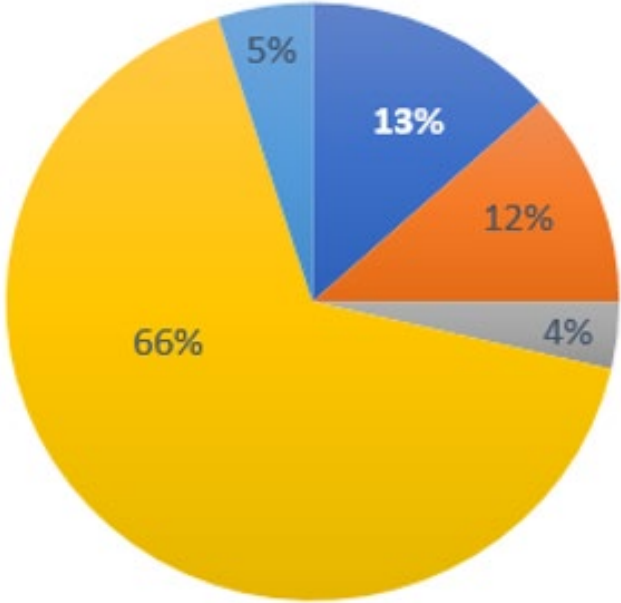
Family Marital discord, withdrawal from other family members, challenging relationship with other children.



Data of New-borns and MMH Referrals for Waitematā



Number of New-Borns for Waitematā District 2020



Maternal Mental Health (MMH) referral 2021

Registration year	Maori	Pacific	Asian	European	MELAA	Not Stated	Other	Grand Total
2018	1,347	839	2,233	3,003	238	1	18	7,679
2019	1,414	894	2,564	3,021	291	1	22	8,207
2020	1,393	849	2,410	2,759	258	0	18	7,687

Healthy Mother Healthy Future (HMHF) Project - Overview

Project: **Healthy Mother Healthy Future** Asian Perinatal Wellbeing Project

Timeline: 1 Jan to 31 Dec 2022 (1 year)

Target Populations: Asian pregnant women and mothers with infant with a focus on the populations served by Te Whatu Ora Health New Zealand Waitematā

Aims: To improve Asian perinatal mental health outcomes through collaborative efforts on:

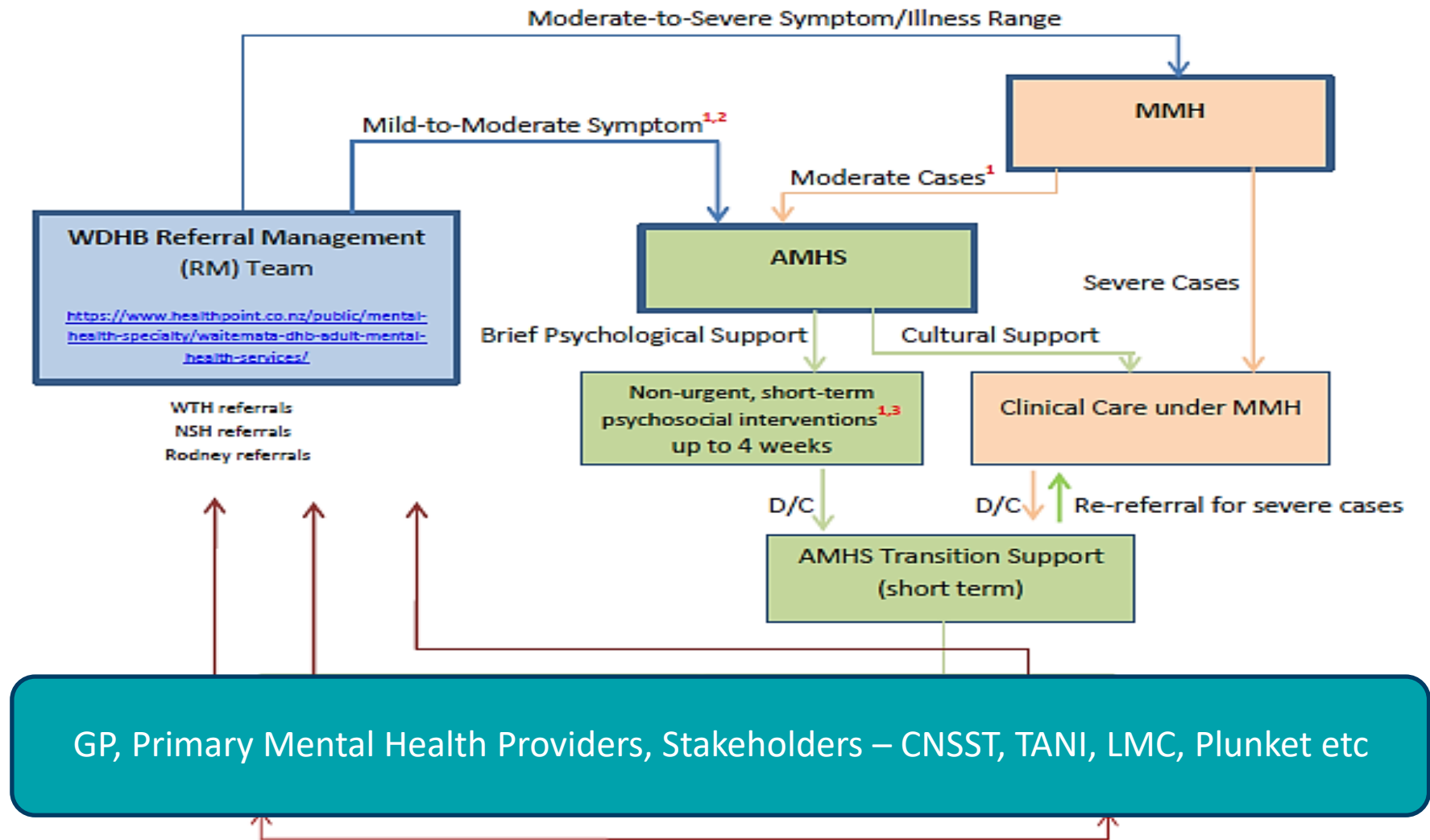
- ✓ **Strengthening** the referral pathways to maternal mental health services, enhancing practical community support
- ✓ **Improving** health literacy, mental health awareness and accessibility
- ✓ **Promoting** early help-seeking and intervention by providing relevant education, seminars, counselling and practical social support.

Booklets of 'Your emotional wellbeing during pregnancy and beyond'

- e-Booklets are available in 14 languages at: <https://www.asianhealthservices.co.nz/News-Events/News-Updates>

 <p>Waitematā District Health Board Best Care for Everyone</p>	 <p>Waitematā District Health Board Best Care for Everyone</p>	 <p>Waitematā District Health Board Best Care for Everyone</p>	 <p>Waitematā District Health Board Best Care for Everyone</p>	 <p>Waitematā District Health Board Best Care for Everyone</p>	 <p>Waitematā District Health Board Best Care for Everyone</p>
<p>Your emotional wellbeing during pregnancy and beyond</p>	<p>您在孕期及产后的情绪健康</p>	<p>임신과 산후 기간의 정서적 건강 관리</p>	<p>د امیندواری پر مهال ستاسو احساساتی روغتیا او نور ډیر څه</p>	<p>妊娠、出産、お母さんになったあなたの心のケアについて</p>	<p>गर्भावस्था के दौरान और उसके बाद में आपकी भावनात्मक भलाई</p>
 <p>Waitematā District Health Board Best Care for Everyone</p>	 <p>Waitematā District Health Board Best Care for Everyone</p>	 <p>Waitematā District Health Board Best Care for Everyone</p>	 <p>Waitematā District Health Board Best Care for Everyone</p>	 <p>Waitematā District Health Board Best Care for Everyone</p>	 <p>Waitematā District Health Board Best Care for Everyone</p>
<p>สุขภาพทางอารมณ์ของคุณในระหว่างตั้งครรภ์และอื่นๆ</p>	<p>Sự an lành về cảm xúc của bạn trong và sau khi mang thai</p>	<p>Kesejahteraan emosional anda selama kehamilan dan sesudahnya</p>	<p>صحتك العاطفية أثناء الحمل وبعده</p>	<p>حمل کے دوران آپ کی جذباتی تندرستی</p>	<p>Ang iyong kalusugang emosyonal sa panahon ng pagbubuntis at iba pa</p>

Maternal Mental Health Referral Management for Asian Women



Healthy Mother Healthy Future (HMHF)

Asian Perinatal Wellbeing Project 2022

HEALTHY MOTHER HEALTHY FUTURE REFERRAL FORM

Referral date: ___/___/_____

Client's Details (Information required for referral management purposes)

Title: Mrs / Ms / Miss First Name: _____ Last Name: _____
Date of Birth (DOB): ___/___/_____ NHI: _____
Marital Status: Married Partnership Single Separated Divorced Widowed
Phone: _____ or Mobile: _____ Email: _____
Address: _____
Expected Delivery Date (EDD) or Date of Birth (DOB) of Baby: ___/___/_____

Ethnicity: _____ Preferred first language: _____
Is an interpreter required? Yes No (Details of what is required: _____)
GP's Name: _____ GP's Clinic: _____
LMC (or Well Child provider)'s Name: _____ Phone: _____
Address: _____
Emergency contact person: _____ Relationship with you: _____
Emergency contact number: _____ or _____
Family circumstances / people in household including DOB of other children:

Other Children's: Name: _____ DOB: ___/___/_____ (Resident with: _____)
Name: _____ DOB: ___/___/_____ (Resident with: _____)
Name: _____ DOB: ___/___/_____ (Resident with: _____)
Employment Status: Full time Part time Unemployed Student Retired Other _____

Referrer's Details

Practice Name: _____
Referrer's Name: _____ Designation: _____
Phone: _____ Email: _____
Referrer's signature: _____ Date: ___/___/_____

Have you completed a family violence screen? Yes No

If no screen has been completed, please complete if possible prior to making a referral. If there is Family Violence please also refer to appropriate agencies such as Oranga Tamariki / SHINE / Womens' Refuge.

Outcome of screen: _____

Does the client abuse alcohol or other substances? Yes No

If there is A&D use or it appears to be the primary issue, please also refer to Community Alcohol and Drug Services (CADS), and/or the CADS Pregnancy & Parental service.

Please give details: _____

Is the client having difficulties in her bond / relationship with her baby? Yes No

If the client does not have mental health concerns but the primary issue is related to bonding, please consider referral to the Matua Tuhononga (Infant Mental Health Team) or other relevant community agencies which address attachment between parent and child.

Please give details: _____

Does the client report relationship issues with her partner and/or father of the baby?

Yes No

If these issues are apparent please consider referral to an appropriate community agency for relationship counseling such as Family Court Counselling; Relationship Services, Family Works, Procure Psychology, Home & Family Counselling.

Please give details: _____

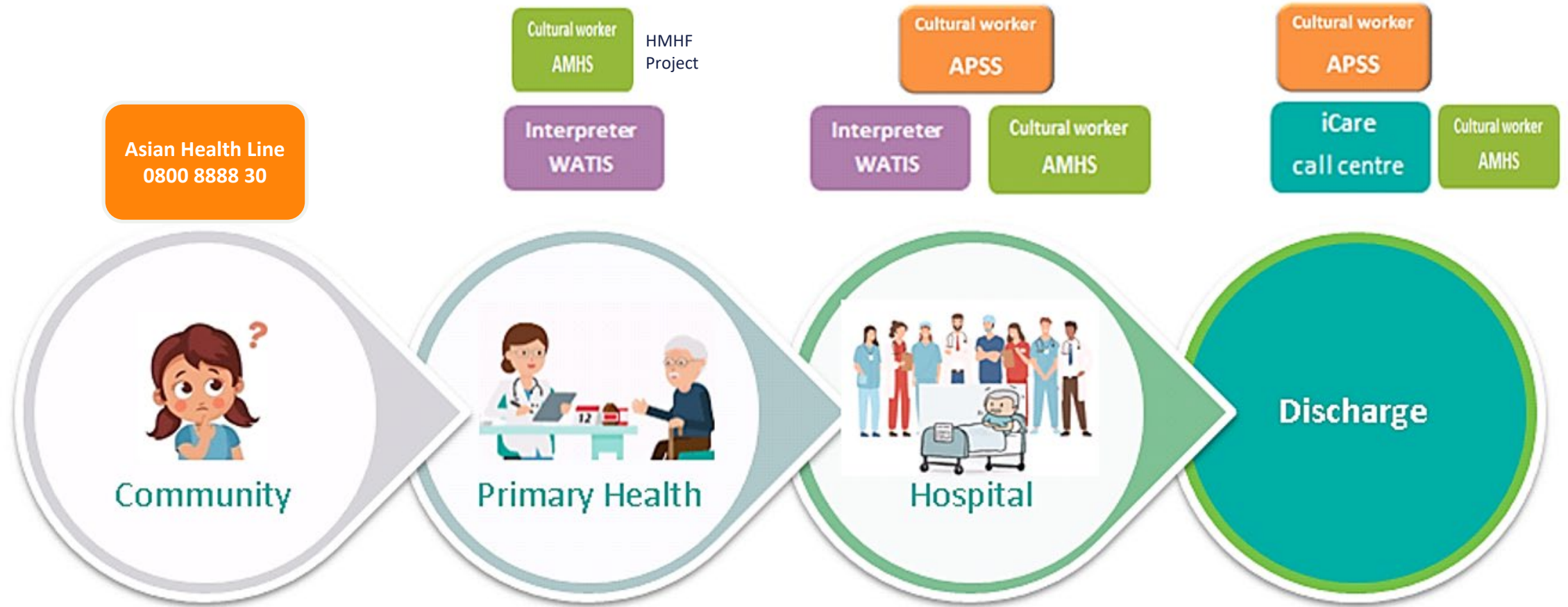
Has there been previous or current involvement with Oranga Tamariki? Yes No

Please give details of the involvement / name & contact details of any current Oranga Tamariki worker involved with the family:

What do you and your client hope to achieve from this referral?

Signature of the Referrer: _____ Date: _____

Asian Health Services – Flowchart





ASIAN PATIENT SUPPORT SERVICE

ASIAN MENTAL HEALTH SERVICE

WATIS INTERPRETING SERVICE

PRIMARY HEALTH INTERPRETING

English 繁體中文 简体中文 हिन्दी Indonesian 日本語 한국어 Tagalog ภาษาไทย Tiếng Việt



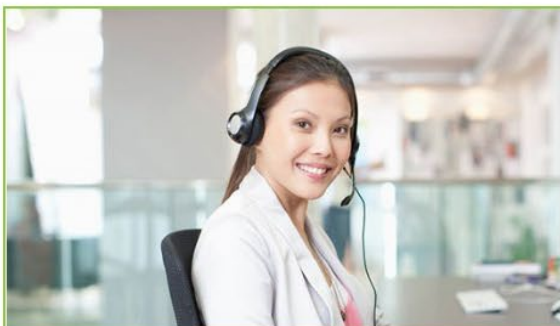
COVID-19 Info & Support



Asian Patient Support Service



Asian Mental Health Service



Asian Health Line (0800 88 88 30)




WATIS Interpreting Service



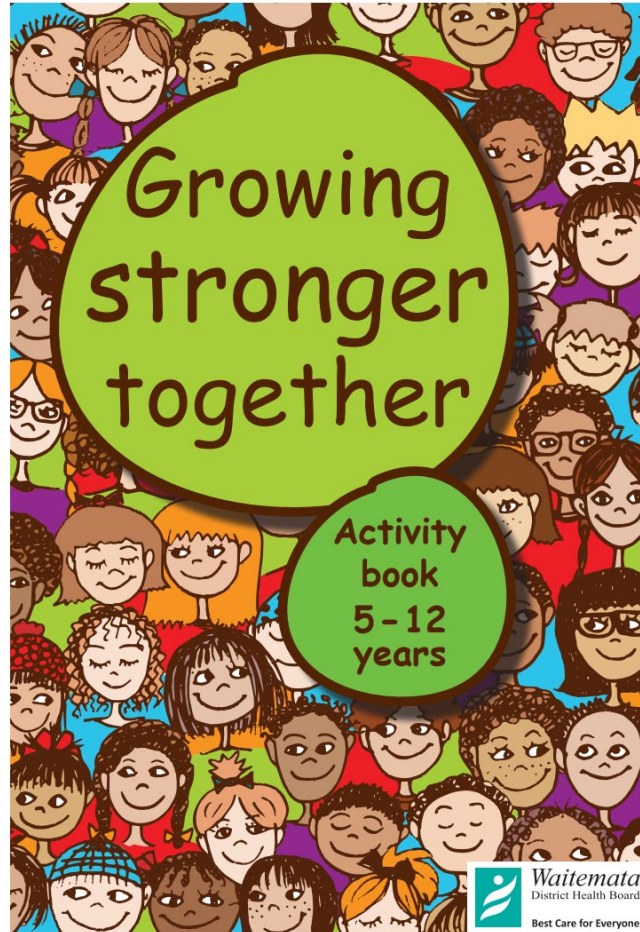
Primary Health Interpreting

A Holistic Care: Client & Whānau Centred services



Waitematā
District Health Board
Best Care for Everyone

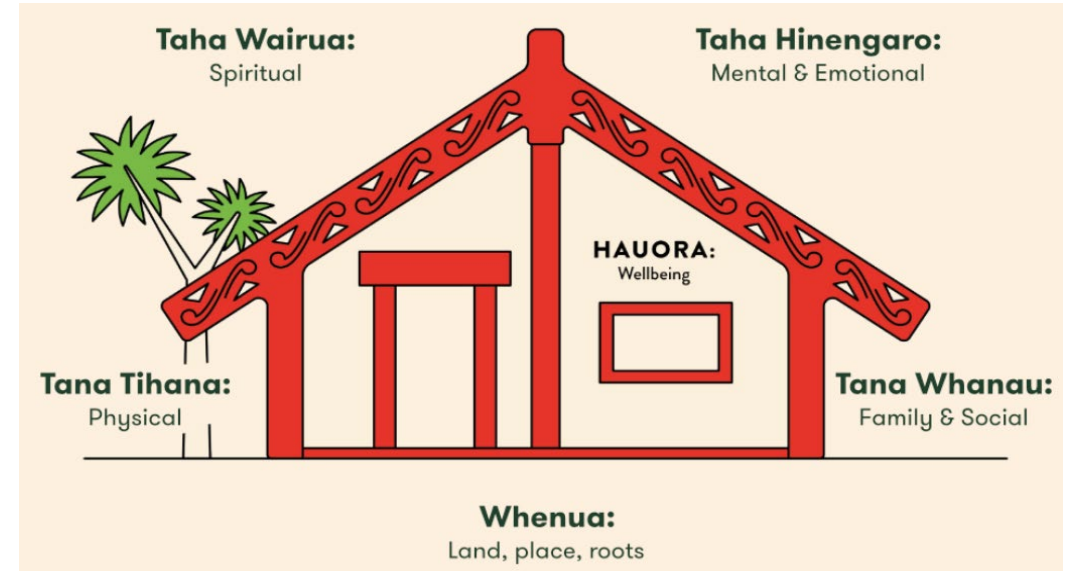
Your emotional wellbeing during pregnancy and beyond



Growing stronger together

Activity book 5-12 years

Waitematā
District Health Board
Best Care for Everyone



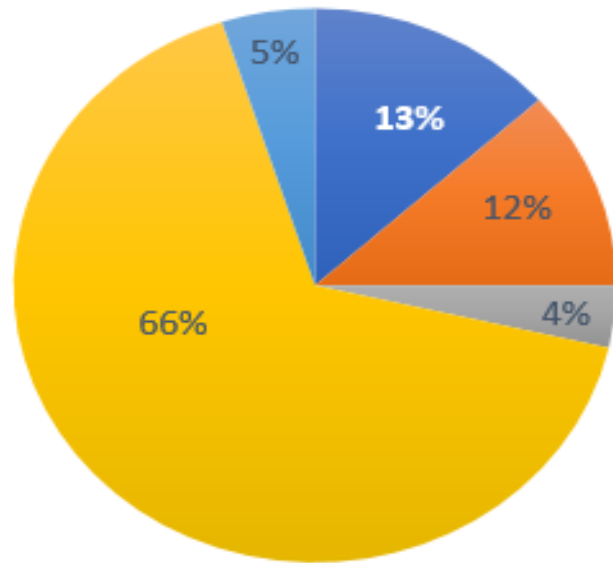
PROMOTE PSYCHOSOCIAL WELL-BEING IN EVERYONE



Enhanced Maternal Mental Health Referral Management

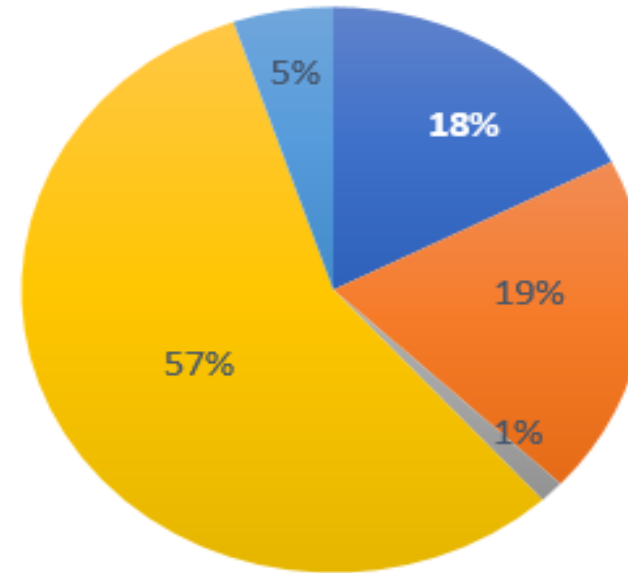
- **4.2%** increased on Asian Maternal Mental Health Referrals due to HMHF Project in 2022

MMH Referral data Jan 2021 to Dec 2021
(12months)



■ Asian ■ Maori ■ Pacific ■ European ■ Other

MMH Referral data Jan 2022 to Jun 2022
(6 months)



■ Asian ■ Maori ■ Pacific ■ European ■ Other

Protection


Partnership



Participation

Equity

Asian Women's Feedback for Workshops

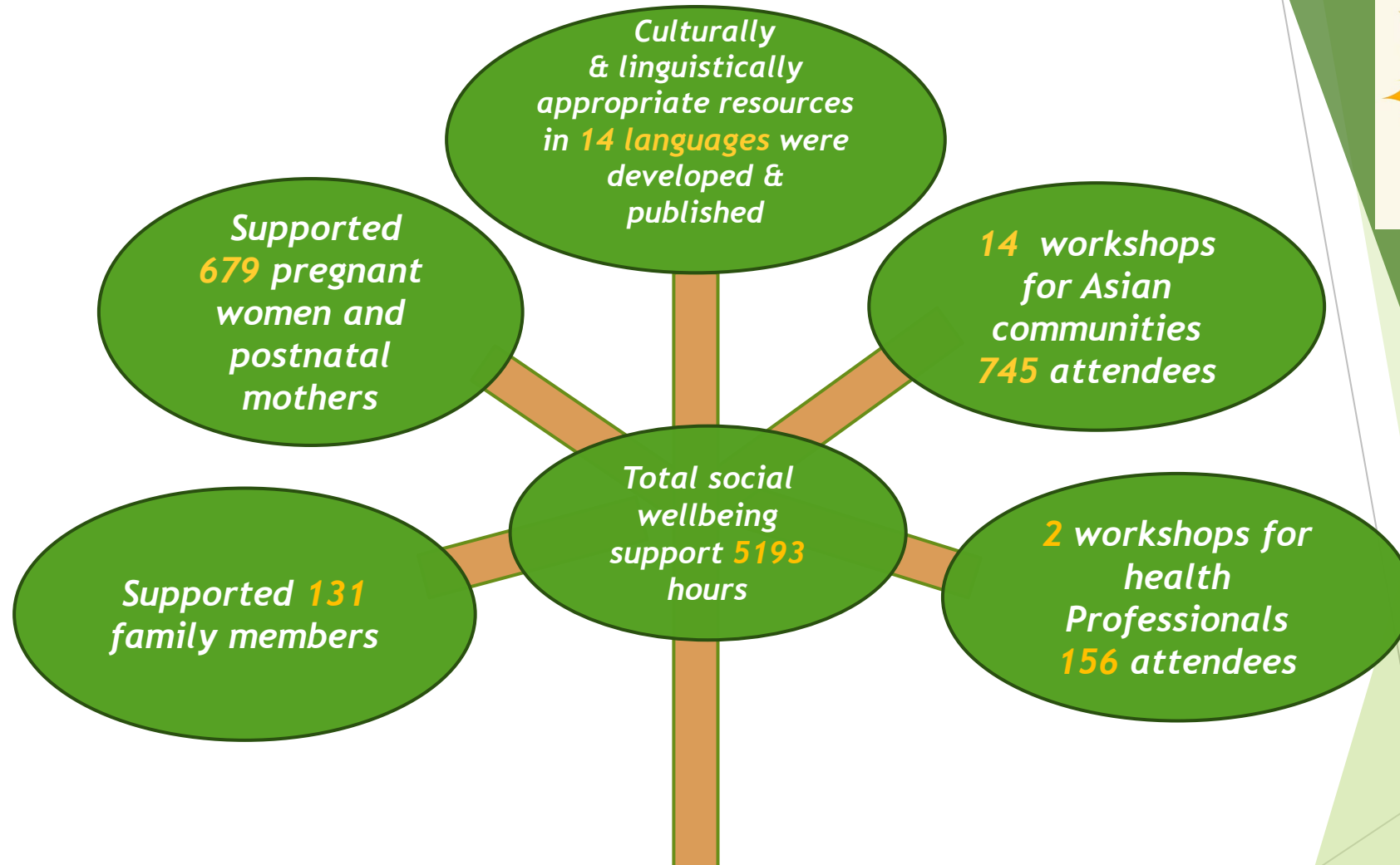
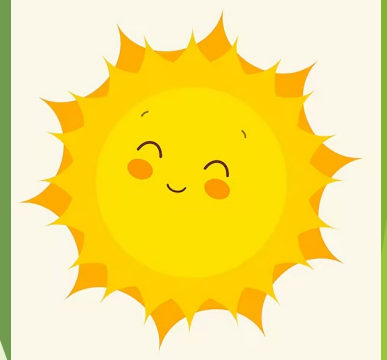
- Lots of new and valuable things I know after this seminar!
- A number of mums sharing their personal stories were very touching.
- Perinatal emotional wellbeing is as important as physical wellbeing, therefore one should not ignore it.
- Asking for help is important. And it is important to get connected to solve the problem.
- Always stay strong and mentally fit 
- Indian stigma around seek mental health support. Would really love to see some Indian focused advertisement around mental health symptoms and where to seek help and information for families.
- Help is available, all u have to do is asking for it.
- I feel like I am not alone and if I need, someone will definitely help me



Professionals Feedback for workshops

- It is a great presentation. Very relevant to the practice!
- The workshop is very helpful in understanding the cultural needs and behaviour patterns of PND.
- HMHF project and workshops will definitely be helpful in targeting the services loopholes and better benefit the community. Hope this workshop can be broken down into series of workshops with slower pace in delivery.'
- Dr Kim's case was very relevant to the actual case I had last week - thank you.'
- Thanks for organizing this, would like to have more in the future :-).
- Great discussion on scenarios and the workshop can be extended to one-day workshop to cover the contents in detail.
- Very practical information. Thanks.





Healthy Mother Healthy Future (Jan. to Sep. 2022)

Photos of HMHF Workshop for Indian and South Asian (Pakistani and Bangladesh) Women and Their Whānau



Photos of HMHF Workshop for Indian and South Asian (Pakistani and Bangladesh) Women and Their Whānau



Workshops for Asian & Ethnic Women and Families

Emotional Wellbeing for Filipino Parents During Pregnancy and Baby's Early Years



As many as one in five women experience anxiety, depression, or both at some stage during their pregnancy, or after the baby is born. One in ten partners also experience similar emotional distress. Please join us in a workshop with useful tips on self-care and stress management during this significant time of change for families and their supports.

Topic
Emotional Wellbeing for Filipino Parents During Pregnancy and Baby's Early Years

Speaker
Dr Cheryl Buhay
(Filipino psychiatrist)

When
Friday 23rd of September 2022, 12pm–1pm

ZOOM ID 732 679 9782
<https://waitemataadhb.zoom.us/j/7326799782>

Registration form – QR
<https://forms.gle/fPW1btEAuqgb4W1r8>



The workshop is organized by Asian Mental Health Service and it will be conducted in English and Tagalog.

Health Mother Healthy Future - Chinese & Korean workshop schedule (Jul 2022 to Dec 2022)

Date and time	Participants number	Ethnicity	Speakers
28th of July 2022 11:30am Zoom workshop	Mums with the infant under 1 year old	Chinese	Rebecca Zhang (Psychologist)
27th of August 2022 10:30am Zoom workshop	Pregnant women and their supporting family members	Chinese	Rebecca Zhang (Psychologist)
27th September 2022 Zoom workshop	Pregnant women and mum with infant under 1 year old	Korean	Hannah Lee (Asian MH service)
30th of September 2022 11:30am Zoom workshop	Mums with children	Chinese	Rebecca Zhang (Psychologist)
13th of October 2022 11:30am Zoom workshop	Mums with the infant under 1year old	Chinese	Rebecca Zhang (Psychologist)
26th of November 2022 10:30am Zoom workshop	Pregnant women and their supporting family members	Chinese	Rebecca Zhang (Psychologist)

Her story – Lived Experience



- Ms. W, 40yrs old Mandarin-speaking Taiwanese Chinese
- Single mother with a new-born (12-day-old), no family in NZ
- Contacted Asian Health Line (0800 88 88 30) on Day 1 of COVID-19 Positive, while home isolation with moderate symptoms
- Being supported by Asian Health Services for 3 months
 - ✓ **Welfare support** Food, RAT kit, Formula, Nappies & Medication
 - ✓ **Health literacy support**
 - ✓ **Culturally appropriate mental & emotional support**
Stress of baby care & COVID19, sleep difficulties & loneliness
 - ✓ **Maternal Mental Health referral** by GP
Asian Mental Health Service's psychological interventions incl. psycho education and life skills counselling etc.

Acknowledgement

- Dr Andrew Brant
- Tim Wood
- Dr Murray Patton
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- Dr Cheryl Buhay
- Dr Deepika Arora
- Stephanie Doe
- Emma Farmer
- Petronella Musekiwa
- Gill Graham
- Vishal Rishi
- Gloria Gao
- Rebecca Zhang
- Fang Fang Chen
- Grace Ryu
- Hannah Lee
- Ivy Liang
- Wanny Wu
- Patrick Au
- Famila Syed Mohammed Shafi
- Eliene Zhu
- Yukiko Kamiya
- Lionel D'Silva

6. OTHER BUSINESS

6.1 Community Concerns

6.2 Area of interest for future meeting

6.3 Meeting evaluation